EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY OF MEDICAL ROYAL COLLEGES ON 5 JUNE 2007

THE POSTGRADUATE MEDICAL EDUCATION AND TRAINING BOARD

The Chairman indicated it was unfortunate that the document, which had been prepared to facilitate discussions with PMETB on issues of concern, had been leaked to the press.

Members of the Academy agreed that in order to make the meeting with PMETB more productive a much smaller group should attend the meeting than had previously been arranged and it was agreed that the following should represent the Academy:

The Chairman, Dr Paul Dimitri, Ms Helen Moffatt, Professor Allan Templeton and Dr Brian Williams.

The Academy also agreed five major points of concern from the document that it had produced as follows:

Robust quality assurance
Service level agreements
Article 14
- Insufficient notice of flow of requests to Colleges
- Insufficient funding

How PMETB communicates with the Colleges
Trainee representation

The Chairman agreed to let the Academy know the outcome of the meeting in due course.

THE MEDICAL TRAINING APPLICATION SERVICE (MTAS)

Lord Hunt joined the meeting to contribute to the discussions regarding MTAS and stayed for the discussions on the National Programme for Information Technology under agenda item 8 a).

Lord Hunt indicated that he believed it was vital that there should be appropriate clinical engagement into the Modernising Medical Careers (MMC) and MTAS process and thanked the Chairman and Professor Douglas, as well as the Colleges and Faculties, for their help during a difficult few months. He went on to say that it was important that lessons were learnt from what had gone wrong and that MMC/MTAS became fit for purpose.

Members of the Academy believed that the profession's view had either not been heard or ignored and that it was important that they should be involved in future initiatives, following the report of the Tooke review.

The run-through grade, whilst attractive to employers, had led to less flexibility and it was suggested that core medical training should be extended. Whilst trainees accepted that entry into higher specialty training was competitive, the selection criteria should be transparent and fair.

Lord Hunt believed that there was a need for close co-operation between the Colleges and Faculties, Deaneries, employers, General Medical Council and the Postgraduate Medical Education Training Board and accepted that there had been a lack of engagement between Ministers and clinical leaders. It was stated that such collective engagement required resources and Lord Hunt asked for suggestions as to how this might be done.

A number of specialties, including obstetrics and gynaecology, paediatrics and psychiatrists reported a number of unfilled posts and suggested that urgent consideration of 'laddering across' was needed.

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It was stated that staff grade doctors also needed consideration and Lord Hunt asked all members of the Academy to give thought to the educational requirements of this grade.

Professor Dunlop referred to the Joint Consultants Committee forum, which brought together the British Medical Association, the Colleges and the NHS Confederation and suggested that this could be a useful forum for discussions.

Dr Simon Plint and Dr Bill Irish gave a presentation on how the selection process for doctors wishing to become general practitioners was conducted. The Chairman thanked Dr Plint and Dr Irish and commended the presentation to Colleges and Faculties.

Professor Roy Pounder gave a presentation *The Medical Production Line* and it was agreed that this work should be linked to the Academy's project on the shape of the future medical workforce, which was being lead, by Professor Douglas.

NATIONAL PROGRAMME FOR INFORMATION TECHNOLOGY (NPfIT)

Members of the Academy considered correspondence from Professor Peter Hutton who had been the clinical lead with NPfIT from December 2002 until April 2004, when he resigned from the post.

When he resigned he had, for various reasons, said little in public. However, in June 2006, he wrote to the Chairman of the Committee of Public Accounts to place on record that when the Director General for NPfIT was appointed in 2002 (Mr Richard Granger) there was no clinically accepted agreement on what should comprise the core of a nationally available electronic NHS health care record. It was the production of this eHCR, which had the potential to transform how healthcare was practiced and managed. The spine was the vital component that would deliver benefits for the public.

Lord Hunt, who was present when this topic was debated, indicated that the group that had been lead by Professor Hutton was vital for ensuring clinical engagement, which was fundamental to the programme's success.

Lord Hunt believed it was timely to engage in a radical re-think of how the medical profession should be engaged in order to deliver this important initiative. He suggested that it was vital that there were strong relationships between the Academy and Ministers. It was also vital that Trusts and the public/patients be involved in this initiative.

