

**EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY OF MEDICAL ROYAL COLLEGES ON MONDAY 16 JULY 2007 AT THE ROYAL COLLEGE OF SURGEONS, 35/43 LINCOLN'S INN FIELDS, LONDON WC2A 3PE**

**Intercollegiate Cancer Committee**

Members of the Academy considered a series of five papers prepared by the Intercollegiate Cancer Committee or the English Cancer Reform Strategy. These had been considered briefly at the last meeting of the Academy and had been circulated by Professor Dame Janet Husband immediately afterwards requesting any final comments so that they could be ratified at the July meeting.

It was agreed that a summary of the report should be published, possibly in the British Medical Journal, once the report had been considered by the Cancer Reform Strategy.

It was reported that Professor Douglas would lead the next strand of work, which would address the interface between the various cancer disciplines.

**The Postgraduate Medical Education and Training Board (PMETB)**

Members of the Academy considered the Minutes of the meeting on 6 June 2007 between the Academy and PMETB and a letter from Mr Paul Streets, Chief Executive of PMETB, on service level agreements and setting out a proposed agenda for the joint meeting due to be held on 17 July 2007. The proposed agenda included transitional arrangements for 2007/08 and possible funding, appeal costs, VAT position, future joint working and communication.

It was agreed that Dr Brian Williams would continue to represent the Academy and the Chairman agreed to inform PMETB of this decision.

It was understood that Mr Streets was due to meet the four College presidents who were members of PMETB to discuss College/PMETB relations and the content and outcome of work being undertaken.

It was agreed that there should be immediate resolution to the five key points set out in the joint Minutes of the meeting on 6 June 2007, i.e. robust quality assurance, service level agreements, Article 14 (insufficient information on the flow of requests to Colleges and insufficient funding), PMETB's communication with the Colleges and trainee representation.

Dr Williams agreed to report back to the Academy once the meeting on 17 July 2007 had taken place.

**Modernising Medical Careers**

**a) MMC Programme Board**

Members of the Academy discussed the letter from Professor Marshall dated 29 June 2007 requesting four Academy nominees, plus a trainee, to join the Programme Board that was to be set up to build on the strengths of the 2007 Douglas Review Group in developing a different model of working with the NHS and the medical profession, as well as promoting ownership and leadership of the agenda. One of the Academy's nominees would co-chair the Board.

A number of members of the Academy expressed concern regarding the short notice of the first meeting of the Programme Board on 25 July and queried if a meeting on 23 August, during the peak holiday season, was required. Concern was also expressed that the Board should be set up ahead of the Tooke review, which was due to produce a preliminary report in September. It was agreed to raise these concerns with Professor Marshall.

Professor Marshall indicated that advertisements for the next round would need to be ready for January 2008 and that in order for the Board to undertake its work before this date it was not possible to postpone the first meeting until September. He went on to suggest that the Academy nominees should be Presidents (senior decision makers) in order to facilitate good channels of communication and that nominees were not there to represent specific specialties but the profession as a whole.

Members of the Academy stressed the need for flexibility on a number of issues such as run-through training and multiple entry points since over and under-subscribed specialties would face different challenges. There needed to be a mechanism to involve the four countries to ensure that each country was aware of the different systems in place and that, where possible, they were in harmony. Members of the Academy also expressed concerns regarding over-representation on the Board by the Department of Health.

Consideration should also be given to the needs of International Medical Graduates. It was reported that some Colleges were developing models where consultants visited other countries to help develop postgraduate training rather than offer training in the UK. Attention was drawn to the difficulties some consultants faced when trying to obtain leave to undertake this work. It was agreed that this was a complex area that required further consideration at a future meeting of the Academy.

Professor Marshall indicated that the Terms of Reference of the Board would be discussed, but not agreed, at the first meeting. Professor Marshall then left the meeting.

The following indicated that they wished to be considered as nominees for the Programme Board: Professor Douglas, Professor Gilmore, Dr Hamilton, Professor Haslam, Professor Hollins, Dr Hulf, Mr Ribeiro and Professor Templeton.

