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Looking Forward
Over the past year, since becoming Chairman of the Academy, we have seen many changes across UK healthcare. The Academy remains committed to continually improving the quality of care for all patients across the four nations. The Academy’s work over the year is detailed in full throughout this report but I want to draw particular attention to:

Seven-day Consultant Present Care. Following on from the successful publication of Consultant Delivered Care in early 2012, we produced standards that extended these recommendations to be relevant seven days a week. This work continues into the coming year looking at specialty specific issues. Our aim is that the quality of urgent care for patients be at the same high standard regardless of the day of the week.

The highly successful launch in early 2013 at the Westminster parliament and in the media of the Academy’s report on the nation’s obesity crisis. We embarked on a new style of campaign for the Academy engaging medical and non-medical organisations as well as the political parties to raise awareness of this issue that crosses not just specialty boundaries but professional ones as well.

Much attention over the year has been given to responding to the Shape of Training review across the four nations which has been a focus of all the Academy’s education related committees. Postgraduate medical education is central to the Academy’s work and we recognise the need for it to evolve to keep pace with the changing patterns of healthcare delivery and the needs of patients. The Academy Trainee Doctors’ Committee, lead by Dr Damian Roland and then Dr Andy Heep, has been crucial in providing dispassionate, objective input to the review.

This year also saw the Academy working in partnership with the NHS Confederation and National Voices, with input from the Academy Patient / Lay Group, examining the barriers that prevent the best design of NHS services. This is a topic which will certainly continue to receive attention far beyond this report.

The start of revalidation. In November 2012 the process of revalidation began, a key area of responsibility that we have been
working towards for a number of years. Our guidance and cross-college activities in anticipation of the start of revalidation highlights how well our coordinating role between Colleges and Faculties can work, and continues to work, as we take it forward into everyday practice. I am delighted to be able to say that personally I have successfully revalidated until May 2018!

The Academy is fortunate in having tremendous, dedicated staff led by the Chief Executive, Alastair Henderson and supported by the Chair of the Board and Trustees who give generously with their time. With their support, I see the focus of the next year of my term as Chair as continuing to focus on the big challenges for UK medicine – higher quality services for patients despite tight NHS finances, higher quality training for tomorrow’s doctors, campaigning for measures to tackle the public health threat of obesity, and providing clinical expert advice across all four UK nations.

Professor Terence Stephenson
Chairman
This has been a challenging year for the Academy with many controversial topics to address. Arriving at a consensus is not always easy, and I have observed the Chairman and fellow officers guiding Council members with great skill.

College and Faculty members are entitled to be pleased and proud of the collaborative way in which the views and experience of their specialities are brought together and given added authority by being expressed in a single voice. To facilitate this process, the Board of Trustees developed decision making protocol for the Council.

The board of trustees is responsible for the Academy as a charitable corporation. Its focus is governance, financial health, and business management, which allows the Council to focus on medical and healthcare policy issues. We can report that the Academy is in a sound financial state; it is efficiently managed by its Chief Executive and his staff; and its affairs are properly considered by the Council.

We met four times during the year and reviewed the Academy’s finances, strategy, staffing and governance. We adopted a process for early consultation with College treasurers on our budget that allowed for their input in good time for discussion before the budget was adopted.

Following the resignation of Arun Midha as an independent trustee, we were pleased to welcome Pamela Charlwood as a new trustee. Paul Coombes acting as senior independent trustee led the process provided for in the articles that led to my being re-appointed as chairman for a further term.

I am grateful to my fellow trustees, to the Chief Executive Alastair Henderson, to our accountant Elizabeth Libera-Moreni, and to all the staff of the Academy for their support during the year.

Walter Merricks
Chairman of the Academy Board of Trustees
An introduction to the Academy

The Academy of Medical Royal Colleges speaks on standards of care and medical education across the UK. By bringing together the expertise of the medical Royal Colleges and Faculties it drives improvement in health and patient care through education, training and quality standards.
The Academy promotes, facilitates and where appropriate coordinates the work of its member Medical Royal Colleges and their Faculties (as defined in their respective charters). It has a leading role in the areas of clinical quality, education and training and doctors’ revalidation.

The Academy was established in 1974 as the Conference of medical Royal Colleges and their Faculties. In 1996 it was renamed the Academy of Medical Royal Colleges. The Academy comprises the 20 medical Royal Colleges and Faculties across the UK and Ireland whose presidents meet regularly to agree direction in common healthcare matters. It provides a collective, clear and sure voice for the benefit of patients and healthcare professionals across the four nations of the UK.

The Academy is a registered charity in England, Wales, Scotland and Northern Ireland. It is also an independent corporate body limited by guarantee.

Who we are

Governance

The Board of Trustees oversee the overall governance of the Academy. It is responsible for all issues relating to governance including finance, audit, risk management and human resources. The Board has the ultimate legal responsibility for the Academy. It is currently chaired by Mr Walter Merricks.

The Academy Council comprises the Presidents of the member Colleges and Faculties (plus the Chairman of the Royal College of General Practitioners Council). The Council determines the healthcare policy issues for the Academy. Professor Terence Stephenson is Chairman of the Council.

Academy Staff are based in the offices in Clerkenwell, London. The Academy employs ten full-time members of staff and also contracts others on a consultancy basis to undertake specific projects. The Chief Executive is Mr Alastair Henderson.

How we work

The Academy Council — The work of the Academy is centred on the Academy Council. The Council meet five times a year and consider a wide range of policy and professional issues. Importantly, the Council seeks to consider all issues from a four country perspective. Whilst healthcare structures and processes vary across the four nations, the core issues relating to the quality of care, clinical standards and medical education and training are common across the UK.

In 2012-13 a central issue for the Council was the policy changes for the NHS in England arising from the passing of the Health and Social Care Act 2012. This included both the major changes to the commissioning of services, but also the restructuring of education and training arrangements with the creation of Health Education England. The Council also had oversight of key Academy projects on Obesity and Seven Day Consultant Present Care, as well as its response to the Shape of Training Review. Preparation for, and the response to the publication of the Francis Report on Mid-Staffordshire hospital Trust was obviously also a key issue for the Council.

