

What the medical  
profession is calling  
for from the next  
Government:  
a compendium of  
views of Medical  
Royal Colleges and  
Faculties

April 2015

# Background to this document

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As we approach the 2015 General Election, many of the Academy's members have produced documents outlining their call to action for the next Government. While much of what organisations naturally focus on relates to their particular specialism, there are many cross-specialty issues and overarching policies. If patient care is to be improved and we are to build a truly sustainable healthcare system, we believe that these policies need to be delivered by whichever party holds power after May 7th 2015.

This document seeks to provide an overview of **fundamental areas of agreement** between Colleges and Faculties which the next UK Government should prioritise in health. There are links throughout the paper which will take you directly to the individual members' documents and websites where you can find more detailed information on their particular policies.

It is important to recognise that all policies highlighted do not form a single common policy adopted by all Colleges, Faculties or the Academy. Every issue is not being actively called for by each of the Academy's College and Faculty members, but rather the document seeks to outline areas of general consensus amongst the professional bodies representing the UK's 220,000 doctors.

As such, this creates a powerful message about what is required to maintain and improve health and health services for patients which the next Government would be wise to heed.

The Academy is a pan UK organisation with all its members, including those Colleges based in Scotland - the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh and the Royal College of Physicians and Surgeons of Glasgow - having an interest in healthcare across the UK.

The responsibility for health services is mainly a matter for the administrations in each of the four countries of the UK and services are organised and delivered in various ways. However, whilst health and care structures may differ, the Academy believes that the issues identified are in general common across the UK and Colleges would want to see the policy proposals implemented in a manner appropriate to local circumstances.

So whilst this document is produced in the context of the UK General Election which will have the most direct impact on health policy in England, we would hope it would also influence existing administrations in Scotland, Wales and Northern Ireland.

# 01

## Deliver truly integrated care

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The way healthcare is delivered has changed dramatically over the last thirty years. New technology, innovative treatments and advances in medicine for many illnesses have led to patients being discharged earlier and treated in the community and at home.

However, patients can only be discharged and cared for in the community or at home if the appropriate services and staff are available to deliver high quality care. We must therefore work towards an integrated system of healthcare, where there are no boundaries between primary, secondary and social care. This would allow specialist doctors for example, to work not just in hospital wards but also in the community, providing patients suffering from dementia or other lifelong illnesses with the care they really need.

**“Patients can only be discharged and cared for in the community or at home if the appropriate services and staff are available to deliver high quality care.”**

This vision is at the very core of the [Royal College of Physicians of London Future Hospital: Five Point Plan](#) for the next Government, which follows on from their Independent Future Hospital Commission report, which was praised by organisations across the healthcare system. The next government must recognise that a ‘whole system’ approach must be taken to deliver integrated care and services. One part of the system cannot be changed in isolation from the rest. The next Government should be encouraged to identify barriers to integrated care in order to deliver the best service and the best value to the public purse. It is one of three key priorities set out in the Royal College of Anaesthetists [Priorities 2015](#). It states;

**“Delivering integrated, or joined-up, care for people, especially those with complex needs should be a priority for the NHS and core business for everyone working in health and social care.”**

For the [Royal College of Obstetricians and Gynaecologists](#), better linkage between women’s healthcare, mental health services and social services is crucial to better care for vulnerable women as well as mothers and babies. And the [Royal College of Radiology](#) calls on the next government to **break down the barriers between hospital and community care**, which will support the early diagnosis of cancer. Rapid access to x-rays and scans prevents hospital admission; radiology networks are already doing this in places and it is an example of integrated care working for the benefit of patients.

The Medical Royal Colleges’ vision for integrated care aligns well with the plan set out by NHS England in the Five Year Forward View. This document attracted significant support from across Colleges, Faculties and the medical and health community as a whole. It is worth noting that such widespread support is rare and in view of this the Colleges would expect the next government and Secretary of State for Health to continue with supporting this vision at the centre of the NHS in England

## 02 No top-down reorganisation

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Alongside our members' support for a more integrated system, is their view that there should be no top-down reorganisation but instead support given to empower change driven at a local and regional level.

There are various models of how services can work successfully in an integrated fashion and Colleges are not advocating a single model. While a single organisational system may suit some cases, **there is no 'one size fits all' solution**. One example is co-locating primary care alongside emergency care, which is advocated by a number of partners including the Royal College of Emergency Medicine. At the core of this is an ideal of seamless care and integrated working rather than organisational change.

