

EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY OF MEDICAL ROYAL COLLEGES ON 22 FEBRUARY 2005

INDEPENDENT TREATMENT CENTRES

The Academy received, for information, a copy of a letter that Mr S Kelly, consultant ophthalmologist at Bolton Eye Unit, wrote to Veronica Fraser, Head of Complaints and Public Enquiries at the Department of Health regarding cataract surgery in Independent Treatment Centres.

Mr Kelly drew attention to *Delivery Faster, Quality Care and Choice for NHS Patients*, which contrasted an average of five cataract removals in the NHS to 39 in the independent cataract units. Mr Kelly believed there were errors in the calculations made, which were compounded by Mr John Reid during a BBC Radio 4 *Today* broadcast on 7 January 2005 when he suggested that the independent treatment units were eight times more productive.

The Chairman believed that this matter should be discussed at the next routine meeting with Mr John Hutton on 5 April 2005, when he would point out the demoralising effect of such misinformation. Attention would also be drawn to the training responsibilities and audit of outcome, which were not undertaken in the mobile units.

AD HOC ADVISORY GROUP ON NHS RESEARCH ETHICS COMMITTEE

The Academy received and endorsed the submission that had been prepared by Professor Sir James Underwood, in consultation with a number of members of the Academy, in respect of Research Ethics Committees. The submission had been sent to the ad hoc committee being chaired by Lord Warner on this issue.

A number of issues were highlighted including the fact that projects, which would formerly have been classified as 'research', were now claimed to be 'audit' so as to circumvent the necessity for burdensome REC approval, which could have implications for patient safety.

The submission also highlighted the fact that small-scale but potentially informative research projects, that carried no risk of physical or psychological harm, were being stifled by the current regulations.

NHS EMPLOYERS AND EQUALITY AND DIVERSITY IN THE MEDICAL WORKFORCE

The Chairman introduced this item and indicated that the Academy had been invited to be a signatory to the partnership action plan.

Dr Shooter indicated that whilst the principles of the action plan were incontrovertible, their practical implementation was often more difficult. He drew attention to page 9 which contained the only reference to the Colleges which stated that the Royal Colleges will: *Consider how the competency requirements of each specialty in medicine might affect disabled people looking to enter the profession and/or those who become disabled during their employment.*

It was stated that on page 14 of the Partnership Plan the Colleges/Faculties should be included in the organisations listed in paragraph 6.

The Chairman agreed to produce a generic response to this letter.

WORKSHOP ON THE ASSESSMENT OF DOCTORS ON 11/12 FEBRUARY 2005

The Academy received, for information, a report of the above workshop which brought together representatives from the Colleges/Faculties, Conference of Postgraduate Medical Deans, Council of Heads of Medical Schools, General Medical Council, National Board of Medical Examiners of the USA, National Clinical Assessment Authority and the Postgraduate Medical Education & Training Board.

Breakout groups had considered four specific issues:

- Common Standards for Assessment
- Technical Assessment Resources
- Standardisation of Support Systems
- Quality Assurance

The Chief Medical Officer had talked on the contribution of assessment to patient safety and Professor Angela Coulter on the patient's expectations and the assessment of doctors.

At the end of the workshop, two proposals were made for 'quick wins':

- Adoption of a common 360-degree tool for multi-source feedback, possibly mini PAT
- Collaboration with the NBME over common IT platforms and possible sharing of question data banks

It was suggested that a Partnership Board should be established under the auspices of the Academy with a view to taking forward the agenda on medical assessment. It was also proposed that Professor Neil Douglas should chair this Board.

The Academy endorsed the above suggestions.

Dr Wilkie indicated that it was crucial that patients should be involved in this initiative and Professor Douglas agreed to ensure that this was the case.

THE POSTGRADUATE MEDICAL EDUCATION 7 TRAINING BOARD (PMETB)

Professor Teasdale referred to the PMETB meeting on 1 February 2005 to discuss the Service Level Agreement template, Article 14 and quality assurance (hospital visiting).

It was reported that work on the Service Level Agreement template identified areas of work that PMETB required the Colleges/Faculties to undertake for PMETB to meet its legislative requirements.

Following the meeting on 1 February, the template was due to be further revised.

