

EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY ON 02.06.08

Professor Haslam reported that the most recent meeting of the MMC Programme Board had taken place on 22 May. There had been a marked change in the behaviour of applicants who were increasingly applying for training posts based on geography than specialty.

The Academy confirmed their support for the establishment of NHS MEE.

Judith Hulf reported that she and Professor Douglas were sitting on the Task and Finish Group on recruitment for 2009. It was noted that the figure for the number of UK graduates who would be without a training post at the end of the 2008 recruitment rounds was still not yet known. There were a great many unfilled posts at ST1 and ST2 after the first round of recruitment but figures for ST3 were much less certain. Professor Douglas indicated that the figures for ST3 recruitment should be clearer by the end of the month.

It was agreed that it was important that the Academy was proactive in responding to any shortfall in posts at ST3 level in particular for UK graduates. It was noted that while some specialties had seen an increase in applications from UK graduates this year others, such as Psychiatry and Obstetrics and Gynaecology had not. More information needed to be provided to trainees about the competition ratios in each specialty and at the various levels. It was noted that although trainees would need to be more flexible about specialty and geography in order to find a training post, the current disparity between the number of applicants and the number of training posts was partly a problem that had been created by the approaches to workforce planning adopted by the Department of Health over a number of years.

It was agreed that the Chairman would liaise with the Academy members on the MMC Programme Board to determine whether the Academy should issue a statement and when.

ACTION: Chairman/Academy Members on MMC Programme Board

It was also agreed that the Academy's Communications Director should be asked to contact the Colleges' communications leads to find out if individual Colleges were planning to issue statements and what line they intended to take. There was also a need to talk to Medical Directors of Trusts to gauge whether there was likely to be a manpower shortage on 1 August 2008.

ACTION: Communications Director

Professor Field raised the issue of whether or not F2 was likely to continue in its present form. The general view was that F2 was likely to continue for the foreseeable future. There were concerns that trainees in F2 were unable to provide sufficient contribution to service. It was agreed that the Academy needed to review the content of the F2 curriculum to ensure that if F2 was to continue it was fit for purpose.

ACTION: Professor Douglas

Membership of the MMC Programme Board

The Chairman reported that a replacement for Bernie Ribeiro and a new deputy were required. Two nominations had been received by the deadline and a ballot was currently taking place to decide who would be the full member of the MMC Programme Board and who would be the deputy. The outcome of the ballot would be circulated at the beginning of next week.

ACTION: Chief Executive

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Revalidation

Academy Revalidation Development Group

Members received the action points summary from the meeting on 13 May 2008. Dr Hulf reported that it had been agreed that the group should include representation from NHS Chief Executives and Medical Directors.

Academy/GMC Revalidation Steering Group

It was noted that Mr John Orr had been the only President to express an interest in joining this group to replace Professor Hollins.

Dr Hulf also reported that she and the Chairman would be meeting with Mr Nick Dean from the HCC to discuss service accreditation. Professor Hollins proposed the Health Quality Improvement Partnership should be involved in future discussions with the HCC. Dr Hulf agreed to take this forward.

In order to gather information before this meeting, an email had been circulated to all Revalidation Leads asking for details of work being undertaken by their College/Faculty on service accreditation.

Discussions with the HCC would need to include issues such as whether there would be a guarantee that the Care Quality Commission would accept on any work developed by the Colleges/Faculties on service accreditation.

Academy Health Inequalities Forum

Chairmanship of the Forum

The Chairman reported that Professor Hollins was demitting office as President of the Royal College of Psychiatrists on 2 July 2008 and would no longer be chair of AHIF. The Chairman thanked Professor Hollins for her commitment to the Forum.

It was agreed that it was important that AHIF was chaired by a current President. It was also agreed that it would be helpful if the chair of AHIF was not the President of the Faculty of Public Health. Both Professor Field and Dr Hamilton had expressed an interest in chairing AHIF. Professor Field agreed to discuss the chairmanship with Dr Hamilton.

ACTION: Professor Field

Professor Hollins reported that she had represented the Academy on a Department of Health working group which had developed a national strategy for health inequalities which was about to be launched.

Core Competencies for Health Inequalities

Dr Holsgrove presented the core competencies for health inequalities. Representatives from all Colleges and Faculties had been involved in the development of these competencies. The objective of the project was to raise awareness and reduce the stigma associated with mental illness and to improve patient care.

The competencies would be a tool kit, which once approved by PMETB could be incorporated as appropriate into specialty curricula. It was also envisaged that the competencies would be a resource for other health professionals.

