

## **EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY ON 13.07.09**

### **Education and Training**

The Chairman Elect reported that the DH had now agreed to fund a project to develop a common applied knowledge test which would be led by Professor Jane Dacre and piloted as part of the 2010 selection process.

#### **Improving Assessment**

This piece of work had been commissioned by the 4 CMOs pre MTAS. The Chairman Elect highlighted three recommendations:

- That trainees performance in work place based assessment should not be used as part of the selection process for specialty training
- The report recommended that Educational Supervisors and Clinical Supervisors receive at least 0.25 PAs/trainee
- That differing WBPA instruments need to be used in different specialties. However, instruments must be consistent within training programmes and rating systems should be similar where possible across specialties.

The Academy report entitled "Improving Assessment" was approved. The final version of this document would be circulated to the four CMOs.

### **Medical Education England**

The Secretary of State for Health had asked MEE to commission a piece of work on the impact of the EWTD on training. PMETB's statutory role meant that it was not possible for MEE to directly commission PMETB to undertake this work. However, PMETB had set up a working group to consider this issue, which would be chaired by Professor Haslam.

Following a suggestion from Dr Hulf that the information available from Colleges and Faculty on the impact of the EWTD training should be collated by the Academy, the Academy Education Committee had agreed to contact each College/Faculty to ask for this information. There would be further discussions about how to take this forward with the Postgraduate Deans at the next meeting of JACTAG.

Responses to the MEE work programme from the Colleges and Faculties would be forwarded to Sir Neil and collated. Presidents who had not yet responded would be reminded. If there were common themes the Academy might wish to bring these to the attention of MEE.

Concern was expressed about the need for co-ordination of education and training across the UK. As yet MEE meetings did not include representatives from Scotland, Wales and Northern Ireland.

### **Medical Programme Board**

Professor Haslam reported that the minutes of the last Programme Board meeting had been circulated separately.

The Chairman Elect indicated that he would be requesting information from Colleges/Faculties about the likely pool of candidates for ST3 posts. There was a concern that there might be an excess of candidates in some specialties and this information would need to be considered when making decisions about the timing of the recruitment process.

### **Presentation on the UK Centre for Medical Research and Innovation**

Sir Leszek Borysiewicz presented on the work of the MRC and the proposals for the development of the UKCMRI as a leading centre for international medical research on a site in Somers Town in central London. The UKCMRI would be developed in partnership with the UKCRC, UCL and the Wellcome Trust. It would not undertake clinical work but its work would be responsive to the clinical agenda and there would be strong links to primary as well as secondary care. The potential challenges to the project related to finance and planning consent. UKCMRI was expected to be operating by 2013/14.

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### **European Working Time Directive**

It was agreed that the updated chronology, which had recently been circulated to Academy members, should be published on the Academy website.

The revised statement on the EWTD was approved for publication on the Academy website.

The response from the new Secretary of State for Health, Andy Burnham, to the Academy's request for a risk assessment was circulated.

Dr Hulf expressed concern about lower risk ratings in the most recent SHA returns on the EWTD. Dr Hulf had emphasised to the DH that this information might not accurately reflect the reality of the situation and that the DH should not issue statements indicating that the issues relating to the implementation of the EWTD in secondary care were now resolved. Sir Arul indicated that Dr Hulf's concerns were supported by information submitted to the RCOG which indicated that serious issues remained.

### **Revalidation**

Dr Hulf reported that the standards, methods and evidence framework being developed by the Colleges and Faculties were now in a final draft form. They would be circulated to Colleges and Faculties over the Summer and then included in a formal GMC consultation later in the year.

A number of the cross-specialty working groups were due to report and a new working group had been set up, in collaboration with the Health Quality Improvement Partnership (HQIP), on clinical audit.

Each College and Faculty had been asked to produce a position paper on how they would quality assure the local process. Three groupings had been devised for quality assurance purposes; primary care, secondary care and non clinical. In secondary care it was expected that the quality assurance process would be modelled on the current Regional Adviser system. Quality assurance systems would be piloted. In secondary care, quality assurance processes would need to be as similar as possible across the different specialties to minimise disruption at Trust level.

Professor Field reported that the RCGP and the BMA had written a joint letter to the four CMOs requesting an urgent discussion about funding for revalidation in primary care.

### **PA support for the Director of Professional Affairs (DPA) Role**

Mr Black reported that this new role had initially been piloted in two SHA regions. This role was intended to support commissioning and revalidation and was in addition to the Regional Adviser role which centered on education and training. The RCSEngland had subsequently appointed five more DPAs.

The RCSEngland was keen to have SHA support for two PAs per DPA. However, it was noted that the five new DPAs who had recently been appointed had all been able to obtain PA support at Trust level and that many Regional Advisers had been able to obtain PA support from their Trust. There was concern that if PA support was obtained from SHAs for DPAs in surgery, the same support might not be available at SHA level for other specialties and that such an approach might jeopardise PA support for Regional Advisers in other specialties at Trust level.

Mr Black indicated that he had already approached SHA Medical Directors with this request but had not yet received a formal response.

