

EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY OF MEDICAL ROYAL COLLEGES ON 20 APRIL 2006

CHAIRMAN OF THE ACADEMY

The Chairman announced that Professor Dame Carol Black had been elected as the next Chairman and congratulated her on behalf of the Academy.

THE UK CLINICAL RESEARCH COLLABORATION

The Chairman referred to the letter he had received from Professor Sir John Lilleyman, chair of the UKCRC Strategic Planning Group on Microbiology and Infectious Diseases Research, requesting a single submission from the Academy on the issue of resources, infrastructure, training and workforce capacity, research funding and portfolio balance and collaboration and interdisciplinary working within the research community. The letter had also been sent to the Royal College of Pathologists and the Royal College of Physicians of London. Professor Newland indicated that his College had produced a response and agreed to liaise with the Royal College of Physicians of London. He also agreed to send his submission to Professor Griffiths, Dr Hamilton and Dr Hobbiger for their input. It was noted that the closing date for submissions was 5 May 2006.

HEALTH COMMITTEE INQUIRY – *WORKFORCE NEEDS AND PLANNING FOR THE HEALTH SERVICE*

Members of the Academy received, for information, the generic response that the Chairman had produced for the above Inquiry following discussions at the previous meeting of the Academy on 8 March 2006. The following points were made:

- Workforce numbers needed to increase to meet the growing number of UK graduates that were emerging from medical schools
- The increasing proportion of female doctors should be noted since many of them might wish to work less than full time for part of their career
- It was important to ring-fence time and resources in order to deliver doctors' training and re-training
- Multi-professional teams should be led by medical doctors
- It was necessary to attract the most appropriate personnel for demanding, acute specialties, with their high proportion of night-shifts etc, and to acknowledge that there needed to be a point when a doctor could move into a less acute and stressful area
- The end point of training was regarded as entry onto the general practice or specialist Register. The majority of Colleges and Faculties would wish to see only one grade of specialist, i.e. a consultant
- In general, medical workforce planning should be undertaken centrally.

The Chairman reported that he had been requested by the Inquiry to give verbal evidence in support of the Academy's submission on 18 May 2006.

TOBACCO AND ITS CONTROL

It was suggested that a small working party be convened with representatives from the Faculty of Public Health and the Royal Colleges of General Practitioners, Obstetricians & Gynaecologists, Paediatrics & Child Health, Physicians of London and Psychiatrists in order to consider the issues surrounding tobacco and its control. It was further suggested that the Royal College of Physicians of London would lead this initiative.

ON-LINE LEARNING

Members of the Academy considered a summary of responses to the questionnaire that had been circulated by the British Medical Journal e-Learning division. The majority of responses had been positive and seen the need to expand in this area.

Professor Husband drew attention to the considerable body of work that the Royal College of Radiologists had been undertaking with the Department of Health, led by Dr Julia Moore, on e-learning and referred to the presentation that had been given by Dr Moore at a previous meeting of the Academy. It was suggested that

work being undertaken at the Royal College of Radiologists could be used as a model for other specialties, some of which were already in discussions with Dr Moore.

Members of the Academy believed that the work being undertaken by BMJ e-Learning Division and the Department of Health were complementary and it was important to ensure the two groups communicated to prevent duplication.

POSTGRADUATE MEDICAL EDUCATION – COMPETENCIES IN WORK AND HEALTH

The Chairman reported that he had had a meeting with Dr David Snashall to discuss a bid to produce a basic competency framework in relation to work and health for inclusion in all postgraduate training from the Foundation Years through to completion. This initiative was being undertaken by the Academy following a request from Dr Bill Gunnyeon, Chief Medical Adviser at the Department for Work and Pensions that the Academy should lead on this initiative.

Members of the Academy considered a letter and supporting preliminary budget that had been sent to Dr Bill Gunnyeon who had responded indicating that the proposal seemed broadly in line with the DWP's requirements.

A NEW DEAL FOR WELFARE: EMPOWERING PEOPLE TO WORK

Members of the Academy considered an Executive Summary of the above consultation document. The aim of the report is to reduce by 1 million the number on incapacity benefits, help 300,000 lone parents into work and increase by 1 million the number of older workers.

