

ACADEMY OF MEDICAL ROYAL COLLEGES

Summary of the Meeting of the Academy of Medical Royal Colleges Monday 7th December 2009 at the Royal College of Paediatrics and Child Health

Present:

Professor Sir Neil Douglas (Chairman)	Academy of Medical Royal Colleges
Dr Susan Bews (Hon. Treasurer)	Faculty of Pharmaceutical Medicine
Professor Dinesh Bhugra (Vice Chairman)	Royal College of Psychiatrists
Professor Peter Furness (Vice Chairman)	Royal College of Pathologists
Professor Adrian Newland (Hon. Sec.)	Academy of Medical Royal Colleges
Mr John Black	Royal College of Surgeons of England
Professor David Coggon	Faculty of Occupational Medicine
Professor Ian Gilmore	Royal College of Physicians of London
Dr Iona Heath	Royal College of General Practitioners
Mr John Lee	Royal College of Ophthalmologists
Dr Peter Nightingale	President Royal College of Anaesthetists
Professor Terence Stephenson	Royal College of Paediatrics and Child Health
Professor Alan Maryon Davis	Faculty of Public Health
Professor Andy Adams	Royal College Radiologists
Mr David Tolley	Royal College of Surgeons of Edinburgh
Mr Richard Tiner	Faculty of Pharmaceutical Medicine
Mrs Barbara Wood	Chairman of the Patient Lay Group
Mr Sol Mead	Chairman (Elect) of the Patient Lay Group

In attendance:

Mr Ian Whitehouse	Interim Chief Executive
Miss Rosie Carlow	Communications and Publications Officer

Apologies for absence

Apologies for absence we received from:

- **Sir Sabaratnam Arulkumaran RCOG**
- **Professor Frank Keane RCS (Ireland)**
- **Mike Tidley – Welsh Academy**
- **Dr Stephen Field – RCGPs**
- **Mr Ian Anderson – RCPS (Glasgow)**
- **Mr John Heywood – COEM**
- **Professor Derek Wilmott – Faculty of Dental Surgery**
- **Dr John Donohue – RCP (Ireland)**

Welcome and introductions

The Chairman welcomed Dr Iona Heath, president of the Royal College of General Practitioners, and Mr Sol Mead who would be taking over as Chairman of the AoMRC Patient Lay Group from January 1st 2010.

2. EWTD

The Chairman reported that there was little to update as the next meeting of EWTD was on 10 December 2009. However, he further reported however that DH had expressed an interest to have more contact with the AoMRC for other common matters and asked if Members saw any advantage in meeting with DH team about common matters. It was considered that meetings with high level DH members and some AoMRC Members would be of value if the AoMRC had control over the agenda.

3 Action points from the Academy Away Day

The Chairman stated that most of these related to project so there were no updates.

However it was noted that the recommendation to use prophylaxis in relation to thromboembolism was beginning to gain a higher profile. John Black had written to David Nicholson and Bruce Keogh, and was waiting a formal response to this.

This led into a discussion about difficulties in changing clinicians behaviour, even when the rational argument for change was strong and would clearly benefit patient safety.

4 Matters arising, not otherwise on the agenda

Supported Professional Activities

Discussion ensued with Members agreeing that the case for a more appropriate number of SPAs in Job Plans was strong but that Trusts, Hospitals and Area Health Boards were not always supportive. More attention should be paid to the advice from Colleges and Presidents were urged to press the matter whenever possible. It was noted that part time posts will still require the same number of SPAs devoted to Revalidation & Recertification. It was agreed that the Academy should request Sir Liam Donaldson to revise and re-issue guidance and advice of SPA ration in job plans taking into account Revalidation, Teaching, Training and CPD commitments.

5 Education and Training

A verbal report from Professor Bhugra was given on the following meetings:

- Academy Foundation Programme Committee meeting 17th September
- Academy Education Committee meeting 5th November
- Academy Specialty Training Committee meeting 12th November
- Academy Foundation Programme Committee meeting 19th November.

Professor Bhugra reported that John Collins was carrying out a review of the Early Years Foundation Programme. He recommended all College / Faculty Presidents meet John Collins to discuss their views and inform him after the meeting.

6 Medical Education England

A verbal update on the meeting was reported. An interesting point was the possible creation of a Royal College of Dentistry, which may be something for the Academy to consider in terms of membership in the future.

