

EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY ON 23.01.08

The Postgraduate Medical Education and Training Board

Professor Williams reported that a further meeting between representatives of the Academy and PMETB was taking place later in the afternoon. Professor Williams would report back to the next meeting of the Academy on that meeting.

ACTION: Professor Williams

Negotiations regarding the contract and working agreement with PMETB were continuing. Professor Williams thanked the Chief Executives who had been involved in the negotiations.

Modernising Medical Careers

Professor Haslam reported that the MMC Programme Board had met the previous week and the minutes of that meeting would be circulated shortly. Both the CMO and the Medical Director had attended that meeting and one or the other would attend future meetings. A Director of Medical Education would be appointed but the governance arrangements for medical education were not yet clear. Responsibility for MMC was likely to remain with the Programme Board for approximately the next two years. Dr David Sowden was now the Senior Responsible Officer for Medical Education within the Department of Health and a Medical Education Sub-Committee had been set up which reported directly to the Department of Health Board.

To date slightly fewer applications for postgraduate training posts had been received than expected by deaneries. However, Professor Douglas indicated that there was still great concern about the distribution of posts between ST1/ST2 and ST3. Some outstanding IT issues remained and these were being addressed. UK workforce numbers would be distributed shortly.

It was noted that IMGs appointed to ST1 and ST2 posts would wish to progress to ST3 and that the main shortage of posts was at ST3 level. Those applicants who were unsuccessful in obtaining an ST3 post in the specialty of their choice could apply for other specialties. The Department of Health were consulting with Colleges about the creation of a number of 12 month post CCT level fellowships which would provide additional training and experience in areas where additional post CCT training was required. This would make more training numbers available for use at lower levels.

Intercollegiate Cancer Committee

Professor Douglas reported on the meeting of the ICCC which had taken place on 17 January 2008. The main agenda item at this meeting was consideration of the report on multi-disciplinary teams. A final version of this report would be produced which would be presented to the Academy at its April meeting by Professor Dame Janet Husband.

It was unclear what the committee's future remit might be. If the ICCC continued, Dr Michael Williams had been suggested as a suitable chair to replace Dame Janet Husband, who had stepped down. The Chairman has asked Dr Williams to produce a paper on what the on-going work of the committee might be.

Revalidation

Dr Hulf introduced Dr Kirstyn Shaw who had recently joined the Academy on a six month secondment from the Royal College of Physicians of London to act as the Academy's revalidation project manager. Dr Hulf thanked the RCPL for making this secondment possible. It was agreed that Kirstyn's Academy email address would be circulated to the members of the Academy so that queries regarding revalidation could be directed to her.

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Dr Hulf reported that a more detailed analysis of the costings provided by the Colleges had been undertaken. The issues arising from this would be taken to the next Academy Revalidation Implementation Group Meeting on 11 February 2008. In future this group would include representation from the BMA, NCAS, GMC, NHSE and BMM.

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A proposal would be put forward to the Implementation Group that working groups should be set up in five areas:

- CPD – DOCPD, which would be chaired by Dr Alastair Thomson, would take forward the CPD aspects of revalidation at the request of the Revalidation Implementation Group
- E Learning – The E Learning Group, chaired by Professor Andy Adam, might be reconstituted and work on scoping the requirements for an e-portfolio
- MSF – a working group would be set up to look at the management options for multi-source feedback
- Non traditional groups – a working group would be set up to look at revalidation for groups such as academics, educationalists and Postgraduate Deans
- Remedial action – a working group would be set up to consider how assistance should be provided to failing doctors

Dr Hulf had visited the CMOs in Scotland and Northern Ireland and would shortly be visiting the CMO in Wales. It was important to clarify whether the group was to develop a system for revalidation across the UK and whether the solutions proposed by the group would be acceptable in the other three countries. If revalidation was to be UK wide then it would need to be supported financially by all four Departments of Health.

The GMC Steering Group was due to meet on 19 March 2008. The GMC had now produced templates for revalidation. The Implementation Group would be asking each College and Faculty to match their specialties onto the template. Dr Hulf indicated that it was important to start to develop revalidation for doctors undertaking clinical practice within the NHS in the first instance and then move on to develop systems for those working wholly in independent practice, locums etc.

