

EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY OF MEDICAL ROYAL COLLEGES ON MONDAY 11 JULY 2005

HONOURS

The Chairman congratulated Professor Dame Carol Black on her recent honour.

HEALTH HONOURS COMMITTEE

The Chairman announced that Professor Dame Carol Black had been appointed to Chair the new Health Honours Committee.

GENERAL MEDICAL COUNCIL EDUCATION COMMITTEE

The Chairman reported that the Joint Committee for Postgraduate Training in General Practice and the Specialist Training Authority would cease to be members of the education committee as they become subsumed by PMETB. The Academy had therefore been invited to nominate one representative to fill the vacancy created by the Specialist Training Authority.

It was agreed that Professor Neil Douglas should be nominated to fill this vacancy.

CLINICAL DISPUTES FORUM

The Academy had received a request to nominate a replacement for Dr Mike Shooter, immediate past President of the Royal College of Psychiatrists, since he was no longer a member of the Academy.

It was agreed that Professor Allan Templeton, President of the Royal College of Obstetricians & Gynaecologists, should replace Dr Shooter.

DOCTORS AS EXPERT WITNESSES

The Academy considered the above draft document, which had been prepared by Professor Sir James Underwood.

Sir James reported that the guidance contained in the above document should apply in civil courts, family courts and criminal courts and provide advice on the questions they might ask to identify the standing of expert witnesses.

Members of the Academy made several suggestions regarding the report and Sir James agreed to circulate an up-dated document for endorsement.

COMMON APPROACHES TO REVALIDATION

Dr Alastair Mason joined the meeting to give a presentation of the work he was undertaking which had been commissioned by the General Medical Council.

Dr Mason indicated that the remit of his study was to review published guidance, examine such guidance for inconsistencies, identify best practice and identify indicators of poor performance. All members of the Academy (with the exception of the Irish Colleges who were not involved in this initiative) had responded.

Dr Mason indicated that factors associated with revalidation included clinical knowledge, patient satisfaction, complaints, peer feedback, involvement in audit and annual appraisal. Other activities included research, teaching and management.

Examples of good practice included templates for peer assessments and patient surveys, self declaration forms, certification of continuing professional development, statement from clinical governance, pointers to unacceptable practice, national audits and invited service review.

Dr Mason concluded by indicating that the Academy might now wish to consider issues such as the need to separate appraisal and revalidation, the need to be clear about formative and summative appraisal, the need to develop evidence, not just standards, and the role of the Colleges/Faculties in developing tools for collecting evidence for revalidation that were scientifically valid, approved by patients and the General Medical Council.

Dr Mason indicated that the next steps were:

- Request organisations to approve draft reports
- Develop guidance to assist them to proceed
- Meetings with each organisation to brief them
- Organisations update their guidance

The Chairman requested that Dr Mason go ahead with the next steps. Once these had been completed it was agreed to invite him to present this work to an appropriate Academy meeting.

CONFIDENTIALITY AND CONSENT – ISSUES FOR THE PRACTICE OF MEDICINE AND TRAINING

The Academy considered a letter from Professor Husband regarding confidentiality and consent issues for the practice of medicine and training, a copy of *The Care Record Guarantee* and a briefing paper.

Professor Husband drew attention to the new initiative *Connecting for Health* and the introduction of 'electronic' radiology methods which had raised some complex issues relating to patient confidentiality which may considerably affect the way in which medicine was taught in the future.

The guidance appeared to be that only those directly involved in the care of a patient could have access to identifiable patient data. This was also a potential problem across the whole of undergraduate and postgraduate teaching.

Professor Husband indicated that she believed that the issues raised would affect all disciplines.

Images were increasingly being archived electronically and electronic files of anonymised images were being created for museum purposes.

However, there would be situations where doctors in training, and students, would be taught on live cases where it was essential that they link the images to the full clinical details. Such discussion could very much be in the patient's best interests.

The transmission of images beyond a Department of Clinical Radiology posed further difficulties. The National Care Record Advisory Group had recently suggested that the patient's permission should be sought before images were viewed by another worker. Taken to the ultimate, this could extend to one radiologist not being able to discuss interpretation with another, without the patient's permission; this was currently common practice in order to establish the best possible diagnosis for the patient.

