

EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY OF MEDICAL ROYAL COLLEGES ON MONDAY 12 DECEMBER 2005

Meeting with the Secretary of State for Health on 14 November 2005

The Chairman reported that Professor Douglas, Professor Husband and Dr Wilkie had accompanied him to the above meeting. Time was limited but discussions had taken place on how medical education and training were to be delivered in the fast-changing NHS. Discussions had also taken place on the possible ban on smoking in public places.

The Chairman reported that the Secretary of State for Health had indicated that she would like regular (six monthly) meetings with members of the Academy and that there should also be interim meetings with senior Department of Health staff.

Once the meeting dates for 2006 had been set, the Chairman agreed to discuss what items should be addressed.

Future Work Plan for the Academy

The Academy considered the letter from Mr Andrew Foster regarding Department of Health support for the Academy as well as a paper prepared by Professor Dame Carol Black on the next steps to be taken.

There were a range of options that the Academy might consider in order to strengthen its role. All members agreed that more resources would be required in order to undertake any further work.

Time did not permit the detailed discussions necessary to reach a conclusion and it was agreed that this should be a major item on the agenda of the next meeting of the Academy on 23 January 2006.

Training of Cancer Specialists

Professor Dame Carol Black reported that she had met Professor Michael Richards, Director of Cancer Services for the Department of Health, who had indicated that the setting up of the above group would be very helpful. Dame Carol indicated that the Royal College of Physicians of London would provide the necessary resources to set up this Committee and the Chairman thanked Dame Carol, on behalf of the Academy, for agreeing to take on this commitment. The Chairman agreed to write to CR-UK seeking support for this initiative.

Mental Health Bill

Professor Hollins reported that the Mental Health Bill had been delayed and was expected to be laid before Parliament shortly. Professor Hollins offered to brief any member of the Academy who had contacts in the House of Lords and who wished to support the Royal College of Psychiatrists.

Waiting Lists

Dr Wilkie indicated that the Academy's Patient/Lay Group was considering the national standards that had been produced by the Patient Liaison Group at the Royal College of Surgeons of England. The Group believed the standards should apply to all waiting lists, not just the ones that related to surgery and that the standards should suggest ways in which these might be implemented in hospitals. Dr Wilkie agreed to report back after the next meeting of the Academy's Patient/Lay Group in early February 2006.

It was also stated that it was important to involve the NHS Confederation in this initiative once the Academy's Patient/Lay Group had made its recommendations. It was suggested that this might be done at the meeting in March between the Joint Consultants Committee and the NHS Confederation.

In the meantime, Dr Wilkie agreed to discuss the topic with Professor David Haslam.

Revalidation

The Chairman reported that a small steering group, to direct the work Dr Alastair Mason was undertaking on behalf of the Academy on revalidation, would be set up and that he would agree the names of up to three Academy representatives to undertake this task.

The Chairman reminded members of the Academy that a workshop on 360° appraisal was being held on 30 January 2006. He requested all members of the Academy to send a representative to this workshop.

Platinum Awards for 2006

The Academy received, for information, previously circulated correspondence regarding the timings and organisation of the Platinum Awards.

As previously stated, electronic submissions should be made by 6 January 2006 and the Chairman indicated that each submission should be accompanied by a citation. The citation should be completed on the previously circulated electronic form, not on-line. The Academy secretariat would then be responsible for submitting, on-line, those nominees on the Academy's final list.

Advisory Appointments Committees – Job Descriptions

The Chairman reported that the Royal College of Paediatrics and Child Health had received a letter dated 31 October 2005 from the Doncaster and Bassetlaw Hospitals NHS Foundation Trust indicating that they would no longer be seeking approval of job descriptions from the Regional Advisers. Other Colleges had received a similar letter.

It was subsequently understood that this would not be the case and the Chairman agreed to keep members of the Academy informed if the situation changed.

Most Colleges reported that the Concordat with the Foundation Trusts seemed to be working well.

The Postgraduate Medical Education and Training Board (PMETB)

The Chairman tabled a letter dated 8 December 2005 that he had received from Professor Peter Rubin suggesting that there should be a concordat between the Academy and PMETB. A draft concordat was attached which entered into more detail than had been envisaged.