Following official Council meetings, members also held informal meetings with key external figures. In 2012-13 these included the Chief Medical Officer (England), Medical Education England’s (MEE) Director of Medical Education, the Advisory Committee on Clinical Excellence Awards Medical Director of Committee and Department of Health (England) officials.

Committees — The Academy has a number of committees that report back to the Council. Each committee meets on average four times a year. The Chairman of each of the committees is appointed by the Academy, and is a member medical Royal College or Faculty representative, with the exception of the Patient Lay Group and the Trainee Doctors’ Group where the chairmen are elected by their own committee members. Chairmen of other committees under the Academy umbrella are appointed by the Academy Officers. A full list of Academy Committees and their Chairmen is at the back of this report.

Projects — The remainder of the Academy’s work is delivered through specific projects. These are either commissioned by external organisations such as the Department of Health (DH) on a funded basis or part of the Council’s work programme. Projects are either carried out directly by the Academy itself or by external organisations where the Academy’s role is to commission and monitor the delivery of the work.
“The Academy’s strength lies in its understanding of areas which cross college and faculty boundaries”
What we do

The principle work of the Academy focuses on the following key areas:

— Education and Training
— Revalidation
— Quality Improvement
— Health Policy
— Representation and Engagement
— Governance and Administration

The Academy’s strength lies in its understanding of areas which cross college and faculty boundaries.

The Academy’s activities are focused primarily on producing policy and informing healthcare through committees and short-term projects.

The Academy builds strong links with key stakeholders and healthcare bodies to create opportunities and establish relationships. Through its work, the Academy increases the profession and the public’s awareness and understanding of key overarching issues that affect all those who use healthcare services and those within its member medical Royal Colleges and Faculties. It is essential that members share and learn from each other.
The Academy’s activities are focused primarily on producing policy and informing healthcare through committees and short term projects.
Education and Training

The Academy and its members shape the development and implementation of postgraduate medical education and training in the four nations of the UK, while supporting its member medical Royal Colleges and Faculties on their own agendas in cross cutting issues.
The Academy has a number of permanent committees in relation to education and training, and from them a number of working groups have been established to look at specific areas of education. Membership of these Committees is made up of representatives from medical Royal College and Faculty member organisations and external bodies such as the General Medical Council (GMC) and Health Education England as appropriate.

As well as these committees the Academy hosts other work streams that look at specific aspects of education and training such as the Medical Training Initiative. This year the Academy also received funding for a Clinical Fellow to work specifically on trainee doctor related areas.

Two key issues have crossed all of the Academy’s education work in 2012-13:

— Preparing for the changes arising from the establishment of Health Education England (HEE)
— Evidence gathering for the Shape of Training Review.

The Academy Education Strategy Committee (AESC) creates a forum to focus key education and training strategy. The AESC sets out the overarching strategic direction of travel for the Academy’s other education and training related committees, ensuring coordinated working. The AESC is comprised of the chairs of all the Academy education and training related committees including the Directors of Continuing Professional development (DoCPD) and has both trainee and patient representation.

The committee met four times in the reporting period, and its work contributed to:

— Developing a standards and principles document regarding the quality assurance of training
— Devising a financial support strategy for the evaluation of the broad-based framework
— The educational outcomes quality framework
— Supporting, developing and taking forward Improving care and training at trainee changeover dates
— Taking forward developments regarding the communication and the assessment thereon for post-graduate doctors
— Establishing a working group to evaluate the use of Supervised Learning Events in Foundation level education
— Discussion documents regarding doctors coming to the UK for training from the Kingdom of Saudi Arabia
— The Academy response to the Shape of Training Review
— Responding to changes to the Health and Social Care Act, including support for the deanery function on Local Education and Training Boards (LETBs) and HEE.

Education Strategy

Foundation Programme

The Academy has a number of permanent committees in relation to education and training, and from them a number of working groups have been established to look at specific areas of education. Membership of these Committees is made up of representatives from medical Royal College and Faculty member organisations and external bodies such as the General Medical Council (GMC) and Health Education England as appropriate.

The Academy Foundation Programme Committee (AFPC) owns and is responsible for the Foundation Programme Curriculum (FPC) and when appropriate advises on its implementation and revision. The AFPC also acts as a forum for discussion for member medical Royal College and Faculty representatives, the UK Foundation Programme Office, foundation trainees, patients, deans, the National Association of Clinical Tutors UK, Medical Schools Council and the GMC on issues related to the Foundation Programme, including E-learning for Healthcare (E-LfH) material.

The revised Foundation Programme Curriculum (March 2012 edition) was approved by the GMC and has been in use in the four nations since August 2012. The AFPC has worked closely with the UK Foundation Programme Office to ensure good communication of the changes. The Academy actively promoted the changes made to the FPC, particularly developments relating to the assessment related aspects, including how this will work practically within the eportfolios.

In the last year the Academy Foundation Programme Committee established two working groups:

— Patient feedback — A working group established to develop a patient feedback tool to be piloted for the formative assessment of foundation doctors (recommendation 22 of the Collins review). The working group conducted a pre-pilot in summer 2012 and further pilots will be held in the four nations between April and July 2013. The working group will report back findings to HEE and other stakeholders in late 2013.

The Academy Foundation Programme Committee has also:

— Supported the implementation of compulsory shadowing for foundation doctors
— Worked with the GMC, pharmacists and employers on the development of the safe prescription of cytotoxic drugs and how this can be delivered in Foundation year 1
— Had representation on HEE’s broadening the foundation programme work streams and Prescribing Skills Assessment Group.
The Academy ensures that the MTI Programme remains an active element of international healthcare provision.
The Academy Specialty Training Committee (ASTC) acts as a forum for College leads, trainees, patients, deans, the GMC and HEE to share best practice and collate views relating to post-foundation training. It has met six times in the reporting period.

