

## **EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY ON FRIDAY 10 DECEMBER 2004**

### **ACADEMIES IN THE DEVOLVED COUNTRIES**

The Chairman reported that he had attended meetings of both the Academy of Medical Royal Colleges in Wales and the Academy of Royal Colleges and Faculties in Scotland. He believed it was important to work closely with the Academies in the devolved countries to discuss generic issues and wished to establish lines of close communication.

Dr Ruth Hall, Chief Medical Officer for Wales, who had joined the meeting, welcomed a closer working relationship and believed that the Academies could learn from each other. She went on to say that whilst the scale of activities in Wales was smaller than in England, this brought specific difficulties, particularly in relation to tertiary services, which might depend on one or two senior doctors.

Dr Hall believed that it was important for Welsh representatives to attend 'the big debates' on the future of medicine, which transcended borders. She felt the UK Academy was the most appropriate forum for these debates.

### **ADVISORY APPOINTMENTS COMMITTEES AND FOUNDATION TRUSTS**

The Chairman reported that the NHS Confederation had facilitated a meeting between himself and several members of the Academy and a number of Chief Executives of Foundation Trusts. He indicated that all those at the meeting wished to work closely in order to maintain standards, particularly in the areas of input into job descriptions and representation at appointments committees.

Several members of the Academy would be meeting Chief Executives of Foundation Trusts early in 2005, to produce a Concordat on appointments procedures. Dr Jonathan Fielden, from the British Medical Association, and a representative from the Council of Heads of Medical Schools would also be invited to join the meeting.

### **APPRAISAL AND REVALIDATION**

The Chairman reported that he had had preliminary discussions with the General Medical Council regarding how the Colleges and Faculties could work more closely with the General Medical Council to develop standards for revalidation.

It was suggested that the General Medical Council might work with the Colleges and Faculties to develop a folder for each discipline.

Thought also needed to be given to alternative routes to revalidation, other than via appraisal.

Further detailed discussions were due to take place in the near future.

### **COALITION FOR MEDICAL PROGRESS**

The Academy received a leaflet, for endorsement, from the Coalition for Medical Progress. This leaflet was being produced with the help of the DTI.

Before endorsing the leaflet, the Chairman requested that any comments should be sent to him. Dr Wilkie indicated that she had a number of comments and indicated that she would send these to the secretariat so they could be included.

It was agreed that a member of the Academy would attend the next meeting of the Academy's Patient/Lay Group to discuss the Academy's membership of the Coalition.

### **COLLABORATION FOR ASSESSMENT OF DOCTORS**

The Chairman reported that there would be a two-day seminar on the above topic on 11/12 February 2005, jointly hosted by the Academy and the Postgraduate Medical Education and Training Board, and supported by the American National Board of Medical Examiners.

The seminar would probably be held at the Royal College of Physicians of London and a programme was being drafted. As soon as the programme was available, it would be circulated.

### **COMPLIANCE CONSULTATION FOR NHS FOUNDATION TRUSTS**

The Academy considered a letter from the Chairman of Monitor, the independent regulator for NHS Foundation Trusts, regarding its consultation document on the proposed regime for monitoring compliance by the NHS Foundation Trusts with their terms of authorisation and for intervening in the event of failure to comply.

Members of the Academy were asked to send copies of their individual submissions to the secretariat. Once these were received, the Chairman would decide if a generic response should also be sent.

### **FOUNDATION CURRICULUM**

Professor Neil Douglas, Chairman of the Academy's Postgraduate Education Committee, would be co-ordinating the Academy's response to the Foundation Curriculum and members of the Academy would be sending their individual College or Faculty responses to him so that a generic response could be produced.

### **THE GENERAL MEDICAL COUNCIL AND *PRINCIPLES OF GOOD MEDICAL EDUCATION AND TRAINING***

The Academy considered the above consultation document, which stated that all learning should be designed around the principles and the standards of competence, care and conduct expected of doctors as set out in *Good Medical Practice* under seven headings:

- Good medical care
- Maintaining good medical practice
- Relationships with patients
- Working with colleagues
- Teaching and training
- Probity
- Health

The Chairman requested that individual College/Faculty submissions should be sent to him so that he could collate an Academy response.

## **HEALTHCARE COMMISSION – ASSESSMENT FOR IMPROVEMENT**

The Chairman reported that he had received a letter from the Chief Executive of the Healthcare Commission, seeking the views of the Academy on the way it assesses the performance of healthcare organisations across the NHS and the independent sector.

The Academy was a signatory of the Healthcare Commission Concordat and Professor Underwood, who represents the Academy at the Healthcare Commission, asked all members of the Academy to send him copies of their responses to this document so that he could produce a collated Academy response.

## **MEDICALLY AND DENTALLY QUALIFIED ACADEMIC STAFF – RECOMMENDATIONS FOR TRAINING THE RESEARCHERS AND EDUCATORS**

Members of the Academy considered the above document, which had been produced by the Academic Careers Sub-Committee of Modernising Medical Careers and the UK Clinical Research Collaboration.