Members of the Academy were asked to prioritise their preferences on a ballot paper that was circulated.

The following four were nominated: Professor Douglas, Professor Gilmore, Professor Haslam and Mr Ribeiro. Dr Hulf would be the reserve member to deputise if other members of the Academy were unable to attend a meeting. It was agreed that each member would be responsible for several other Colleges/Faculties to ensure their views were heard. There also needed to be a formal mechanism for reporting back to the Academy.

It was agreed that the Academy's representatives should nominate the co-chair and the Chairman agreed to pass on this information to Professor Marshall.

## **b) Gold Guide and Red Guide**

### **i) Gold Guide**

Dr Hulf thanked members of the Academy for their responses to the drafts of the Gold Guide. The final draft had incorporated many of the suggestions from the Academy and most of the concerns expressed. It was reported that the Guide was a living document and that its authors should be prepared to alter it once Sir John Tooke has reported and as MMC evolved.

### **ii) Red Guide**

Dr Hulf reported that the Red Guide had caused concern in her College and that she had responded to the National Association of Clinical Tutors to this effect. Any suggestion that the College Tutor system had not worked well would be vigorously contested within her College. College Tutors were vital for trainees and their consultant colleagues as they were the specialty link into all hospitals.

Dr Hulf indicated that it would be helpful if other Colleges/Faculties responded if they had concerns.

Professor Douglas indicated that the Red Guide would be discussed again at the Specialty Training Subcommittee and that a representative from the NACT was a member and so would be present during these discussions.

## **Revalidation**

Members of the Academy were asked to receive, for information, five papers, which provided background information on the work on revalidation to date.

Professor Templeton then introduced the paper *Taking on Revalidation – The Responsibilities of the Academy*. The paper outlined proposals for how the Academy might support individual Colleges/ Faculties in developing recertification. It was suggested that there should be three committees.

First there should be a joint Steering Group between the Academy and the General Medical Council to develop the issues pertinent to revalidation and, in particular, recertification. The group would be jointly chaired at senior level and include a further three members of the GMC and a further three members of the Academy to include the Chair of the Academy Revalidation Committee (see below). The remit of the group would be:

- develop the principles and framework for recertification as set out in the White Paper
- explore the relationship between relicensing and recertification with particular respect to the development of appraisal in the NHS
- develop systems of quality assurance in revalidation with particular respect to recertification processes and outcomes.

Second the Revalidation Steering Group should be renamed and its membership strengthened. The chairman should continue to be a President of a Royal College/Faculty with three other College/Faculty Presidents. Membership should also include the chair of the Academy's continuing Professional Development committee, a patient/lay representative and the Honorary Secretary. There should be two representatives each from the Department of Health and the General Medical Council and one each from the British Medical Association and NHS Employers.

Third there should be a Academy Recertification Implementation Group which would be made up of all individual College/Faculty Leads for revalidation which would meet three/four times a year. It was suggested that this group be chaired by the revalidation Executive Officer (see below). This group would ensure the involvement of individual Colleges and Faculties in the overall process of revalidation.

It was suggested that an Executive Officer for Revalidation be appointed who would work full time to take revalidation forward on behalf of the Academy. It was anticipated that this would be a three year appointment and that the appointee would be responsible for the overall management of the Academy's responsibilities in relation to recertification, support College/Faculty development of business plans, co-ordinate individual initiatives, and chair the Academy Recertification Implementation Group.

The paper suggested that both relicensing and recertification would follow a five year cycle based around annual appraisal. It was assumed that the process could be cumulative throughout the five years and that the current appraisal system would need to evolve to encompass both formative and summative processes. It was likely that relicensing would be based around three main components, including 360 feedback, confirmation of adherence to the standards in *Good Medical Practice* and participation in a CPD programme.

Following these discussions it was agreed that as much of the resources as possible should be utilised to support the Colleges and Faculties, not to provide administration.

