

EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY OF MEDICAL ROYAL COLLEGES ON 8 MARCH 2006

The Next Chairman of the Academy

Members of the Academy considered the criteria for Chairman of the Academy. It was agreed that bullet point one should be amended to read *Current full members of the Academy, or those who have demitted office as a full member within the last six months, should be eligible for the Chair at the time of election.*

A request for self-nominations for Chairman would be circulated the following week, accompanied by the above criteria.

The section of the Academy's Memorandum and Articles of Association that dealt with the election of Officers of the Academy was also tabled for information.

Revalidation

The Academy received, for information, a copy of the report of the 360° appraisal workshop on 30 January 2006.

The Chairman reported that a schedule of visits to all members of the Academy had been set up during March for Dr Alastair Mason. There would be a progress report to the next meeting of the Academy on 20 April 2006.

Members of the Academy suggested that the work being undertaken could provide a helpful tool that could be used in a formative, rather than summative way. It could also provide a doctor with evidence for revalidation.

Health Committee Inquiry – *Workforce needs and planning for the health service*

Members of the Academy considered information regarding a new Inquiry into workforce planning being undertaken by the Health Select Committee. Written submissions were requested by 15 March 2006.

It was agreed that the Chairman should submit a generic response to the Inquiry, which would highlight the following points:

- The variety of provision would impact on workforce planning and training
- The new policies would impact on district general hospitals and teaching hospitals
- Having taken the decision to expand the number of places at medical schools, there was a need to ensure that those who wish to do so can obtain a CCT. This required further investment in training posts. This will also eventually mean that there will need to be an increase in permanent consultant/specialist posts
- The impact of the increasing proportion of women in medicine, who may wish to work on a part-time basis, and the changing work/life balance
- Training should be embedded at the core of the NHS
- Multi-professional team working/skills mix needs to be addressed (with the clinician as the team leader)
- Night shifts were having a negative impact on recruitment. 24 hour cover needed to be addressed
- The profession believed it should be a consultant delivered service

The Chairman agreed to produce a generic response from the Academy and submit it to the Inquiry.

Tobacco and its Control

The Chairman indicated that it was important that the profession continued to lobby on the above issue. To maximise the effectiveness of the lobbying, the secretariat would obtain the key dates of the Bill's progress from the British Medical Association.

The Chairman reported that there had been a drop in smoking following the ban on smoking in public places in Ireland. However, concern had been expressed that it was now increasing again in young people. In order to try to avoid this trend once the ban had been introduced in the UK, the Chairman indicated that he would be convening a small working group between the Royal College of General Practitioners, Royal College of Obstetricians and Gynaecologists and the Royal College of Paediatrics and Child Health.

National Institute of Health Research Faculty Implementation Group

The Chairman reported that the Academy had been requested to nominate a representative to join the Faculty Implementation Group. The Group was announced by the Department of Health as part of the Research and Development Strategy on 25 January 2006. The Faculty was expected to 'go live' in April 2007. It was agreed that Professor Adrian Newland should be nominated as the Academy's representative.

Postgraduate Medical Education – Competencies in Work and Health

Members of the Academy considered a letter from Dr William Gunnyeon, Chief Medical Adviser to the Department for Work and Pensions, requesting the Academy to lead on the development of a basic competency framework in relation to work and health for inclusion in all postgraduate training from the Foundation Years through to completion.

It was agreed that Dr David Snashall would lead this initiative and the Chairman agreed to meet Dr Snashall to discuss the level of funding required to undertake this piece of work and the likely timescale for its completion.

Joint letter to the Secretary of State for Health regarding Postgraduate Medical Education and the NHS Reforms

The Academy considered a tabled letter which had been produced by the Joint Consultants Committee and signed by Professor Bill Dunlop, the Chairman and Dr Paul Miller.