The situation would be more complex when considering the clinic radiological case conference, or cancer multidisciplinary meetings, which were aimed at refining the diagnosis and providing optimal care. At such meetings, which may occur remotely from the patient's base hospital, the patient's details could not easily be hidden. Yet there could be a range of medical personnel, allied health professionals and students in attendance or observing on a live video link.

Professor Husband indicated that live video links and recordings of the patient, where identifiable features could be recognised (video-recordings of procedures etc.) came under an entirely different category and full consent would then be mandatory.

Professor Husband requested that the Academy should produce a clear statement that such sharing and transmission of patient's images and details – aimed at improving management – should be regarded as an integral part of standard care within the NHS and that individual permission was not required for such transmission and multidisciplinary discussion.

The Chairman thanked Professor Husband for raising this matter, which had the support of all members of the Academy. He agreed to write a letter jointly with the Academy's lay representative, Dr Wilkie, in support of the Royal College of Radiologist's view. Professor Husband agreed to let the Chairman have a copy of a letter the Royal College of Radiologists had written to the Information Commissioner's Office on this subject for background information.

FOUNDATION TRUSTS – APPOINTMENT TO CONSULTANT POSTS

The Chairman referred to the document issued by the Royal College of Physicians of London, which had been discussed at the last meeting of the Academy. This document set out the services RCPL could offer the Foundation Trusts. All members of the Academy had been invited to take this document to their College/Faculty for consideration and no adverse comments had been received.

The Chairman indicated that he would therefore use this document to create generic guidance that would apply to all Colleges/Faculties. This would then be added to the high level Concordat between the Foundation Trusts and the Academy and guidance issued by the Foundation Trusts to their members. The three documents would then be disseminated widely.

SUPPORTING ORGAN AND TISSUE DONATION

The Academy considered correspondence from Dr Philip Dyer indicating that the Royal College of Pathologists' Ethics Committee had gained approval from its College Council to actively support organ and tissue donation for transplantation. Dr Dyer requested that the Academy support the position statement and bring it to the attention of all College/Faculty Members and Fellows.

The Academy agreed to endorse the following statement which would be added to its website and commended it to all members of the Academy:

All the Medical Royal Colleges/Faculties actively support organ and tissue donation for clinical transplantation. The rights of patients wishing to donate their organs and tissues, at the time of their death, should be met in a positive and supportive manner. All College/Faculty members involved with donation will be supported to ensure that the wishes of organ and tissue donors can be granted with efficiency and sympathy. The needs and wishes of bereaved relatives should be met.

To register as an organ and tissue donor please visit www.uktransplant.org.uk or telephone 0845 60 60 400.

CHAMPIONS PROJECT ON ADOLESCENT HEALTH AND TRANSITION – A PAPER FOR THE ACADEMY OF MEDICAL ROYAL COLLEGES

This paper introduced a Department of Health project and requested the Academy's support.

This project was an opportunity to take forward work in the area of adolescent health in general and transition in particular.

The Department of Health was planning to support work by individuals and teams who would be recognised as 'champions' in this area. This would include preparation of a short practical guide to good transition practice with some examples of successful approaches from around the country.

It was perceived that there was a need to encourage specialty committees to ensure that adolescent health and transition were included in their training programmes. This included stimulating research on ways of improving and monitoring transition, taking forward the planning of a curriculum and training materials and considering how young people themselves could contribute to training and service improvement.

The Chairman asked all members of the Academy to consider how they could contribute to this important work.

THE HEALTHCARE COMMISSION – ANNUAL REVIEW OF THE CONCORDAT BETWEEN BODIES INSPECTING, REGULATION AND AUDITING HEALTHCARE – JULY 2005

The Academy considered the Annual Review form that signatories to the Concordat were required to complete.

The Academy would be required to complete section 1 of the form only and it was agreed that Professor Sir James Underwood, in his capacity as Academy representative on the Healthcare Commission, should undertake this task.

THE EUROPEAN WORKING TIME DIRECTIVE

The Academy considered the Minutes and Terms of Reference of the above group chaired by Dr Michael Bannon, Postgraduate Dean in Oxford.

This group had been set up as a joint initiative between the Academy and the Conference of Postgraduate Medical Deans. Its main aims were to act as an advisory board for both bodies, and the Department of Health, on matters relating to postgraduate medical education, following the implementation of the Working Time Directive. The group would also evaluate the impact of the WTD on postgraduate medical training and recommend appropriate action, in association with other stakeholders.