The call for no more top down reorganisation is shared by the Medical Royal Colleges and providers alike. [The Royal College of Emergency Medicine](#), the Royal College of Physicians of London, the Royal College of Surgeons of Edinburgh and the Royal College of General Practitioners have been especially vocal on this point.

**“All the Academy’s members argue that top-down reorganisation has proved to be expensive, often ineffective and uses up resources which should be used by local areas to deliver the services their communities really need. Part of the support for the NHS England Five Year Forward View was based on the fact that the plan does not impose a single top down solution on the NHS.”**

## 03

# Resourcing and sustaining primary care

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**Primary care must be a core part of any future Government's plans for the NHS.** For many, seeing a GP is the only regular contact with the healthcare system, but primary care is currently under significant and unsustainable pressure.

Whilst some hospital care is better delivered in specialised centres, in many service areas more care should be provided in community or primary care settings. This delivers better quality of care for the patients, supporting them to stay at home and at the same time supports the prevention and public health agenda. Primary care will also play a crucial part in ensuring fewer patients attend A&E, reducing pressure in that area too.

However, to be able to achieve this, the transformation of primary care must be properly resourced and sustained. [The Royal College of General Practitioners](#) has set out the policies which will address the crisis they face. These include cutting red tape, increasing investment in the service as a whole, as well as radically increasing the number of GPs.

Colleges representing specialties in secondary care support the need to address pressures in the primary care system. This need is in recognition of the importance of high-quality primary care services for patients and also in recognition that the solution to many of the growing pressures in hospitals will lie in the effective provision of services in the community.

## 04

# Create crisis free emergency care

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Accident and Emergency departments faced a particularly challenging period throughout the winter of 2014. Our members and much of the medical community feel that the severe problems witnessed either on duty or on our TV screens were not simply a consequence of seasonal pressures, but the result of a failing model of care. There is consensus that long-term sustainable solutions must be found, as the current system may not endure another winter crisis of this magnitude.

The Academy and NHS Confederation held a conference in November 2014 which focused on how we can successfully implement the new models of urgent and emergency care, as set out in NHS England's Emergency Care Review.

There was widespread agreement about what that model should be. Key measures included:

- Providing better support for self-care
- Providing responsive urgent care services outside hospital
- Connecting all urgent and emergency care services

**“The NHS Confederation, the Academy and other partners will continue to work together to support the implementation of new models of emergency and urgent care but we call on the next Government to support this process at a local level.”**

The Royal College of Emergency Care's [STEP Campaign](#), outlines the steps required to rebuild emergency care in five policies covering tariffs, safe staffing levels, tackling bed blocking and collating primary care and A&E services. This campaign is supported by a range of Colleges, including the [Royal College of Surgeons of Edinburgh](#).

**“Pressures in A&E inevitably flow through to the rest of the system and so we urge the next government to implement whole system approach, finding long term sustainable solutions rather than searching for a quick fix during another winter crisis.”**

## 05 Reform tariffs and commissioning

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Financial pressures and commissioning are significant challenges facing the NHS and will require strong leadership and commitment to a long term vision which is not designed simply to deliver short term results.

**“A longstanding request from our members has been to reform the way the NHS is paid for the delivery of its services so that outcomes, rather than simply treatment, are rewarded.”**

There is widespread agreement among Royal Colleges, Faculties and others, that commissioning should be designed in a way that incentivises integrated care. [The Royal College of Emergency Medicine](#) for example, includes an effective and fair tariff and funding system as one of only five key points in its plan for the next government. Similarly, the [Royal College of Anaesthetists](#) states that we must, ‘ensure that payment mechanisms drive high quality and effect perioperative care, instead of high volume throughput at low cost with no attention to successful patient outcomes.’

Reforming the tariffs system is supported by all, and will have immediate results if implemented. If perverse incentives continue to exist, the tariff and commissioning system will be a barrier to good outcomes and integration of care. Although there is unanimous support for this reform, action is yet to be taken.

## 06

# Provide seven day services

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Evidence shows that outcomes are worse for patients who are admitted to hospital at weekends than during the week. The Medical Royal Colleges and Faculties believe that patients should receive the same level and quality of care regardless of which day they are admitted to hospital and that current practice is fundamentally wrong. However, we all – doctors across all levels, healthcare professionals and government – have our part of play to ensure this practice does not continue.