It was further agreed that:

- a business case and job description for a project manager, not executive officer, should be developed as soon as possible
- a joint Academy/General Medical Council committee be established
- an Academy Recertification Implementation Group be established
- the Revalidation Steering Group was not necessary
- e-learning would be a key element in the processes being established and the Academy's e-learning group should link into this work
- any process should be bottom-up
- revalidation of academics needed to be addressed

All members of the Academy were invited to write to Professor Templeton with their comments on the paper so that these could be collated and inform the work to be done. Available resources needed to be used as fairly and efficiently as possible and in relation to the work needing to be done.

Members of the Academy agreed that it would be appropriate for the College/Faculty Chief Executive Officers to become involved in this initiative.

## **Chairman's items:**

### **Chief Executive Officers of the Colleges and Faculties**

The Chairman reported that the CEOs of the Colleges and Faculties would be joining the meeting at 12.30 for lunch and would then stay to discuss a number of Academy items, which included the Postgraduate Medical Education and Training Board.

Both members of the Academy and CEOs believed it was important to improve communication and, as stated under agenda item 4, it was suggested that in order to achieve this it would be helpful for CEOs to receive copies of Academy Minutes and agenda papers and this was agreed.

### **Meeting with the Secretary of State for Health**

The Chairman reported that she was due to meet the new Secretary of State for Health on Wednesday 18 July at 3.15 and it was proposed that discussions regarding MMC/MTAS, workforce and clinical engagement be appropriate topics to examine. She asked members of the Academy to contact her at the end of the meeting if they wished to accompany her.

### **Executive Officer of the Academy**

The Chairman reported that the Academy's current Executive Officer would be retiring at the end of the year and that the post had been advertised. Officers would be interviewing potential candidates at the end of July to ensure a smooth hand-over.

### **Honorary Secretary/Treasurer of the Academy**

The Chairman reported that due to an increasing workload, it was proposed to split the posts of Treasurer and Honorary Secretary. Mr Hunter would remain as Treasurer until the new Executive Officer had taken over to ensure continuity during the change over.

A job description for the post of Honorary Secretary would be circulated shortly.

### **Vice Chairmen of the Academy**

The Chairman reported that there had been a number of nominations for the two Vice Chairmen posts and that there would be a postal ballot using the single transferable vote system.

### **Academy Education Lead**

The Chairman reported that a job description for an Academy Education Lead was being prepared and would be circulated shortly.

### **Wessex Deanery and Virtue Foundation Partnership**

Members of the Academy considered correspondence from Dr Clair du Boulay, Postgraduate Dean, Wessex Deanery, regarding their work with the Virtue Foundation to organise and sponsor multi-professional healthcare teams to visit disadvantaged regions of the world to help develop sustainable healthcare delivery systems. The Colleges/Faculties' support was requested for ratifying out of programme experience for individual trainees so that it could be counted towards a Certification of Completion of Training (CCT).

Members of the Academy supported the proposal in principle but indicated that the proposal was not developed enough at present to count towards a CCT but that the experience was highly valuable.

### **National Clinical Audit and Patient Outcomes Programme**

Members of the Academy considered the email from Dr Paul Lelliott from the Royal College of Psychiatrists inviting the Academy to join a consortium, led by the Royal College of Psychiatrists, to bid for the running of the National Clinical Audit and Patient Outcomes Programme. The other members of the consortium were the Royal College of Nursing, the Royal College of Physicians of London and the Long-term Conditions Alliance.

Members of the Academy approved being part of the consortium in principle and the Chairman agreed to report back on the outcome of the bid.

### **The Healthcare Commission**

Members of the Academy considered a tabled letter from Anna Walker, Chief Executive of the Healthcare Commission, suggesting that there should be a half-day workshop – ideally in September – to consider ways of measuring clinical quality that would command widespread agreement and confidence. It was proposed that the half-day would include representatives from the Colleges and Faculties as well as senior staff of the Commission and be arranged jointly.

Members of the Academy approved the proposal and the Chairman indicated that she would jointly produce a programme and proposed date and report back to the Academy.

