

## **EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY ON 15.09.09**

### **Education and Training**

Professor Bhugra was welcomed as the new Education lead for the AoMRC.

### **PMETB Credentialing Meeting**

PMETB propose three groups: pre CCT credentialing, non CCT credentialing and post CCT credentialing. Most concerns surround the pre-CCT credentialing developments. Clarity is needed on how pre and non-CCT credentialing would differ. Dr McGowan is chairing the pre-CCT credentialing group for PMETB which was welcomed by the AoMRC.

The Presidents were urged to inform Dr McGowan and his group of their views and the implications of credentialing on the short term and long term quality impact on training and delivery of service. Dr White highlighted the AoMRC Trainee Doctors' Group position statement on credentialing which was published on the AoMRC website in July. It was also highlighted that when this has been discussed in the past, patients have been some of the most vocal and forceful opponents to credentialing. There is a forthcoming meeting on 23<sup>rd</sup> September at the RCPsych where stakeholders will be invited to share their views.

A joint bid from the RCPsych and RCPL, via the AoMRC to the DH, is being discussed. This is a literature review to provide a valuable summary of existing credentialing practice to inform the next stages of the above projects.

Although not discussed at the PMETB credentialing meeting, it was suggested that General Practice and Public Health are being encouraged to develop a dual accreditation system which will be piloted in four deaneries. This could be established as a template for future pre-CCT credentialing.

### **eHealth business case**

A business case for the development of a framework for eHealth programmes for trainees in the latter stages of their training was circulated to the committee for discussion and approval. It is proposed that a working group of the Academy Specialty Training Committee be established to undertake this work, for which there is an available fund of circa £40k. Reassurance was sought on the outcomes and objectives of the final product from members of the committee.

### **MMT Pilot update**

The minutes of the MMT pilot meeting of 7<sup>th</sup> September were circulated to the committee for information and comment. Building on previous AoMRC work and pilots led by Professor Dacre at the RCPL, it is the intention to develop a generic knowledge based test and grouped situational judgment tests for all specialties for selection and recruitment into ST1. Similarly to the selection and recruitment process used successfully in General Practice, it is hoped that these tests will shorten the long listing process by ranking applicants, thereby reducing the burden for trainees (no need for multiple applications) and assessors (less time needed for long listing) and service (fewer hours needed for long listing). The system will be computerised and be available on a number of different days so as not to negatively impact on service.

The proposed development is intended to compliment and, where appropriate, rationalise, the selection and recruitment processes currently used. Clarity is sought on how time will be identified for trainees to prepare for this as well how it is funded.

### **Medical Education England**

Mr Greenfield had presented funding proposals for postgraduate medical education and training at the most recent NHS MEE meeting which were not well received, particularly by the employers. A subgroup has been established by MEE to look into MPET funding in greater detail. Mr Black, representing the RCSEng and AoMRC attended the subgroup meeting. It was proposed that a standard tariff be introduced nationally. This would be divided up into separate tariffs for Foundation, ST1-3 and ST4 and above. This attempts to address income inequalities between different geographies, of up to as much as 4% of their total present income. The proposal was met with general agreement. Clarity is sought on a number of issues including, how this might be introduced (big bang or phased) and how to protect those areas who would face a decline in income. Clarity is also needed on how much of this would be ring fencing solely for medical education training and how much for other linked professions, and concern expressed as to whether funding would be transferred from medical training to the training of other professions.

70 Wimpole Street  
London W1G 8AX

T + 44 (0) 20 7486 0067  
F + 44 (0) 20 7935 9214

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[academy@aomrc.org.uk](mailto:academy@aomrc.org.uk)

### **European Working Time Directive**

Representatives of the AoMRC met with the DH on 3<sup>rd</sup> September to discuss EWTD developments. There is concern that the figures delivered regarding “on paper” rota compliance are not representative of the reality of the EWTD’s impact. There is much anecdotal information which has been received by the colleges regarding compliance and related problems. The colleges are urged to compile this information to help inform the DH of the real picture, for example the RCoA and the RCOG are carrying out surveys relating to the EWTD’s impact in their specialties.