The Academy unanimously agreed that this was an important document to which it should respond and the Chairman indicated that he would consider, with Officers, the most appropriate way to take the matter forward. Dr Wilkie indicated that it was important to have lay input.

HEALTHCARE COMMISSION

The Chairman reported that the Healthcare Commission was arranging an induction session for College and Faculty nominees who would be responsible for entering information into the Healthcare Commission's database. A meeting had been arranged for the morning of 17 May 2006.

Professor Hollins reported that the aim of the Healthcare Commission was to reduce the burden of visits to Trusts by 50%, although the Healthcare Commission did not have information on the baseline against which such reductions should take place. Against this background, Professor Hollins reported that in psychiatry very few visits were scheduled.

It was stated that where there were concerns, PMETB could be requested to make a triggered visit.

THE ETHICS OF RESEARCH INVOLVING ANIMALS

Members of the Academy considered correspondence between the Chairman and Professor Thomas, the Director of the Nuffield Council on Bioethics. He requested that all members of the Academy should note the two relevant recommendations from the report at 15.52 and 15.56.

ACADEMIC CLINICAL FELLOWSHIPS

The Chairman indicated that following the report *Medically and dentally qualified academic staff: Recommendations for training the researchers and educators of the future*, chaired by Dr Mark Walport, money had been allocated for approximately 600 Academic Fellowship posts, which would require both PMETB and College approval. He hoped a mechanism to rapidly approve these posts, which would need to be within a training environment, could be agreed. Professor Winyard indicated that he would disseminate this information to COPMeD. The Chairman requested that these posts be processed as quickly as possible.

MEDICAL MANAGEMENT

Members of the Academy considered a project plan that had been produced by Mr John Clark, Director of Building Leadership Capacity and International Relations from the NHS Institute for Innovation and Improvement and Dame Gillian Morgan, Director of the NHS Confederation.

The plan concluded that the climate was ripe for further development of a strategy for medical management and leadership, including the design of a coherent competency framework. There was a need to develop an evidence-based approach to the link between medical engagement and organisational/service effectiveness and the design of any framework. Further scoping work would be conducted during the coming months.

Professor Winyard indicated that it was vital that the Postgraduate Deans be involved in this initiative.

It was reported that Dr Patricia Hamilton, supported by Professor Janet Husband, was to lead a small medical management steering group and members of the Academy agreed that this group needed strong links with the initiative being jointly undertaken by the NHS Institute for Innovation and Improvement and the NHS Confederation. It was also stated that the British Association of Medical Managers should be involved since they might be an appropriate organisation to run courses on medical management.

It was suggested that members of the Academy should be primarily concerned with embedding the introduction of medical management into training programmes since this would be an important component for the next generation of doctors. It would also be an important component of continuing professional development.

It was stated that the General Medical Council should also be involved in order to ensure there was a link from the beginning of a doctor's career including the undergraduate period.

FUTURE WORKPLAN FOR THE ACADEMY

Professor Dame Carol Black reported that she had been discussing the proposed Academy work plan with Mr Andrew Foster and Mr Nick Greenfield and indicated that it was likely the Department of Health would match an increase in Academy subscriptions by a similar amount.

It was suggested that with additional funds the Academy could buy in project managers to undertake specific pieces of work. The Academy could also buy in public relations' personnel when it wished to publicise its work.

Professor Templeton suggested that in order to persuade his College Council of the need to increase the Academy budget, it would be helpful to have an outline of any proposed work, which should be of relevance to the work of his College.

HIGHLY SKILLED MIGRANT PROGRAMME

Members of the Academy considered information from the Royal College of Pathologists regarding this programme, which enabled highly skilled people to migrate to the United Kingdom, without a specific job offer, to look for work or self-employment opportunities. The scheme now has a new assessment for applications aged under 28, as well as an assessment for those 28 or over.

The application scheme did not take specific account of Registration status resulting in doctors who have been successful in a HSMP application being unsuccessful when applying to the Specialist Register under Article 9.

The Academy agreed that the Home Office should be made aware of this situation and the Chairman agreed to write to the relevant division pointing this out.