**“Patients should receive the same level and quality of care regardless of which day they are admitted to hospital and that current practice is fundamentally wrong.”**

**The Academy of Medical Royal Colleges and its members have led the way in support of Seven Day Services**, and the [Royal College of Surgeons of England](#) calls for the next Government to support the implementation of the [Academy’s Seven Day Consultant Present Day Care Report](#). This report outlines three patient-centred standards to deliver consistent care irrespective of the day of the week. These standards reflect the importance of a daily consultant review, and the consequent actions, to ensure progression of the patient’s pathway.

Alongside this, the Academy published a report [Seven Day Consultant Present Care: Implementation Consideration](#), which is designed to support organisations and clinical leaders across the health service in the UK to successfully implement a seven day service. The report concludes achieving a transformational shift in care will likely require additional consultant appointments as well as a reorganisation of the existing consultant workforce and increased resourcing for community-based services including General Practice.

Effective seven day care will depend on ready access to support services such as diagnostics and good coordination between secondary, primary and social care, all of which require support and incentives from Central Government.

## 07 Implement safe staffing levels

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Since the turn of the century, the way we live our lives has completely transformed thanks to technological developments. There has been a revolution in the way we work, communicate with each other and handle information and data. However, the NHS has not experienced this revolution to the same degree as comparable organisations.

**Communication with patients remains largely paper based; there is no consistent set of IT standards, and doctors and nurses have to struggle with different formats for documents and incompatible databases. Not only is this expensive, but it is a barrier to integration of care and prevents healthcare professionals being able to communicate effectively with each other about patients and their care.**

The Academy produced a report entitled '[I Care: Information, Communication and Technology in the NHS](#)' which sets the changes required within the NHS to ensure that information and communication can support, rather than hinder, the delivery of patient centred, compassionate and safe care. The Academy also supports the work of the [Public Records Standards Body](#) which was produced in collaboration with a range of Royal Colleges and support by the [Health and Social Care Information Centre](#), a set of guidelines for patients' records on the use of email in health and social care.

**“Bringing healthcare informatics in to the 21st Century will support integrated care and allow patients to be treated more effectively and at a higher standard.”**

[The Royal College of Anaesthetists](#) listed priorities to improve perioperative care for high risk surgical patients. In particular it highlighted the urgent requirement to improve communications between primary and secondary care. Under the current system, the patient is referred to the hospital by the GP, but there is no system in place to allow ongoing two-way communication between secondary care teams and the GP. Although part of this is about integration of services, an IT system which allows healthcare professional to exchange information easily would improve quality of care. [Royal College of Ophthalmologists](#) also calls for the development of IT and communication infrastructures to manage patients seamlessly within the system.

Although we recognise certain challenges, such as data protection for patients and previous IT failures within the NHS, the Government must be brave enough to tackle this head on. Bringing healthcare informatics in to the 21st Century will support integrated care and allow patients to be treated more effectively and to a higher standard.

## 08

# Informatics and a digital revolution

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Following the publication of the Francis Report into the events in Mid-Staffordshire, the Academy convened a workshop attended by all Colleges and Faculties to identify priority areas for improvement. [The Royal College of Physicians of Edinburgh](#) subsequently published a review of 10 major inquiries into serious failings in care around the UK since 2000. As a result, it published a range of recommendations aimed at preventing further serious failings in care. This included urging all political parties in the UK to commit, before the General Election, to developing and implementing safe levels of staffing for all professions within hospital settings, based upon best evidence, as a policy priority and a range of measures aimed at supporting and engaging NHS staff.

This position is supported by the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Surgeons of Edinburgh. While based in Scotland, all three member Colleges have large UK memberships. It is echoed by a number of other colleges which call for higher levels of staff within their own speciality including The Royal College of GPs, The Royal College of Radiology and The Royal College of Emergency Medicine.

## 09 Parity of Esteem

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There are significant inequalities that exist between physical and mental healthcare, including preventable premature deaths, lower treatment rates for mental health conditions and an underfunding of mental healthcare; relative to the scale and impact of mental health problems.