The next EWTD scrutiny panel will meet on 18<sup>th</sup> October where the assessment of locums will be discussed. Much concern was raised that a large number of locums are being used to fill gaps, some of whom are not fit to practise.

It was noted that a request has been sent to the Secretary of State to increase the length of time for overseas trainees from 24 months to 30 months in order to improve acclimatisation and induction for overseas doctors who come to the four nations to work. Concern was also raised that some of the “good” locums tend to be trainees from other hospitals, who are moonlighting, which runs contrary to the aims and objectives of the EWTD, and is potentially harmful to patient safety and training.

In the short term it is important that options for further derogation remain open for all four nations. Money is available via the DH to aid the necessary changes. Permanent and sustainable solutions need to be in place by 2011 with the legislation terminating in 2012.

### **Revalidation**

An update on the revalidation project was received for information, which outlined current progress and activity, including that of the cross-specialty work groups.

Although it was unclear what would happen with the local processes, the professional elements of revalidation had been developed well and Dr Hulf encouraged the Colleges to put these in place as best they could using stakeholder events. The AoMRC was not planning to hold pilots until next year, but Dr Hulf reported that the Department of Health wanted to run pilots much sooner and the AoMRC may take part in these.

Dr Hulf indicated that the AoMRC response to the latest DH Revalidation Support Team *Strengthened Medical Appraisal* document will be sent to the four CMOs outlining their concerns.

Colleges were also reminded to respond individually to the *Responsible Officer* DH consultation by 25<sup>th</sup> October.

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Professor Coggon queried whether there would be any consultation on non-clinical work before it went to the GMC. Dr Hulf confirmed that proposals for non-clinical work were on the AoMRC website, and there was a need to engage with all the necessary stakeholders.

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### **Service Accreditation**

Professor Furness is leading on developing a high level co-ordinating role in relation to Service Accreditation. Discussions are being held between Professor Furness, Professor Newland and HQIP to take this forward.

### **Academy of Medical Royal Colleges in Wales**

Since the last AoMRC meeting discussions had taken place with other the CMOs and Welsh College and Faculty representatives how best to develop the foundations for office and operational infrastructure for the AMRCW. There have also been discussions to explore indirect support for the AMRCW. A subgroup has been established to draw up the terms of reference which will include resource needs. The Scottish Academy has been used as a template for this. The AoMRC supported these developments.

### **Supporting Professional Activities for consultants**

A letter from Professor Sir Bruce Keogh to the Chairman was circulated to the committee. It suggested that there be flexibility in the system, starting with 2.5 SPAs when a consultant starts, to be reviewed the following year. However, concern was raised that the review might not take place.

There is concern that jobs are being advertised with insufficient supporting professional activities (SPA). In Scotland, Colleges are able to specify in person specifications the required support, however in England, Wales and Northern Ireland, Foundation Trusts do not need college approval. The AoMRC agreed to continue to support the content and essence of the original letter sent to Sir Bruce by the Chairman.

### **AoMRC Away Day 28 October 2009**

There would be an away day on 28<sup>th</sup> October, preceded by a dinner on the evening of 27<sup>th</sup> October. The Chairman indicated that there was around £125k remaining of DH funds to be used for project work. He would email members asking them to submit proposals for projects in advance to discuss at the away day.

The Chairman outlined an initial proposal surrounding international relations. Many countries had expressed a desire to get trainees trained for a couple of years in the UK, and it had been suggested that the DH may be keen to provide some funding to help facilitate such a project.

### **Consultant delivered service**

The Chairman noted that there had been developments since the publication of the *AoMRC Workforce Project to identify the added value doctors bring to the healthcare team*. The difficulties of attributing the benefits of consultant delivered care to the level of training (CCT) or post-related factors, i.e. SPAs and independent practice, were discussed.

It was agreed that this should be a living document, and therefore all Colleges were asked to send in additional updated evidence of improved patient outcomes and quality care from a consultant delivered service. The document could then be updated accordingly.

