

## **EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY ON 10.02.09**

### **Meeting with Sir Christopher Edwards, Chairman of Medical Education England**

Sir Christopher set out his concerns about the original proposals for MEE; that it would be a board of 29 members, with 16 people in attendance, that it had no budget or independent secretariat, and yet there were 19 pieces of work identified in the Next Stage Review as the responsibility of MEE.

Sir Christopher had proposed an alternative structure, which had been accepted. The Board as originally proposed would become an overarching members' council representing the views of the relevant stakeholders. Underneath this would be a new Board composed of six executive directors.

There would also be six non-executives on the board. The non-executives would not be on the board as representatives of any particular organisation, would be chosen for their specific skills and would be appointed through the Appointments Commission. Sir Christopher asked for views on the skill sets that the NEDs would need. Sir Christopher indicated that there was now a defined budget and staffing structure for MEE.

Both Sir Christopher and the Chairman emphasised the vital importance of the Academy representative on MEE attending all meetings.

Sir Christopher emphasised that the advent of MEE should not destabilise the current structure. MEE had until August 2010 to develop a consensus on postgraduate medical education and training. He stressed that as MEE would be at arms length from the DH, this should inspire professional confidence. It was also important that trainees felt that MEE was working in their best interest.

### **Cardiff Consensus Statement**

A copy of the latest draft of what was now a discussion statement had been circulated. The statement was discussed. It was agreed that the Chairman would contact Sir Liam to further discuss the statement which still did not satisfy the Academy.

Mr Black asked if the Academy had developed a formal policy on the need for a consultant delivered service. It was noted that the Academy's endorsement of the need for a consultant delivered service was implicit in its recent report on the Shape of the Medical Workforce. Mr Black indicated that the Royal College of Surgeons of England was in the process of finalising its policy recommending a consultant delivered service. Mr Black would circulate this document to Academy members once it had been approved.

### **Royal College representation on AACs**

The Chairman reported that a meeting had been arranged for 13 May with Dr Slipman from the Foundation Trust Network to update the concordat between the Academy and the FTN. Academy members would be invited to attend this meeting.

### **Meeting with Dr Bill Gunnyeon**

Dr Gunnyeon, Chief Medical Adviser to the Department of Work and Pensions, gave an update on ongoing work with the Medical Royal Colleges on the health and work agenda.

Academy members could assist with this work by ensuring that those in specialty training had an understanding of the links between health and work. A return to previous or enhanced functional capacity should be one of the measurements of a successful clinical outcome. Dr Gunnyeon asked the Academy and individual Colleges to emphasise the need for doctors in training to have greater understanding of the relationship between health and work in their responses to the GMC's consultation on Tomorrow's Doctors. Professor Douglas agreed to take this up in the Academy's response.

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### **Revalidation**

Dr Judith Hulf reported that the first meeting of the GMC's Revalidation Programme Board had taken place on 9 February 2009. The Board would be discussing the project work taking place on revalidation. The Board would have a four country perspective.

The Revalidation Steering Group, made up of representatives from the Colleges, was meeting on 16 February 2009. The second meeting of the standards editorial group would be taking place that afternoon.

Dr Hulf and Dr Shaw had met with the Chairman and Chief Executive of the Health Quality Improvement Partnership. HQIP were very supportive of revalidation and were keen to see clinical audit as part of this work.

Dr Hulf indicated that the GMC's planned revision of the Specialist and GP Registers aimed to enable a doctor's current area of practice to be recorded. Currently the Registers were historical records of a doctor's qualification on entry.

### **European Working Time Directive**

The Chairman reminded members that a meeting with the DH on the EWTD had been scheduled for 11 February 2009.

Dr Hamilton reported that the DH had submitted an application for derogation to the European Commission. The European Commission was not required to take a decision on the application until May 2009 and in the meantime Trusts were expected to continue to work towards compliance with a 48 hours working week by 1 August 2009. In order to access derogation, Trusts would need to demonstrate that they had tried to comply with a 48 hour working week but had been unable to do so for reasons beyond their control.