Medical Royal Colleges recognise the impact that mental health problems have on the physical health of patients – and indeed vice versa. Across a whole series of conditions, those with mental health conditions suffer worse physical health and often worse healthcare.

**“Medical Royal Colleges recognise the impact that mental health problems have on the physical health of patients.”**

The Royal College of Psychiatrists recently produced a Manifesto entitled [Making Parity a Reality](#) which outlines six steps the next government should implement including tackling the bed crisis, introducing maximum waiting times and improving liaison psychiatric services.

[The Royal College of Gynaecologists and the Faculty of Reproductive and Sexual Healthcare](#) also highlight in their manifesto that the positive contribution of psychosexual medicine in women’s health must be recognised by government.

**Medical Royal Colleges are committed to the concept of “whole-person care” and at the heart of this is ensuring parity of esteem in the way individuals are treated and the ways in which healthcare is provided.**

The [Royal College of Paediatrics and Child Health](#) calls for compulsory personal, social and health education (PSHE) classes in schools to promote emotional well-being and stresses that there must be a regular surveys to identify the prevalence of mental health problems among children and young people to aid the planning of healthcare services.

# 10

## Prevention and Public Health

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The Faculty of Public Health has published a Manifesto '[Start Well, Live Better](#)' which outlines 12 steps to better public health including the introduction of new laws, providing training and investing in public transport. In addition, the [Royal College Physicians five point plan](#) calls on the next government to promote Public Health through evidence based legislation. For the Royal College of Paediatrics and Child Health at the very core of their Manifesto, [Vision 2015](#) is a commitment to improve the health of the nation and ensure that children are given the best possible start in life.

Although there are a number of specific areas in public health which should be tackled, there is widespread support across Colleges and Faculties that more government intervention is needed in four key areas: obesity smoking alcohol consumption and workplace health.

### Obesity

In the UK, nearly two thirds of all adults and one third of children are overweight. This can lead to diabetes, heart disease and certain cancers.

**“It costs the NHS £5bn a year to treat illnesses caused by the addiction to fatty foods and sugar and lack of exercise. That’s equivalent to £208 in tax for every household in the UK.”**

The Colleges and Faculties are fully aware that the current obesity epidemic can only be overcome through a collaborative approach between public health education, government and the health care system. Others too must play their part by taking personal responsibility for the food they consume and the exercise they take.

In 2013 the Academy of Medical Royal Colleges published a report entitled [Measuring Up](#) which outlined a range of recommendations to tackle the nation’s obesity crisis. Aimed at both healthcare professionals and the Government, the report outlines ten simple steps that could be taken to make a start on tackling the problem. These range from getting healthcare professionals to encourage patients to improve their eating habits if they develop a weight problem, to taxing fizzy drinks and making food labelling clearer. [The Royal College of Obstetricians and Gynaecologists and the Faculty of Public Health](#), among others, have called on the next government to implement the Academy of Medical Royal College’s Measuring Up report in full.

We know that just as there is no single cause for obesity, there is no single solution. However, in February 2015, the Academy published [Exercise: The Miracle Cure](#) a report which revealed the full extent exercise could have in preventing disease and treating many conditions. It analysed over 200 separate pieces of research and concluded that while savings to the NHS are incalculable, many billions of pounds are being spent on treating diseases such as type 2 diabetes, which are mainly preventable if we did just 30 minutes of physical activity five times a week.

### Alcohol

Excessive alcohol consumption has a huge impact on people’s health, their families’ health and communities. It costs the NHS around £6bn a year to treat alcohol related diseases and doctors spend much of their time on these preventable illnesses. Therefore, there is overwhelming support for minimum unit pricing (MUP) as a way to reduce consumption. Over the last two decades the cost of alcohol has declined and evidence shows that **cheap alcohol products play a significant role in causing alcohol related harm.**

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The Royal College of Psychiatrists' call for the introduction of minimum unit pricing to reduce the physical, psychological and social harm associated with problem drinking. The Royal College of General Practitioners, the Royal College of Physicians, the Royal College of Obstetricians and Gynaecology, Faculty of Sexual and Reproductive Health and the Faculty of public Health, all explicitly call for it in their manifestos. Many others also strongly support the implementation of the results of this evidence based policy.

### Smoking

Although there has been a notable and very welcome reduction in the number of smokers across the UK, in part this is due to public awareness campaigns and other legislative measures such as the ban on smoking in public places, we must continue to work to reduce this number.