### **AoMRC representation on the GMC's Continuing Practice Board**

The Chairman was aware that there were no AoMRC representatives on this new GMC Board, but had been reassured by Professor Rubin that this formality would be rectified once the group had met for the first time.

### **Donation Ethics Group**

Professor Sir Ian Kennedy had resigned as Chair of the Donation Ethics Group. The job had been advertised and interviews would be held in October. The Chairman reported that he would be chairing the interview panel. However he was unsure who else was on the panel at this stage, and agreed to find out and let AoMRC members know in due course.

Dr Bews had been involved in the appointments process for the Donation Ethics Group and indicated that the response from suitable applicants had been excellent.

### **Monitor – NHS Academy for Service Line Improvement**

Monitor had submitted a proposal for a leadership programme, for which it was seeking the AoMRC's support and endorsement. The Chairman had met with Professor Robert Harris, Policy Director of Monitor, to discuss the proposal and had been informed that the RCPL had given endorsement for the programme. Unfortunately the RCPL were not present to speak to this item, so this would be confirmed in due course.

Some concerns were expressed about the language used and the market for the programme. The AoMRC must be careful not to endorse one programme giving an external agency a competitive advantage over another. However, it was agreed that joint working with Monitor would be beneficial, and the Chairman would liaise further with them to agree a workable solution on this proposal.

### **NICE Fellows and Scholars Programme**

The National Institute for Health and Clinical Excellence (NICE) were launching a programme for Fellows and Scholars in October 2009, which would create more opportunities for health professionals to work with NICE. The Chairman encouraged Colleges to bring this to the attention of their members and fellows. Details of the programme were received for information.

### **Healthy Quality Improvement Partnership (HQIP)**

A document on the role of HQIP was presented by Professor Newland. HQIP was formed in April 2008 as a quality improvement organisation, and its main contract at present is to commission and strategically manage clinical audit. It is owned by a consortium made up of the AoMRC, the Royal College of Nursing and National Voices, and the AoMRC appoints three people to represent them as Directors on the Board. Professor Newland would continue to keep the Academy updated on the work of HQIP.

### **Skills for Health – Modernising Scientific Careers**

Under Skills for Health, a Modernising Scientific Careers Board will be established for 2010. There have been some pre-meetings, which Professor Newland has attended. Resources for the board are being investigated. It was noted that one of the priorities of the group is to address assessment principles, some of which is being steered by Dame Lesley Southgate. This work was due out for consultation at the end of 2009.

Professor Newland had also met with Andrew Butcher, who was keen to set up a working dinner with AoMRC members to discuss Skills for Health and how it works with Colleges, particularly for scientific careers. Several members expressed an interest,

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and Professor Newland would liaise with Andrew Butcher and Ms Fitzgerald to see if a suitable date could be arranged.

It was also noted that Professor Newland chaired the Academic Sub-group on Modernising Scientific Careers, funded by the DH under the umbrella of the AoMRC. This group would be putting together a document on the roles and responsibilities of scientists.

Mr Black had been approached by Eleanor Kennedy regarding those groups of scientists who were closely linked to the RCSEng, and the possibility of developing a postgraduate qualification and affiliation to the College. The College were supportive of the idea, providing that the appropriate qualification was obtained, and they were in preliminary discussions. Professor Newland confirmed that this was due to be followed up at the meeting of the Academic Sub-group on 29<sup>th</sup> September.

#### **Centre for Workforce Intelligence**

Professor Furness updated the committee on developments. Currently work on workforce intelligence is out for tender (of which there are currently ten bids for work), however there was no mention of Medical Royal Colleges nor Medical Schools input which is considerable. Indeed the Colleges provide and are able to source much useful data for the purposes of work force planning and intelligence. The colleges and faculties play an important role in planning for the future including workforce requirements. Professor Furness will highlight these concerns as well as the benefits which the colleges can offer to these developments at the forthcoming meeting on Managing Workforce Intelligence on 16<sup>th</sup> September.

#### **NHS funded academic posts**

Professor Bhugra noted that funding has been withdrawn from academic posts relating to psychiatry and was interested to know if this was a common problem or specialty specific.

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