

EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY ON 23 JANUARY 2006

The Academy congratulated Professor Sir Graham Teasdale, President of the Royal College of Physicians & Surgeons of Glasgow, on the honour he had received in the New Year Honours' List.

Dr Susan Bews, President of the Faculty of Pharmaceutical Medicine, was welcomed to her first meeting.

COLLEGE OF EMERGENCY MEDICINE

Mr Wardrope reported that the Faculty of Accident & Emergency Medicine had received permission to change its status to the College of Emergency Medicine. On behalf of the Academy, the Chairman congratulated Mr Wardrope, and the new College, on this change.

THE NEXT CHAIRMAN OF THE ACADEMY

The Chairman reported that it was not his intention to stand for re-election at the next Annual General Meeting on 6 June 2006 and indicated that he wished to give members of the Academy time to consider who should be elected as their next Chairman.

It was agreed that the Memorandum and Articles of Association should not be altered. It was also agreed that voting should continue to be by post using the single transferable vote system and that the Chairman and Vice Chairmen should be subject to annual re-election.

Members of the Academy felt that, for the sake of continuity, limiting the term of office to two years might be unhelpful. It was noted that the Memorandum and Articles of Association allowed the Chairman to complete a term of office up to three years.

FUTURE WORK PLAN FOR THE ACADEMY

Professor Dame Carol Black reported that she had written to some individual members of the Academy regarding how the Academy might take forward the work on the future of the Academy. In her letters Dame Carol suggested that an appropriate way forward would be to ask small groups of Presidents to enlarge on some of the generic topics and each produce a brief paper for consideration at the March meeting of the Academy. The matter could then be discussed again in greater detail.

MEDICAL PROFESSIONALISM

The Chairman referred to the report *Doctors in Society: Medical Professionalism in a Changing World*, which had been produced by a working party convened by the Royal College of Physicians of London. The report contained 19 recommendations, 7 of which mentioned either the Academy itself or the Royal Colleges and Faculties.

The Academy agreed to invite Dr Roger Neighbour to lead a small group to respond to the various recommendations that the report made as far as the Academy or Colleges/Faculties were concerned.

REVALIDATION STUDY

The Academy considered the document outlining the proposed Phase 2 of the revalidation study.

Dr Lakhani indicated that a change in culture regarding how complaints were handled should be instigated and that there should be an opportunity to learn from complaints rather than being punished for them.

It was agreed that Professor Allan Templeton should lead a small steering group with Dr Mayur Lakhani and Dr Mike Watson to co-ordinate the work being undertaken by Dr Alastair Mason.

The Academy considered a letter from Amanda Watson, Director of Registration and Education at the General Medical Council, offering to fund further Academy work on revalidation. Once the steering group was established, it would have a role in considering the merits of any bids for these funds. The group could review bids against the criteria as set out in Amanda Watson's letter dated 15 December 2005.

THE POSTGRADUATE MEDICAL EDUCATION AND TRAINING BOARD (PMETB)

a) Membership

The Chairman reported that his term of office on PMETB would expire in September 2006 and stated that Dr Peter Simpson's term of office would also expire then.

The Chairman indicated that both he and Dr Simpson had agreed that they would not seek re-election for a further three year term since they believed that the six Academy nominees should, where possible, be current Presidents in order to ensure good channels of communication between PMETB and the Academy.

Post meeting note: Mr John Smith has been appointed to PMETB to replace Professor Sian Griffiths.

b) Fees

The Chairman indicated that he had received a number of individual College/Faculty responses to the fees consultation exercise. Since the majority of responses were highlighting the same issues, he did not feel it would add to the exercise by submitting an Academy response. However, the response from the Academy's Trainee Group had been submitted.