All Royal Colleges are committed to supporting people to stop smoking and many have included it in their call for action of the next Government. The recent vote in the Commons to introduce standardised packaging is welcome, as is the new legislation which bans smoking in cars where children are present. But all Medical Royal Colleges argue that **we must not stop here**. The Royal College of Obstetricians and Gynaecology, the Faculty of Sexual and Reproductive Health, as well as the Faculty of Public Health and the Royal College of Physicians have called for the swift introduction of standardised packaging.

### Workplace Health

The NHS England [Five Year Forward View](#) set out what must be done to improve the health of the NHS' workforce. The NHS employs Europe's largest single workforce and should act as an exemplar when it comes to encouraging and facilitating positive attitudes to the health and well-being of its staff by supporting diet and exercise initiatives. Foods that are high in fat and sugar should not be sold on hospital premises.

**“It is wrong that cafes and restaurants in places where people go to get help with poor health sell food that is unhealthy or can lead to obesity.”**

To support patients back to work, NHS occupational health services should move from a 'back office' service to front-line support, where their contribution extends beyond the staff, directly to prevention. [The Faculty of Occupational Medicine has set out its manifesto](#), which calls on the next government to improve the health and productivity of the workforce by increasing occupational health capacity in the UK.

It states that every patient should have a 'return to work' assessment and plan before they leave an NHS facility. This will help as many patients as possible to return to normal function and work after clinical interventions.

The Faculty of Occupational Medicine also calls for investment in numbers of occupation medicine specialist, which will not only enhance the health of the nation but its economic productivity.

# 11

## Health Inequalities

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**Evidence provided on health inequalities in the UK is overwhelming. The links between poverty and ill health across a whole range of areas are well documented. Medical Royal Colleges believe there is a moral obligation to seek to reduce the breadth of inequalities, the results of which doctors see in patients on a daily basis.**

It is recognised that many of the determinants of ill-health are not issues over which the NHS or individual doctors have control. These issues relate to income, employment, housing, education and transport.

However, public health physicians have a crucial role in identifying population-wide issues relating to health and health inequalities. Equally the NHS and clinical professionals must play their part in addressing inequalities.

At the heart of [Royal College of Obstetricians and Gynaecologists and the Faculty of Sexual and Reproductive Health](#) and the Royal College of Paediatrics and Child Health manifestos' is a commitment to tackling health inequalities. Preventing ill-health and promoting healthy living to communities and women before pregnancy help to reduce inequalities and give babies the best start in life. [The Faculty of Public Health](#) also highlight the importance of early intervention in tackling health inequalities.

## 12 The 2015 Challenge

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The Academy of Medical Royal Colleges and many of its members signed up to the [2015 Challenge](#). This outlined seven key challenges to Government and policymakers for after the General Election. This document co-ordinated by the NHS Confederation, was produced by 21 major organisations from various health care settings as well as local government and community groups.

The 2015 Challenge sets out an achievable vision of a sustainable health and care service and makes 15 solid 'asks' to deliver health and care services for the future. Chief among these asks were:

- Keeping people well should be our first priority
- Services should be designed to meet 21st Century needs of people with ongoing issues – especially older people, those with long-term conditions and children with disabilities
- Supported self-care should be the norm for millions of people and individuals would shape the care they need, alongside skilled medical and care professionals
- People's care should be transformed by a revolution in the way we use technology and data
- Health and social care should work together as one joined up system with care closer to home
- Sustainable hospitals should increasingly work together, supporting a range of care in local communities, alongside larger specialist centres that consolidate expertise and deliver world class innovation and outcomes
- The right services should be available 7 days a week to support urgent and emergency care