A further £250million had been allocated to enable compliance. £200million of this funding would be recurring and the additional £50million was to be targeted at the acute specialties.

Dr Wendy Reid was working with the SHAs and the Colleges to establish an accurate picture of compliance and the impact of introducing compliant rotas, particularly in the craft specialties.

Mr Black indicated that he would be meeting with the Secretary of State for Health that evening to discuss the call from the Surgical Colleges for an opt-out from the EWTD for surgery.

### **Medical Leadership Programme**

Dr Hamilton reported that the next stage of the project would be to ensure that the curriculum for medical leadership was fully incorporated into each of the specialty training curricula. In the fullness of time the curriculum for medical leadership would become part of the generic curriculum which was being developed by the Specialty Training Committee.

The Chairman reported that there might be some funding available from the NHS Institute to support the incorporation of medical leadership into each of the specialty training curricula. It was agreed that the Chairman should pursue this.

### **Election of the Chairman of the Academy**

The members agreed the arrangements for the election of the next Chairman of the Academy. The AGM would take place at the Academy meeting on 13 July 2009. The call for self nominations for the Chairmanship would be sent out in early May with a role description for the office to the current and immediate past Presidents, plus the Dean of the Faculty of Dental Surgery and the Chairman of the Council of the RCGP.

### **Dental representation on the Academy**

Members received a letter from Professor Lewis expressing concern that only the Faculty of Dental Surgery of the RCS England was represented on the Academy. It was proposed that Professor Willmot should approach Professor Lewis to see if the other dental faculties would be prepared to accept him representing all four dental faculties.

### **UEMS**

Members approved Mr John Black as the new Academy representative on UEMS

### **Joint work with the Audit Commission**

A joint document entitled "Clinicians and Finance: Improving Patient Care" and the associated press release were noted.

### **Consultation responses:**

- Modernising Scientific Careers

The Chairman would be developing the Academy's response to this consultation.

- Care Quality Commission: Reviews in 2009/10

Professor Furness would respond to this consultation on behalf of the Academy.

Presidents were asked to send copies of any individual College responses to Professor Furness.

- GMC Consultation on Tomorrows' Doctors

Professor Douglas would be developing the Academy's response to this consultation.

### **Royal College of Physicians Report: Innovating for Health**

A letter from Professor Gilmore and Dr Horton enclosing the recommendations from this report was tabled. It was agreed that the Chairman would discuss how to take forward those recommendations that involved the Academy.

### **Regulation of Medical Education and Training – Policy Review**

Lord Patel attended the Academy meeting, accompanied by Mr Martin Hart from the GMC and Mr Luke Bruce from PMETB. Lord Patel indicated that he had been asked by the GMC and PMETB to undertake a review of medical regulation and the training of doctors from undergraduate level to CCT. Discussions were currently taking place with key groups. These discussions would help to define the terms of reference for the review. A consultation document was expected in the Autumn with a Section 60 Order in April/May 2010. This Section 60 Order would enable the merger of PMETB with the GMC. Further more detailed legislation setting out the GMC's revised functions would then follow. The discussion focussed around the key themes set out in the paper from the GMC and PMETB.

### **Trustees' Annual Report and Financial Statements**

The Trustees' Annual Report and Financial Statements for the period 1 October 2007 to 30 September 2008 were approved. The final audit findings for the year to 30 September 2008 were approved. It was agreed that the letter of representation to the Auditors should be signed on behalf of the Trustees.

### **Accommodation for the Academy**

The Academy considered a paper on future accommodation arrangements for the Academy. It was noted that the Academy's lease on its current accommodation expired on 12 December 2009. The current lease was expensive and the building was not entirely suited to the Academy's requirements. The Academy approved the purchase of a property using the funds received from the STA to be included as one of the options explored by the Accommodation Working Party.

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