

EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY OF MEDICAL ROYAL COLLEGES ON 6 JUNE 2006

On-Line Learning

Professor Husband reported that the National Workforce Group comprising the SHA's and DoH has commissioned a piece of work on e-learning. Dr Julia Moore, Senior Medical Officer at the Department of Health, had led this work. The Radiology Integrated Training Initiative (RITI) had been developed as a pilot on which to develop the tools for e-learning. The report on this initiative set out a 'road map' showing best practice and described a collaborative approach with clear leadership and governance arrangements to underpin the development of e-learning across all sectors. The report recommended a National Standards Board to lead and drive the agenda.

Key issues were:

- National Strategy and Direction had been endorsed
- It was important to minimise the number of Learning Management Systems
- Set standards
- Kite marking
- Adopt and adapt current material wherever possible

The National Board should have representation from Royal Colleges, and other healthcare professionals. RITI would provide a model for taking the whole programme forward. Other e-learning programmes would need to be incorporated (e.g. video simulators). RITI was hosted by Oracle, one of the largest database computer services. E-learning would be free to the NHS, licensing for external use would be provided.

Members of the Academy believed it was important that any curriculum should be UK-wide and a mechanism was needed to ensure common standards, possibly via a link with the Academy's education committee. The matter would also be of interest to the Academy's Continuing Professional Development Committee.

Professor Husband announced that the Royal College of Radiologists were arranging a demonstration of RITI on 18 July 2006 to which all members of the Academy had been invited.

Professor Husband agreed to keep the Academy informed of further progress and it was agreed that Dr Moore should be invited to attend the September meeting of the Academy.

Healthcare Commission

The Academy received, for information, a file note of a meeting of the Health and Social Care Inspection Forum at the Department of Health on 11 May 2006 at which Professor Hollins, the Academy's representative, was unable to be present.

Information on the Cabinet Office's Better Regulation Executive was also attached and attention was drawn to the team that had responsibility for health and food. This team would cover the Department of Health, Healthcare Commission, CSCI, Monitor and some of the larger Arms Length Bodies.

Members of the Academy also considered a paper *Draft Success Measures* where it was perceived that the Academy could most usefully contribute to the section on avoiding duplication of information and the need to use the ROCR-lite process. Effective co-ordination/collaboration of visits, increased sharing of information between signatory bodies, increased understanding of each other's roles and increased understanding of the Concordat by bodies being inspected were highlighted.

Six ideas were suggested for possible inclusion in the future work plan. It was proposed that the Academy might become involved in investigating methods to link patient experience and quality of delivery of healthcare education.

It was noted that the General Medical Council had indicated that it wished to collaborate on identifying what constituted effective team working and it was agreed that this suggestion should be explored.

Professor Hollins and Dr Hamilton reported that they had jointly chaired a meeting on 17 May 2006 to discuss how Colleges and Faculties would enter information onto the Healthcare Commission's database. The Minutes of the meeting would be considered at the meeting of the Academy on 17 July 2006.

Enhancing Medical Engagement in Leadership – Project Plan

Members of the Academy received, for information, the most recent paper *Improving the Effectiveness of Health Services: The Importance of Generating Greater Medical Engagement in Leadership* that had been produced by John Clarke at the NHS Institute for Innovation and Improvement. Dr Patricia Hamilton, who will be leading for the Academy on this initiative, reported that she and Professor Husband had met Mr Clarke and understood that a steering group was being established to move the project forward, which would include representatives from a number of medical, professional and regulatory bodies as well as other key stakeholders.

Members of the Academy believed it was vital that the profession was involved in this work and it was agreed that the Chairman would liaise with Dr Hamilton and Professor Husband to ensure that this was the case. Professor Douglas indicated that there should be a link with the Academy's Education Committee and Directors of Continuing Professional Development to ensure a continuum.

Iraq

The Chairman reported that HLSP had signed a contract with the Department of Health to provide a clinical training programme for teams of health professionals from Iraq.

HLSP would be arranging a meeting of the alliance partners and members of the Medical Royal Colleges International Forum to update everyone on the programme and introduce key HLSP staff and project personnel for the implementation phase.

Association of British Health Industries

The Chairman reported that he had been approached by Mr John Wilkinson, Director-General of ABHI, who had expressed grave concern within the industry regarding the funding of training for newly purchased equipment in the NHS. In the past training had been part of the contract price but because prices had been driven down, many manufacturers were no longer willing to offer such training and would either charge for it or leave it to the Trust to resolve. There was clearly a training issue here, which needed to be investigated.

Members of the Academy considered the ABHI paper on the inclusion of pacemakers and implantable defibrillators in the National Contracts Programme.

The National Institute for Health and Clinical Excellence had already issued guidance recommending ICDs and pacemakers as a cost effective use of NHS resources. However, procurement processes were restricting choice and, despite positive guidance, implant rates had fallen in 2005 from the previous year.