Members of the Academy indicated that it was important that processes should not be imposed and that there should be full clinical engagement.

At present there was no collective engagement and Lord Hunt indicated that the Department of Health might support such a body and invited the Academy to produce some suggestions as to how this might be achieved.

THE WHITE PAPER *TRUST, ASSURANCE AND SAFETY* – AND REVALIDATION

Ms Amanda Watson, from the General Medical Council, joined the meeting for the discussions on the above.

Members of the Academy considered the Minutes of the Academy's Revalidation Steering Group, which was held on 24 April 2007.

The steering group believed that the major sources of information required for the revalidation processes related to:

- Participation in CPD
- Multi-source feedback from colleagues
- Multi-source feedback from patients
- Clinical outcomes
- Local clinical governance processes

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The group believed that the two processes of relicensure and recertification should be run together and that suggestions to facilitate this included:

- An individual should have the same time cycle of five years for both processes
- For that time cycle an individual should have complied with the CPD requirements of recertification and this would also meet the needs of relicensure
- For that time cycle an individual should have completed at least one MSF either with a generic MSF suitable for relicensure or a specialist MSF suitable for recertification, but including the generic questions.

Concern had been expressed regarding how doctors not on the specialist register, but who had completed training, would be involved as well as the current poor arrangements for the quality assurance of appraisal (except in primary care in Wales).

Professor Templeton reported that there had been a workshop on 22 May for College and Faculty multi-source feedback leads to present work that had been done on multi-source feedback to date.

Professor Templeton proposed that the Academy's Revalidation Group should expand its role from being a steering group for individual projects, funded by the GMC, to a group overseeing all the Academy's activities related to the two components of revalidation (relicensure and recertification). The remit of the group should be to co-ordinate all the Academy's input to the development and implementation of revalidation processes. If agreed, it was suggested that the group should be expanded and include additional representatives from the British Medical Association, Colleges and Faculties and the General Medical Council.

Professor Templeton concluded by indicating that revalidation should not be too bureaucratic, one size would not fit all, and that it was vital that pilots were undertaken.

Amanda Watson indicated that the GMC was up-dating its database and aimed to have information on each doctor's specialty based practice by the end of 2007 and was expecting to be able to licence practice by the end of 2008.

She stressed it was important to translate *Good Medical Practice* for each specialty, engage the whole profession and patients and public as well as ensuring that employers were ready to appraise all doctors and deliver local certification.

It was agreed that the paper that had been prepared by Dr Mike Watson on the structure and representation on an Academy revalidation committee should be discussed at the July meeting.

The Chairman indicated that it was necessary to decide a feasible way forward and agreed to meet Professor Templeton to produce a suggested template. It was agreed that the majority of the morning of the July meeting of the Academy should be devoted to this subject so that agreement on a way forward could be established.

JOINT PROGRAMME OF WORK BETWEEN THE ACADEMY OF MEDICAL ROYAL COLLEGES AND THE DEPARTMENT OF HEALTH

Re-organization of Hospital Services

Mr Wardrope reported that the final version of this document had been agreed by nearly all members of the Academy and final comments were awaited.

The Royal College of Physicians of London was assisting with the publication of the document and several suggested launch dates had been considered. The majority of members of the Academy agreed that the launch date should be during July and the Chairman agreed to liaise with Professor Gilmore (who had had to leave the meeting before this item was discussed) and Mr Wardrope to consider various options. It was

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also agreed that the *British Medical Journal* and *The Lancet* should be made aware of the publication of this document. The Chairman agreed to discuss possible venues with Professor Gilmore and Mr Wardrope.

E-Learning

Since a number of members of the Academy had left the meeting before the final report on e-learning could be discussed, Professor Husband agreed to circulate the document to all members of the Academy for their final comments.

Shape of the Medical Workforce of the Future

Professor Douglas reported that he was due to meet Dr Alastair Mason shortly and would be producing a draft programme of work for the next available meeting of the Academy.

Academic Medicine

Due to pressure of time, it was agreed to defer discussions regarding this stream of work until the next meeting of the Academy.