Professor Black reported that she was chairing a sub-group on appraisal/quality assurance. Professor Black indicated that PMETB should opt for a robust scheme otherwise quality assurance would suffer.

Dr Simpson gave a brief verbal outline of PMETB's work and indicated that interviews for the Chairman of PMETB were due to take place on 21 April 2005.

HEALTHCARE COMMISSION – PRESENTATION BY TANIA CLARKE

Tania Clarke joined the meeting to give a presentation on the background to the Concordat and a summary of the results of the analysis of diversity, scale, manner and scope of College visiting.

Ms Clarke indicated that following the publication of the Concordat in June 2004 progress had been made to put its principles into practice

Ms Clarke indicated that the next steps would:

- Extend the number of signatories and re-launch the Concordat
- Map the local arrangements of concordat partners and begin to apply the concordat at a local level through the development of the Commission's regional and local presence
- Track individual implementation of the Concordat
- Extend the information gateway to include sector specific communications
- Extend the hotline to all NHS staff
- Complete and pilot the action planning template
- Develop an impact assessment of the new systems of assessment methodology, to be used as a basis for an inspector's impact assessment
- Develop a web-based scheduling function for visits to NHS organisations
- Agreed the Commission's new approach to systems of assessment
- Publish the Commission's code of practice on confidential personal information and further develop information sharing protocols
- Publish a code of practice
- Develop a communications strategy
- Adopt the Welsh Concordat
- Develop measures of success
- Identify barriers to progress arising from existing legislation

Professor Black drew attention to the principles of visiting and the quality assurance work that had been undertaken by the Academy's Joint Hospital Visiting Committee. Professor Black also referred to the work that had been undertaken via this Committee by Professor Janet Grant in this area and the pilot study currently being undertaken. She hoped that this pilot study would inform the work of the Healthcare Commission and avoid unnecessary duplication.

Professor Teasdale drew attention to the importance of input from both the patient perspective and also trainee doctors.

POST CCT SPECIALIST QUALIFICATIONS

The Academy considered a discussion paper that had been prepared by Dr Watson, Dr Starke, Mr Layer, Mr Thomson and Mr Skinner.

Modernising Medical Careers implied major changes to medical education. Higher specialist training would be significantly altered by the introduction of run-through training programmes and shortening of training times.

A number of specialist areas within medicine were considering the introduction of a generalist CCT which would produce a proportion of doctors with the competence to manage much of the general workload of a specialty, but without the super-specialist skills associated with higher specialist training programmes.

The paper aimed to promote discussion around potential changes to specialist qualifications. Progress would depend on the resolution of a number of issues, particularly those relating to Registration.

Dr Shooter asked that written comments on the discussion document should be sent to him c/o the Academy secretariat.

It was agreed that the document should also be considered by the Academy's Trainee Doctors' Group and the Patient/Lay Group.

INCREASED FEEDS FOR TRAINEES

The Academy received a letter from Professor Winyard, which indicated that some Colleges and Higher Training Committees were contemplating, or had introduced, increased fees for the trainees in their specialty. Whilst this was a matter between the College and trainees, Professor Winyard wished to make clear that increased training fees could not be covered by postgraduate deaneries. When decisions on the level of fees were being taken this should be borne in mind.

MODERNISING MEDICAL CAREERS

The Academy received a presentation from Professor Crockard on progress being made on MMC.

Following discussions, Professor Crockard agreed to produce a brief paper explicitly stating what assistance he required from the Colleges.

Professor Douglas indicated that the Academy's Specialty Training Subcommittee was looking at criteria for selection into specialist training and transfer post Foundation.

It was agreed that a small sub-group (maximum of 10) of this Subcommittee, with increased representation from COPMeD, COGPED, and with input from Mr David Rosin at the Royal College of Surgeons of England, should be convened to respond to Professor Crockard's paper by the end of April.

Since MMC was a pan-UK initiative, it was agreed that input from both Scotland and Wales was also necessary.

CONTINUING PROFESSIONAL DEVELOPMENT

The Academy considered an email from Professor Fraser McDonald, which drew attention to the variations in both time and funding for CPD. The Academy's previously agreed Ten Principles of CPD was appended to this email for information.

