

EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY OF MEDICAL ROYAL COLLEGES ON MONDAY 17 JULY 2006

E-LEARNING

It was agreed that Professor Husband should be the central point of contact to ensure that all streams of work on e-learning were co-ordinated in order to avoid duplication or unnecessary competition.

Professor Husband reminded all members of the Academy that they had been invited to a demonstration on e-learning at the Royal College of Radiologists on 18 July 2006.

MEDICAL MANAGEMENT

Members of the Academy considered the Terms of Reference for the steering group in respect of Enhancing Engagement in Medical Leadership.

It was agreed that clear channels of communication were needed between the work-stream reference group project managers and clinicians in order to ensure that the initiative was clinician led. Ownership of the 'product' also needed to be established.

Dr Hamilton indicated that she would, in liaison with Mr Clarke from the NHS Institute for Innovation and Improvement, write an article for the BMJ in order to inform the profession of this initiative.

ACADEMY'S ACCOUNTS FOR 1.10.04 – 30.09.05

The Honorary Secretary presented the Trustees' Report and annual accounts for the financial year 1.10.04 – 30.09.05. The accounts were approved by the Academy and the Honorary Secretary and the Chairman would sign them and ensure that they were sent to the Charity Commission and Companies House.

ACADEMY SUBSCRIPTIONS

It was agreed that the Academy subscription for 1.10.06-30.09.07 would be increased beyond inflation by £3,700 per member. This would match the money being offered to the Academy by the Department of Health. The Honorary Secretary would write to all members of the Academy with this information and send a copy to each College/Faculty Treasurer. This increase would allow the Academy to undertake additional project based work.

THE GENERAL MEDICAL COUNCIL

i) REVIEW OF THE SPECIALIST REGISTER

Dr Slack and Mr Merchant joined the meeting to give a presentation on the GMC's review of the Specialist Register.

Dr Slack indicated that Phase 1 of the review had concluded that there would be a new single registration structure for all doctors, limited registration would be abolished and that doctors would be required to demonstrate their fitness to practise at the point of registration.

This review had been driven by a number of issues, including changing public expectations, changing patterns of specialist training, increasing specialisation and the need to make registers more transparent, accessible and meaningful.

The GMC had conducted a survey of 1,250 specialists, 72% of whom had responded. Of those who had responded, 86% were practising exclusively in the specialty in which they appeared on the specialist register, or in a sub-specialty of that specialty, 4% were working wholly in a specialty other than that in which they were registered, and 10% were working in their registered specialty and in another specialty.

The GMC intended to present their preliminary recommendations to the GMC Council in December 2006, engage in a public consultation exercise in January 2007 and make final recommendations to the GMC Council in May 2007.

However, following the publication of the Chief Medical Officer's report *Good doctors, safer patients* it was likely that a number of the report's recommendations might affect certain aspects of the GMC's work.

ii) **THE CHIEF MEDICAL OFFICERS' REPORT GOOD DOCTORS SAFER PATIENTS**

The Chairman referred to the above report, which had been published on the previous Friday. The main points from the report included:

- Closer integration with the NHS complaints procedure
- Civil rather than criminal standards of proof
- Separation of investigation and adjudication
- GMC 'affiliates' in all NHS organisations
- The GMC would remain the 'crown prosecution service'
- Standards for specialist practice would be set by the Colleges/Faculties
- Re-licensure will depend on being signed off locally by the Chief Executive and the GMC affiliate, but this would cover *Good Medical Practice* only
- Re-certification would refer to the specialist element of practice, including general practice, and this would be assessed objectively by the Colleges
- The Colleges would be encouraged to develop objective methods of assessment – old-fashioned CPD points would not be acceptable
- If a doctor failed to be revalidated, it would be necessary for them to go into supervised practice
- The undergraduate element of GMC education would transfer to an enhanced PMETB

The closing date for responses to the report was Friday 5 November 2006. It was agreed that all members of the Academy would send their responses to the Academy secretariat. Generic areas would be identified and collated into an Academy response. The individual College/Faculty responses would also be included in the response.

The Academy would have a preliminary discussion about its response at the 18 September meeting and a more definitive discussion on 25 October.

There was a need for a meeting of the major stakeholders and the Chairman agreed to discuss this with the Chairman of the Joint Consultants Committee.