Key areas of the committee’s work have included:

— Input into the development of Better Training Better Care
— Input into the Academy response to the Shape of Training Review
— Input into developments of the Medical and Dental Recruitment and Selection (MDRS)
— Enabling discussions for implementing the Alcohol and Other Drugs Competency Framework across different specialties
— Responding to reviews and consultations from a range of organisations including:
  — Academy Seven Day Consultant Present Care report
  — GMC (Good Medical Practice, PLAB, Recognition and approval of trainers, Recognition to specialist and GP registers, Curricula migration, Time out of training agreement)
  — Revision of the Gold Guide and Joint consultation by the law commission, Scottish law commission and Northern Ireland commission on the regulation of healthcare professionals, trainee revalidation developments and HEE’s Educational outcomes quality framework
— Providing representation, information and data for internal and external groups related to specialty/general practice training, including the:
  — GMC’s QA meeting,
  — GMC’s health and disability in medical education working group
  — GMC’s surveys working group
  — DH Joint working group on specialty numbers
  — HEE Technology Enhanced Learning working group.

Working Groups

The Academy Specialty Training Committee working groups have taken forward the development of curricula and frameworks.

Broad Based Curriculum Working Group — A core programme for post foundation doctors which gained approval from the GMC in November 2012. It will be piloted in six deaneries in England in August 2013. The working group also developed a strategy and gained the agreement of funding from HEE for the evaluation of the broad based programme to be in place from summer 2013.

Transferable Competences Working Group — Development of a framework so that trainees who gain competences in one curriculum, are able to have them recognised (where appropriate) if they move to a different curriculum. This has support from MEE, the GMC and the Medical Programme Board (MPB). The framework is expected to be published in summer 2013.

Joint Academy and COPMeD Training Advisory Group

This group brings together the Academy, the Conference of Postgraduate Medical Deans (COPMeD) and the Committee of General Practice Education Directors (COPGPeD) with the GMC, the four DHs, Medical Schools Council, Employers, Centre for Workforce Intelligence (CfWI), trainees and patients in a forum to inform, coordinate, and develop policy and strategy and the delivery of postgraduate medical education in the UK.

The group has met four times since April 2012. Key work over the period included:

— Input into the development of Better Training Better Care and updating stakeholders of such developments
— Updates on development of HEE and LETB establishment
— Updates and involvement of MDRS development
— Reestablishment of the quality standards working group to take forward specific and set pieces of work, this included the Improving care and training at trainee changeover dates
— Input into a range of reviews and consultations including those from the GMC and DH
— Working with the Centre for Workforce Intelligence.
“High quality medical healthcare is critically dependant on the quality of postgraduate medical education and training”
The Academy Assessment Committee (AAC) continues to act as a forum to share best practice in assessment. This year it has been used to share progress and experience relating to the Supervised Learning Events (SLEs) pilots. Work has continued with the GMC on implementing proposals for the number of attempts and period of validity for national postgraduate examinations.

This year has also seen the following areas work:

**Generic principles of good practice relating to College appeals processes** were produced following a consultation. These have now been adopted as common policy by all Colleges and Faculties.

**Recommendations** have been drafted for a consistent approach across colleges for exam candidates with a disability. This is still under consideration and consultation, but it is hoped to be formally adopted in summer 2013.

Collaborative work with the GMC regarding ethnicity. In particular trainee examination data, looking at relationships between ethnicity of candidates and exam results. Ethnicity of examiners was also looked at. The GMC and the AAC now ensure that all Colleges compile data of examiners according to ethnicity to provide assurance that there is no unfair bias. Colleges report data back to the GMC in the Annual Specialty Report.

Collating information on formal assessment of communication skills across the specialties. A working group will take this work into 2013 with a more advanced scoping exercise looking into lay involvement in question writing and scenario setting with a view to setting a generic template in the future.

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**Assessment**

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The Academy Trainee Doctors’ Group (ATDG) has continued to discuss and provide a voice into many key issues surrounding medical Royal College registered trainee doctors. The trainee voice has been represented at the majority of Academy committees and working groups, as well as external bodies.

The ATDG also piloted its three new themed representatives to support the group. These representatives were in the areas of Education and Training, Specialty Training and Leadership and Management. The terms of office for these roles have now come to an end, and are not being renewed.

The Academy Clinical Fellow has been significant to the effective working of the ATDG this year, working specifically on behalf of the ATDG (detailed below).

Key areas of the group’s work have been:

- Coordinating a detailed response to the Shape of Training Review
- A scoping exercise on the cost of training to Certificates of Completion of Training (CCT) level doctors with comparative indicators
- Improving care and training at trainee changeover dates
- Input into development of Better Training Better Care
- Role of the Trainee work
- Undermining and Bullying

Statements have also been published by the group on HEE LETBs, Authorisation Framework and Foundation Trust Network commentary on the CfWI consultation on future NHS consultant numbers. It has fed into several GMC consultations including Recognition and approval of trainers, Subspecialty focus, and Dual-CCT.
This year, for the first time, the Academy became a host organisation for the National Medical Directors Clinical Fellow Scheme and took on a clinical fellow. The fellow had the opportunity to participate in medical education issues at a national level.

In particular, work has focused on improving patient safety during trainee doctor changeover rotations. The Academy, along with NHS employers, is producing guidelines for employers on this. It is also beginning to look at staggering changeover dates, this work will continue into 2013.

Alongside Health Education England (Better Training Better Care) the Academy fellow developed and coordinated an initiative to fund and find trainee-led projects to improve training. The competition: Inspire Improvement, was very successful with eight projects being given the opportunity to be realised.

Work has also been developed around the role of the trainee doctor, looking specifically at the value and educational priorities of trainee doctors.
As the first fellow to work in the Academy I was not sure what to expect, but taking the leap from clinical practice is a decision I will never regret. It has been a fantastic opportunity to experience first-hand how the voice of the medical profession is forged and emphasised to me the importance of collaborating and working for patients across specialty boundaries.

I have been encouraged to take a lead role on a number of exciting projects, which have allowed me to develop an understanding of creating health policy and gain skills in managing complex projects.

Early on in my year it was a real privilege to organise four private seminars for the new Health Secretary, the Rt. Hon. Jeremy Hunt, on his four priority areas. Setting up and attending the seminars gave me a fascinating insight into the interaction between professionals, politicians and civil servants.

I have worked on enhancing the safety of patients and experience of staff during changeover between rotations for doctors in training; a subject close to trainees’ hearts. To be able to influence on a national scale problems that I have encountered in my own clinical practice has been very rewarding.

I am also developing a consensus charter to define the value of the doctor in training. This has the potential to serve as a common point of reference for all those involved in training and identify key educational priorities for doctors.