The letter highlighted three concerns as follows:

- It was not clear that the Payment by Results initiative would adequately reimburse Trusts for educational activities. There could be perverse incentives for Trusts to opt out of postgraduate training in order to increase the volume of work for direct financial gain. There needs to be real and explicit incentives to train the workforce of the future.
- The potential consequences of the plurality agenda upon postgraduate medical training had been an ongoing concern of members of the Joint Consultants Committee. The JCC had been addressed on several occasions by representatives of the Department of Health during the planning of Independent Sector Treatment Centres. At each meeting the JCC had sought reassurance that ISTCs would not deplete NHS Trusts of the straightforward cases necessary for training young doctors. Reassurances had been given repeatedly that contracts would include an allowance for postgraduate training. However, contracts for the first wave of ISTCs had not made provision for training and there was evidence that, in some parts of the country, current training programmes would

not be sustainable. The financial incentives to ISTCs to train need to be the same as for Trusts.

- The JCC heard of the potential threats to the stability of postgraduate deaneries, posed by the imminent reconfiguration of Strategic Health Authorities. Fears were expressed that the new SHAs might seek to asset-strip their associated deaneries. This fear had some substance in relation to what had happened over recent years. Many SHAs had borrowed money from education levies to balance their books and few had seen it repaid.

There was genuine concern that postgraduate medical education and training were being inadvertently marginalized as a result of the reform programme. Furthermore there were growing indications that the budget for Medical Postgraduate Education and Training was about to be cut by 10%. This would inevitably lead to the loss of training posts and would make no sense at a time when the NHS needed to invest in its workforce and modernise postgraduate medical education.

Improving the Effectiveness of Health Services: The Importance of Generating Greater Medical Engagement in Management and Leadership

The Academy considered the above, tabled report, which had been produced by John Clark, Director of Building Leadership Capacity and International Relations, at the NHS Institute for Innovation and Improvement (The NHS Institute) at the request of the Academy, the NHS Confederation and the Department of Health.

The aim was to develop a national management and leadership strategy and competency framework for doctors. This would embrace advice on the pathway from undergraduate medical education, through postgraduate training, career grades and specialists to top medical leadership roles. It would also advise on how such management and leadership development might be undertaken on a multi-professional basis and offer examples of best practice nationally and internationally.

The report suggested that the way forward would be for the NHS Institute to continue to facilitate a fuller project that would lead to the development of a national medical management and leadership strategy and competency framework, in conjunction with other key stakeholders.

A small steering group, chaired by the Chairman of the Academy, and involving senior representatives from other key stakeholder groups, should be established to agree terms of reference and oversee the project. Close links with the Healthcare Commission would be required. A project team, led by John Clark, could report to the Academy and the NHS Institute and commission a series of 'think pieces', a study of the current provision and assess the extent to which existing competency frameworks would need to be refined.

The Human Resource Directorate at the Department of Health had earmarked a sum of money to assist with the further development work required. Additionally, the NHS Institute had included further development money to support this project in its business plan for 2006/07.

Since the Chairman was due to demit office at the beginning of June, it was agreed that Dr Patricia Hamilton should be the link person for this project and Professor Husband indicated that she would be happy to support Dr Hamilton.

Professor Dame Carol Black indicated that she had been appointed as a non-Executive Director of the NHS Institute and also agreed to keep the Academy informed of progress.

The Healthcare Commission

The Chairman reported that Professor Hollins had requested that an alternate be nominated to represent the Academy at the Healthcare Commission while she recovered from surgery and Dr Hamilton agreed to undertake this task.

Anna Walker, the Chief Executive of the Healthcare Commission, gave a presentation regarding the Concordat, of which the Academy was a signatory.

The overall objectives of the Concordat were designed to reduce the burden of inspection on healthcare providers as follows:

- Ensure inspections were co-ordinated with other reviews and collections of data
- **Inspections of healthcare should**
 - Focus on the experience of patients, other service users and carers
 - Support improvements in quality and performance
 - Continuously improve their methods
 - Be independent, consistent and fair
 - Be targeted and proportionate
 - Use co-ordinated and proportionate methods of enforcement
 - Inspectors should be suitably qualified, trained and skilled
 - Inspecting bodies should continuously monitor their practices in line with the Concordat

Ms Walker reported that the Healthcare Commission had also set up an e-hotline for those who believed they were subjected to too many visits. As yet, very few complaints had been received.