It was stated that whilst leave for CPD would be granted, funding was discretionary.

The Chairman indicated that CPD was an important part of revalidation and that the Ten Principles should be re-considered since they were now out of date.

Dr Shooter indicated that he demitted office as President of the Royal College of Psychiatrists in June and that he would need to relinquish his post as Chairman of the Directors of CPD at that time.

CHEATING IN UK POSTGRADUATE ASSESSMENTS – UK ACADEMY OF MEDICAL ROYAL COLLEGES GUIDELINES ON HOW TO MINIMISE CHEATING AND DEAL WITH POSSIBLE OFFENDERS

The Academy received and endorsed the above document that had been produced by an ad-hoc subcommittee of the Academy's Postgraduate Education Committee.

It was suggested that a statement might be added indicating that anyone found cheating would be referred to their country's regulatory body.

Dr Simpson indicated that he would be prepared to commend this document to PMETB. The Chairman therefore agreed to write to Dr Simpson enclosing a copy of the document.

MRCP (UK) PART 1 CONCESSIONARY FEES FOR REFUGEE DOCTORS

The Academy received, for information, a letter from the Registrar of the Royal College of Physicians of London, indicating that concessionary fees for refugee doctors were available for the Part 1 MRCP (UK) Examination. The letter also indicated that the Royal College of Surgeons of England had a free 'Affiliate' membership scheme, eligibility for which had been extended to those who were registered with the BMA refugee database.

STATEMENT ON MRI PROCUREMENT

The Academy considered an e-bulletin, to all RCR Members and Fellows, which had been prepared by Professor Husband in response to the outsourcing of diagnostic services to the independent sector. This issue was causing problems in radiology departments and was also having an impact throughout the clinical specialties.

Professor Husband believed it was vital to agree practical solutions in order to improve the service to patients and those working in radiology departments.

She believed that the new appointment of an Imaging Lead by the Department of Health was an important initiative. The Royal College of Radiologists would be aiming to work closely with this Lead in an endeavour to ensure that the best interests of patients were not undermined by the introduction of new private programmes.

The Chairman tabled a letter that he had co-signed with Professor Husband to Mr John Hutton, requesting an urgent appointment to discuss a way forward to resolve the problems which had been encountered in the first wave of procurement of MRI services from the independent sector. A reply was awaited.

Members of the Academy supported Professor Husband's approach to the matter and indicated that it was important to gather hard evidence of any problems being experienced.

PROFESSIONAL ADVICE TO THE NHS LITIGATION AUTHORITY

The Academy received a paper that had been prepared by Professor Dunlop, who was the Chairman of the Professional Advisory Panel (PAP) of the NHS Litigation Authority.

Professor Dunlop asked members of the Academy to write to him and let him know if they wished to nominate a replacement representative on this committee.

ITEMS FROM THE JOINT CONSULTANTS COMMITTEE

The Executive Summary of the last meeting of the JCC on 11 January 2005 was tabled.

Professor Dunlop indicated that the Shipman report had been discussed at length and it was felt there was a need for the profession to act constructively with the GMC and the DoH on this matter.

JCC had expressed concern that the profession, through the BMA and the Royal Colleges, had already undertaken a great deal of work with the GMC on developing the system of appraisal and formulating the process of revalidation and that these efforts should not be abandoned. The JCC had produced a response to the recommendations of the fifth report and wishes to work closely with the CMO as his review proceeds.

Professor Dunlop also indicated that independent sector provision of MRI was also discussed and that Professor Husband and the Chairman of the Academy were seeking a meeting with Mr Hutton in order to voice their concerns and seek solutions to the problems that had arisen.

The first meeting of the joint NHS Confederation/JCC Group had taken place and Professor Dunlop reported that the meeting had been very constructive and that the NHS Confederation shared many of the profession's concerns regarding the potential impact of MMC.

Other topics discussed included The Healthcare Commission, Medical Professionalism and the Highly Skilled Migrant Programme.

DOCTORS AS EXPERT WITNESSES: THE ROLE OF THE MEDICAL ROYAL COLLEGES

The Academy considered a discussion paper that had been prepared by Professor Sir James Underwood on the role of the expert witness in the courts, particularly in relation to the quality of evidence and the standard of proof. Sir James also tabled a letter he had received from Sir Liam Donaldson welcoming the Academy's involvement in this initiative.