In partnership with Health Education England I developed Inspire Improvement: A competitive process to identify and fund innovative trainee-led projects across England that improve training. The almost 200 applications received demonstrate how much enthusiasm and many good ideas that doctors in training have!

I will take away some great memories from working with many excellent people during my time at the Academy. I hope to stay involved in the future as I return to clinical training in forensic psychiatry and wish my successor Dr. Sonia Panchal good luck for the year ahead.

Dr Howard Ryland
Academy Clinical Fellow
The Academy Directors of Continuing Professional Development (DoCPD) advise doctors and other senior professionals allied to the medical Royal Colleges and Faculties, on the development and administration of their CPD schemes. The committee, in so far as it is possible, harmonises administration of the quality assurance of such schemes. DoCPD comprises one representative from each of the medical Royal Colleges and Faculties and from the Royal Society of Medicine, the GMC attends as an observer.

Over the reporting period the following work was undertaken:

**CPD Guidance for Appraisers and Appraisees** — DoCPD began developing guidance to help doctors and their appraisers structure appraisal discussions and supporting information. This allows for proper evaluation of a doctor’s learning since their previous appraisal, and supports the development of a doctor’s personal development plan (PDP). It advises appraisers what to consider when reviewing a doctor’s CPD activity, and illustrates to doctors the things that they should expect to be discussed during their appraisal. The guidance is due for publication in 2013.

**Assessing the Impact of CPD on doctors performance and patient/service outcomes** — The report of this GMC commissioned study was published in April 2013. The draft findings had previously been shared with DoCPD. The research made a number of key recommendations, many of which DoCPD publically supported in a statement.

Taking the recommendations forward the committee is engaging in future collaborations with the GMC particularly in the following areas:

— The role of employers in facilitating effective CPD
— The links between effective CPD, appraisal, PDPs and service need
— The role of reflection
— Practical ways of promoting effective learning through CPD.
The Academy encourages sharing of expertise, skills and knowledge between medical professionals. It promotes, facilitates and where appropriate coordinates the work of its member Medical Royal Colleges and their Faculties for the benefit of patients and healthcare.
The Medical Training Initiative (MTI) is designed to enable International Medical Graduates to enter the UK to experience training and development in the NHS for up to two years before returning to their home country. The Academy continues to act as the UK Sponsor to enable participants to apply for a Tier 5 Government Authorised Exchange Scheme Visa with the UK Borders Agency.

Under the scheme, training capacity not required for planned UK/EEA training numbers is made available for overseas doctors who meet the required eligibility criteria. Management of the MTI is a joint approach between the GMC Approved Sponsors (which includes the majority of medical Royal Colleges), Postgraduate deaneries, NHS Trusts and the Academy, with support from the DH.

By attending key Committees and building relationships with organisations such as Healthcare UK, the UK Boarder Agency and the Department for International Development, the Academy ensures that the MTI Programme remains an active element of international healthcare provision.

In November 2012, the Academy hosted a MTI Orientation Day for MTI participants across England, Scotland, Northern Ireland and Wales. The day covered topics such as ethical decision making and transition to work in the UK.

The Academy also facilitates the sharing of good practice, learning and process improvements through a regular MTI Leads forum. This brings together representatives from the medical Royal Colleges and Faculties, deaneries and DH. In addition, the Academy provides on-line information and guidance and acts as a contact point for queries.

Over the last year more than 300 new participants (an increase of 25% on the previous 12 months) joined the MTI programme from 30 different countries, taking up placements in over 50 different specialties.

Since 2011, the Intercollegiate Group on Nutrition (ICGN) has been under the auspices of the Academy as a collaborative venture between the medical Royal Colleges and Faculties and the British Dietetic Association.

Its initial aim, to establish an Intercollegiate Course on Human Nutrition, with relevance to doctors of all disciplines has been extremely successful, with a minimum of one course running per year since it began. The last course was held in March 2013.

The group has continued to work on an e-learning ICGN curriculum within the Southampton NIHR Nutrition Biomedical Research Centre. It is anticipated that the course content and implementation will complete later in 2013. ICGN is also involved in undergraduate and foundation years training with a view to inputting into higher medical training.

Undergraduate Nutrition Education Implementation Group — Set up under the ICGN, the Undergraduate Nutrition Education Implementation Group (UNEIG) works to standardise what it is reasonable to expect from newly qualified doctors as they enter postgraduate training. The group includes representation from every medical school in UK.

Last year the group developed a Standard National Curriculum on Nutrition for medical students. A supporting document has since been developed to advise how to incorporate the curriculum in differing medical schools. Discussions began over the year on how to take nutrition peer support networks forward for ‘nutrition champions’ within medical schools, and will be developed further in 2013. The group is also developing its website to be able to share teaching and assessment resources amongst members.
Revalidation formally began in December 2012. A number of Academy Council members, including the Academy’s Revalidation lead have successfully revalidated. The Academy has continued to work with its partners to develop a system for revalidation that is straightforward and robust, reflecting the needs of doctors and patients.

The Academy is represented on the UK Revalidation Programme Board and the Revalidation Support Team’s (RST) Programme of Work Advisory Group as well as other stakeholder involvement activities that focus on policy and implementation.
The Academy Revalidation Steering Group (ARSG) meets four times a year. Its membership comprises the Clinical Revalidation leads in the Colleges and Faculties. In the past year the ARSG has been involved in the following work streams:

**Specialty adviser training and establishment of helpdesks** — The Academy has been supporting medical Royal Colleges and Faculties in the development of revalidation advice services for specialty specific enquiries from doctors, appraisers, and Responsible Officers. The Academy funded the establishment of helpdesks, which are now up and running in each medical Royal College and Faculty.

During 2012, the Academy arranged core training for specialty advisers and those working on each helpdesk to ensure that the advice given is consistent and impartial, recognising the legal obligations of responsible officers and appraisers as well as those of the medical Royal Colleges and Faculties. The Academy provided funding for each College and Faculty to deliver relevant specialty training to its helpdesk advisers.

At the beginning of 2013, the Academy’s Specialty Guidance Group (SGG) entered Phase 3 of its work. The group began considering how the current specialty guidance documents are used and plan to design and pilot a questionnaire to gather feedback from all groups who use the helpdesks.