ACADEMY REVALIDATION/APPRaisal STUDY – REVIEW OF CONTINUOUS PROFESSIONAL DEVELOPMENT SCHEMES

Members of the Academy considered *Academy Revalidation/Appraisal Study: Review of Continuous Professional Development Schemes and Proposals for Further Work* from the Academy's Directors of Continuing Professional Development committee.

Currently Colleges fell into three broad groups regarding CPD:

- Centrally controlled schemes with most activities approved by the College (Emergency Medicine, Physicians, Radiologists)
- Decentralised schemes with most activities approved by College tutor or CPD co-ordinator (Pathologists and Ophthalmologists) peer group (Psychiatrists) or individual (Obstetricians and Paediatrics)
- No scheme

It was agreed that Dr Mason/Dr Watson would continue their project to identify the factors that are most effective in promoting the demonstrable engagement of career doctors in CPD. Priority would be given to establishing a common language for CPD.

POST CCT SPECIALIST QUALIFICATIONS

Members of the Academy considered the Terms of Reference for pilot projects for developing a structure for Post-CCT credentialing, which had been prepared by Dr Mike Watson on behalf of the Directors of Continuing Professional Development (DoCPD).

Dr Watson suggested that stakeholders might conceive radically different post-CCT courses and DoCPD wished to receive expressions of interest from Colleges (in collaboration with Specialist Societies) in developing proposals for a process that might be applicable to a number of specific credentials in different specialties.

The Academy endorsed this suggestion and the Chairman asked members of the Academy to contact Dr Watson direct if they wished to be involved in this initiative.

Members of the Academy considered the methodology and indicated that funding for credentials would have to come from employers or Colleges since Deaneries could not be involved in funding beyond training for a CCT.

MODERNISING MEDICAL CAREERS

Members of the Academy considered the briefing paper that had been prepared by Dr Clough and Professor Hayden on proposals for future Quality Assurance, Quality Control and Quality Audit. This had been done at the request of Professor Douglas following issues relating to quality assurance, control and audit that had arisen due to the introduction of new arrangements for quality assurance by PMETB.

PMETB would be carrying out a review process of its two elements of quality assurance. In advance of the review, PMETB had indicated that the Postgraduate Deans had a continuing responsibility to ensure local quality assurance and quality control, working with the relevant Medical Royal Colleges. PMETB had also engaged Frontline, a consultancy agency, to carry out a review of local QA/QC arrangements.

Frontline was completing the first phase of its project, having asked all Deaneries to let them know their current approach to quality control. They would then move to the stage of the project that more formally considered the possible approaches to quality control, drawing on the information and views that had been gathered. A report was due to be produced by the end of September.

THE POSTGRADUATE MEDICAL EDUCATION AND TRAINING BOARD

The draft Memorandum of Understanding was endorsed by the Academy with the following minor amendment:

The first bullet point on page 3 should read: *Seek to influence and remove the barriers to good training provision in PME*

The Chairman agreed to pass on this comment to PMETB and once this had been resolved would sign the Memorandum of Understanding on behalf of the Academy.

Professor Douglas reported that he had been asked to remind all members of the Academy that any published information on the curriculum was consistent. This included Presidential letters, websites etc. Years of training should not be stated since the curriculum was competency based. However, the term 'usually' could be used before any time scale mentioned. This issue would be discussed in detail at the next meeting of the Academy's Specialty Training Subcommittee.

ON-CALL ROOMS

Members of the Academy considered the position statement that had been prepared by the Junior Doctors' Committee of the BMA and the Academy's Trainee Doctors' Committee in respect of on-call rooms.

Doctors had increasingly begun to work full shifts instead of traditional on-call rotas and this had led to some hospitals removing on-call rooms on the grounds that staff on full-shift rotas should not be sleeping while on duty.

The position statement made the point that doctors should be adequately rested in order to effectively care for their patients and that tired doctors were not safe. Existing on-call rooms should be retained for use by medical staff on night shifts and doctors should not be prevented from sleeping when there was no work for them to do.

The Chairman agreed to produce a document based around the document *Joint JDC/AoMRC Trainees' Committee position statement on on-call rooms* and *Working the Nigh Shift: designing safer rotas for junior doctors in the 48-hour week* which would be sent to the Chief Medical Officers, after the Academy had approved it.