CONFERENCE OF POSTGRADUATE MEDICAL DEANS (COPMeD)

Professor Winyard indicated that the Postgraduate Deans in England were being asked to plan options for between a 6% to 10% reduction in MADEL funding. Professor Winyard stressed that the Postgraduate Deans would be unwilling to reduce the quality of training and that any reductions would result in less doctors being trained.

Members of the Academy unanimously supported COPMeD's view that quality must be maintained.

It was agreed to write a joint letter from the Academy and the Joint Consultants Committee to Lord Warner about this situation.

POST-CCT SPECIALIST QUALIFICATIONS

Dr Mike Watson joined the meeting to consider the discussion document that had been produced by the Directors of Continuing Professional Development (DoCPD) on Post-CCT specialist qualifications.

The document had been updated since its first draft in 2005, following on-going discussions. Dr Watson believed that there was now widespread, but not universal, support for a more formal system of recognising the acquisition of specific additional skills by doctors throughout their careers, not only as a means of allowing a flexible response to service needs, but also to provide a means to improve their individual career opportunities and professional satisfaction. It was perceived that this need was increased by the need to provide what was increasingly recognised as a 'portfolio career structure'.

It was expected that Modernising Medical Careers would significantly alter higher specialist training with its potential to shorten training times facilitated by the introduction of run-through training programmes.

Whilst there was no desire to develop a separate system of acquiring additional CCTs once a doctor had obtained entry to the specialist Register, a distinction was perhaps emerging between 'Accredited Specialists' and 'Senior Medical Appointments'. It was also likely that Specialty Training curricula may move to a 'core and options' approach and that CCT holders might later wish to add evidence of certified training in options that were not part of their original training programme, but which might form a part of another CCT training programme.

Part of the developing thinking on the implementation of MMC was the concept of 'credentialing' which would provide a framework for certifying a standard of achieved competences by an individual in an area of activity. This could be used to define the component parts of a training programme but would not necessarily lead to a CCT. The principles underpinning this type of evolving medical career would need a mechanism for recognising additional competences.

The need to train General Practitioners with specific specialty interests might also be included within a similar system of credentialing.

At present PGME referred to the period prior to acquisition of a CCT, whilst CPD referred to post CCT.

In order to ensure that a two tier system of training, versus credentialing, did not develop, Dr Watson believed it was important to set out some basic principles.

Dr Watson asked the Academy to support the following proposals:

- Credentialing could provide a framework for allowing recognition of the acquisition of further skills and competencies post CCT.
- Colleges should be encouraged to develop systems for credentialing elements of training. This might involve modularisation of relevant aspects of their curricula. Completion of a credential (post CCT) could be a part of a CPD programme, and should be recorded as part of the CPD record.
- The CPD subcommittee of the Academy should discuss with the GMC how changes in the nature of the specialist register could facilitate recording of such credentials.

The Academy endorsed the above proposals and the Chairman thanked Dr Watson for undertaking this important work.

REVALIDATION

Professor Templeton reported that Dr Mason had completed all interviews with members of the Academy, except for one, which was due to take place shortly.

A report, including recommendations about a possible Phase 3, would be considered by the Academy's steering group, which would meet on 3 May 2006. Professor Templeton indicated that a representative from NHS Employers had now been nominated to join the meeting. After this meeting a final report would be drafted for the Academy to consider at its June meeting.

It was expected that Dr Mason and Dr Watson would analyse the questionnaire that had been circulated and produce a report to be considered, in the first instance, by the Academy's Directors of Continuing Professional Development group. The report would then be considered by the Academy.

MODERNISING MEDICAL CAREERS

The Academy agreed that Professor Neil Douglas should replace Dr Peter Simpson on the MMC Advisory Board. The Academy further agreed that Professor Allan Templeton should replace Mr Nick Astbury on the MMC Advisory Board. It was also agreed that Professor Dame Carol Black should replace Professor Sir Alan Craft on the MMC Strategy Group.

Professor Winyard reported that the Joint Academy and COPMeD Training Advisory Group (JACSTAG) had met the previous day.