Members of the Academy agreed, in principle, to become a signatory of the concordat and the Chairman asked each member of the Academy to take the document back to their College/Faculty for consideration. Comments on the concordat should be sent to the secretariat by Friday 13 January 2006. The concordat would be discussed again at the next meeting of the Academy on 23 January 2006 when PMETB would be a major item for discussion.

The fees that were to be charged by PMETB were also discussed and Dr Whitten indicated that the Academy's Trainee Doctors' Group would be responding to PMETB regarding the increases in fees. It was suggested that the Academy should produce a joint response with the Trainee Doctors' Group and the Chairman asked all members of the Academy to let him have comments by the 6 January 2006 so that he could co-ordinate the response.

The Honours System

Mr Denis Brennan, from the Ceremonial Secretariat, joined the meeting for Professor Dame Carol Black's presentation on Honours system for health service staff.

Dame Carol indicated that the Public Administration Select Committee had made proposals for a change in the honours system. It had been recognised that the process should be made more visible with public encouragement to produce more breadth and diversity. Dame Carol reported that she had been appointed to chair the Honours Committee for Health Service Staff following these changes.

Members of the public were required to write to either the Department of Health, Scottish Executive, Northern Ireland Executive, National Assembly for Wales, Ministry of Defence (for the Red Cross/ St John's Ambulance), DEFRA and DWP (for occupational medicine). The Health Honours Committee would consider nominations and select names to go forward to the Main Honours Committee chaired by the Cabinet Secretary. The Main Honours Committee would agree a final list of names to go to the Prime Minister who then submitted his recommendations to the Queen.

Medical Professionalism

The Academy considered a letter from Professor Dame Carol Black setting out recommendations that had emerged from the working party report *Doctors in society – Medical professionalism in a changing world*. Baroness Cumberlege had chaired the working party.

The report had just been published and once members of the Academy had had an opportunity to consider it, the recommendations would be discussed at the meeting of the Academy on 23 January 2006.

Modernising Medical Careers

a) UK Strategy Board

The Academy considered a letter from Dr Harry Burns, Chief Medical Officer, Scottish Executive, who was the incumbent chair of the MMC UK Strategy Board, to commission JACSTAG to take forward work required to agree entry criteria, patterns of training and curricula for each specialty to ensure the launch of new training arrangements in August 2007. The proposed work schedule included building on the matrix produced by the Academy of Medical Royal Colleges for the meeting of the Board and produce a status report for each College/Faculty on:

- The development of curricula, intended pattern and (indicative) duration of training
- Development/planning for common stems. What work is being undertaken to explore common stems with other specialties and what other broad based training for the early years of run-through were being considered
- What criteria and selection processes were being considered by specialties and alert the Board to any work being undertaken to ensure common ground
- Proposals for entry to run-through training at higher levels as indicated on the Modernising Medical Careers diagram. How would selection methods/criteria need to change to meet this requirement
- Highlight transitional issues for each specialty and make proposals on how they should be addressed

The Chairman reported that JACSTAG would be meeting at the end of the Academy meeting to consider these issues and discuss the resources needed to undertake this work.

b) Advisory Board

The Academy considered a report that had been prepared by Mr Nick Astbury, the Academy's representative on the Advisory Board.

Mr Astbury reported that the Advisory Board had received the final version of the Career Framework Proposal, which consisted of a simplified diagram. Enhanced service appointments had been replaced by Time-limited training contracts. Levels 1 and 2 had become career posts via competitive entry.

The tension between service and training as well as the status of time-limited SHOs remained.

Mr Astbury made a presentation on the proposals for Ophthalmic Specialist Training, which had been well received.

c) Overview of Proposed Specialty Training Framework

The Academy considered MMC's most recent career framework proposal. Reformed run-through training would deliver a workforce of practitioners trained to the level of the Certificate of Completion of Training (CCT) mainly through managed programmes of run-through training. The duration of training in individual specialties was not fixed and would depend on the rate that each individual doctor is able to demonstrate competences, which would be interpreted broadly under the seven headings of *Good Medical Practice* and would be based on more than the ability to perform techniques.