The group intended to collate and analyse evidence that might provide information on whether or not the WTD had had an impact on training. The group would also continue to monitor the relationship between the WTD and training, review evidence on shift working and doctors' well being and suggest appropriate arrangements for out of hours education for non-acute specialties.

The Chairman reported that Dr Bannon had suggested that the membership of the group be widened to include representation from the laity and doctors in training. It was agreed to invite Dr Wilkie and Mr Currie to each nominate a representative to the group.

DOCTORS IN IRAQ

The Chairman reported that he had received a letter from the acting Deputy Chief Medical Officer, Dr Bill Kirkup, who had been charged by Sir Liam Donaldson to investigate ways in which to help doctors in Iraq. It had been suggested that up to 50 teams of health professionals would be invited to spend time in the United Kingdom for a period (probably four to six weeks) of refreshment. The Chairman suggested that the Academy might work in partnership with the British Council, which had experience in the placement of overseas personnel, and that the Academy might specifically contribute by identifying Trusts that might wish to get involved in the initiative.

After discussion, the Academy agreed that it wished to support this initiative and the Chairman agreed to explore the matter further.

ADDITIONALITY

Professor Husband indicated that following the report in Hospital Doctor on 30 June 2005 on the Department of Health's approach to additionality rules, the College sought clarification from the Department as the situation regarding both the '6-month rule' and the use of non-contracted hours, remained unclear.

Professor Husband went on to report that the Royal College of Radiologists had received clarification on both points as follows:

'The 6-month rule – There is a restriction preventing providers in 'wave 1' Independent Sector Treatment Centres from employing staff who, in the previous six months, had work part-time or full-time in the NHS. In relation to Wave 1 this rule applies to all specialties and staff groups. In relation to the 'Phase 2' Diagnostics and Electives programme, a similar restriction will apply but only to shortage specialties and groups, including radiology and radiography.'

'The use of Contracted Hours – All staff (not only radiologists, radiographers and other shortage groups) will be allowed to work in their non-contracted hours for an Independent Sector provider under Phase 2, subject to

certain safeguards. These safeguards are to be discussed by the Department with others, including the BMA. Consultants on the new contract, planning to use their non-contracted hours in this way, will be required to offer their first four non-contracted hours to their Trust'.

'The additionality rules relating to Wave 1 are unchanged.'

ITEMS FROM THE JOINT CONSULTANTS COMMITTEE

The Academy received, for information, a draft programme for *Breaking with Tradition: the future role of doctors in UK healthcare*, which would be held on Wednesday 5 October 2005.

Professor Dunlop indicated that all Presidents would be invited to this meeting as well as Dr Wilkie, Chair of the Academy's Patient/Lay Group. A further five places were available and the Chairman requested that names of those interested in attending should be forwarded to the secretariat for onward transmission to JCC.

PUBLIC CONSULTATION ON BANNING SMOKING IN PUBLIC PLACES

Professor Husband referred to the public consultation on banning of smoking in public places and asked the Academy to consider producing a joint response.

The Academy agreed that it would like to produce a joint response and the Chairman asked all members to send to the secretariat information on their activities in this area so that they could be collated to form a joint response.

SMOKE-FREE LIVERPOOL

Marianne Yarwood, from Smoke Free Liverpool, had indicated that the above Bill was due to receive a second reading in the House of Lords on Wednesday 20 July 2005 and asked that the Academy send a letter of support to *The Times*. A suggested letter had been drafted by Marianne Yarwood, which was endorsed, and the Chairman agreed to send this to *The Times* on behalf of the Academy.

MEDICAL MANAGEMENT

Professor Dame Carol Black indicated that she believed it was important to have a generic training component to teach medical management in the undergraduate and postgraduate curricula in the same way that ethics was taught.

The Chairman indicated that Mr Andrew Foster intended to write to him requesting that the Academy convene a meeting, in September, of interested parties. These might include the British Association of Medical Managers, Colleges/Faculties, Council of Heads of Medical Schools, Department of Health, General Medical Council, NHS Confederation, and the Postgraduate Medical Education and Training Board.

Once Mr Foster's letter had been received, the Chairman would progress the matter.

