

EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY ON 04.03.08

Education and Training

Members received the unconfirmed minutes of the meeting of the Academy Education Committee held on 21 February 2008. Professor Douglas reported that Professor Jane Dacre, Vice- President of the RCPL had received funding for a clinical problem solving pilot, which would take place this year in the London Deanery. Professor Douglas also reported concerns about the use of the e-portfolio in the Foundation Programme. Professor Douglas would be writing to Professor Gallen, Chairman of the Foundation School Directors' Group, highlighting the concerns over the e-portfolio.

Members received the unconfirmed minutes of the meeting of the Academy Specialty Training Committee held on 4 February 2008. Professor Douglas reported that the committee had received a presentation from Professor Bill Gunnyeon and Professor Gordon Waddell from the Department of Work and Pensions which highlighted the positive benefits of work and the role that the doctor could play in promoting this.

It was agreed that the proposed intercollegiate meeting to discuss modular curricula for core specialist training should proceed despite the DH's response to the Tooke Report, which indicated that further work was required before a decision could be taken about the report's recommendations in relation to the Foundation Programme.

Members also received a diagram setting out the Academy's education committees and their reporting lines.

The Postgraduate Medical Education and Training Board

Professor Williams reported that representatives from the Academy had met with PMETB on 23 January 2008. The amendments suggested by the negotiation group had now largely been incorporated into the contract, working arrangements document and a separate letter to manage the transition period. The transition arrangements would mean that the revised fee would be paid to Colleges for applications received by Colleges after 1 April 2008. PMETB's consultation on fees had ended and it appeared likely that the proposed changes would be implemented. Each College would be asked if it wished to sign up to the contract and working arrangements.

It was noted that the Secretary of State had agreed that PMETB should merge with the GMC by or during 2010. The initial contract time frame was 3 years. It was expected that the contract would become part of the new arrangements.

Modernising Medical Careers

Professor Haslam reported that the minutes of the most recent MMC Programme Board had been circulated. The Board had agreed that they still wished to be involved in the details of the process but that over time they would move to look at more strategic issues.

To date slightly fewer applications for postgraduate training posts had been received than expected by deaneries. There did appear to be a shift in candidates' behaviour with more trainees applying for posts in specialties and regions which were traditionally less popular.

The outcome of the IMG's appeal was not yet known so it was not possible to quantify its potential impact.

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Revalidation

Members of the Academy considered a progress report following the Academy Revalidation Development Group Meeting on 11 February 2008. In the absence of Dr Hulf this report was presented by Dr Shaw, the Revalidation Project Manager. A number of key workstreams had been identified and five working groups would be set up. Of these working groups, two were already established; DOCPD and E-learning. Proposals regarding the formation of the working groups had been circulated to the Academy and Academy members would be asked to elect the Chairs of the three new working groups. It was hoped that each College and Faculty would be represented on a least one working group but the aim was to keep membership of the working groups relatively small.

The Colleges and Faculties had been asked to map their specialties against the GMC standards. This work was expected to take until September 2008. A GMC funded project on assessment of technical skills was being taken forward by Professor George Hanna at Imperial College, London.

The GMC confirmed that the underlying concept was that revalidation would be a single process that would have two outcomes; relicensure and recertification.

It was noted that there was also a DH working group, which had arisen out of the White Paper "*Trust Assurance and Safety, the Regulation of Health Professionals in the 21st Century*", on tackling concerns locally. It was essential that the outcomes of this work were compatible with work on revalidation. The GMC would work closely with the DH to ensure that the two processes worked together.

The Academy agreed that a finance committee should be set up which would be responsible for funding decisions. The remit of this committee could also include the allocation of the matched funding from the DH/Colleges. It was agreed that a College Treasurer would be invited to join this committee.

Joint Programme of Work between the Academy and the Department of Health

Members of the Academy received the progress report and breakdown of expenditure for the period September 2006 – March 2007. The Chairman informed members that this report had already been sent to the DH. The next report for the period March 2007 to March 2008 would be written shortly.

Revised Business Plan

Members discussed the Academy's Business Plan, which had first been discussed in an earlier form, at the Away day in October 2007 and then again in its current form in December 2007. Further amendments had been made following comments at the December meeting.

It was agreed that the Business Plan required further work and that it should be retitled as "Strategic Aims". The wording and emphasis of the document should be changed. It should also be clear that there was a middle way between the two options set out for the Academy. The work of the Academy was evolving and this document represented the aims for the coming year.

