

Doctors and Dentists Review Body (DDRB) Review of Clinical Excellence Awards Academy of Medical Royal Colleges Supplementary Evidence

The DDRB has asked the Academy to comment on the proposal from the Department of Health set out on page six of its evidence which states that:

“National awards would no longer be given in recognition of work done for the Royal Colleges. Instead, the Department would pay the Colleges an annual amount with which they could reimburse Trusts whose consultants work with them.”

The Academy was unclear to the rationale and practicability of the proposal and it therefore met with the Department to seek clarification. The Academy is now clear that the rationale is illogical and that the effects are invidious and that the details of how such an arrangement might work remain entirely ambiguous.

The Academy believes that the Department’s proposal combines two separate issues:

- Firstly, the potential need to reimburse trusts for the time consultants spend away from the workplace on College business
- Secondly, whether work undertaken for Colleges should be eligible for consideration for a national award

Reimbursement of Trusts

The issue of consultants being able to obtain time off from their trusts to undertake College work is a very real one. The Academy understands the pressures on trusts and the implications for them of releasing staff for work outside the organisation. The vast majority of work done *‘for Colleges’*, is in fact done by the Colleges for the benefit of the NHS. This includes work such as the development and updating of the 59 curricula and assessment systems for postgraduate training, the participation in assessments and annual review processes for all trainees, the development of protocols and standards key to quality improvement across all specialties and national work on CPD and revalidation.

For most consultants undertaking College work the commitment will be relatively limited and irregular, e.g. attending AACs, College Committees, and examining duty. In the case of a very small number of College Office Bearers (Presidents and possibly a very few Vice Presidents) this is likely to be a much greater weekly commitment possibly up to 2-3 days per week.

In the case of the former commitment, the Academy would hope that Trusts would continue to support engagement in this wider activity, which benefits the NHS through agreed usage of SPA time, as they would for work outside the organisation for the Department of Health or SHA. It would, in any case, be entirely unrealistic and unaffordable for the Department to fund Colleges to reimburse Trusts for all this activity. The Academy assumes this is not what the Department was proposing.

In the case of College Office bearers the position may be different. There may be funding shortfall between what a trust is prepared to bear and the time required. How that is handled will be an issue for individual Colleges. There are mixed views amongst Colleges as to whether this activity should be supported by Department of Health funding. The Academy recognises that this may not be appropriate, and is holding further discussions

about the issue with senior officials at the Department of Health to explore the range of possible solutions.

However, this issue of releasing College officers and payment is unrelated to the question of the eligibility of College work for CEAs.

Eligibility of College work for CEAs

The Academy is absolutely clear that excluding work *'for Royal Colleges'* to be eligible for consideration for CEAs is irrational and misunderstands the nature of College business.

The Academy is deeply disappointed and frustrated that the Department has not given any rationale whatsoever for their proposal and would urge the Review Body to press for a response on this issue.

Nature of College work

The vast majority of work undertaken by consultants under the auspices of their College or Faculty is for the benefit of the wider NHS and not simply for the individual College.

There seems to be recognition that work undertaken for NICE, in university research or for the Department of Health is for the benefit of the wider NHS in general and counts for ACCEA awards. The same should be true of appropriate work done through Colleges.

Work done for Colleges is focused on improving standards of training and care for the benefit of current and future patients in the NHS. For example:

- Contributing to the development of a new speciality post-graduate training curriculum leads to better trained doctors providing better care
- Participating, at the request of an employer, in a consultant appointment panel is intended to help ensure the quality of clinical appointments
- Developing new College guidance on clinical standard or practice is directly intended to improve the standard and delivery of care by doctors.

It is entirely illogical to make excellent work on undergraduate education through a university eligible for an award, but work on postgraduate education through Colleges not eligible. Similarly it is illogical to reward work on standards for NICE but not work on standards through Colleges.

During the previously mentioned discussion with the Department of Health, it indicated that it was not reasonable that consultants would be paid by their NHS organisation and then potentially benefit on top of that with a CEA. This concern would seem to be based on the false assumption that College work does not benefit the wider NHS – an assumption not made in regard to work for other national organisations. Indeed the rationale for national awards is to reward contributions of excellence to the wider NHS above and beyond what is expected in a consultant's normal job.

Criteria

The Academy is quite clear that that any work done through Colleges should be subject to the same judgement and assessment criteria as any other work. The requirement to show evidence through the five domains must be the same for any submission and awards must be for excellence not simply participation.

There will be some activities that consultants undertake for their College that are purely internally focussed and do not have wider benefit to the NHS e.g. serving on an internal

College Finance Committee. Such activities do not meet the criteria for consideration for a national CEA and rightly have not been counted and should not be in the future either.

However, to exclude all College work from consideration for national awards has no logic and would be deeply resented by doctors.

Consequences

Preventing the efforts of those who do work for Colleges from contributing to national awards would create a much bigger problem than the one that is sought to be solved. Colleges already find it difficult to recruit volunteers to key roles but this would become much harder if doctors had to choose between local delivery of training, undergraduate teaching, research, management, patient care, private practice, all of which would potentially increase their remuneration, or College work which would not. This would be disastrous to the improvement of postgraduate training, the development of the 59 PG curricula for which the Colleges are responsible, the assessment processes and to quality of care developments.

Conclusion

Academy believes the Government's proposal is ill-thought-out and discriminatory. The proposal confuses two separate issues in a way which is not only illogical but would have a profound detrimental effect on the NHS.

The Academy does not seek special treatment for work done for the wider NHS through Colleges. But it does seek equal treatment.

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