7 **Medical Programme Board**

Professor Bhugra gave a verbal update. The Chairman reported that the Academy task and design group was represented by Peter Nightingale and Maggie Blott with Humphrey Hodgson as deputy.

8 **Joint Statement from the Academy and PMETB**

The Chairman highlighted that it was important that NHS Employers are signed up to the penultimate paragraph. Fellows and members should be encouraged to use the statement as much as possible.

JOINT STATEMENT FROM PMETB, AOMRC, GMC, COPMED AND NHS EMPLOYERS IN RELATION TO THE ROLE AND RECOGNITION OF SUPERVISORS OF POSTGRADUATE MEDICAL EDUCATION AND TRAINING

Educational and clinical supervisors of doctors in training are a vital and essential part of the success of postgraduate medical education and training. These experienced doctors, providing appropriate supervision, support and feedback to trainees, help ensure the best possible standard of care for patients, now and in the future.

We wish to re-affirm our ongoing support and recognition for every doctor undertaking this work. In the primary care sector GP trainers have had the benefit of time and training for the role, and national and local recognition. A continuing concern which has become more explicit and urgent in recent years has been the lack of formal recognition of the role of supervisors/ trainers in secondary care. In order to address these concerns the first set of standards for trainers applicable across all specialties were agreed by PMETB in September 2007. Definitions of the roles for clinical supervisors and educational supervisors were also agreed and these include the need for appropriate selection and training for these roles.

The implementation of these standards is a welcome and necessary initiative. However we wish to reassure all trainers that their pre-existing roles, training and activities remain valued and recognised by our organisations. The standards and related activities are intended not only to ensure that all trainers achieve a minimum standard but also to help them exceed those standards and strive for excellence.

We recognise fully that resources are essential to achieve this. In order to quantify the challenge we need all trainers to support these standards and identify where any shortfall in resources (including time) is limiting their ability to meet them, so that these issues can then be addressed by local education and training commissioners and providers. All our organisations will continue to work together to ensure that appropriate recognition and resources are embedded throughout the health services of the UK.

Please be assured that we recognise and value the ongoing commitment of all trainers to patients, trainees, the health services and the medical profession. We also need the support of all trainers in our ongoing work towards ensuring that their commitment has the appropriate support, resources and recognition.

9 Professionalism and the Role of the Doctor

Professor Bhugra reported that he had not yet had a response from everyone and that he would start work on this and get a report prepared for the early part of the new year.

Mrs Wood mentioned the work she is undertaking with PMETB on doctors titles and their roles from a patient perspective. She considered this could feed into this issue. The Chairman suggested that this issue be brought to the next meeting.

10 Donation Ethics Committee

It was reported that the Chairman for this committee would be decided on 11th December 2009. Members would be informed of this appointment.

The Chief Executive had been working on the Service Level Agreement, although no further changes were planned until the Chairman was appointed as it was essential that the Donation Ethics Committee and its Chairman had a say in the SLA.

11 Revalidation – November Update

We are currently in the process of submitting a range of Academy and specialty work to the GMC for sign off for revalidation. The GMC have established a small review group to consider the Academy work and then make recommendations to the Continuing Practice Board. Any material that is signed off through this process will be presented to the GMC Board and included in the GMC's public consultation on revalidation which is planned for Spring 2009.

Key Activities and Meetings

- Academy Revalidation Steering Group meeting held on November 10th
- Attended UK Revalidation Programme Board Communications Forum on November 12th participated in the final selection of pilot sites for pathfinder pilots on November 17th
- Met with DH for preliminary review meeting on November 17th
- Attended SMASG and RSPB meeting held on November 17th
- Completed 10 individual revalidation meetings with Colleges/Faculties throughout Sept-November; more planned for December

Specialty Standards, Methods and Evidence

As of the 25th November, 11 of the 14 specialties have submitted their materials to the GMC with the remainder due for submission by the end of the month. A stakeholder engagement exercise on the standards frameworks was completed throughout the summer which provided some useful feedback and comment. A summary of the feedback has been included in the Academy cross-specialty submission to the GMC for consideration for sign off for revalidation. These frameworks are built on the initial domains, attributes and standards outlined by the GMC from *Good Medical Practice* for revalidation.