Time limited training contracts would comprise limited fixed term contracts, of probably no more than two years, to offer doctors in training competences defined specifically for these years in order to prepare trainees for service posts or entry to specialist training programmes. It was likely that time-limited posts would cover less specific specialty ground than run-through posts. Trainees leaving F2 posts would in principle only apply for a time-limited post if, following competition after F2, they did not gain admission into a specialty training programme or for those who do not wish to apply for specialty training from F2.

There was currently a skills gap between trust doctors (or SHO equivalent) posts and staff grade doctors. It was envisaged that time-limited programmes might provide a way of bridging this gap.

All posts designated as career posts would contain opportunities to undertake continuous professional development to acquire competences as well as service functions.

d) Joint Academy and COPMeD Specialty Training Advisory Group (JACSTAG)

Members of the Academy considered the purpose and objectives of JACSTAG, which would be chaired by Professor Graham Winyard and supported by Professor Neil Douglas. Members of the Academy also considered a progress report on the work of JACSTAG.

The objectives of JACSTAG were to agree UK wide approaches to implementation of specialist training within the MMC framework, recommend processes and time-scales for any necessary project work plans and assessment of resources within the infrastructure requirements and boundaries. It would also test proposals with service through the Deans Workforce Group Plus and alert the UK Strategy Board and other relevant bodies of problems and barriers to implementation. The Group would report to COPMeD and the Academy and be accountable to the UK MMC Strategy Group.

Membership would comprise 5 Academy nominees, 5 COPMeD nominees and representation from the MMC team and devolved administrations.

Professor Winyard reported that JACSTAG would be meeting at the end of the Academy meeting and would be considering the resources it needed to undertake its work and report back on progress at the next meeting of the Academy on 23 January 2006.

e) *Working the Night Shift: Preparation, Survival and Recovery – A Guide for Junior Doctors*

Professor Roy Pounder had asked that the above report be tabled at the meeting. All members of the Academy were asked to consider this report, which would be discussed in detail at the next meeting of the Academy.

It was agreed that Modernising Medical Careers should be an item for extensive discussion at the next meeting of the Academy on 23 January 2006.

The Specialist Training Authority

The Academy considered the Minutes of the Specialist Training Authority on 9 November 2005 and the Chairman drew attention to item 4 and the winding down of the STA.

It was proposed that the STA should reduce its membership to a small core residual body of 5 members. This would require prior approval from the Secretary of State, the Charity Commission and Companies House. However, since it had proved difficult to remain quorate for meetings, in the run up to the transfer of functions, it was anticipated that this would make it easier for the STA to function in its residual form.

The STA would also arrange for the three-way dispersal of its funds as follows:

- An amount to remain with the STA to ensure that the Authority can continue to function in a residual capacity
- To reimburse PMETB for any liabilities incurred as a result of transfer in accordance with the Secretary of State's Directions
- The remainder to be given to a registered charity or charities, whose aims were similar to those of the STA.

To take matters forward amendments would be required to the Articles of Association and an Extraordinary General Meeting, held as soon as possible.

The Chairman indicated that he would nominate three Presidents to join a reduced STA. These would be Presidents whose remaining term of office was fairly long in order to provide continuity. The STA would be a standing item on the Academy agenda for as long as it existed.

Joint working with the Conference of Postgraduate Medical Deans

The Chairman tabled a joint statement setting out the intention of the Academy to work with the Conference of Postgraduate Medical Deans on a number of issues relating to medical training and education. He indicated that he would like to disseminate this statement, which was endorsed by the Academy.

BMJ E-Learning

The Academy received a presentation from the above. Before reaching any decision on the proposals made by BMJ E-Learning, it was agreed that the Chairman would undertake a scoping exercise to establish what already existed in the Colleges and Faculties. The Chairman would then produce a report to a future meeting of the Academy when the matter would be considered again.

Centralisation of Specialisation of Hospital Services: bigger is not necessarily better for rural and remote communities

The Chairman reported that Dr Ian Mungall would be formulating a series of questions that could be sent to all members of the Academy to establish what work is being done on the above issues. The matter would then be discussed again at an appropriate Academy meeting.