# Appendix

## An overview of the Medical Royal Colleges and Faculties manifestos.

College	Key Points
<a href="#">Faculty of Occupational Medicine</a>	<ul style="list-style-type: none"> <li>Invest in training of increased numbers of occupational medicine</li> <li>Introduce <i>Return to Work</i> as a require outcome measure for all medical interventions in the working age population</li> <li>Give workplace health professional new responsibilities for creating a culture of health in the NHS</li> <li>Integrate equivalent access to occupational health support and pathways for referral to all workers within emerging models of delivery</li> <li>Ensure that every Joint Strategic Needs assessment is reviewed by a specialist, in conjunction with a public health specialist</li> <li>Support and fund larger academic units providing centres of research expertise in workers' health</li> </ul>
<a href="#">Faculty of Public Health</a>	<ul style="list-style-type: none"> <li>Implement recommendation of the 1001 Critical Days cross-party report</li> <li>Make personal, social, health and economic, and sex and relationship education a statutory duty in all schools</li> <li>Reinstate at least two hours per week of physical activity in all schools</li> <li>Stop marketing of foods high in sugar, salt and fat before 9pm and tighten online marketing restrictions</li> <li>Introduce a 20% duty (per litre) on sugar sweetened beverages</li> <li>Introduce a minimum unit price for alcohol of at least 50p</li> <li>Rapidly introduce the standardisation of tobacco packaging</li> <li>Set 20mph speed limit in built up areas</li> <li>Give everyone in paid employment and training a living wage</li> <li>Reaffirm commitment to universal free healthcare system free at the point of use, funded through general taxation</li> <li>Invest in public transport</li> <li>Implement a cross national approach to meet climate change targets</li> </ul>
<a href="#">Royal College of Anaesthetists</a>	<ul style="list-style-type: none"> <li>Focus on removing the barriers to integrated care</li> <li>Integrate QI across all areas of hospital surgery, including anaesthesia</li> <li>Create perioperative medicine services throughout the NHS by developing and improving existing facilities, skills and expertise</li> <li>Ensure payment mechanisms drive high quality perioperative care with attention to successful patient outcomes.</li> </ul>
<a href="#">Royal College of Emergency Medicine</a>	<ul style="list-style-type: none"> <li>Safe and sustainable staffing levels must be achieved</li> <li>Tariffs and funding must be fair and effective</li> <li>Exit block and overcrowding must be tackled</li> <li>Primary care facilities must be co-located with A&amp;E services</li> </ul>

<p><a href="#">Royal College of General Practitioners</a></p>	<ul style="list-style-type: none"> <li>• Increase investment in general practice</li> <li>• Launch action plan to increase number of GPs</li> <li>• Back general practice to provide care at scale</li> <li>• Support patients with multiple conditions through integrated care</li> <li>• No major top-down reform</li> <li>• Improve access for safe care</li> <li>• Keep GP services free at the point of access</li> <li>• Cut red-tape and artificial targets</li> <li>• Invest in premises so they are fit for purpose</li> <li>• Provide better support for existing workforce</li> </ul>
<p><a href="#">Royal College of Obstetricians and Gynaecologists and the Faculty of Reproductive and Sexual Health</a></p>	<ul style="list-style-type: none"> <li>• Invest in promoting healthy policies, communities and behaviours in the whole population</li> <li>• Age-appropriate sex and relationships education (SRE) to be made compulsory in all schools</li> <li>• Provide better linkages between women's healthcare and women's mental health and social care services</li> <li>• Protect access to all methods of contraception through GPs and specialist sexual and reproductive health services</li> <li>• Protect women's access to safe abortion care without fear of harassment and/or intimidation</li> <li>• Support the delivery of integrated community-based women's healthcare</li> <li>• Develop food policies and public information programmes to counter the present obesity epidemic in the population</li> <li>• Develop policies for active communities and fitness programmes with schools, community groups and local authorities</li> <li>• Fast track the introduction of plain packaging of tobacco and introduce a minimum unit price for alcohol</li> </ul>
<p><a href="#">Royal College of Physicians, London</a></p>	<ul style="list-style-type: none"> <li>• Remove the financial and structural barriers to joined-up care for patients</li> <li>• Invest now to deliver good care in the future</li> <li>• Prioritise what works in the NHS and improve what doesn't</li> <li>• Promote public health through evidence based legislation</li> <li>• Adopt Future Hospital model as a template for redesign</li> <li>• Introduce standardisation of tobacco product packaging as quickly as possible</li> </ul>
<p><a href="#">Royal College of Ophthalmologists</a></p>	<ul style="list-style-type: none"> <li>• Evidenced based commissioning of services to optimise properly costed and resourced clinical service provision both in hospital and community settings</li> <li>• Utilise extended work-force teams that are ophthalmology led</li> <li>• Develop IT and communication infrastructures to manage patients seamlessly within the system</li> <li>• Collect data and analyse for quality assurance to identify needs at local and national levels</li> <li>• Improve patient awareness about the importance of follow up appointments for chronic eye disease and eye health</li> </ul>