New Workstreams for the Academy Revalidation Project

At the Academy Revalidation Steering Group meeting the Colleges and Faculties discussed a range of new workstreams for the Academy in support of revalidation. These workstreams included:

Legal Advice: To obtain independent legal advice about the impact and potential implications of specialist recertification on the roles and responsibilities of the Colleges and Faculties, especially around their relationship with members and fellows and their contribution to the quality assurance of revalidation.

Interoperability across IT designed to support Appraisal and Revalidation: The Academy is looking to develop a project with the aim of establishing a series of information standards across the various providers of e-systems and IT in all 4 UK nations for revalidation.

Specialty Input into Appraisal: The Academy is developing a project that seeks to establish the standards and a common framework for the review of specialty information in appraisal leading to a revalidation recommendation. This work is intended to supplement the work by the RST on strengthened medical appraisal and defining generic appraisal competencies and training.

Specialty input into the Quality Assurance of Revalidation: The Academy is looking to define the role of the Colleges and Faculties in quality assuring the specialist elements of the revalidation process. This work is in very early stages.

Continuing Professional Development: The Academy is now undertaking a review of existing guidance and overseeing the redrafting of College/Faculty guidance in line with the core headings. The Academy, through the Directors of CPD committee, is also facilitating the development and expansion of College/Faculty CPD systems so they are fit for purpose for revalidation

Communications: The Academy is developing a communications strategy for revalidation including identifying a series of communications channels to inform the profession of the work that it undertakes in support of revalidation. The Academy is also working with other key stakeholders through the UKRPB Communications Forum to define and disseminate key messages around revalidation more broadly.

Collaborative Policy Work with the GMC: The Academy is working with the GMC on a number of policy issues associated with the implementation of recertification. These include: developing a model of the recertification and revalidation process; identifying processes for the quality assurance of recertification; amending the GMC register so that it is fit for purpose for recertification; and establishing minimum practice standards for specialist practice for recertification.

Collaborative Policy Work with the DH and RST: The Academy has agreed to collaborate with the DH and the RST on the pathfinder pilots proposed throughout 2010 and is also collecting information to inform a wider DH Equality Impact Assessment of revalidation.

Specialty Led Projects: The Academy has funded a range of specialty led projects for recertification – see list below. In addition, all Colleges and Faculties have been provided with some funding for Communications activities and specialty projects to evaluate and develop their CPD systems so that they will be fit for purpose for revalidation.

12 Chairman's items:

Academy response to Consultation on Quality Accounts

The Academy of Medical Royal Colleges affirms its support for the objectives of Quality Accounts, to sharpen the focus of NHS organisations on improving quality and of enabling and increasing their public accountability on quality, and welcomes the opportunity to contribute to this consultation.

General Comment

We recognise that the proposals outlined in the document are a result of engagement, testing and detailed design work undertaken by the Department of Health, Monitor, the Care Quality Commission and NHS East of England, and many other local and national organisations.

We urge that Quality Accounts be clearly linked to other data collected by regulators and individual trusts and SHAs - and that to be collected by doctors for revalidation. Quality accounts should not operate in isolation.

We are also of the view that verification of statements that necessarily are succinct should be enabled by reference to accessible sources of relevant data. Provision of such references should strengthen confidence in the accuracy and veracity of the statements.

The Pricewaterhouse Coopers stakeholder events showed that different demographic groups in the population sought different levels of information from Quality Accounts. We suggest that these various needs can partly be met by signposting - ideally to accessible websites - within the Quality Account. Those engaged in informing or preparing statements on quality improvement in their organisations should already be familiar with these sources and the task should incur no significant additional burden.

We are also clear that that impact of Quality Accounts should be evaluated and that their content, format, the processes for producing them and their publication should be reviewed in the light of evaluation.

The Academy response has been informed by:

- Extensive involvement of its constituent Collegiate bodies, and patient groups, in a wide range of activities aimed to improve the quality of patient care in each of the domains of safety, effectiveness and patient experience and to measure the improvements made;
- An indirect role of representatives in the processes of developing the purpose, format and content of Quality Accounts;
- Experience of individual clinicians in the preparation or review of Quality Reports – the antecedents of Quality Accounts;
- The King's Fund response to 'Quality reporting in 2008-9 Annual Reports and Accounts: consultation for NHS foundation trusts and NHS organisations in East of England';
 - Quality Reports prepared by selected NHS Foundation Trusts as pilots for Quality Accounts and the Mock Trust Quality Report published in June 2009;
 - Evaluation of the Quality Reports Testing Exercise: undertaken by Pricewaterhouse Coopers for the Department of Health;
 - the report Quality Accounts patient and public engagement prepared by Ipsos MORI on behalf of Department of Health and the Care Quality Commission;
 - Reference to the remit and procedures of the Care Quality Commission.