The report highlighted the continuous, and rapid, evolution of medical practice and the new discoveries about the nature of disease, their investigation and new treatments.

The following concerns were expressed:

- lack of clear route of entry and career structure in academic medicine
- lack of flexibility in the balance between clinical and academic training and in geographical mobility
- shortage of properly structured and supported posts upon completion of training

The report set out a series of recommendations to redress the balance and Professor Underwood requested that all members of the Academy discuss the document in their College or Faculty since the majority of the issues the report addressed were generic.

Members of the Academy believed that this was an important issue and one that should be developed in consultation with the Academy of Medical Sciences and the Postgraduate Medical Education and Training Board.

Professor Underwood requested that a copy of each individual College/Faculty submission should be sent to him so that he could collate an Academy response to the report.

## **MEDICINES HEALTHCARE PRODUCTS REGULATORY AGENCY (MHRA)**

Dr Nigel Baber attended the meeting to give a presentation on the work of the MHRA and to inform the Academy of its structure, function and future direction. He also wished to seek advice on opportunities to increase the awareness of the work of the Agency among the medical profession and its responsibilities to report adverse drug reactions to the MHRA. Dr Baber wished to seek guidance on how the work of the Agency could be integrated into the undergraduate and postgraduate medical curricula.

Dr Baber concluded his presentation with a number of proposals and the Chairman agreed to write to him once the Academy had had an opportunity to consider them in further detail.

## **THE PSYCHIATRIST, COURTS AND SENTENCING: THE IMPACT OF EXTENDED SENTENCING ON THE ETHICAL FRAMEWORK OF FORENSIC PSYCHIATRY**

Dr Shooter reported that the Royal College of Psychiatrists was setting up a working party to consider the above. Members of the Academy who wished to be involved in this working party should send the names of their representatives to Dr Shooter at the Royal College of Psychiatrists.

## **SHIPMAN INQUIRY**

The Chairman indicated that he had been allowed to read the fifth Shipman report early on 9 December 2004. He reported that the document concentrated on the role of the General Medical Council and general practice in England.

In summary:

- The GMC was not to be abolished
- There needed to be more independence in the adjudication process of fitness to practice procedures
- There was a need to sort out overall NHS complaints procedures – single portal of entry – with probably a larger role for the Healthcare Commission
- The report was almost entirely about general practice with very little mention of specialist practice
- There needed to be a high standard of appraisal procedures and to strengthen clinical governance ‘sign off’ for general practitioners.

The Chairman reported that the Inquiry had been complimentary about the work being done at the Royal College of General Practitioners.

Dr Lakhani reported that the Royal College of General Practitioners had developed a model for revalidation, which was similar to the one being suggested in the report.

## **SUDDEN DEATH IN INFANCY – WORKING GROUP**

Professor Underwood reported that he had been requested by Baroness Kennedy to ensure that the Academy considered those aspects of the above report dealing with ‘experts’. The full report can be downloaded from the following address:  
[www.rcpath.org/index.asp?PageID=455](http://www.rcpath.org/index.asp?PageID=455).

Professor Underwood drew attention to page 6 where there was a recommendation that *The Royal Colleges or Specialty Associations should accredit experts*. He also drew attention to the statement that the courts should ascertain that new developments are founded in science and a proper body of research. He went on to point out that there was a list of recommendations on page 7 regarding experts.

Professor Underwood agreed to draft a short paper, for consideration at the next meeting of the Academy, which would set out a possible College accreditation model.

## **TRAINING OF CANCER SPECIALISTS**

Professor O’Higgins had written to the Academy indicating that he believed that the training of doctors who treat cancer was sub optimal. Some medical schools had no specific programme in oncology. Some countries had no dedicated postgraduate training in surgical oncology. Medical oncology and radiation oncology programmes rarely involved exposure to surgery. Thus trainees in those disciplines were excluded from understanding the role, potential and the goals of operative surgery. As a consequence, they tended to underestimate the value, and overestimate the

morbidity, of cancer surgery. Sub-specialisation in general surgery was organ-related and had, in its training programmes, very little specific training in oncological principles.

Professor O'Higgins believed that all trainee specialists involved in cancer care should spend time as full-time doctors in other specialty departments. Thus medical oncology and radiation oncology trainees should spend time in surgical oncology, and all surgeons involved in cancer care should spend time in radiation therapy and medical oncology units. The training of doctors involved in palliative medicine should likewise formally involve interdisciplinary training.

A copy of Professor O'Higgins letter had been sent to Professor Mike Richards, the National Cancer Director, and his reply had been tabled. Professor Richards believe there was a strong case for considering the core of knowledge, and possibly skills and attitudes, that were required for all disciplines contributing to the diagnosis, treatment and care of cancer patients and believed that the Academy would be the most appropriate body to take this work forward.

Officers would meet to discuss how best to take this initiative forward and thanked Professor O'Higgins for bringing the matter to the attention of the Academy.

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