<a href="#">Royal College of Physicians of Edinburgh</a>	<ul style="list-style-type: none"> <li>• Develop and implement minimum staffing levels for all professions within hospital settings, based upon the best evidence</li> </ul>
<a href="#">Royal College of Paediatrics and Child Health</a>	<ul style="list-style-type: none"> <li>• Develop and implement a child health strategy – a coordinated, system wide approach to improve child health outcomes</li> <li>• Train every general practitioner and general practice nurse in child mental and physical health</li> <li>• Introduce 20mph zones in residential areas to reduce road injuries amongst children and young people</li> <li>• Ban advertising of foods high in saturated fats, sugar and salt before 9pm</li> <li>• Implement food and nutrition training for teachers and ensure Public Health England promotes policies which improve children’s diet in schools</li> <li>• Introduce statutory and comprehensive personal, social and health education (PSHE) programmes across all primary and secondary schools that is monitored by OFSTED</li> <li>• Extend the patient survey of young people in inpatient settings to cover outpatient and community settings, where transition at stages in the life course, communication and integration are key issues.</li> </ul>
<a href="#">Royal College of Radiologists</a>	<ul style="list-style-type: none"> <li>• Ensure quality of care for cancer care for patients by increasing the number of trainee clinical oncologists by at least 30 per year</li> <li>• Introduce and maintain funding mechanisms which provide equitable access and continue to support radiotherapy and chemotherapy datasets</li> <li>• Increase investment in radiotherapy services to deliver the required increase in the use of advanced radiotherapy technique, deliver on future indication for treatment such as proton beam therapy and fund the replacement of radiotherapy machines when needed</li> <li>• Commit to a ten year research programme that will advance cancer treatment in the UK</li> <li>• Increase the number of trainee clinical radiologists by at least 60 per year</li> <li>• Ensure that lifesaving services such as interventional radiology are available to patients at all times</li> <li>• Integrate RCR iRefer guidelines into clinical referral systems</li> <li>• Incentivise integrated care</li> <li>• Fund an accelerate programme to replace scanners when needed</li> <li>• Break down barriers between hospital and Community care</li> </ul>
<a href="#">Royal College of Psychiatrists</a>	<ul style="list-style-type: none"> <li>• Tackle the mental health bed crisis</li> <li>• Introduce maximum waiting times</li> <li>• Improve care crisis</li> <li>• Improve liaison psychiatric service</li> <li>• Introduce a minimum unit price for alcohol</li> <li>• Invest in parenting programmes</li> </ul>
<a href="#">Royal College of Surgeons of England</a>	<ul style="list-style-type: none"> <li>• Implement seven day working service in the NHS by implementing the Academy’s report</li> <li>• Introduce the recommendations made by the RCSEng on European Working Time Regulations to support more flexibility</li> </ul>

[Royal College  
of Surgeons of  
Edinburgh](#)

- No more top down reorganisation
- Guarantee time for training
- Embrace change through resourcing leadership programmes
- Increase openness and transparency
- NHS reform should be lead from within
- Improve public health through implementation of the Five Year Forward View
- Review and amend patient safety and non-technical skills
- The EWTD should be adhered to and no one should be encouraged or forced to opt out.
- Improvements need to be made to surgical outcomes, including providing full context to inform patients.
- Hierarchical structures, bullying and undermining need to be challenged.

# Academy of Medical Royal Colleges

## Who we are and what we do

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The Academy of Medical Royal Colleges is a membership organisation comprised of all the Medical Royal Colleges and Faculties from across the UK and Ireland. The Academy provides a forum for these leading organisations in healthcare to work collaboratively to drive improvement in health and patient care through education, training and quality standards.

The Academy promotes, facilitates and coordinates the work of its member Medical Royal Colleges and their Faculties, particularly in education and training where we contribute to the revalidation process and postgraduate education and training relating to Foundation Level, speciality and general practice.

Each College and Faculty President make up the Academy Council, which sets the strategic direction and priorities for the organisation. As such, we provide a collective and clear voice for the benefit of patients and healthcare professionals across the four nations of the UK.

You can read more about the Academy of Medical Royal Colleges [here](#).

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