It was suggested that the most effective way to purchase medical technology was via regional procurement and it was essential that managers involved clinicians and patients in this decision making process.

It was agreed that Dr Judith Hulf should be invited to lead the initiative to involve clinicians and patients and the Chairman agreed to contact her regarding this issue.

Revalidation

Members of the Academy considered the report and recommendations that had been prepared by Dr Alastair Mason, who had joined the meeting for this item.

Professor Templeton reported that the steering group recommended the acceptance of Dr Mason's report and recommendations as well as supporting the proposals for further work as follows:

- Developing multi-source feedback as a generic and specialty specific tool for Revalidation
- Assessment of the effectiveness of current CPD schemes
- Review of the availability and feasibility of methods for assessing specialty specific technical skills

The ongoing work would require the involvement of Colleges, both individually and collectively and require the production of a detailed business plan for the next phase of work for presentation to the Academy and the General Medical Council.

Members of the Academy endorsed the work that had been undertaken to date. They also endorsed the suggested future work programme.

Professor Dunlop suggested that it was important to engage with the British Medical Association regarding multi-source feedback and invited Professor Templeton and Dr Mason to give a presentation to the next meeting of the Joint Consultants Committee.

Continuing Professional Development Questionnaires

Members of the Academy considered detailed information that had been gathered by Dr Alastair Mason's questionnaire on College/Faculty CPD schemes.

It was agreed that this paper should be considered and developed by the Academy's Directors of Continuing Professional Development committee, assisted by Dr Mason, and would be considered again at a future meeting of the Academy.

Items from the Academy of Royal Colleges and Faculties in Scotland

Professor Sir Graham Teasdale reported that the Academy had been addressing a number of issues, including Modernising Medical Careers where he reported that the Chief Medical Officer had agreed to a phased absorption of the existing SHOs. Sir Graham also reported that more doctors would be required as a result of the Working Time Directive, part-time working and the loss of the SHO grade.

Sir Graham also referred to the Academy/NES/NSPG working party on remote and rural training pathways being led by Mr Derek Feeley and Professor David Kerr. The working party would report to the June meeting of the Academy and Sir Graham indicated that this working party should link to the Academy's committee, chaired by Dr Ian Mungall, that had produced *Centralisation and Specialisation of Hospital Services: bigger is not necessarily better for rural and remote communities*. Sir Graham indicated that this was a very complex issue and that the document produced by Dr Mungall was an aspirational one.

Other items discussed included Roles and Responsibilities of College Tutors, General Practitioners with Special Interests, an up-date by Professor Douglas on the work of the JACSTAG, and the Postgraduate Medical Education and Training Board.

Items from the Academy of Royal Colleges in Wales

Professor Richard Williams indicated that the Minutes of the last meeting of the Academy of Royal Colleges in Wales were not yet available. However, he referred to several items that were discussed.

Redevelopment of the NHS over the next ten years would result in substantial re-alignment from local primary care through to tertiary care. This would affect care in rural and remote areas. He referred to the Academy's document *Centralisation and Specialisation of Hospital Services: bigger is not necessarily better for rural and remote communities*, which had been warmly received. He queried the status of the document and the Chairman indicated that Colleges/Faculties were being asked to comment on it before coming back to the Academy to be endorsed. It was agreed that the revised document should be brought back to the July meeting of the Academy.

Professor Williams reported that Dr Tony Jewell had taken up the post of Chief Medical Officer for Wales.

Professor Williams also reported that Dr Mann had been seconded to Informing Healthcare as Head of Clinical Design in order to identify and resolve problems at the design stage so that the systems work for both clinicians and patients. The implementation plan depended on information systems being re-designed to focus on the needs of patients rather than the organisations that treated them.

Professor Williams indicated that the Academy supported the development and implementation of the Wales Concordat and was a signatory. It had been stated that the Concordat would not focus on delivering outcomes

but would look at co-ordinating views and sharing information. Its key objective was to develop a risk assessment framework with a view to reducing the burden of inspection, review and visiting on the NHS by regulatory and other bodies.

Items from the Joint Consultants Committee

Professor Dunlop reported that there had been concerns regarding a number of issues relating to Modernising Medical Careers including the lack of plans for transition management, selection into specialty and the lack of scope for career flexibility. However, following extensive discussions with both MMC and COPMeD, most of these concerns had been allayed.

The JCC had considered *Strengthening Local Services: the Future of the Acute Hospital*. The issues surrounding the future of acute hospitals had been discussed as well as how the role of the district general hospital might have to change. Following the introduction of the Working Time Directive, it had been suggested that rotas would need 10-12 consultants in order to be effective, but it was unlikely that there would be enough work to sustain this number in the average district general hospital. Professor Dunlop indicated that JCC would need to re-visit this issue in the not too distant future.