He reported that Dr Haydon and Dr Clough were developing proposals on local quality control. Detailed person specifications and suggested approaches to recruitment from all specialties were being gathered for the MMC UK Strategy Group meeting in May.

Professor Heard had produced some transition proposals, which were due to be circulated.

THE MAP OF MEDICINE

The Academy received a presentation from Dr Michael Stein on the Map of Medicine, which is a common software platform for clinical knowledge support across the NHS. It will provide a number of services including:

- national and local maps of best practice for specific clinical conditions
- integration of National Library for Health services
- integration with NHS Connecting for Health clinical services
- integration of local applications and information

THE POSTGRADUATE MEDICAL EDUCATION AND TRAINING BOARD (PMETB)

The Academy considered and endorsed the criteria for its nominees on PMETB to replace those ending their term of office. These were as follows:

- nominees should have a close connection to their College or Faculty
- nominees should be fully aware of education and training issues
- nominees should have a close link to the Academy of Medical Royal Colleges
- nominees who wish to complete a further term of office need to be endorsed by their College or Faculty and ratified by the Academy

A list of nominees had been received from Colleges and the Chairman asked all members of the Academy to let him have any final names by Friday 28 April 2006.

The Chairman reported that PMETB would be undertaking a UK-wide survey of trainees, which had been devised by Professor Paice to directly map PMETB's generic standards for training. The Academy supported this.

IMMIGRATION LAW AND PERMIT-FREE TRAINING

The Chairman agreed that it would be necessary to arrange a face-to-face meeting with the Home Secretary, Mr Charles Clarke, and other appropriate Ministers, regarding this issue, which the Academy believed would destabilise international collaborative links that had been developed over a considerable number of years.

BOWEL CANCER SCREENING PROGRAMME

Professor Dame Carol Black reported that there would be significant delays in implementing the bowel cancer screening programme, which was due to commence this month. Members of the Academy agreed that the delay in implementing this programme, which would cost lives, should be a topic for the next meeting with the Secretary of State for Health.

THE BRITISH ASSOCIATION FOR EMERGENCY MEDICINE AND THE COLLEGE OF EMERGENCY MEDICINE

Members of the Academy considered a letter dated 30 March 2006 from the above organisations regarding the proposed merger. Mr Wardrope reported that the merger was an opportunity to petition for a Royal Charter so that the new 'merged' organisation could be incorporated by that Charter. This would change their status from a Company to a chartered organisation, which would function as the College of Emergency Medicine. It was understood that the granting of such a Charter would not make the merged organisation a Royal College but might be a step towards that goal. The Academy supported these proposals and the Chairman agreed to write to Mr Wardrope and Mr Shalley, President of the British Association for Emergency Medicine, to confirm this decision.

FIRST STEPS FOR IMPROVING SERVICES IN SURREY AND SUSSEX

Members of the Academy considered the above document. Mr Wardrope reported that concerns had been expressed regarding the statement on page 15, column 2, of the document which stated that *Critically, A & E ceases to be a service to which patients can refer themselves: patients would only attend A & E if brought by an ambulance or referred on by an emergency care centre.* Individual Colleges and Faculties were encouraged to take the above document back to their Colleges Council for consideration.

ACADEMIC MEDICINE – AN ACADEMIC FORUM

Professor Dame Carol Black suggested that the Intercollegiate Group called the Academic Forum should be resurrected and become an Academy group. This group might become the vehicle for closer liaison with the Academy of Medical Sciences.

Dame Carol also believed that there needed to be an Academy position on the intended 'ring-fenced' research pot (NHS R & D, MRC etc). Any suggestion that research might be directly interfered with by service need should be strongly resisted.

The Academy agreed, in principle, to resurrect the Academic Forum, and also agreed to send a letter of support regarding the need for 'ring-fencing' research money to Sir David Cooksey.

THE HEALTHCARE FORUM

The Academy endorsed the suggestion that it should join the above Forum and Professor Dame Carol Black agreed to take this initiative forward.

WORK FOR THE WIDER NHS

The Academy considered an email from Mr Nick Astbury who indicated that his successor had been informed by her Trust that they would not fund her College activities.

It was agreed that this matter should be an item for the next meeting with the Secretary of State for Health.