PMETB had justified the proposed rise in fees stating that it needed to be independent of Government. The outcome of the consultation is awaited.

c) Concordat

The Chairman indicated that he had now received responses from most members of the Academy and would be drafting a reply to PMETB regarding their draft Concordat.

d) Processes

Professor Husband reported that her College had been experiencing delays at PMETB with the processing of Article 14 applications. She also indicated that reports of hospital visits had been sent to PMETB for approval but no response had been received.

The Chairman agreed to write to PMETB to invite them to attend the next available meeting of the Academy to discuss the above difficulties.

MODERNISING MEDICAL CAREERS

The Joint Academy/Conference of Postgraduate Medical Deans Specialty Training Advisory Group (JACSTAG)

Professor Winyard referred to the paper on JACSTAG that had been considered at the previous meeting of the Academy and indicated that JACSTAG had been set up as a collaboration between the Academy of Medical Royal Colleges and the Conference of Postgraduate Medical Deans to facilitate the introduction of reformed specialty training being driven by Modernising Medical Careers.

The main aims of JACSTAG would be to facilitate the development of competency based curricula that would be acceptable to the Postgraduate Medical Education and Training Board (PMETB), to agree processes for selection into each specialty and advise on the processes for the introduction of the new

programmes and the phasing out of the current curricula. It was acknowledged that the transitional phase could cause difficulties for some specialties. Professor Winyard indicated that the report on transition being produced by Professor Shelley Heard would be available shortly and agreed to circulate this to all members of the Academy.

Professor Winyard reported that the membership of JACSTAG was originally made up of equal numbers of representatives from the Academy and COPMeD. Membership had since expanded to include representatives from the Chief Medical Officer's Office of each of the devolved administrations. Further meetings were planned.

The Academy's position was confirmed that when trainees entered specialty training, there was an expectation that they would emerge on to the Specialist Register as specialists, provided they successfully navigated the required hurdles. This was the level required to become a consultant.

Concern was expressed that changes in gender ratios, reduced hours from 60 to 48 and work/life balance would produce a shortage of appropriately trained doctors and the Chairman asked any College/Faculty which had produced workforce predictions to send them to the secretariat in order to see if a consistent picture emerged.

EU PHYSICAL AGENTS (EMF) DIRECTIVE 2004/40/EC

Professor Husband reported that whilst the above 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. This had profound implications for the use of MRI in clinical practice.

Professor Husband reported that she had raised the matter with Lord Warner and that the matter was being looked at again. It was hoped to exclude MRI from the rest of the Directive and Professor Husband agreed to keep the Academy informed of progress.

CORRESPONDENCE FROM THE SECRETARY GENERAL OF THE UNION EUROPEENNE DES MEDICINS SPECIALISTES (UEMS)

The Academy considered electronic correspondence between the Chairman and Alistair Thompson regarding the UEMS and the European Accreditation Council for CME (EACCME). The Chairman drew attention to the costs involved in accrediting meetings with EACCME, which were on an increasing sliding scale depending on the number of participants involved.

Mr John Smith, the Academy's representative on the Directors of Continuing Professional Development Committee, indicated that the UK was diverging from the rest of Europe regarding accreditation. He went on to report that the next meeting of DoCPD was on 15 March 2006 and agreed to raise the matter at the meeting and report back to the Academy.

IRAQ

The Chairman indicated that he had heard from HSLP regarding the bid that the Academy had endorsed to bring 50 teams of doctors, and other health care professionals, to the UK. HSLP had indicated that the Department of Health had asked them to extend the validity of their proposal for a further 90 days i.e. to the end of March 2006, which they did.

HSLP, along with three other organizations, were to be invited to attend a selection panel on 1 March 2006. The panel will include the Department of Health and the Ministry of Health in Iraq. Once a decision had been reached, HSLP would get in touch with the Academy to report the outcome.

INDEPENDENT SECTOR TREATMENT CENTRES

The Academy considered a letter that Mr Astbury had written to Lord Warner stating that driving up quality and productivity by utilising market forces should not be done at the expense of two of the most valuable assets of the NHS, namely the ability to train the next generation of doctors and the strong sense of loyalty that existed in most NHS eye departments, which provided high quality, comprehensive ophthalmic services to local communities.