Members of the Academy then considered a paper that had been prepared to give an overview of the areas in which Colleges and Faculties would need to become actively engaged. These included the scheduling site where it would be necessary to input all activity in respect of assessments, audits, follow-up visits, inspections, interviews, investigations, joint visits, pre-visits, questionnaires and reviews. Colleges and Faculties would also be required to input data to the information map, which was a database of information from the signatory bodies in the form of an excel spreadsheet.

In order to ensure good channels of communication between the Healthcare Commission and the Colleges and Faculties, it was agreed that each member of the Academy should identify a member of College or Faculty staff who would be the first point of contact with the Healthcare Commission.

The Postgraduate Medical Education and Training Board (PMETB)

The Chairman indicated that Professor Rubin and Mr Streets had been unable to attend the Academy meeting but had provided a written report setting out an update on the current position in respect of approvals, visits, certification and financial agreements with Colleges and Faculties from April 2006.

Members of the Academy agreed that the report answered the majority of their queries and the Chairman reported that he would invite Professor Rubin to attend the next meeting of the Academy.

The Chairman agreed to provide criteria setting out how future nominees would be identified and commended to PMETB in a timely manner. He also reported that both he and Dr Simpson would not be seeking re-election when their terms of office ended in September 2006.

The Chairman tabled the draft Concordat with PMETB, which had been amended in the light of comments from members of the Academy. Other comments, which were not part of the Concordat, e.g. it would be helpful to see the other Concordats to ensure no conflicts of interest or gaps, were also tabled. It was stated that items 3.3 and 3.4 would need to be completed before the Academy could sign the Concordat. The Chairman agreed to discuss the Concordat with PMETB at the beginning of April, once members of the Academy had had an opportunity to re-consider the Concordat.

Modernising Medical Careers

a) Academy Position Paper on MMC

The Academy considered a position paper that had been prepared by Professor Douglas on MMC.

The paper addressed specialty training, selection into specialty, transition and the Foundation curriculum, which was due to be revised by January 2007.

Professor Douglas agreed to make minor amendments to the position paper in the light of the discussions and the document could then be used as a formal position statement.

b) Developing Local Postgraduate Schools

The Academy considered a discussion document, which had been produced jointly by the Academy and COPMeD, proposing a restructuring of the way postgraduate education was organised and managed by the Postgraduate Deaneries and the Colleges and Faculties.

The document stated that the organisation and management of postgraduate medical education varied significantly between specialties and also between different Deaneries. These differences had led to a lack of understanding within the NHS of the respective roles and responsibilities and made it difficult to argue for time and resources to be allocated for the work of Programme Directors, Regional Advisers and Clinical and College Tutors.

It was proposed that the basic organisational units within Deaneries would be the Postgraduate School of Surgery, Medicine, General Practice, Radiology etc. Their final configuration would depend on the organisation of run-through training but would build on experience already gained in a number of specialties and the detailed work undertaken by the Royal College of Surgeons of England. Some Schools, such as those for surgery and medicine, would incorporate training programmes for a range of individual specialties, whilst others such as general practice, radiology and obstetrics and gynaecology would relate to a single specialty. This model would begin to mirror the organisation of Foundation training.

It was expected that local Schools would have clear governance arrangements, with defined relationships between the Deanery, parent College(s)/Faculties and to the local NHS. All appointments within the Schools would be made jointly between the Deanery and College/Faculty and their functions would subsume all the existing roles of Programme Directors, Specialty Training Committee Chairs and Regional Advisers in relation to training.

Each School would be headed by a Director of Postgraduate Training, who would be a joint Deanery/College appointment, accountable to the Postgraduate Dean, and professionally to a designated College Officer. Specific deputy directors could be appointed, depending on resources, some of whom might take on specific roles such as flexible training.

Since the organisation of the NHS varied between the four UK administrations, there was a need for flexibility in local applications to reflect this. For instance larger Deaneries might require more than one set of Schools to reflect the logistics of local training programmes, while some small specialties might require School arrangements on a multi-deanery or national basis. However, less variation would make it

easier for the Postgraduate Medical Education and Training Board to run uniform 'light-touch' quality assurance.

It was stated that it was very important to involve the Trusts in this work. It was also stated that training would change as new providers of healthcare were established.