### **Doctors from Iraq**

The Chairman reported that she had spoken to Dr Peter Sullivan, chairman of the Academy's International Forum, regarding the Academy's involvement in the Health Life Science Partnership (HLSP) programme that is bringing to the UK teams of health professionals from Iraq. It had been realised that there were considerable challenges with the programme but these were being resolved satisfactorily following meetings with the Department of Health and HLSP. Dr Sullivan would keep the Academy informed of progress.

### **Response by Dame Margaret Turner Warwick to the article by Professor Alan Maynard in the journal of the Royal Society of Medicine on the Medical Royal Colleges**

Members of the Academy considered the tabled suggested response by Dame Margaret Turner Warwick to the above article. They considered it a strong letter, which Dame Margaret should send to the Journal of the Royal Society of Medicine. The Academy would not be responding but it was understood that the Royal College of Surgeons of England would be responding to one particular point.

### **Governance of the Academy**

The Chairman reported that Dr Susan Bews had agreed to chair a small working group on governance of the Academy. Information on the work of the group would be regularly reported to the Academy.

### **Joint Programme of Work between the Academy of Medical Royal Colleges and the Department of Health**

#### **a) Re-organization of Hospital Services**

Mr Wardrope reported that whilst the Academy's document had been finalised for some time, it had been agreed to defer publication until September.

Members of the Academy agreed that the report should be published, with a press launch.

#### **b) E-Learning**

Professor Dame Janet Husband reported that the first phase of the work on e-learning had been completed and that the report would be ready for publication in September. Dame Janet also reported that a workshop had been held for e-learning leads of all Colleges/Faculties in order to share good practice.

The report had highlighted two particular areas that required an urgent solution, namely:

- Anonymity and confidentiality of images of patients
- Cataloguing material to facilitate sharing between Colleges/Faculties

It was suggested that small, expert groups be set up to address these areas.

It was also suggested that the e-learning group should interface with the revalidation group regarding e-portfolios.

Dame Janet proposed that a second phase of work be instigated which would set up a networking group composed of the College/Faculty clinical e-learning leads, and associated manager, to meet three/four times a year. It was suggested that part of the Academy website be devoted to information about e-learning, including links to useful websites.

Two successful applications were being used by a number of Colleges and Faculties namely NHS Education Scotland (NES) e-portfolio and DH e-learning for Healthcare. NES was currently working with the Federation of Physicians' Colleges, as well as the Royal Colleges of Psychiatrists, Paediatrics and Child Health and General Practitioners on foundation and specialty training applications. Plans had been made for adapting the applications to the requirements of revalidation.

Professor Newland reported that the group he was chairing on Academic Medicine should develop a link with the e-learning group to explore the potential of generic academic training.

Dame Janet indicated that her successor, Dr Andy Adam, would be prepared to chair the e-learning committee to take these issues forward. The Academy endorsed this suggestion.

### **c) Shape of the Medical Workforce of the Future**

Professor Douglas introduced this item and asked members of the Academy to consider a paper that outlined the proposed project to be carried out between June/December 2007.

The first phase would identify any studies or evidence which might be useful in determining the added value that doctors bring to the healthcare team, distinguishing, if possible, between fully trained doctors and those in training so that a draft report could be presented to the Academy.

Professor Douglas requested all members of the Academy, if they had not already done so, should send any evidence they might have to Dr Alastair Mason, whose email address is [alastair.mason@virgin.net](mailto:alastair.mason@virgin.net).

### **d) Academic Medicine**

Professor Newland introduced this item and asked members of the Academy to consider the minutes of the meeting of the Academic Subgroup on 11 April, which had not been possible at the June meeting of the Academy due to time pressures.

Professor Newland indicated that it was proposed to increase the membership of the group to include a trainee, Women in Medicine (fulfilled by an existing member of the group), Council of Heads of Medical Schools, OSCHR, Academy of Medical Sciences, Academy of Medical Educators and a representative from the BMA Medical Academic subcommittee.