WORKING THE NIGHT SHIFT: DESIGNING SAFER ROTAS FOR JUNIOR DOCTORS IN THE 48-HOUR WEEK

Members of the Academy received, for information, the above document, which had been produced by the Royal College of Physicians of London.

The purpose of the report had been to prepare doctors for working night shifts and make them aware of the risks involved.

HEALTHCARE COMMISSION

Members of the Academy received, for information, the Minutes of the meeting on 17 May 2006 that was co-chaired by Professor Hollins and Dr Hamilton that had been convened to discuss the Healthcare Commission's information map and scheduling tool. It was reported that Ms Georgina Mirfin from the Healthcare Commission would be meeting individual Colleges/Faculties to discuss their input. It was suggested that the Academy might buy several licences that Colleges/Faculties could use to input their data and it was agreed that Professor Hollins and Dr Hamilton would discuss this suggestion with the Healthcare Commission.

PROFESSIONAL ADVISORY PANEL, NHS LITIGATION AUTHORITY

Members of the Academy considered a paper, prepared by Professor Dunlop, which had been previously considered at a meeting of the Academy in February 2005. It was reported that the Professional Advisory Panel met three times a year and at each meeting a report on the activities was presented, usually by the Chief Executive.

The Chairman agreed to write to all members of the Academy, including the Faculty of Public Health, to ask if they wished to remain a member of the above. It was likely that a group of 5/6 College representatives (including physicians, surgeons, obstetricians, paediatricians, anaesthetists, pathologists) would be more appropriate. Lay representation was also needed.

ITEMS FROM THE JOINT CONSULTANTS COMMITTEE

Members of the Academy received, for information, the document *The Future of the Consultant Grade A Consensus Statement from the Joint Consultants Committee* which had been endorsed by the JCC at its meeting on 11 July 2006. Professor Dunlop indicated that item 3.6 *The award of a Certificate of Completion of Training or entry to the Specialist Register by another method signifies that a doctor is capable of undertaking the duties of a consultant* had been added at the request of the Chairman of the Academy.

CONSENT FOR MEDICAL RESEARCH IN INCAPACITATED PATIENTS

Members of the Academy considered a letter from Mr Wardrope, which drew attention to the effects of the 2004 Medicines Regulations. Some areas of research were not possible within the new Regulations, for example it was not now legal to conduct a trial involving pre-hospital drug treatment, only three NHS Trusts in the UK had a policy for consent on behalf of an incapacitated patient and consent for trials involving medical devices or medical procedures were not covered in the 2004 Medicines Regulations which was leading to confusion.

It was agreed that the Chairman and Mr Wardrope would liaise with the Academy of Medical Sciences and the UKCRC to produce a co-ordinated paper on the effects of the 2004 Medicines Regulations. This could then be sent to Parliament.

BUPA APPROVED OPHTHALMOLOGY NETWORKS

In Miss Billington's absence, the Chairman reported that the Royal College of Ophthalmologists had been asked to endorse a BUPA process to approve ophthalmologists and facilities delivering services for its insured members that relied on a self completed questionnaire that BUPA had no authority to quality assure.

Members of the Academy received for information a tabled statement from Miss Billington, which stated that *The Royal College of Ophthalmologists has been involved in further meetings with BUPA insurance Ltd. It has become clear that the issues go beyond standards of ophthalmic care for patients. The College has therefore declined to advise BUPA on its plans or take part in any further discussions.*

AVAILABILITY OF THE DRUG AND THERAPEUTIC BULLETIN TO THE NHS

Members of the Academy considered letters from the Royal College of Obstetricians & Gynaecologists and the Royal College of Anaesthetists stating that the Department of Health would no longer pay for the distribution of the Drug and Therapeutics Bulletin to all doctors, which contained important information linked to prescribing and, in particular, gave critical appraisal and alternative suggestions for prescribing.

The Chairman agreed to write to the Secretary of State regarding the withdrawal of the Drug and Therapeutics Bulletin.

DoH WORKING GROUP ON ISSUES RELATING TO MENTAL HEALTH IN DOCTORS

Members of the Academy considered a letter from Professor Louis Appleby, National Director for Mental Health, requesting the Academy's involvement in the recommendations of the working group that had been convened following the death of a young psychiatrist and her daughter.

The Chairman agreed to invite Professor Hollins and Dr Snashall to lead on this initiative on behalf of the Academy.