Members of the Academy were requested to send their views on the discussion paper to Professor Graham Winyard.

c) Progress Report on the work of the Joint Academy/COPMeD Specialty Training Advisory Group (JACSTAG)

Members of the Academy considered the report prepared by JACSTAG in response to the UK Chief Medical Officers' request for a progress report to Modernising Medical Careers.

The report set out progress to date and highlighted key issues and concerns, together with possible solutions, for consideration by the Departments of Health.

Excellent progress had been made in all specialities in developing curricula and was set out in Annex A to the report. The new curricula needed to be approved by PMETB before implementation and a timetable was to be agreed with them.

Four Common Stems would be in place by August 2007, which will cover more than half the specialties covered by PMETB. In addition many specialties contain longstanding commonality in their early training.

All Colleges and Faculties were examining their curricula to move the more generic elements into the early stages to facilitate transfer with accredited competencies for those who change direction.

Work was currently being undertaken by the Academy Specialty Training Committee and COPMeD's working group on recruitment and selection. Recruitment and selection needed to be undertaken within the context of standards being set by PMETB.

Selection into higher levels of specialist training would be a major issue during transition, but was expected to decrease thereafter. JACSTAG was working closely with MMC to develop detailed proposals on the work that would need to be done locally and nationally to support transition and was set out in Annex D.

Professor Douglas reported that JACSTAG had set up a joint working group between the Academy and COPMeD to look at the role of the Colleges and Faculties in Quality Control. Jackie Hayden would represent COPMeD and Chris Clough would represent the Academy.

Future Work Plan for the Academy

The Academy considered two documents that had been prepared by the groups being led by Professor Husband and Dr Hamilton on multi-disciplinary teams.

It was agreed that these should be incorporated into a work plan that could be sent to Mr Andrew Foster to give him an idea of the kind of work the Academy could undertake if it had more resources. Academy Officers and Professor Dame Carol Black would liaise to produce the work plan.

The Academy's Health Inequalities Forum

The Chairman reported that Mr Astbury would demit office as Chairman of the above later this year. It was proposed that Professor Sheila Hollins should replace him and this was endorsed by the Academy.

Members of the Academy considered a report that had been prepared showing what individual Colleges and Faculties were doing in respect of Health Inequalities.

The majority of Colleges/Faculties made reference to health inequalities in postgraduate education.

The majority of Colleges/Faculties also had formal processes through which health inequalities were highlighted. These included examination questions, annual sessions at scientific meetings, working with an awareness of inequalities including diversity, access to services and cultural sensitivity and formal standing groups.

Many Colleges/Faculties also sponsored research in areas such as domestic violence, problem drinking and other Colleges/Faculties had links with the Intercollegiate Group on Nutrition.

Colleges/Faculties were also looking at ways to engage further with these issues, which included the production of articles for journals, more international involvement, and promote the questioning of health inequalities issues through examination.

The Chairman thanked Mr Astbury for undertaking this work for the Academy.

Members of the Academy received, for information, the Minutes of the Health Inequalities Forum meeting on 25 January 2006.

The Royal College of Radiologists paper *Radiology Service Accreditation Scheme – outline proposal*

Members of the Academy considered the above paper regarding the Radiology Service Accreditation Scheme.

Professor Husband indicated that she hoped this scheme would be implemented by the end of the year/early spring 2007 with accreditation beginning mid 2007.

Professor Newland indicated that several years ago his College had set up a Pathology Accreditation scheme under the direction of Professor Sir John Lilleyman and agreed to liaise with Professor Husband on this issue.

A re-drafted report would be considered again at a future meeting of the Academy.

Connecting for Health

The Academy considered a letter from Mr Ian Scott and Dr Simon Eccles who were the National Clinical Leads for Hospital Doctors at Connecting for Health.

The letter asked specific questions regarding how many fields should be included in the Shared Care Record, should this be restricted to referral and discharge information, should all the data be accrued via GP systems, or could some come directly from secondary care providers and, finally, how should the expanded record be kept up to date.

Members of the Academy indicated that work had already been done in this area and that 'the spine' of information should start in a carefully controlled, limited, way and that it could gradually be built up over successive years.