The SGG also developed a framework (endorsed by the ARSG) to assist medical Royal Colleges and Faculties in the quality assurance evaluation of advice provided by their helpdesks. The framework is intended as a model of good practice and contains a number of prompts which can act as a checklist to assess the level of adherence to the quality assurance principles.

**Remediation** — The Academy has set up a small implementation group to take forward some of the recommendations made in the Academy’s Remediation report published in September 2012. The group has representatives from eight medical Royal Colleges who will liaise with medical Royal Colleges and Faculties and other relevant key stakeholders on this work. It is anticipated this group will report on the work later in 2013.

**External Representation** — The Academy is represented on the newly formed Revalidation Implementation Advisory Board which has been established to provide advice to the GMC during the implementation of revalidation. The Academy is also now represented on the Revalidation Support Team’s (RST) Programme of Work Advisory Group. The Academy continues to have representation on the Scottish Academy, the Northern Ireland Revalidation Delivery Board and the Wales Revalidation Delivery Board, as well as on regional revalidation groups (London, the Midlands and the South of England).

**Frequently Asked Questions** — A series of Revalidation FAQs were developed by the ARSG and published on the Academy website.
Reflecting back on 2012 will identify the onset of revalidation for doctors. The preparation was long, tortuous and at times difficult, but there was always a pragmatic wish amongst most doctors that they wanted a fair robust and valid process. The Academy along with the GMC and the Revalidation Support Team were all significant contributors to the final process. Although not perfect there was a commitment to commence and iron out the difficulties once the process was up and running.

On a personal level I submitted myself for the process in February 2013 and received my GMC notification of relicensing a few weeks later. As expected collecting the supporting information was the most time consuming component and maintaining a contemporary record is a must. The data of 360 degree feedback from colleagues and patients is a process that is simple for favourable responses but I would suggest that for less rewarding reports this may create tensions and difficulties.

During the year the Academy Revalidation Steering Group has focused on completing the delivery of specialty guidance for each Royal College. Helpdesks were funded within all colleges and faculties and appropriate generic and specialty specific guidance was developed under the leadership of Dr Ian Starke and the specialty guidance group.

Remediation continues to be a potential challenge to responsible officers, professional support units, the Academy and individual Royal Colleges. The potential effect on individual doctors and patients needs further experience and clarification. Richard Smith led a group in producing an Academy document on the role of Royal Colleges in this process.

Indeed the focus of work for all has moved across to measuring the impact and checking the implementation plans. There is a strong expectation among all the stakeholders that the evidence of improved patient experiences and outcomes would be very desirable.

Dr Tony Falconer
Academy Revalidation Lead
The Academy Revalidation Development Group (ARDG) meets bi-annually acting as forum for information exchange for the work of the Academy Revalidation Steering Group (ARSG), medical Royal Colleges and Faculties, and external partners and stakeholders. Discussions and actions from this group have contributed to developing the revalidation process.

The Academy Revalidation Project Governance Committee reviews and recommends funding and oversees progress of specific projects relating to revalidation and CPD. During 2012-13, funding has focused on the implementation of revalidation in practice across the specialties.
“The Academy has worked with its partners to develop a revalidation system that is straightforward and robust, reflecting the needs of patients and doctors.”
Quality Improvement

The Academy has continued to increase activity and contribution to issues around quality and standards of clinical care. It has focused its work through committees and short term projects.
The Academy’s Quality Improvement Leads Committee continues to provide a forum for Academy members to work on cross medical Royal College and Faculty issues relating to quality standards and improvement. The past years work programme has looked at Commissioning, Clinical Standards, Professionalism and Informatics to address identified issues of common interest across the medical Royal Colleges and Faculties.

The work of the Quality Improvement Leads Committee has generated and informed the following:

**Seven Day Consultant Present Care** — In December 2012, the Academy published Seven Day Consultant Present Care. The report was developed by a steering group, including representatives from all the medical Royal Colleges and Faculties and NHS Employers. The report recommends three patient-centred standards to deliver consistent inpatient care irrespective of the day of the week. It demonstrates the high level of commitment among the medical Royal Colleges and Faculties to see an improvement in the quality of care delivered to patients at weekends and ‘out-of-hours’. A follow-up project began in early 2013 to develop implementation of the three standards. It is anticipated that this work will be completed in winter 2013.

**Service Reconfiguration Guidance** — The Challenge of Change. The Academy began working with National Voices and the NHS Confederation to develop clear, pragmatic guidance for those assessing service reconfiguration in healthcare and how barriers to making changes might be overcome. This work focuses and will continue to work with the benefit of a joint dialogue between patients, clinicians and managers on how services might be improved.

**Child Sexual Exploitation** — Following the contribution made by representatives from medical Royal Colleges and Faculties to the Department of Health’s work on child sexual exploitation, the Academy is establishing a small working group. It will develop tools to help clinicians recognise and respond to the indicators of child sexual exploitation. The working group aims to deliver by spring 2014.

**NICE Implementation Collaborative** — The NICE Implementation Collaborative (NIC) was launched by the Prime Minister December 2012. It is an independent partnership between the NHS, the life sciences industry, healthcare professional bodies, key health organisations and the public. The NIC partners, of which the Academy is one, are committed to working together to support a system where patients have faster and more consistent access to NICE-recommended medicines, treatments and technologies.

In March 2013 partners officially signed the NIC concordat and formally launched the collaborative at the Healthcare Innovation Expo. Currently the NIC is engaged in four pilots to understand the barriers to the implementation of NICE recommendations.

The Obesity Project — After forming in February 2012, the Academy Obesity Steering Group met four times during the year. It launched an inquiry into obesity and received more than 100 submissions to its call for written evidence. Twenty individuals and organisations were then invited to oral evidence sessions, and there were a further 200 individual responses to a patient and public questionnaire.

Academy representatives presented the emerging findings from the inquiry at the main political party conferences in England in September/October 2012. Here they engaged further organisations, individuals and politicians in the debate.

The Obesity Steering Group considered the evidence and produced the report *Measuring Up: The Medical Profession’s Prescription for the Nation’s Obesity Crisis* in February 2013. This report contained 10 key recommendations.

