

**Summary of key issues**

**Thanks and welcomes**

The Council welcomed David Galloway (RCPSG), Mike Lavelle-Jones (RCS Edinburgh), and Nigel Mathers (RCGP) to their first Council meeting.

The Council gave warm thanks to Professor Patricia Peattie who is demitting office as chair of Academy Patient Lay Group for all her work.

**Valuing Junior Doctors**

In the context of the current junior doctors' dispute the Council considered a range of issues around how junior doctors' contribution to the NHS can be better valued.

The Council welcomed a draft report from the Academy Trainees Group on their work on building supportive environments. The report should be finalised in the next few weeks. The Trainee Group was also asked to consider how work intensity could be measured and defined. The Council also noted the work started by HEE on flexible working and the costs of training.

The Council then considered the current state of the dispute including the letters from Sir David Dalton to the Secretary of State and to junior doctors.

The Council was clear that it was essential for Colleges to focus on what was needed to sustain the NHS and services for patients, Colleges should concentrate on looking forward and on the range of work required to address the underlying concerns of doctors in training where they could make a real contribution.

It was agreed that there needed to be a risk assessment of the potential impact on the NHS and patient services of the various possible scenarios and options. This should include unilateral introduction of a new contract in August and continued industrial action.

The Council agreed that the Academy should not make any statement on either the industrial action planned for 10 February or on any Government decision to unilaterally introduce new contracts from 1 August. The Council did agree to support the proposal made by Sir David Dalton that there should be a review of the non-contractual long standing concerns of doctors in training and that the Academy and Colleges should seek to play a leading role in driving and coordinating this work. This longer term work should include looking at the question of ethics and professionalism in relation to industrial action by medical staff as well as the other issues identified.

The Council also felt that in the longer term the Academy should put together a paper addressing the whole wider agenda of the underpinning values and expectations of medical training in the NHS, professionalism, the role of doctors and how they should be valued. The Academy should seek to engage the most senior decision makers such as the Prime Minister and Secretary of State in the discussion of the issues.

*N.B. The situation has obviously developed since the Council meeting with the decision of the Government to introduce new contracts from August 2016 and to invite Sue Bailey as Chair of the Academy to lead the review of underlying issues.*

### **Informatics, the digital agenda and the Faculty of Medical Informatics**

The Council welcomed the work programme from Dr Farzana Rahman who has been seconded to the Academy to take forward activity on the digital agenda with Colleges. The Council also received an update from Dr Maureen Baker on progress on the joint work of the RCGP and RCPL on the development of a Faculty of Medical Informatics.

### **Shape of Training**

The Council noted the positive outcome of the College curriculum mapping exercise which would be followed up with discussions with individual Colleges on their submissions. It was also noted that the Academy was hosting a seminar on mentoring on 9 February.

### **Choosing Wisely**

The Council received a report on the positive development of the Choosing Wisely initiative.

### **Confidentiality and consent**

It was noted that Dame Fiona Caldicott's recommendations on patient consent would be published shortly which would set out a set of principles regarding consent.

### **Generic Capabilities**

The Council noted that the Academy had been commissioned by the GMC to take forward work with Colleges to develop the proposed Generic Professional Capabilities Framework. Colleges would be involved through a sub-group of the Joint Academy Training Forum.

### **Supporting refugee doctors**

The Council noted the work being undertaken by Colleges, HEE and the GMC and the importance of not duplicating work. The Academy will seek to pull together a paper outlining the various activities underway.

### **Legal access to e-portfolios**

The Council asked the Academy's relevant education committees to work together to produce simple guidance reminding doctors about potential access to e-portfolios and how to record information transparently.

### **Hospital initiated delays to review patient appointments**

The Council supported a proposal from the Royal College of Ophthalmologists on taking forward action to tackle delays in reviewing patient appointments.

### **Implementation of Seven day services**

The Council agreed to take forward discussions with NHS England but felt that the issue needs to be considered as part of a bigger picture and relating to NHS sustainability and potentially reframed as providing an "open all hours" service which would then lead to defining what services need to be available at what times, and delivered by which staff.

### **Academy Nutrition Group**

It was reported that there were no longer resources to support a separate Academy Nutrition Group but the RCPL and RCPCH had groups on nutrition into which other Colleges could input.

### **Access to Treatments (Innovation) Bill**

The Council noted that the first part of the Bill on negligence issues over which Colleges had the greatest concerns had been dropped although there were still considerable concerns on the remaining proposals on a register of innovations.