The Academy's Trainee Doctors' Group

It was agreed that Mr Jim Wardrope should replace Professor Janet Husband as observer on the above Group and the secretariat agreed to inform the Chairman of the Group of this decision.

Removal of On Call Rooms

The Chairman reported that the above matter would be discussed at the next available meeting of the Joint Consultants Committee and agreed to discuss the background to this issue with Professor Dunlop.

Radiology Integrated Training Initiative

The Academy received a presentation from Dr Julia Moore from the Department of Health's Strategic Medical Workforce Issues Section.

Dr Moore requested that interested members of the Academy should contact her via her email address, which was Julia.Moore@doh.gsi.gov.uk.

EU Physical Agents (EMF) Directive 2004/40/EC

The Academy received, for information, a copy of a letter that Professor Janet Husband had written to Lord Warner regarding the above Directive.

Whilst the Directive did not apply directly to patients and carers, it restricted staff from operating in time-varying magnetic fields above a certain amplitude. This meant that doctors, radiographers and other health care professionals, as well as maintenance staff, would be precluded from entering the area close to the MRI machine during scanning. Whilst it was recognised that all MR imaging examinations that did not require a healthcare professional to be present during a procedure could be conducted without difficulty, the Directive had profound implications for the use of MRI in clinical practice. Furthermore it was not based on any firm evidence of biological effects on workers, less still adverse health effects.

MRI procedures requiring patient monitoring would be more difficult and, in some cases, impossible. This included imaging of patients requiring general anaesthesia, sedation and all frail and sick patients who would require support and reassurance. It would also have a major impact on paediatric imaging.

Professor Husband sought the support of Lord Warner for an urgent review of the legislation, with the aim of introducing an exemption from the EU Directive with respect to its application to medical practice. Professor Husband would keep the Academy informed of any progress in this area.

Report on Adolescent Health and Good Transition

The Academy considered the revised above report. Members of the Academy agreed to endorse the report. Professor Sheila Hollins indicated that Professor Sir David Hall had requested that she respond directly to him regarding issues related to psychiatry.

Items from the Joint Consultants Committee

The Academy considered the executive summary of the meeting of the JCC on 11 October 2005. Professor Dunlop reported that there had been an extended discussion on Modernising Medical Careers, commissioning a patient-led NHS, payment by results, the White Paper on care outside hospitals, the Audit Commission report *Managing the Financial Implications of NICE Guidance*, and *Best Research for Best Health: A New National Health Research Strategy*.

Professor Dunlop also reported that there had been a meeting of the JCC's Medical Workforce Strategy Group, which had focused on the current problems of recruitment and retention in the clinical academic workforce. Following this meeting a JCC paper *The Medical Academic Workforce* had been produced. The Committee had agreed that there were a number of clear deterrents to those doctors considering a clinical academic career, including the lack of both a clear route of entry and a transparent career structure and a shortage of properly structured and supported posts upon completion of training. The Committee acknowledged that Modernising Medical Careers provided a window for change. Interest had been expressed in respect of having a debate in the House of Lords to discuss the decline in numbers of the clinical academic workforce. Lord Turnberg was leading this debate and the JCC paper would be circulated to interested parties in the House of Lords to inform this process.

Professor Dunlop indicated that the JCC's Independent Healthcare Advisory Group wished to slightly expand its membership and it was agreed that Professor Janet Husband should be nominated to represent the Academy.

Medical School Recruitment for Shortage Specialties

Professor Sheila Hollins indicated that psychiatry was, amongst others, a shortage specialty. Workforce plans estimated that 10% of current medical graduates would need to choose psychiatry as a career to meet the predicted demand in the UK. In practice, only 4% currently chose psychiatry. The Royal College of Psychiatrists would like to review this problem with the Council of Heads of Medical Schools to consider whether any changes need to be made to entry criteria, curriculum time or other influences on career choice.

It was agreed to bring this matter back to the next meeting of the Academy for a more comprehensive discussion under the heading of Modernising Medical Careers to consider how best to direct undergraduates.