THE ACADEMY'S HEALTH INEQUALITIES FORUM

Members of the Academy considered two proposals from the Health Inequalities Forum.

The first proposal was to develop core competences for College Curriculum/Syllabus. There was unanimity in approving the construction of core competences in health inequalities to be integrated into specialty curricula. Professor Hollins had had a meeting with Luke Bruce from PMETB who had confirmed PMETB's interest in exploring the competences model. The Department of Health had also agreed to be involved in the work of this group.

It was proposed that Dr Gareth Holsgrove be commissioned to carry out this project as follows:

- Collate the competences that were already in the PMETB approved curricula
- Convene a small group to fill in any obvious gaps
- Meet key stakeholders and produce draft generic competences
- Circulate a draft for comment
- Produce a strategy document for the Academy
- Put into action

The second proposal was to develop an Academy response to the Disability Rights Commission Investigation into health inequalities experienced by people with learning disabilities and/or mental health problems *Equal Treatment: Closing the Gap.*

It was hoped that these two project could be completed within 9 –12 months and be part of the next phase of joint Academy/Department of Health work.

Members of the Academy agreed that these were important pieces of work and requested a business plan indicating the total costs involved be produced so that they could be considered at the July meeting of the Academy.

THE NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (NICE)

Professor Sir Michael Rawlins joined the meeting to discuss the work of NICE. Sir Michael indicated that NICE relied on members of its advisory committee to develop guidelines. He went on to say that he was grateful to Colleges and Faculties for their on-going help in this work.

Professor Husband queried the role of NICE in technology assessment such as radiotherapy equipment available outside the UK and also weather NICE had a role in

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horizon scanning. Sir Michael indicated that at the present time NICE could only consider what was referred to it and did not have the resources to take a pro-active role in this area.

Professor Griffiths indicated that from a public health perspective screening and immunisation were of the utmost importance since these were referred to more frequently in guidelines.

Sir Michael was asked how NICE ensures guidelines were read and he indicated that each set of guidelines had a tool set and slides as well as using implementation consultants. He believed that Colleges could play an important role in this area.

Miss Billington queried what would happen if a drug company did not apply for a licence. Sir Michael indicated that NICE could only consider licensed products.

The issue of cost effectiveness was raised and Sir Michael indicated that front line clinicians understood that resources were finite and that there was a need to obtain value for money. However, they found it difficult to think about costs when they were treating their patients. He believed that there was a need for public education in this area and suggested that Parliament should be responsible for this. He believed that the majority of the public read about guidelines in the press.

Dr Wilkie queried how NICE engaged with patients and the public. Sir Michael indicated that their website had patient friendly areas but did not have the resources to put leaflets in every doctor's surgery.

Sir Michael indicated that he would be happy to hear from Colleges and Faculties regarding areas that they thought NICE should address. It was suggested that consultation should commence at an earlier stage than is currently the case and Sir Michael agreed to take this message back to NICE.

Sir Michael reported that NICE did not have the resources to emulate the Scottish Intercollegiate Guidelines Network (SIGN).

INTERCOLLEGIATE CANCER COMMITTEE

Professor Husband reported that the ICCC had met for the third time on 17 May 2007. The ICCC had three tasks to complete during 2007 as follows:

- Provide input to the English Cancer Reform Strategy
- Address cancer training and education issues identified by the Committee
- Decide on the future role of the Committee.

The content of the five papers for the English Cancer Reform Strategy were agreed at the meeting and final drafts of these reports would be presented at the July meeting of the Academy for approval.

GOVERNANCE OF THE ACADEMY

The Chairman reported that Dr Susan Bews had offered to lead a small group to look at the Academy's requirements in respect of Governance. The Chairman also indicated that job descriptions for Officers would be drawn up. Any member of the Academy who wished to join the group was asked to contact the Chairman.

PROPOSAL FOR A DOCTORS' HEALTH PROGRAMME

Members of the Academy considered the request from Professor Hollins that the Academy endorse the above document. This was agreed.

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ASSISTED DYING

The Chairman reported that she had written to Margaret Branthwaite regarding the Academy's decision that this was a matter for individual Colleges and Faculties since it was not possible to reach consensus within the Academy.

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