The group had suggested possible work programmes as follows:

- To develop generic academic training. The potential of the current e-learning initiative to support this should be explored.
- The development of academic modules in the undergraduate curriculum should be explored.
- The development of assessments and competencies in research for trainees in both academic and service training posts.
- The development of a mentorship scheme for STRs wishing to consider 'out of programme' research experience.
- Revalidation and accreditation for academics.
- To develop an academic leadership programme with the relevant Academy sub-group and the NHS Institute for Innovation and Improvement.

It was agreed that bullet points one, three and five should be explored initially and that links with the NHS Institute for Innovation and Improvement and the Academy of Medical Science should be developed to take forward bullet point six.

**e) Projects in Self-Care**

Dr Wilkie reported that the group to address the above had had its first meeting on 6 July 2007, which Professor David Haslam co-chaired with her.

A wider working group would be held on 26 September, including increased lay representation and Dr Wilkie agreed to report back to the next available meeting of the Academy.

**f) Developing Core Competencies in Health Inequalities**

Professor Hollins introduced this item and asked members of the Academy to consider the paper and brief business case that had been prepared which set out the proposal.

It was suggested that competences that were already in the PMETB approved curricula be collated and a small working group would fill in any obvious gaps in what already existed. Draft generic competences would be produced and circulated for comment. A strategy document would then be produced for the Academy to consider and, if agreed, would be put into action.

Members of the Academy endorsed this proposal.

**Medical Leadership Competency Framework**

Dr Hamilton introduced this item and asked members of the Academy to consider the presentation that she had prepared on the Academy's joint initiative with the NHS Institute for Innovation and Improvement.

Dr Hamilton indicated that the aim was to develop engagement from undergraduate through postgraduate to post specialist registration years and to produce a cohesive curriculum and assessment framework on management, leadership and team working.

Once fully developed, approval from the General Medical Council and the Postgraduate Medical Education and Training Board would be sought.

The pressures on the curriculum were understood and it was suggested that leadership skills might best be taught after medical competency had been established.

The Chairman thanked Dr Hamilton for her ongoing work on this project and asked her to keep the Academy informed of progress.

**Items from the Joint Medical Consultative Committee (JMCC) Formerly the Joint Consultants Committee**

Professor Dunlop reported that the JMCC had met on 10 July 2007. Professor Dunlop reported that the revised terms of reference for the reformed Committee, now to be called the Joint Medical Consultative Committee, had been agreed.

Items discussed included the NHS Chief Executive's Annual Report and the Government Response to the Health Select Committee Report on Workforce Planning. Professor Dunlop indicated that the Committee had also received a presentation from Professor Peter Rubin, Chairman of the Postgraduate Medical Education and Training Board (PMETB). The Minutes and an executive summary of the meeting would be circulated in due course.

**Draft Bill on Coroner Reform – Death Certification**

Professor Newland introduced this item and indicated that in view of the proposed Coroner reforms being considered by Parliament, and the impact on how death is recorded, it was important that the Academy be aware of the discussions and consider their future impact. Professor Newland had circulated the response of the Royal College of Pathologists to the reforms for information.

Whilst a Department of Health consultation process was about to commence on the changing requirements for death certification, and therefore subject to amendment, he believed that the current direction of travel was likely to prevail.

The intensity of examination, to determine the cause of death, would obviously vary enormously according to aspects of each case, but a final decision had not yet been made on where the average will lie. There was potentially a spectrum, from a relatively cursory inspection (as at present) to a much more detailed investigation. However, it was likely that a signature from the Medical Examiner will represent authority to dispose of the body, and subsequent registration would be an administrative process. The new Medical Examiners of the cause of death will be based inside the NHS, not formally linked to the Coroner's service; but some form of relationship to the new Chief Coroner and his Chief Medical Adviser would be established to facilitate uniformity in the service and provide a single pathway for the resolution of disagreements.

There was agreement that the Royal College of Pathologists was the most suitable body to co-ordinate the training of Medical Examiners, although the duration and intensity of training had yet to be decided.

However, the Royal College of Pathologists was keen to involve other Medical Royal Colleges, particularly the Royal Colleges of Physicians, General Practitioners and the Faculty of Forensic Medicine.

Professor Newland agreed to keep the Academy informed of progress in this area.