Professor Brian Williams requested clarification about a letter that had been received from a commercial company "360 Clinical" by his college. Professor Gilmore and Mr Else confirmed that the origins of the questions used in this project were based on those originally developed by the RCP and the Academy had funded work to validate these. The commercial company was continuing to provide the technical process of data collection and reporting.

Mrs Barbara Wood emphasised the need for a strong lay input to ensure that patients and the public in general had confidence in the systems put in place. It was agreed that all of the working parties, with the possible exception of e-learning, would need lay input and that Colleges would need to seek input from their own patient/lay groups.

Dr Nicki Cohen queries whether revalidation would affect the relationship between the Colleges and doctors. Dr Hulf indicated that doctors were likely to have to contribute financially towards the costs of revalidation and that it was possible that doctors who were not members of a College might have to contribute at a higher level.

Trustees' Annual Report and Financial Statements (1.10.06 – 30.09.07)

Mr Hunter presented the annual report and financial statements. Members noted that the funding received from the STA was not included in the financial statements as it had not been received until October 2007.

The financial statements showed a substantial increase in both income and expenditure in the 2006/7 financial year in comparison with the 2005/6 financial year. Restricted funds had increased substantially as a result of the £1.6 million of funding for revalidation provided by the Department of Health England. The auditors had indicated that interest earned on restricted funds could not be put to general use. Therefore it would be necessary for the Academy to formally charge for the costs of managing restricted funds in the future.

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

Shape of the Future Medical Workforce

Professor Douglas reported on this project, which would include work on the future role of the doctor. Dr Alastair Mason who had been managing this project, had not yet received responses from all Colleges. The draft report was now due at the end of January 2008.

Dr Hulf indicated that this work was vital to the Revalidation Implementation Group and that perhaps information could be collected for both projects at the same time.

Academic Medicine

The Chairman reported that she was now in regular contact with the Chairman of the Academy of Medical Sciences. Professor Newland reported that the project had begun with a scoping exercise. It would be split into four areas:

- a) an e-learning project on generic academic competencies. Work on this area had begun
- b) a project to develop mentorship for academic trainees. This would be joint work between the AOMRC and the Academy of Medical Sciences.
- c) clinical assessment of academic trainees. It was hoped to develop the concept of interchangeable competencies, so trainees who did not progress in academia could transfer back to clinical posts.
- d) Revalidation of academics.

Projects in self-care

Members received a report from Mrs Barbara Wood on this project, which should be completed by the end of March 2008. Further specialty specific modules might then be developed. A further meeting to the project group was taking place on 28 January 2008.

Core Competencies in Health Inequalities

Professor Hollins reported that Dr Gareth Holsgrove had been appointed to take this project forward. A draft of the core competencies would be considered by the Academy Health Inequalities Forum in April 2008 and would be presented to the Academy at its meeting in June 2008.

Recommendation on bids for further DH/Academy funding

Members of the Academy noted that the following projects were recommended as priorities for funding during the financial year 2007/8, up to a maximum of £50K per project. These recommendations were made following discussion by the Officers and at the Academy Project Governance Committee. Of the projects submitted the ones recommended most closely met the criteria agreed by the Academy in December:

RCS Edinburgh - Safe Practice in Medicine (up to a limit of £50K)
Royal College of Pathologists - Training for medical examiners (£28K)
Academy Patient Liaison Group - Good practice for patients in team working (£30k)
Academy - Communications Projects (£10K)
RCP London - Discovering best practice with care closer to home (up to a limit of £50K)

It was agreed that the sponsors of these projects would be asked to complete a detailed application form. The completed application form would be sent out for external consideration. Mrs Wood indicated that the PLG might need additional support to work up its project.

The Chairman would respond to all those Colleges which had put forward projects, indicating how the projects could be improved to meet the Academy's criteria. Depending on budget constraints, there would be further funding rounds during this financial year. Projects would need to be resubmitted on the more detailed application form.

It was agreed that the detailed forms and external reviewer's comments would be considered at the next meeting of the Academy Project Governance Committee. At that point the committee could make a decision on funding.