It was agreed that this document would be reworked and brought back to the next meeting for approval.

Budget for the Financial Year 2007/8

It was agreed that in future the budget should be linked to the business plan for the financial year. The members of the Academy approved the budget for 2007/8

Medical Leadership Competency Framework

The Academy approved the medical leadership competency framework and thanked Dr Hamilton for her hard work on this project. The Presidents were asked to take the framework back to their Colleges/Faculties for discussion.

It was likely that funding would be available for further work to support the development of assessment methods and training resources.

Dr Hamilton reported that the establishment of an Institute of Clinical Leadership had been proposed. It would be necessary for the medical leadership competency framework to be kept under review. The details of such an organisation had not yet been developed.

National Clinical Audit and Patient Outcomes Programme (Health Quality Improvement Partnership)

The Chairman reported that the new company, known as the Health Quality Improvement Partnership, had now been registered at Companies House. The contract with the Department of Health (DH) would novate to the new company shortly.

Transfer of STA funds to the Academy

That Chairman reported that, following the debate at the January Academy meeting, the Charity Commission had been approached for their views on the legality of using these funds to reduce subscriptions. The Charity Commission's view was that the Academy of Medical Royal Colleges held the transferred funds upon trust to further the objects of the charity. Reducing the subscription rates of the Colleges and Faculties, or granting a subscription "holiday", would not further the charitable objects. The funds must be used to further the charity's objects i.e. *"the protection and preservation of health...for the benefit of the public..."*

Further discussion with the Charity Commission had indicated that this view applied to both the original funds received from the STA and any interest earned on them.

A decision had already been taken to reduce the Colleges' and Faculties' subscriptions by £75,000 during this financial year with the shortfall being made up by the interest on the funds received from the STA. In view of this the Charity Commission had advised that the Academy should approach the Charity Commission retrospectively to ask for formal authority to make this decision, which could be granted on a once and once only basis provided the original decision was made in good faith and with the genuine belief that this was a permissible use of these funds.

Code of Practice on the Diagnosis of Death

The Chairman would update the members of the Academy on any developments regarding the publication of this report.

Lord Darzi's Review

Members noted that the Presidents had been invited to a further breakfast meeting on 18 March 2008 on the NHS Constitution. This would provide a further opportunity to raise their concerns about lack of formal consultation with Colleges and Faculties.

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The Tooke Report

The Chairman thanked members of the Academy for their assistance in developing a press release following the DH's response to the final Tooke Report. A copy of the Academy's press release was tabled.

The proposal from the MMC Programme Board to establish a number of one-year post CCT fellowship posts was discussed. These posts would be available to trainees who had reached CCT but had not yet obtained a consultant post. It was understood that these posts were being proposed to free up training numbers at lower levels. However, there was concern from trainees that they would not address the disparity between the number of trainees being awarded a CCT and the number of consultant vacancies in some specialties. It was noted that NHS workforce issues were not part of the Academy's remit and that a free market would mean some level of competition for consultant posts.

Professor Haslam indicated that the MMC Programme Board's discussion on this issue were not yet finalised. The Board was aware that these posts would need to be quality assured and that they needed to provide sub-specialist training in areas where there was a shortage of consultants. The Academy noted that the Postgraduate Deans already undertook the quality assurance of post CCT GP training posts for GPs with a special interest. Professor Hayden proposed that there should be a partnership between the Colleges and the Postgraduate Deans to quality assure post CCT fellowship posts.

The Academy agreed to support a statement on this issue from the Academy Trainees' Group.

It was agreed that Professor Douglas would take forward the issue of quality assurance of post CCT fellowship posts on behalf of the Academy.

Professor Sir Bruce Keogh

The Chairman reported that Sir Bruce would attend Academy meetings when possible. He would also receive the minutes and executive summaries of Academy meetings.

The Chairman also reported that she had passed the letters she had received from Colleges expressing concern that consultants were not being released for College work to Sir Bruce and the NHS Chief Executive. It was noted that this issue was now affecting a number of Colleges. Professor Hayden also raised concerns that consultants were not being released by their Trusts to take part in the shortlisting process for trainee appointments. Dr Cohen indicated that trainees were finding it difficult to attend College meetings for the same reason. The Chairman asked Professor Hayden and Dr Cohen to inform her of these issues in writing so she could raise them with the DH.