Note

The Academy response complements but does not substitute for the responses to this consultation made by its constituent Colleges and Faculties. It incorporates selected points but does not repeat detail contained in those responses.

c) Report on the UEMS meeting 16-17 October 2009

Mr Black reported on the most recent meeting and confirmed he would continue to attend these meetings every six months and determine if they need to be attended in the future.

d) Intercollegiate Group on Nutrition

A report from Professor Pat Troop was considered. The ICGN had requested financial contributions from Colleges, via the Academy, for academic support and also administrative support for its Website. It was considered that colleges should consider providing financial support individually rather than through the Academy and that, regrettably, the Academy had neither the financial nor personnel resources to support the ICGN website.

ACTION: CEO to inform the ICGN of the Academy's decision

f) International Forum

1 Matters of Business: There are 12 consistent subscribing Royal Colleges (RC) members and 10 consistent affiliate members. Elected 3 year term for Executive Committee of IF.

2 Global Health Issues:

2.1 EU role in Global Health Consultation - Prof Philippa Easterbrook (RCP) urged all RCs to complete the questionnaire in spite of the long gestation, is rather unfocussed [28 questions], and a short deadline. RCP will collate RC responses for an Academy response as well.

2.2 'Crisp Report' outcome: International Health Links Centre, now going live Jan 2010 www.ihlc.org.uk : Searchable database of links, best practice, blueprints, developing country resources-national/institutional, funding; Members discussion; Evaluation & reports; FAQs.

2.3 'Crisp Report' outcome: UK International Health Links Funding Scheme (IHLFS) now launched. Run by THET and British Council see: www.britishcouncil.org/learning-healthlinks
3 levels: small £3K, medium £15K, large £60K . First wave of applications by 30th Nov. Independent awards panel. University sole applications excluded, but can collaborate.

2.4 Tribal Newchurch UK Gov consultation – over 90 responses. Report in Feb 2010.

2.5 DoH International and Global Affairs – Retirement of key personnel, have forged good links with Academy as well as UK Trade&Industry, but threats in light of financial problems. What is the strategy for 'NHS Global' [Lord Darzi, David Nicolson, etc] new development? Academy have not yet been consulted or become involved, but they and HEIs need to be.

2.6 Relevant Conferences: RCP with Academy of Medical Science are planning follow up to the successful Global Health Conference for 2010.

RSM are planning 'missed opportunities' issues of parallel programmes e.g. research and clinical programmes working side by side, but not communicating

3 Education and Training Issues:

3.1 BMA: Broadening Horizons has been welcomed. Are planning 'Out of Programme for International Development', but are hampered by general lack of SHA and Deanery understanding, ethos, planning and support.

3.2 Immigration, Medical Training Initiatives and Royal Colleges Sponsorship: Tier 5 and NHS Professionals link working well.

But, the DoH scheme to identify posts has not got off the ground. Many Deaneries, Trusts or SHAs do not appear to agree on role to identify posts. Yet, the Iraq programme showed that 14 Trusts are open to involvement, and RCOG have their scheme of 100 coming through MTI and Deanery double sponsorship. RCS are bringing 46 surgeons from Egypt. RCP and RCPCH will be touring country to inform and try to involve Deaneries and Trusts. If appropriate posts can be identified, these can be filled relatively easily if well planned. RCGP – now accredited sponsor with GMC but only for MRCGP[INT] and hugely complex and expensive. Are planning OOP experiences at ST2/3 stage with a few Deaneries.

The BMA and Links Centre may be the place to list Trusts and Deaneries that are outward looking, as well as charitable funding sources, to encourage others.

4 Memorandum of Understanding between AoMRC and Iraq MoH: Now moving from talking towards implementation. A structure, process and funding for this will be agreed at a first Working Party meeting in Baghdad in December with appropriate stakeholders including FCO and British Council. The Inter-collegiate Iraq Liaison Group [RC Iraqi diasporas] are key to the work in Iraq. The 2010 programme:

4.1 Five RC written exams being conducted by BC in September in Baghdad: RCS, RCP, RCPsych, RCOG, RCPCH. Backed by support for structured speciality training programmes.