THE MEDICAL ASSESSMENT PARTNERSHIP BOARD

Professor Douglas reported that the MAPB had had its first meeting on Wednesday 6 July 2005 and agreed that its terms of reference would be as follows:

The Medical Assessment Partnership Board will facilitate collaboration between bodies involved in the assessment of medical professionals within the United Kingdom and abroad. The Board aims to improve and share expertise, minimise reduplication and develop joint approaches to assessment.

Professor Douglas indicated that the Board had agreed four areas for collaboration, which were sharing questions banks, sharing purpose built assessment premises, workplace assessment and increasing the number of psychometricians. The General Medical Council had agreed to provide some initial funding to underpin the work and it was envisaged that other organisations would be approached for funding.

The group believed it would be necessary to prepare a business case once more detailed plans had been produced.

DISTINCTION AWARDS

Professor Jonathan Montgomery, Sir Netar Mallick and Mrs Mary Holt joined the meeting to discuss the 2006 round of distinction awards.

Two documents were tabled. One indicated consultant eligibility and distribution, the other briefly outlined ACCEA procedures and the College processes. It was stated that nominations must recognise regional activities (for Bronze) and national or international standing and/or nationally important service, whether through the College or otherwise, for the higher levels. Citations for these higher levels should not address local service to the employer. The statement acknowledging the national importance of work for the Colleges/Faculties was welcomed.

It was suggested that the ACCEA database should be made available on the web in order that doctors could check that information held on them was accurate and up-to-date and Mrs Holt agreed to investigate this.

The closing dates for 2006 were midnight on 22 January 2006 for Bronze, Silver and Gold and midnight on 12 February for Platinum Awards.

Citations should give a clear and comprehensive indication of the nominee's achievements.

Revised forms and guidance will appear on the website by the end of September 2005.

The Academy believed that nominations for awards should be based on excellence and whilst ACCEA guidance on the timings of recommendations was noted, in exceptional cases nominees might be put forward earlier.

THE LOCAL ORGANISATION OF POSTGRADUATE MEDICAL EDUCATION

The Academy considered a paper from Professor Winyard who queried if there were support to establish a joint group between the Academy and COPMeD, with representation from the MMC team and SHA/WDCs to look at a systematic restructuring of the way Postgraduate Medical Education was organised and managed by Postgraduate Deaneries and Colleges/Faculties.

It was agreed that Professor Winyard should lead a tri-partite group between the Academy, COPMeD and PMETB and report back to the Academy in due course.

THE POSTGRADUATE MEDICAL EDUCATION AND TRAINING BOARD – ARTICLE 14

The Academy considered a paper from Professor Winyard setting out COPMeD's proposals for the implementation of possible work arising from PMETB's Article 14. The document set out the responsibilities for PMETB, employers, the applicant, Department of Health and Postgraduate Deaneries.

Applicants submitting their application to PMETB might be required to undertake a period of specific work-based assessment followed by additional 'top-up' training to meet the criteria for entry to the Register.

Professor Winyard indicated that PMETB should make explicit to all doctors applying through Article 14 that there was no guarantee of a work-based assessment placement or a training placement.

The resource to appoint competitively to posts that offered suitable training for those assessed by PMETB would be from existing SpR training opportunities, but would not constitute an SpR placement. Where opportunities had been identified, Trusts needed to give approval for an SpR post to be used for a limited period of time. Competition for such posts would be amongst others needing 'top-up' training and not new entrants.

HEALTHCARE FORUM

The Academy considered correspondence from Professor Dame Carol Black regarding the Healthcare Forum, whose purpose was to address major strategic issues relating to the delivery of healthcare in the United Kingdom.

Membership of the Forum was made up of representatives from providers of goods (pharmaceutical, medical technology and IT companies) and services (leading professionals from the British Medical Association, Royal College of Physicians of London and Royal College of Surgeons of England) to the NHS.

Each of the groups that had been involved in discussions in the Forum recognised that there were important strategic issues which could not be addressed by each of them individually and the Forum wished to engage collaboratively with Government on issues on a non party-political basis.

If wide support was forthcoming, it was proposed to hold a meeting of all interested parties to determine the future agenda, structure and other relevant aspects.

It was agreed to invite a representative from the Healthcare Forum to a future meeting of the Academy to give a presentation on its current work programme.

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