Mr Astbury indicated that NHS units had demonstrated that training could be more effectively and safely carried out in a team environment, with an appropriate case-mix and minimal loss of productivity. Mr Astbury went on to say that investment should be put into local ophthalmic units to enable them to provide a comprehensive and high quality service, rather than into expensive, poorly integrated centres.

Mr Astbury reported that letters of complaint regarding poor or non-existent follow up, the distances patients had to travel and inaccurate discharge letters to GPs had been sent to the Healthcare Commission. It was hoped that a meeting to address these concerns would be forthcoming.

The Academy then considered the notes of a meeting between Mr Bernard Ribeiro, Dr Peter Simpson and Professor David Wong, Vice President at the Royal College of Ophthalmologists and Sir Nigel Crisp and Mr Bob Ricketts from the Department of Health.

The areas of concern identified were:

- First wave ISTCs impact on neighbouring NHS Trusts
- Developing a dialogue for second wave ISTCs to agree a contract to include training
- Within the NHS-DTCs were proving effective and this concept should be explored in the ISTCs. However, during the subsequent discussions, Sir Nigel did not see this model as a way forward

In response Sir Nigel indicated that he believed there were four main areas to be addressed: policy, training, clinical care and audit.

The separation of emergency and elective care was part of Government policy and unlikely to change. However, the Choice Agenda would determine which sites patients used.

Sir Nigel queried whether all consultants wished to be involved in training but agreed that there needed to be a clear statement of endorsement from PMETB and the Department of Health on the need to include training in the second wave ISTCs. A public statement was likely to be made.

Sir Nigel agreed that there was a need to improve public confidence by showing that outcomes were similar within the NHS and the ISTCs. It was acknowledged that outcome data in NHS Hospitals might be worse than in ISTCs due to case mix and co-morbidity, rather than lack of ability on the part of those providing the service.

Professor Husband suggested that a Department of Health 'champion' should be identified for this issue as such an appointment had proved to be very helpful for radiology.

HEALTHCARE COMMISSION'S SUBMISSION TO THE WIDER REVIEW OF REGULATION OF HEALTH AND SOCIAL CARE

The Chairman reported that he had recently had a meeting with Sir Ian Kennedy, Chairman of the Healthcare Commission, in order to receive an update on the above review.

The Academy considered, for information, the Healthcare Commission's response to the Department of Health's review of regulation of health and social care.

The Healthcare Commission believed that in the short term a federated approach could bring together the Healthcare Commission and the Commission for Social Care Inspection thus consolidating the regulation in health and social care. A merger could consist of an overarching council, the responsibility of which would be to maximise the co-ordinated action between the two bodies whilst retaining and making as efficient as possible the functions which were (and should remain) particular to one or the other.

The regulatory system should focus on the needs of patients/users of the services rather than on the regulation of institutions. Regulation should also consider both the commissioning and provision of care.

The Academy discussed the number of reviews that were taking place in isolation from each other and believed that there needed to be an overall plan or vision of the changes being proposed. Without this vision, duplication and contradictory proposals would inevitably occur.

FORCED FEEDING

The Academy considered electronic correspondence between Professor Dame Carol Black and Dr John Saunders, Chairman of the Ethics Committee at the Royal College of Physicians of London, regarding the treatment of those imprisoned in Guantanamo Bay. Dr Saunders indicated that forced feeding would be regarded as non-consensual medical treatment of competent adults. He went on to say that the British Medical Association had established policy in 1974 when it stated that prisoners capable of forming a rational judgement about the consequences of a hunger strike should not be fed artificially without their consent. Where it was clear that detainees intended to continue the strike until death, their refusal must be respected after they lose capacity and they must be allowed to die with dignity.

The Academy did not feel it could write to the Bush administration regarding this matter and agreed that this should be left to individuals if they wished to raise the matter.

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