Since Sir James had had to leave the meeting before this item was discussed, it was agreed that all members of the Academy should write direct to Sir James with their comments.

THE ROLE OF THE ACADEMY OF MEDICAL ROYAL COLLEGES IN WALES

The Academy considered correspondence between Dr Ruth Hall, Chief Medical Officer in Wales and the Chairman of the Academy. This correspondence followed Dr Hall's attendance at the meeting of the Academy on 10 December 2004.

Dr Hall had made the following proposals:

- Endorsing the Academy of Wales as a formal subcommittee of the Academy of Medical Royal Colleges
- Confirming the Chair of the Academy in Wales as a full member of the Academy
- Nominating a member of the UK Academy to have specific remit to link to the Academy in Wales
- Sponsoring an Academy dinner/guest lecture in Wales

The Chairman indicated that interaction with the Academy in Wales was warmly welcomed.

It was agreed to endorse the Academy of Wales as a formal subcommittee of the Academy.

The Chairman and the Treasurer would look at the Academy's constitution in respect of the request for full membership of the Chair of the Academy in Wales and report back to the next meeting.

It was agreed that Professor Black should be the link person to the Academy in Wales.

The Chairman and Treasurer agreed to explore further the concept of a sponsored guest lecture/dinner and report back to the next meeting.

LIVERPOOL CITY COUNCIL (PROHIBITION OF SMOKING IN PLACES OF WORK) BILL

The Academy considered a letter from Mr Andy Hull, Chair of Smoke Free Liverpool requesting that the Academy send a joint letter to the Times in support of the Press Conferences being held in London and Liverpool on 2 March.

The Academy agreed to send a letter similar to the one published in the Times in November 2003 and the Chairman agreed to circulate a suggested draft for approval.

ACCESS TO RELEVANT DOCUMENTS, RECORDS AND DATA TO COUNTER NHS FRAUD

The Academy considered a letter from Dr Gunnyeon regarding his concerns in respect of the above new proposals and the fundamental change that they would create in the approach to the confidentiality of medical records. Dr Gunnyeon had discussed the matter with the BMA and the GMC both of whom had commented on the consultation document.

The secretariat agreed to obtain, and circulate for information, the responses of the BMA and GMC.

The Chairman indicated that once these responses had been considered this topic could be raised at the next routine meeting with Mr Hutton.

DEPARTMENT OF HEALTH CHOOSE AND BOOK SCHEME

The Academy considered correspondence from Dr Christopher Sheldon in respect of his concerns regarding the proposed Choose and Book scheme. He believed that at a recent demonstration of Choose and Book it became clear that there had been little input from patients, primary or secondary care.

Much of what was intended seemed directed to enabling patients to choose the time and place of their first appointment, with very little consideration of the many other factors which contribute to an appropriate and effective referral.

Professor Black had written back to Dr Sheldon indicating that she would be gathering hard evidence from her Members and Fellows. She had also written to the Royal College of General Practitioners, Royal College of Obstetricians & Gynaecologists and the Royal College of Surgeons of England to ask for their views on the matter.

Professor Black indicated that she would report the outcome of these enquiries in due course.

PRESENTATION BY MR MICHAEL THICK AND DR SIMON WALFORD ON THE DEPARTMENT OF HEALTH'S CHOOSE AND BOOK SCHEME

Mr Michael Thick and Dr Simon Walford joined the meeting and gave a brief demonstration on how the new Choose and Book scheme would operate.

Professor Black raised the concerns that had been expressed by one of her Fellows. Whilst acknowledging that this scheme would change the way doctors worked, Dr Walford indicated that he believed that the scheme was flexible and would not change the interactions which usually took place. He indicated that he and Mr Thick were open to constructive feedback and wished to work collaboratively with the Colleges/Faculties.

Dr Walford confirmed that it was possible to refer to a named consultant and that the referral could be printed out if the consultant so wished.

Dr Shooter indicated that mental health would be exempt from the first round of Choose and Book.

BRIEFREP222/DG/25.2.05