Supporting PAs for consultants

A letter dated 30 August 2007 from Ms Clare Chapman, Director General of Workforce at the Department of Health, to Mr Ian Wilson, Deputy Chairman of the CCSC, was tabled by Professor Arulkumaran. This letter stated that although the 2003 consultant contract did not include a set allocation of professional activities for SPAs, it did give a guide towards a "typical.. average" of 2.5 SPAs per full time consultant. Therefore, there was some flexibility and some consultants might require more than 2.5 SPAs and some fewer.

Professor Arulkumaran asked member of the Academy whether consultant job plans should be approved if they included only 1 or 1.5 SPAs. There was general agreement that if a job plan only included 1 or 1.5 SPAs a request should be made as to the number of SPAs across the department. It might be that other consultants had more SPAs to offset the shortfall. It was noted that the work undertaken during SPAs was increasingly important. However, Trusts did need to set some tangible output from SPAs.

Honoraria for Lay members

The Academy received a paper which had been written by the previous Chair of the Academy Patient/Lay Group, Dr Patricia Wilkie and discussed by the Academy PLG. The information provided in Annexe 2 on the honoraria paid by the Colleges and Faculties had been requested by the Academy in October 2007.

It was noted that the information provided in Annexe 2 on the current arrangements made by each of the Colleges was not accurate in all cases. It was agreed that Mr Else would ask the CEOs of the Colleges and Faculties to update this information. The up to date information would be considered again by the PLG. College lay representatives would be asked for details of any recruitment problems and a revised paper could be brought back to the Academy for information.

Transfer of Specialist Training Authority (STA) funds to the Academy

The Chairman welcomed Professor Sir John Temple and Dr Kit Harling as the two remaining Directors of the STA. The Chairman also welcomed Professor George Ikkos, Chairman of the College Treasurers' Group as an observer for this item.

Sir John reported that the STA has been set up as an independent statutory authority of the Medical Royal Colleges. The members of the STA were the Colleges Presidents, who were also the directors of the STA, as a company limited by guarantee. The College Presidents were acting for the STA as directors of an independent authority and not in the capacity of College Presidents.

In June 2005 the STA agreed that they would pursue the option of transferring the STA's assets to the Academy, as the charity whose objects were most similar to those of the STA. Charity Commission permission was sought to transfer the STA's remaining assets to the Academy. This was given by the Charity Commission in a letter dated 14 September 2005.

Sir John confirmed that none of the STA's funds had come from the Medical Royal Colleges. Funds had come from the payment of fees by individual doctors e.g. for CCT. The STA's remaining funds, which totalled £1.5million, had been transferred to the Academy as unrestricted funds so that the Academy could develop its work and role strengthening the voice of all of the Medical Royal Colleges and Faculties on generic issues.

Professor Ikkos asked whether there was any reason why the funds received from the STA could not be used to reduce College/Faculty subscriptions. Dr Harling indicated that the Academy would need to take careful legal advice on this issue. Neither the Academy nor the Colleges/Faculties were being dissolved and there were conflict of interest issues relating to this proposal which might mean it would not be acceptable to the Charity Commission.

Professor Ikkos confirmed that the view of the Treasurers' Group was that the Colleges and Faculties would like to see a subscription holiday, provided that was legal.

Dr Bews expressed concern that the size of the funds transferred by the STA needed active management to ensure an appropriate return and reminded the meeting that the Presidents, as trustees of the Academy, were required under charity law to make any decision regarding the use of these funds in the best interests of the Academy.

National Clinical Audit and Patient Outcomes Programme

The Chairman reported that she had signed the contract with the Department of Health yesterday.

Items from the Joint Medical Consultative Committee (JMCC)

Dr Russell gave a verbal report on the JMCC meeting held on 22 January 2008. Sir Graeme Catto was to be invited as an observer at future JMCC meetings. A press statement had been issued by the JMCC supporting Professor Sir John Tooke's recommendation that an oversight body, NHS Medical Education England, should be established with responsibility for postgraduate medical education. The JMCC had also discussed the Government's White Paper "Trust Assurance and Safety – the regulation of health professionals in the 21st Century".

Professor Sir Bruce Keogh, NHS Medical Director, would attend JMCC meetings in future. Dr Russell indicated that Sir Bruce might be willing to give a written indication of his support for SPAs in consultant job plans.

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