NHS Systems Reform was discussed and the reluctance on the part of some general practitioners to become involved in practice-based commissioning. It was reported that the Royal College of General Practitioners and the Royal College of Physicians of London would be issuing a joint statement on the matter. It was suggested that Colleges and Faculties should initiate systems of communicating with the Practice-Based Commissioning team in order to provide appropriate advice.

There had been several meetings on the future of the medical workforce and Professor Dunlop reported that there was general agreement that the end point of training was entry on to the Specialist Register.

Modernising Medical Careers

Professor Douglas reported that he had attended the UK MMC Strategy Group, which had met on 18 May 2006.

Selection into Foundation had been discussed and agreement had been reached with the Undergraduate Deans that all medical schools would 'band' their students' undergraduate performance as requested in the Academy's position paper on MMC in March. This would be available for the Foundation selection process in 2007 and would be weighted to count 60% of the students' points.

Selection into Specialty had also been discussed and concern remained whether the electronic portal would be ready in time for the first round of selection for August 2007.

The discussions regarding Transition into Specialty had raised a number of concerns. The number of posts available for transition were being developed to give a constant output of CCTs in each specialty, with relatively little influence from the need to expand the number of CCT holders to reflect decreased working/contracted hours at consultant level, the increased feminisation of the workforce and loss of junior support.

In specialties where trainees currently spent many years before successfully obtaining an NTN – e.g. medicine, surgery, ophthalmology etc. current SHOs and research fellows would have their career chances adversely affected by the change, which had been imposed on them part way through training. For example, in medicine there would be 'three years worth' of posts available on 1 August 2007, whereas UK graduates currently succeeded in obtaining an NTN five years post full Registration. Thus five years worth of trainees (who would normally be successful) would be competing for three years worth of posts, so their chances were reduced to 60% through no fault of their own.

It had been suggested that the remaining 40% should go into Fixed Term Specialty Training Appointments, which might be held for 1-2 years, but give no guarantee of progression in that specialty and no 'number'.

Professor Douglas believed it was important that Colleges ensure that the opportunities for competent UK graduates were not diminished during the transition phase. This may necessitate further urgent modelling and representations by several Colleges.

Professor Douglas indicated that the Joint Academy/COPMeD Specialty Training Advisory Group (JACSTAG) was due to produce two documents, one on quality control in deaneries which was being drafted by Dr Clough

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and Professor Haydn and one on the development of postgraduate schools which was being drafted by Professor Winyard. Once these had been produced it would be possible to discuss the respective responsibilities of the Colleges/Faculties and the Postgraduate Deans.

The Postgraduate Medical Education and Training Board (PMETB)

The Academy received, for information, PMETB's operational priorities for 2006/07.

The Academy also received, for information, a copy of a letter that the Chairman had written to the NHS Appointments Commission with a list of nominees to be considered for the two vacancies that would arise once Sir Peter Simpson and the Chairman demitted office on 21 October 2006. The nominees were Professor Dinesh Bhugra, Dr Chris Clough, Professor Jane Dacre, Professor Neil Douglas, Dr Patricia Hamilton, Dr Bill Reith and Professor Allan Templeton.

The Academy endorsed Mr John Smith and Professor Dame Lesley Southgate, both of whom wished to serve a further term of office.

NHS Information Strategy

Members of the Academy considered a letter from Dr Patricia Hamilton regarding the need for better co-ordinated advice and action on the complex informatics NHS agenda. It had been suggested that it might be helpful to resurrect the Academy's Informatics Group in order to provide a source of advice.

Members of the Academy felt that advice should be provided from a wider base and Professor Dunlop agreed to set up an information committee via the Joint Consultants Committee.

Review of UK Health Research

In the March 2006 budget, the Chancellor of the Exchequer had announced that there would be a single, ring-fenced, budget to support the health research funded by the Medical Research Council and the NHS R & D Programme. The Secretaries of State would jointly hold the fund, which was worth around £1 billion per annum.

Sir David Cooksey had been asked to lead a review to reach agreement on the best institutional arrangements for this new single fund for health research.

The Chairman invited Professor Neil Douglas to join him in co-ordinating the Academy's response to this review.

Healthcare Forum

Professor Dame Carol Black reported that she had convened a small group of Academy members to discuss the pros and cons of joining the Healthcare Forum. The group concluded that there had been recent changes in the NHS and that Government and the Department of Health now wished to engage in more meaningful relations, both nationally and locally. It was therefore agreed that it would not be a good time to pursue this development and the Chairman agreed to contact the Healthcare Forum to pass on this decision.

Article in *Hospital Doctor* on 13 April 2006 regarding proposed changes to the consultant grade

Mr Ribeiro tabled his letter in response to the above article and indicated that the Royal College of Surgeons of England did not support a sub-consultant grade. He wished to re-confirm this view and indicated that it would be firmly re-stated when he delivered his presidential address at the annual meeting of Fellows, Members and Licentiates and wished his position to be known within the Academy.