The Academy formally presented its findings in the House of Commons on 25 February 2013, at a parliamentary launch hosted by Sarah Wollaston MP. The report was published a week earlier attracting much national and international coverage. Work on taking the 10 recommendations forward will continue into 2013.
The Academy regularly meets ministers and senior staff from the UK departments of Health to discuss issues of development for member medical Royal Colleges and Faculties relating to quality standards and postgraduate training and education to improve patient care.

It also responds to appropriate consultations on specific issues with a collective voice.
Whilst the content and passage of the Health and Social Care Act dominated much of the Academy’s policy considerations in 2011-12, preparation for the changes to the NHS in England following the passing of the Act was a dominant issue for the Academy in 2012-13. Although Academy members had many concerns over the content of the Act, they were committed to a successful transition to the new arrangements ensuring that patient care was not disrupted.

However, the publication of the specific Regulations (Regulation 75) to take forward the Act around choice and competition did cause considerable concern. Members considered that the original Regulations would force Clinical Commissioning Groups into unnecessary tendering exercises to the detriment of patient care. Following discussions with the Government the original Regulations were revised. Whilst concerns remained, the Academy was then able to directly input to the guidance from Monitor that accompany the Regulations.

The establishment of the NHS Commissioning Board, now NHS England, as well as local Clinical Commissioning Groups, represented a huge change. Equally, in the field of education and training the establishment of Health Education England (HEE) with new local arrangements for medical education and workforce planning through HEEs Local Education and Training Boards is a vast organisational change. The Academy engaged closely with the Department of Health (England), the NHS Commissioning Board/NHS England and HEE throughout the year to ensure continuity and stability throughout the transition.

The publication of Robert Francis, QC’s report on Mid Staffordshire NHS Foundation Trust in February 2013 was greatly anticipated. The report demands a wholesale change in attitudes, culture and behaviour in the NHS if the appalling occurrences in Mid-Staffordshire are not to be repeated. It has profound implications for medical staff as well as other groups in the NHS.

The Academy responded to the 290 recommendations with a position statement on the day of the report’s publication. It has since organised a meeting for members to come together to agree an action plan for the medical Royal Colleges and the Academy to take forward relevant recommendations.

Aside from the establishment of HEE the key issue for the Academy was the Shape of Training Review established on a four nation basis and led by Professor David Greenaway to look at the future of post-graduate medical education (PGME). This is clearly a key issue for medical Royal Colleges and Faculties for whom PGME is central. The Academy is one of the reviews sponsoring organisations alongside the UK Health Departments, the GMC and COPMED.

Whilst all individual medical Royal Colleges and Faculties made their own submissions to the review, the Academy sought to provide an overview which reflected the shared views across the specialties. The Academy and representatives from the Academy Trainee Doctors’ Group also gave oral evidence to the review.

The Academy was asked by the Secretary of State for Health, the Rt Hon Jeremy Hunt MP, to arrange a series of confidential seminars with medical Royal Colleges and Faculties on each of his four priority areas (dementia, long term conditions management, caring and preventable mortality). The seminars had primarily but not exclusively a medical focus and provided a forum for the Secretary of State to hear expert opinion on how to take forward his priority areas. The events proved a positive example of engagement and collaboration between the Academy and Government.

Following a meeting in February 2013 with the Secretary of State, the Academy was asked to produce a paper on the clinical vision for information and technology in the NHS. This work is now underway and is due to be published in summer 2013. The Academy is also currently engaged with NHS England to ensure clinical input to their developing work on information and technology.
The Academy has produced some of the most comprehensive and focused reviews of healthcare. Working in partnership with the medical Royal Colleges and Faculties as well as the Department of Health to influence and develop the way the medical profession works.
The Academy Health Inequalities Forum (AHIF) allows members to disseminate information on various issues related to health inequalities. The forum met four times over the period and developed a detailed work programme on three themes of products, influence and engagement.

Over the reporting year four work streams have been progressed:

Influencing the Social Determinants of Health — A programme of work with the Institute of Health Equity (IHE). In particular this work fed into the IHE report Working for Health Equity which was launched in March 2013. The Academy has commitments to take forward from this.

Early Interventions in Childhood to Reduce Health Inequalities — A concept paper was drafted making the case for all health professionals dealing with families and children to be aware of the social determinants of health and their effect on the life chances of those children.

Active Travel — A report paper looking at evidence for interventions to increase activity and reduce health inequalities has been produced with a view to publication in 2013.

Developing a Web-based Resource Site for Health Inequalities — The redesign of AHIF webpages has begun to publicise the work of the forum with a view to being used as a resource for health inequalities in the future.

The Forum also conducted a review into how the Health Inequalities Core Competency Framework (2009) had been incorporated into College curricula. Work will continue into the delivery and assessment of the competences in the coming year.
2012 was a difficult year for all Colleges and Faculties as we tried to mitigate the risks posed by the continuing recession and the government’s reforms to the NHS in England; and it was perhaps uniquely challenging for the Faculty of Public Health (FPH), as the plans included radical changes to the nature and organisation of the English public health system.

FPH had – and continues to have – serious concerns about the impact of some aspects of these changes on people’s health and safety and on public health practice, training and careers. Professional leadership in times like these is rarely straightforward. Although our Members and Fellows individually held a wide range of views, a focused and consistent national position was fundamental to successful negotiation.

The wise counsel and constructive challenge offered by the Academy’s members and staff really helped us to think through our approach and was invaluable to me personally when the national debates became particularly heated.

The Academy’s active support for our lobbying and media work was also very much appreciated. Although we didn’t win every battle there were some significant successes and we did, together, make a real impact on the nature and shape of the new system.

Professor Lindsey Davies
President of the Faculty of Public Health
The UK Donation Ethics Committee (UKDEC) was established in early 2010. It is hosted by the Academy, and funded by the UK Department of Health. It aims to increase professional and public confidence in the ethical basis for decisions and processes in organ donation. Unlike other Academy Committees its members are independently appointed.

Work over the year has focused on:

**Ethical framework for donation after brain-stem death (DBD)** — The development of an ethical framework on DBD, to complement UKDEC's ethical framework for donation after circulatory death was a major piece of work in 2012-13. It is intended to launch a consultation in June 2013 with a view to final publication in the autumn.