4.2 Commence support for reconstruction of Primary Healthcare. RCGP programme of support to a Family Medicine model.

4.3. Commence support for nurse training. Working with Northumbria University.

4.4 Developing Clinical Leaders, selected alumni from the legacy of the DoH programme

5 Memorandum of Understanding between the AoMRC and Libyan MoH

Signed on 9th October 2009. The first working party to confirm work streams, structure and process for implementation was intended for December, but as is often the case with Libya, has 'slipped' to early 2010. Initial co-ordinated work with RCS, RCPCH, RCOG, RCGP, RCN.

6 Significant highlights from reports from Colleges/Affiliates

6.2 BMA : Publishing: A toolkit for medical students – ethical aspects in developing countries. A position statement of migration of healthcare workers – self sufficiency, compensation, etc to be launched next week

6.2 GMC: EU commission –issues of the recognition of Specialist Qualifications Directive. European Rights Directive may not be the correct directive for protecting patients.

It will be helpful to have copies of reports from Academy feedback from EUMS Council representation and UEMO [General Practice].

Continuing BMA Office and briefing in Brussels seems to be crucial.

6.3 DoH: Apart from earlier points; are developing a consultation for 'Stabilization Unit' – roster of UK health professionals [and their Trusts] able to respond to emergency situations at very short notice

6.4 NICE International: Small department but with wide network of collaborative colleagues and centres. Newly formed but much in demand. Keen to work with RCs. Planning collaborative work with RCGP in Kosovo. Are holding a 'show and tell' workshop next week.

6.5 Individual RCs: Very wide and varied programmes, too numerous to list but some recent examples:

RCPsych: First Middle East and International Conference held in Bagdad last week. tandards. Training for trainers – 13 Iraqi Psychiatrists coming to UK..

RCP: support for W. African College of Physicans at their conference in Liberia – start of a wider programme to include Family Medicine, Public Health and Laboratory workers

Fac PH: PH leadership in Caribbean, [pan American health organisation]. Planning different postgraduate programmes for accreditation education for Public Health

RCOG: 5 yrs partnership Liverpool School of Tropical Medicine – 'Life saving skills' programme, and with DfID programmes in 5 countries. Support for the Fistula Hospital in Addis Ababa.

RCPCH: in Kurdistan – training for 8 consultants and 2 administrators in EBM as well as workshop for Paediatricians from all over Iraq..

RCS: A review of all the RCs international activities, identified examples of good practice, but rather fragmented. The RCS will act as an umbrella to sub specialities.

RCPPath : are funding starting up costs of new College on Anglophone countries in E&S Africa, with first meeting in Nairobi and will draw from RC curriculum but develop own exam.

Malawi and Ghana support, funded by the RC, for P/g training, where the laboratory services are well behind. RC have developed a database of 20 interested consultants to support this.

RCPPath are commencing discussions with Australasia and SA about reciprocity.

RCN: Completed review of International work re-establishing international governance work as well as links with training providers.

Are developing a virtual on-line community of nurses working on humanitarian programme.

RCGP: Have just accredited Egypt Board of Medical Specialties FM exam with Egypt MRCGP[INT]. Recommencing their support for PHC reconstruction in Kosovo with new financing from Luxembourg.

i) Academy Response to GMC / PMETB Merger Consultation

The Chairman stated that he was not keen to replicate what individual colleges were saying and the Academy would not be submitting a separate response.

j) Medical Examiners of the Cause of Death

The Coroners and Justice Act, which creates Medical Examiners of the Cause of Death, gained Royal Assent a couple of weeks ago. The Academy has received a

letter from Pat Hamilton (as Director of Medical Education) asking the Academy to make a decision on which College should be the lead College for this new group of doctors.

Professor Furness said that the Royal College of Pathologists would be willing to take on the role unless another college wanted to do it. The RCGP and RCP (London) also expressed an interest. It was agreed they would discuss the matter and identify to the Chairman the proposed lead college. A decision must be made by Christmas.

21 Any other business

a) International Health Board

The Chairman confirmed that Dr Heath would be the Academy's member of this board.

- c)** The Chairman thanked Mrs Wood for her contribution to the Academy as its PLG Chairman over the last two years, and wished her luck in her future.
- d)** The Chairman thanked Rosie Carlow for taking the minutes
- e)** The Chairman thanked Terrance Stephenson for the use of the Royal College of Paediatrics and Child Health Conference facilities.