

## **EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY OF MEDICAL ROYAL COLLEGES ON MONDAY 25 OCTOBER 2004**

### **AN ACADEMY VIEW ON INDUCED ABORTION**

Professor Templeton had written to the Chairman of the Academy indicating that he believed that the Academy did not need to produce a statement on induced abortion at this time. Professor Templeton's letter would be circulated to all members of the Academy for information.

### **FOREWARNING TRUSTS OF ELECTION TO POSTS WITH NATIONAL RESPONSIBILITIES**

The Academy discussed the importance of work for the Colleges and Faculties, which was directly for the good of the NHS, and the increasing difficulties of being released by employers to undertake this work.

It was suggested that it might be helpful to include a statement, on all applications for election, that members were encouraged as a matter of courtesy to discuss the implications of their application with colleagues and employer.

### **MEETING WITH THE MINISTER FOR HEALTH, MR JOHN HUTTON**

The Chairman reported that several members of the Academy had met the Minister for Health. During this meeting, Mr Hutton stressed the importance of involving clinicians in the IT programme. The Chairman had indicated that the Academy was happy to assist in this matter and reported that the Faculty of Accident and Emergency Medicine had been sharing information on the IT system that they had developed.

### ***A DEVELOPMENT FRAMEWORK FOR THE QUALITY ASSURANCE OF SPECIALIST TRAINING PROGRAMMES***

The Academy considered the above tabled document, which had been produced by Professor Black, Mr Ribeiro and Professor Winyard, regarding a partnership between Colleges and Faculties, Higher Training Committees and Deaneries in order to ensure the effective quality assurance process for specialist training.

All members of the Academy were requested to send comments on the document to Professor Winyard. A revised document would then be considered at a future Academy meeting.

### **REPORTING OF ADVERSE DRUG REACTIONS**

The Academy considered a tabled paper from Dr Wilkie regarding the independent review of the Yellow Card Scheme (the Metters report) published in May 2004, which was instigated to make recommendations on the use of data collected by the Yellow Card Scheme. The report made a series of recommendations about how the scheme could be improved. One recommendation was that patients should be allowed to report adverse drug reactions directly to the regulatory authorities.

It is planned that members of the public will be able to keep up-to-date with progress in developing direct patient reporting systems via the MHRA website, where proceedings from expert working group meetings and complete details and evaluation of pilot projects will be published.

## **ADVISORY APPOINTMENTS COMMITTEES**

Professor Dunlop indicated that the Joint Consultants Committee had written to the Minister for Health, Mr John Hutton, regarding Foundation Trusts, which would not be required to use the appointment of consultant regulations. Once a reply was received, a decision would be made on how to respond.

## **HIGHLY SKILLED MIGRANT PROGRAMME (HOME OFFICE)**

The Academy received, for information, a letter from Professor Underwood regarding the need for the Home Office to ensure that a doctor is eligible to be registered with the General Medical Council before admitting them to the UK and accepting them onto the above programme.

## **PHYSICIAN PRACTITIONERS – CHANGING WORKFORCE PROGRAMME**

The Academy considered a paper from Dr Lakhani regarding the development of Physician Practitioners in the NHS and the concerns of the Royal College of General Practitioners regarding the title, which could be misleading for patients.

Concern was also expressed regarding the high degree of autonomy, in terms of clinical competencies, health assessment, decision making, diagnostic reasoning skills, planning, implementation and evaluation of episodes of care.

It was indicated that whilst members of the Academy should not be protectionist, the following points were very important:

- There should be clear national standards
- Proper regulation and a disciplinary code
- A curriculum
- Training
- It should be mandatory to work as part of a managed team
- It would be an exception to deliver the whole episode of care without medical advice

Dr Wilkie indicated that she would discuss this matter at the next meeting of the Academy's Patient/Lay Group. Once the views of the Academy's PLG were known, the Chairman would liaise with Dr Lakhani regarding how best to support the Royal College of General Practitioners.

## **IMPROVING CLINICIAN TO CLINICIAN INTERACTIONS**

Dr Lakhani agreed to chair a working party to address how to improve communication between general practitioners and hospital consultants, which was essential for good patient care.

Representatives were to be nominated from the Royal College of Pathologists, Royal Colleges of Physicians, Royal College of Psychiatrists, Royal College of Radiologists and the Royal Colleges of Surgeons.

## **THE ROLES AND RESPONSIBILITIES OF COLLEGE TUTORS**

The Academy endorsed the final version of the above document and this would now be added to the Academy's website.

## **CLINICAL GENERALISM**

The Academy considered a paper that had been prepared by Dr Neighbour on Clinical Generalism, which drew attention to the complementary roles of generalism and specialism. He believed it was timely for 'the way of the generalist' to be explained on

a national scale and suggested that there should be a programme of research, opinion gathering and publications around the theme of clinical generalism.

It was agreed to convene a working group to take this work forward.

### **CLINICAL ACADEMIC MEDICINE – THE WAY FORWARD**

The Academy considered the above report, which had been produced by a working party chaired by Professor Charles Pusey of the Royal College of Physicians of London.

The Academy was pleased to endorse the document and the Chairman agreed to write to Professor Pusey to inform him of the Academy's decision.

### **APPRAISAL AND REVALIDATION**

Representatives from the General Medical Council and the Clinical Governance Support Team of the Modernisation Agency joined the meeting to discuss appraisal and revalidation to see if consensus existed.

The Academy listened to two presentations and considered three draft documents from the Modernisation Agency as follows:

- *Defining the generic evidence for Revalidation: Summary of evidence set*
- *Defining the evidence for Revalidation – Supporting the Medical Profession*
- *Revalidation for Medical Practitioners: The Process of Local Certification – a Discussion Document.*

Members of the Modernisation Agency indicated that they would be holding four national seminars, which would include all key stakeholders. Following these seminars, the feedback would be evaluated and appropriate amendments would be made to their proposals.

It was suggested that generic evidence could be categorised into three sections as follows:

- Participation in appraisal
- Evidence of meeting minimum standards under *Good Medical Practice*
- A general statement from the Clinical Governance lead of 'absence of concern'

It was stated that more specific information was needed about what doctors put into their personal development folder and that most of this information would, of necessity, be specialty specific. Colleges and Faculties were already producing their own guidance based on *Good Medical Practice* and it was stated that producing another layer of generic guidance might cause confusion.

Discussions then centred on what was referred to in one of the presentations as 'The Essence' which set out areas where specified evidence would be required as follows:

- Audit
- Significant events
- CPR training
- Documentation of learning
- Patient surveys
- Communication skills
- Complaints
- Notes audit
- Research governance compliance/research involvement
- Disciplinary/criminal status, conflict of interest

- Health and probity
- Evidence of review in other roles
- Confirmed 'absence of concern'

It was agreed that all Colleges and Faculties would look at the advice they currently provide on revalidation to ensure that it is consistent with *Good Medical Practice* and to try to take into account 'The Essence'. Individual Colleges and Faculties should send this up-dated advice to the Modernisation Agency for information.

It was suggested that there be a further meeting, which should involve the British Medical Association, once the four seminars had taken place and a revised document became available.

#### **THE NATIONAL PATIENT SAFETY AGENCY**

Professor Sir John Lilleyman joined the meeting to discuss the work of the NPSA. Sir John indicated that the NPSA wished to work in partnership with the Medical Royal Colleges and Faculties to develop an open and safety conscious culture.

The NPSA would like each member of the Academy to nominate a representative to sit on its new professional advisory panel. This nominee should be someone who is interested in safety and in close touch with his or her College/Faculty activities.