**Faith project** — This project builds on work instigated by the Organ Donation Taskforce. UKDEC continues to engage in meetings and events with faith communities, and has developed a strong relationship and mutual understanding with faith communities.

**Review of legal advice on interventions to optimise successful donation** — In response to concerns raised by practitioners, UKDEC has identified a review of the current legal advice from DH on interventions as a strategic objective. Ministers asked the Committee to examine the evidence and submit a case for review to DH. A workshop was held in March 2013 to test and refine the approach in relation to a range of interventions with interested parties (including intensivists, transplant teams, specialist nurses for organ donation, clinical leads for organ donation, ethicists, lawyers, donor families). A submission to DH will follow.

**Paediatric consent** — UKDEC has also debated paediatric consent and has drawn up a consultation document regarding guidance on consent to donation from deceased children, which should be ready to issue in the summer of 2013.

UKDEC continues to receive comments and questions from the transplant community, and strives to provide a flexible and appropriate response, that does not cut across the responsibilities of local ethical and other approval systems. In particular the Committee has responded to questions relating to:

- Donation from an anencephalic infant
- The Human Transplant (Wales) Bill, to which both written and oral evidence was given
- NHS Blood and Transplant Strategy
- Edinburgh pilot protocol for donation from Maastricht Category II donors.
The Academy’s report on Seven Day Consultant Present Care (see Quality Improvement) was very well received and undoubtedly helped set the terms for debate. More widely the Academy is directly involved in work being undertaken by NHS England on seven day services. In addition it is also co-sponsor of a National Institute for Health Research three year project led by Professor Julian Bion on the benefit of high intensity consultant presence.

The Academy’s highly successful report on Obesity is detailed previously in this review. The Academy believes that this was an agenda-setting report which fits with wider policy and involvement in tackling obesity. This work will continue in 2013.

The Academy continues to be involved in the Ethical Standards in Health and Life Sciences Group (ESHLSG) which brings together clinical representatives with the pharmaceutical industry. The Academy believes that the group serves a useful purpose and it is important to be engaged in its work. Some of the ESHLSG publications have been subject to external criticism and are being revised in the light of the comments received. The Academy has also signed up to the ‘All Trials’ campaign for transparency in clinical trials.

Matters relating to terms and conditions are clearly outside the Academy’s remit. However, the Academy did make a legitimate contribution to discussions about new contractual arrangements for consultants and doctors in training and the future of clinical excellence awards. The Academy’s focus was on issues relating to maintaining standards throughout medical careers.

The Academy supported initiatives from the Royal College of General Practitioners on the on-going work flowing from their report on Medical Generalism published in 2012 and their consultation Better Care for Patients: Defining the role of General Practice in 2022. In both cases the RCGP was keen to receive further input from other medical Royal Colleges and the Academy was

The Academy supported a joint initiative from the Royal College of Psychiatrists and the Royal College of Physicians (London) which developed the commitment in the Health and Social Care Act for equal treatment of mental and physical illness and the objectives set out in the Government’s mental health strategy for England No Health Without Mental Health.

The Academy organised a seminar for members and responded to a Government consultation on the role and impact of the EU within health policy. It was recognised that whilst some medical Royal Colleges and Faculties have frustrations with the European Working Time Regulations cross European standards are positive in many areas.

The Academy endorsed a statement on the value of international volunteering and how it can be facilitated. The statement was drawn up by the Academy International Forum.

The Academy supported a Trainee led proposal for ‘NHS Change Day’ held on 13 March 2013. The day encouraged NHS staff to pledge commitment to a specific action to improve services on that day.
The Academy of Medical Royal Colleges speaks on standards of care and medical education across the UK. By bringing together the expertise of the medical Royal Colleges and Faculties it drives improvement in health and patient care through education, training and quality standards.
The Academy has continued to build and enhance its relationship with stakeholders and relevant bodies through committees and meetings.
Flexible careers

The Academy Flexible Careers Committee was set up as a forum to combine input and expertise from all the Less than Full Time (LTFT) officers of the Medical, Surgical and Dental Colleges. The Committee promotes flexible working at all stages of training; recognising that trained doctors and dentists at all stages of their career, as well as trainees, need support to allow them to maximise their full potential whilst maintaining a healthy work-life balance.

In 2012 the Committee conducted a survey of Flexibility and Equality to inform its work. The recommendations from this will be circulated to College LTFT leads for action. The Committee responded to the Shape of Training review and hopes to have the opportunity to contribute further, to ensure that the issues raised by the recent survey are taken into consideration.

Every two years the Committee contributes to an event publicising an aspect of flexible working. The Committee prepared work towards an event with the BMA looking flexible working in later careers and the older practitioner. However, this event has been delayed until later in 2013. Committee members have worked to prepare resources for the Academy website, to improve access to the advice and expertise of multiple specialities relating to all aspects of LTFT working; this work is on-going.

Staff and Associate Specialist Doctors

The Joint Colleges Staff and Associate Specialist Doctors (SAS) Committee has been the Academy SAS Committee since June 2011. The group consists of representatives from the SAS committees of 10 member medical Royal Colleges. The Academy SAS Committee contributes to the Academy’s cross profession view with particular reference to areas of relevance to SAS doctors such as the Certificate of Eligibility for Specialist Registration (CESR) process, revalidation, education and training.

The SAS committee is represented on a number of Academy committees including the Specialty Training committee, Directors of CPD and revalidation groups. The Committee’s Chair is also a co-opted member on the Academy Council. The SAS committee responds to relevant consultations and has responded to the GMC consultation on the routes to the Specialist and GP registers and the Shape of Training review.

Patient Representation

The Academy’s Patient Liaison Group (APLG) continues to inform Academy discussions, and to ensure that the generic interests and perspectives of patients and the general public are taken into account in Academy work. The group contributed a patient and lay perspective to all Academy work and is represented on the majority of Academy committees.

The APLG reorganised its structure this year, with members of the group acting as ‘team leaders’ to look specifically at education, revalidation, and quality improvement. Other APLG members then volunteered to work with each team leader in their specific area of work.