The core competencies were approved. It was also agreed that they should be submitted to PMETB for approval for incorporation into specialty curricula.

ACTION: Professor Hollins

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Advisory Committee on Clinical Excellence Awards

The Chairman, Medical Director and Head of Secretariat of ACCEA met with the Academy to discuss the Clinical Excellence Awards process and changes to the timescale in 2008.

Professor Montgomery, the ACCEA Chairman, indicated that he was aware of the difficulties that had been experienced by a number of Colleges last year, particularly with the electronic submission of citations. As a result a number of amendments were being made and these had been tested with a number of Colleges that had had difficulties.

Minor amendments were also being made to the application form, which were in the process of being finalized. Presidents emphasised the need for the application form to be available as close to 1 July as possible given that this year the closing date for submissions for 2009 Awards would be Friday 19 December 2008, which was four weeks earlier than last year. Professor Montgomery indicated that the change in timescale was so that the results of the 2009 awards could be available before the application process for the 2010 awards began. However, as in previous years the 2009 application process would need to begin before the 2008 awards had been published.

It was noted that clinicians in Wales were no longer able to obtain Bronze Awards. Flexibility would be exercised so that, if appropriate, they could be considered for Silver or Gold Awards. It was noted that Welsh consultants were compared against consultants for England and Wales. In many of specialties there would be insufficient numbers of consultants to consider Welsh consultants separately.

Professor Montgomery indicated that there was no hard and fast rule indicating that applicants had to wait five years before they could expect to move up from a Silver to a Gold Award. It was uncommon for a Gold Award to be made within five years of receipt of a Silver Award but it was possible and had happened.

Clinicians who came from overseas to work at a high level in the NHS would need to demonstrate 4-5 years commitment to the NHS before they could be considered for a Bronze Award. However, they might then progress more quickly through the levels of awards.

Professor Montgomery stated that there was no evidence that women applicants fared worse than men. However, there was anecdotal evidence that women who were unsuccessful were less likely than men to resubmit their applications. Colleges and Faculties should encourage women with strong applications to resubmit and support these applications with citations.

Memorandum concerning the financing of Officers and Council Members of the Royal Colleges

The Academy discussed a paper from the Royal College of Obstetricians and Gynaecologists and related correspondence from the Royal College of Paediatrics and Child Health.

It was noted that Trusts were increasingly unwilling to release clinicians to undertake work on behalf of Colleges/Faculties. However, when Academy members had met with SHA and Foundation Trusts Chairs and Chief Executives, they had expressed a willingness to assist. There were other complications where clinicians were employed outside the NHS. It was noted that the RCGP had to make payments out of members' subscriptions for locum cover for any practising GP who undertook work on behalf of the College.

It was agreed that this was not an issue that would be easily resolved. Any solution would need to cover all four UK countries.

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The Chairman agreed to speak to Professor Sir Bruce Keogh about this issue again. The Chairman would also speak to Margaret Edwards, the Academy's named SHA representative, about this issue.

ACTION: Chairman

Academy Trainees Doctors' Group

The proposal that statements should be checked in advance with the Chairman rather than the full Academy was agreed. Who would have the final say if there was a disagreement that could not be resolved would be considered as part of the review of the Academy's governance arrangements.

ACTION: Dr Susan Bews

Diagnosis of Death

The Chairman reported that it now appeared that the Department of Health had some reservations about the wording of one section in Part 2. The Department of Health was proposing that the Academy should publish Part 1 of this guidance as a stand alone document. The Department of Health would then publish Part 2 subject to amendment.

The Chairman had indicated that she was not in a position to agree an amendment to Part 2 as the document had been developed by a working party chaired by Professor Sir Peter Simpson. A meeting was being arranged between Mr Chris Rudge, National Clinical Director for Transplant, and Professor Sir Peter Simpson so try to resolve this issue. If a resolution could not be reached the Academy might be asked if it would be willing to publish Part 1 as a stand alone document.

Faculty of Sports and Exercise Medicine

The Chairman reported that she had received a request from the Faculty for observer status. It was agreed that the Academy needed to agree its future form and function before it could consider this request. The Chairman agreed to respond to Professor Galasko

ACTION: Chairman

Proposed Improvement Faculty

The Chairman reported that all members should have received an invitation to a meeting on 12 June at the University of Warwick to discuss the establishment of this Faculty. Professor Field indicated that he would not be able to attend this meeting but that his College had reached an advanced stage of negotiations regarding a similar initiative in primary care.