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### **Service Accreditation**

Professor Peter Furness reported on a meeting to plan the future development and coordination of clinical service accreditation systems. A draft written report had also been circulated. There was general agreement at the meeting that there needed to be greater harmonisation of service accreditation processes to avoid overlap and that communications need to be improved. A single quality evaluation process was proposed. The question for the Academy to consider was what future role it should play in this work.

The general view was that the Academy should have a high-level co-ordinating role in relation to Service Accreditation. Professor Furness would pursue this. The possibility of the Health Quality Improvement Partnership taking on such a co-ordinating role on behalf of the Academy would be considered. Given the CQC's role in accrediting healthcare providers, consideration would also be given as to whether Service Accreditation was the correct term or quality evaluation was a more appropriate title.

### **Academy Healthcare Inequalities Forum Position Statement on failed asylum seekers/vulnerable migrants access to primary care**

This statement had been discussed at a recent AHIF meeting and was agreed by the Academy. It was agreed that it should be issued quickly to maximise its impact.

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

The Chairman reported that information had been obtained from Colleges and Faculties about the support they currently provided for activities in Wales. Dr Tidley reported that the Welsh Assembly Government (WAG) remained keen to see the establishment of an infrastructure to support the Welsh Academy. The WAG saw an adequately resourced Welsh Academy as a source of professional advice on issues specific to Wales. One option for developing an infrastructure for the Welsh Academy would be the establishment of an office, making use of existing College resources already available in the Cardiff Bay area, with some investment from the Welsh Assembly Government. It was agreed that this option should be discussed further by the Welsh Academy.

### **Consultant delivered service**

The Chairman Elect indicated that he would review the statements on this topic produced by Colleges and Faculties and produce an Academy statement.

### **UEMS Meeting, Brussels, 25 April 2009**

The Academy received a report from this meeting. Mr Black was asked to keep a watching brief on UEMS on behalf of the Academy. He would also consider whether the Academy should respond directly to the discussion paper on the strategic direction for the establishment and operation of the European Council for Accreditation of Medical Specialist Qualifications (ECAMSQ). Mr Black would speak to Professor Dunlop from the RCOG who had considerable experience of working with UEMS and alert Colleges and Faculties to anything that might affect them individually.

### **Academy representation on the GMC's Postgraduate Board**

The Chairman reported that Dr Jenkins, Chair of the GMC's Postgraduate Board, had agreed that the Academy could have two seats on the board. The Chairman Elect would take this forward. The first meeting of the Board was due to take place at the end of July 2009.

### **Donation Ethics Group**

The Chairman reported that the advertisements for members of the group had been published. The closing date for applications was 20 July and interviews would be in September. Dr Bews had agreed to represent the Academy on the interview panel.

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### **Retired Consultants to sit on Appointments Panels**

The Academy agreed that it was appropriate to use consultants who had retired within the last year to sit as College Assessors on AACs.

### **Supporting Professional Activities**

It was agreed that the Academy should write to the Department of Health and work in collaboration with the BMA to support the need for 2.5 SPAs in consultant contracts.

### **Post CCT Doctors employed as non-consultants**

It was agreed that the Academy would develop a position on the need for CCT holders to be appointed to consultant posts as the best option for the provision of healthcare services to the public. This would link with the Chairman Elect's work on a consultant delivered service.

### **Leadership Summit on Venous Thromboembolism in the NHS**

Mr Black indicated that he had been asked to take this issue back to the Academy because of concerns about the slow progress of improvements in clinical outcomes. It was agreed that clinical performance in venous thromboembolism should be a key quality metric. This would act as a lever to improve outcomes for patients who developed this condition. The Academy would write to NICE, the National Quality Board and the CQC to emphasise the importance of this.

### **Innovating for Health**

The Chairman reported that the first meeting of a small group to look at the recommendations assigned to the Academy was due to take place on 15 July 2009. The group would be chaired by Dr Bews.

### **Medical Professionals and NHS Finance**

The Chairman reported that this publication had been launched. The Hospital Finance Managers Association (HFMA) was keen to see further collaborative work in this area between the HFMA, the Academy, the BMA and the Audit Commission.

### **Centre for Workforce Intelligence**

The Chairman Elect would pursue the Colleges and Faculties' concerns about their future role in this process and whether any funding would be available for College and Faculties' work in this area.

### **Health Innovation and Education Clusters**

Dr Patricia Hamilton, Director of Medical Education for the Department of Health England attended for this item. HIECs were being established to address the following issues:

- Failure to implement research into practice
- Delays in exploiting new technologies
- Variable quality in the delivery of training
- To ensure that the workforce that was being trained was one that would meet service needs. In the future there would be a need for more generalists, in secondary as well as primary care.

HIECs were being established as formal structures with appropriate finance and governance, to ensure that these issues were adequately addressed.

Dr Hamilton emphasised that HIECS would provide education and training but they would not redesign training or curricula. Deaneries would commission education and training through HIECS and would be accountable to PMETB for the delivery of this training. It was hoped that the new system would ensure equity in the standards of education and training across Deaneries.

### **Chairmanship of the Academy**

Professor Haslam thanked Professor Dame Carol Black, on behalf of the Academy, for her hard work during her three years as Chairman of the Academy.

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