

## **EXECUTIVE SUMMARY OF THE OPEN SESSION OF THE MEETING OF THE ACADEMY ON 15.09.08**

### **Recommendations from the Governance Working Party**

It had been agreed during the confidential session that there should only be one trainee and one lay representative on the Council under the new governance structure. Each member of the Council would have one vote.

Dr Bews set out the proposed new governance model that had been presented to the Academy in April. At that meeting the Academy had agreed that the model should be taken forward and that the Governance Working Party should begin work on the detail. Legal advice had been taken on the implications of Colleges and Faculties becoming corporate members of the Academy and this advice was indicated in the accompanying paper.

The Academy's strategy would be developed by the Council and recommended to the Board of Trustees. The development of any guidance or policies on healthcare issues would be undertaken by the Council but would be reviewed retrospectively by the Board of Trustees.

The regulations which would govern the detailed workings of the new governance structure and the appointment/election process and the committees would need to be presented to the Academy for discussion and approval.

The Academy agreed that the Academy should move to the governance model proposed in the paper and agreed the composition and remit of the Board of Trustees and the Council as set out in the paper. Dr Bews indicated that now that the principles of the new governance structure had been agreed, legal advice would be taken on the documentation.

### **Medical Education England (MEE)**

A letter dated 8 September 2008 to the Chairman from Professor Sir Bruce Keogh was tabled inviting the Academy to nominate four representatives to MEE by 31 October 2008.

The general consensus was that the Academy's representatives on MEE should be Presidents and that they should resign from MEE once they ceased to hold office as President of their College/Faculty. It was proposed that for the time being, the Academy's representatives on the Programme Board, which would become a committee of MEE, should also be Presidents.

It was agreed that the Chairman would propose to the Department of Health that the co-chair of the Programme Board, currently Professor Haslam, President of the RCGP, should be an observer at MEE meetings. The Chairman would also emphasise to the need for a UK wide perspective to the DH.

Some concern was expressed that an election for the four representatives would not guarantee an appropriate spread of representation.

It was agreed that proposals on how the four representatives on MEE should be chosen should be sent to the Chairman for consideration.

### **Shape of the Medical Workforce**

Members of the Academy were asked for suggestions as to what to do with the report. All members agreed that it was a good and worthwhile document and were enthusiastic to work with Professor Douglas to bring it to a level where it could be published. It was considered timely given the Role of the Doctor Conference in October 2008. Professor Douglas hoped to revisit the document in the next month.

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## **Revalidation**

Dr Hulf asked that links from individual college websites were made to the relevant pages on the Academy website. Feedback on the revalidation models document was requested. It was confirmed that the three models were not mutually exclusive and not all specialties would use the same model.

The next meeting of the Academy Revalidation Development Group would be dedicated to discussion of the models and the development of specialty standards for revalidation. A report setting out the relevant standards would be published electronically.

Members of the Academy discussed the legal and financial implications of revalidation, and the need for these to be considered. Dr Hulf indicated that these issues had been raised with the President of the GMC. It was agreed that the Chairman should discuss this matter further with Sir Graeme.

## **Modernising Scientific Careers**

The group received a presentation from Professor Sue Hill and Professor Shelley Heard. It was agreed that the final slides of the presentation, indicating how the Academy could assist with this work, would be made available for members.

Professor Hill indicated that she was keen to engage in an ongoing discussion with the Academy and individual Colleges about how they could assist with this programme.

## **Enhancing Engagement in Medical Leadership**

The Academy gave approval for the medical leadership curriculum to go forward to PMETB so that it could be incorporated as appropriate into specialty training curricula by 2010.

## **Credentialing**

Professor Gilmore raised the issue of credentialing as a generic issue that the Academy could consider working on. It was noted that this would be an additional piece of work, which would require additional funding. It was unanimously agreed that this was a possible future topic for the Academy and that it would be discussed in more detail at the away day.

## **Service accreditation.**

Dr Hulf reported that a meeting would be taking place between Dr Hulf, the Chairman, Professor Sir Bruce Keogh and representatives of the Department of Health and the Healthcare Commission would take place on the 10 November 2008. The Academy was keen to involve the Health Quality Improvement Partnership in any future work on Service Accreditation.

## **Intercollegiate Improving Working Lives Committee**

The Chairman reported that this committee was meeting the following day. Colleges and Faculties were encouraged to adopt the best practice guidance provided by the committee. It was noted that it could be difficult to obtain accurate data on less than full time trainees. The Chairman reported that she and Dr Hamilton were members of a national group on Women in Medicine chaired by Baroness Ruth Deech.

## **Diagnosis of Death**

The Chairman reported that Part 1 of the two part document would be published very shortly and that the CMO had agreed to write the foreword. Part 2 would be published later by the Department of Health, possibly in collaboration with the Academy.

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### **Choice in end of life care.**

The Academy received a letter from Lord Warner asking the Academy to host a discussion on end of life care. It was agreed that this was not an appropriate topic for the Academy to lead a discussion on as the issue was a societal choice, and a number of Colleges had already discussed assisted dying extensively. It was suggested that any discussion should be looked at in terms of end of life strategy rather than assisted dying. The Chairman undertook to respond to Lord Warner.

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### **Consensus Statement**

The Academy agreed a consensus statement from the Academy emphasising the importance of incentivising NHS clinicians, managers and patients to become involved with clinical research. The statement also emphasised the importance of working collaboratively and retaining long term investment to ensure the UK remained an attractive location for future clinical trials with the consequent benefits to patients. This consensus statement had resulted from meetings with the ABPI and the APG earlier in the year. The statement would be published at a time which would enhance the report of the RCP working party.

### **Discussions with the SHAs**

The Chairman reported that the SHAs were keen to develop areas of joint working with the Academy. The Chairman would be dining with Mrs Margaret Edwards, an SHA CEO, who was the SHA link with the Academy, to pursue this.

### **Academy Representation on the Trainees Doctors Group**

It was agreed that Dr Patricia Hamilton would replace Dr Wardrope on the ATDG from January 2009.

### **Medical Service Initiative**

Professor Gilmore indicated that the Department of Health might have withdrawn the tabled document on the Medical Service Initiative following concerns expressed about these proposals. There was concern that these proposals might re-create some of the problems previously experienced by International Medical Graduates (IMGs) who came to work in the UK. Professor Gilmore agreed to update the Academy on any developments in this area.

### **End Water Poverty Campaign**

The Academy approved a letter drafted by the BMA to support the End Water Poverty (EWP) campaign. This was part of the lead-up to the United Nations High Level Summit on the Millennium Development Goals on September 24. This letter would be sent to the Prime Minister.

### **Shortage of SHO locums**

Professor Andy Adam raised an issue that had been drawn to his attention by a consultant at Addenbrooke's Hospital. It was noted that the issues raised were linked to the issues around the recruitment of IMGs.

### **Meeting with Monitor**

The Chairman reported that a meeting had been arranged between the Academy and Monitor at 5pm on Monday 10 November 2008 to discuss ways in which the two organisations could work together.