In March 2013 the APLG hosted a very successful seminar titled ‘Dealing with Change in the Health Service’. Open to all member medical Royal College and Faculty patient/lay and carer representatives, the day looked at patient and public involvement in service reconfiguration and change.

The Group also carried out a survey and reported on patient and carer involvement and effectiveness in the medical Royal Colleges and Faculties.

The survey showed that:

- 81% of Colleges/Faculties have formal patient lay groups as part the College/Faculty organisational structures and in some cases have carer groups as well
- 95% of Colleges/Faculties have patient/lay membership/involvement in their Committee structures. This is in addition links to outside organisations and activities
- 81% have patient/lay involvement in a range of educational activities
- The majority of Colleges/Faculties have plans to increase patient/lay/carers involvement in their activities
- The majority of Colleges/Faculties said that the patient/lay groups were effective in influencing policy making and when contributing to a wide range of College/Faculty activities.
The Academy takes a proactive role in the early identification of issues of concern to patients and the profession.
The Academy International Committee (AIC) coordinates the international activities of the Royal Colleges in order to improve health through education and training. The forum meets to discuss, disseminate and promote information and international development projects amongst the medical Royal Colleges and Faculties, in collaboration with UK government agencies and non-governmental organisations. It explores initiatives in cooperation with local professional organisations outside the UK for capacity building through skills and transfer.

Over the reporting period the AIC have been focusing on international volunteering. In March 2013 it published a position statement on behalf of the Academy regarding healthcare professionals volunteering for their own and global healthcare development. It recognises the challenges faced by healthcare professionals wishing to take up volunteering positions and encouraging the profession to work together to overcome them.

The Academy has continued to develop its external communications and raise its profile through its website, use of social media and by developing relationships with reporters and publishers. There have been a number of high profile campaigns over the period including the publication and parliamentary launch of the Academy review into Obesiy Measuring Up: The medical Professions prescription to the nations Obesity crisis, in February 2013. These and other key elements of the Academy’s work have been reported in trade and national media platforms.

The Academy is also represented on a number of external bodies and attends regular meetings that feedback to the Academy and its work. These cover a wide range of issues and ensure that the Academy is able to input and keep up to date on relevant activities outside of the organisation. These meetings include the Advisory Committee on Clinical Excellence Awards, Joint Medical Consultative Committee, Medical and Dental Recruitment and Selection, medical Programme Board, Health Education England and the UK Clinical Research Council, amongst others.

Aside from their membership of specific external groups as representatives of the Academy, the Chairman, Officers and Chief Executive have regular meetings with key stakeholders to maintain and build relationships. In 2012-13 meetings were held with Government ministers, officials in the four UK Health Departments, the GMC, the BMA, NHS Employers, and Medical Schools Council.

A year as...
the Patient Representative

Mr Sol Mead
Academy Patient Representative
After more than three years as Chair of the Academy Patient/Lay representative Group (APLG), I stepped down this year. The role of being the single patient voice amongst a committee of 20 clinicians has always been demanding, stimulating and rewarding.

However, this year has been even more challenging for patients/lay and carer representatives, not just in terms of time and commitment, but also the complexity in dealing with the Government’s Health and Social Care Bill and its proposals to fragment the Health Service.

The level of patient/lay involvement in Academy activities has grown to its highest level ever and the Academy should be congratulated in the way it has ensured patient participation, both prior and after the Bill became law. That high-level patient/lay involvement also applied to Revalidation, Education and the many topics discussed within the Quality Leads Committee including the response to the Francis Report.

The main APLG task of ensuring that all parties understood the patient/lay point of view was made easier by the supportive attitude towards the groups’ contributions to discussions.

APLG representatives were also involved in meetings with the Secretary of State and DH Officials, regularly attended NHS Stakeholder meetings and contributed to the creation of Local Healthwatch and Healthwatch England. The APLG was involved in GMC workshops/meetings and the DH Revalidation Support Team Programme of Work Advisory Group.

It supplied representatives for Academy and non-Academy work such as the Academy’s work on trainee changeover dates, seven day consultant present care, the Royal Pharmaceutical Society’s Medicine Optimisation Group and the NHS Employers project on information transparency.

Mr Sol Mead
Academy Patient Representative
“The Academy focuses on issues relating to maintaining standards throughout medical careers.”
Governance & Administration

The Academy has continued to efficiently and effectively run its business over the last 12 months.
The Academy Board of Trustees is separate from the Council and is responsible for the overall governance of the Academy including all issues relating to finance, audit, governance and risk management. The Board of Trustees has ultimate legal responsibility for the Academy and must therefore be assured that the policy proposals and work programme proposed by the Academy Council are compatible with the Academy’s aims and are affordable.

The Board of Trustees has eight members made up of four independently appointed Trustees (including the Chairman) as well as the Academy Council Chairman, Honorary Secretary/Treasurer and two further members elected from the Council. The Board of Trustees meets four times a year. The current Board Chairman is Mr Walter Merricks.

The Academy Council is formed of the presidents of its member medical Royal Colleges and Faculties with the exception of the Royal College of General Practitioners which is represented by its chairman of council as well as president. The Academy Council also has four co-opted members; the chairs of the Academy Patient Lay Group, the Academy Trainee Doctors' Group and the Academy SAS Doctors Committee as well as a representative from the Academy of Medical Royal Colleges in Wales. The Council determines the healthcare policy issues for the Academy to address. The Council meets six times a year.

The Chairman of the Council, who is the lead spokesperson for the Academy, is elected from and by Council members. The current Chairman is Professor Terence Stephenson. The Council also elects two vice-chairmen from its member representatives. These are currently Dr Tony Falconer (Royal College of Obstetricians and Gynaecologists) and Professor Sue Bailey (Royal College of Psychiatrists).

The Chairman, Vice-Chairmen, Honorary Secretary/Treasurer and an RCGP representative form the Academy Officers Group. The Academy Officers Group is responsible for identifying and developing items for the Academy Council agenda and any urgent business between meetings.

The Academy Council members remain in office during their time as president of their own medical Royal College or Faculty, with the exception of the Chairman and Honorary Secretary/Treasurer who are eligible to serve the Academy past their presidency.
The Academy provides a forum for discussion and collaboration among the medical Royal Colleges and Faculties.
Board of Trustees

Mr Walter Merricks, CBE  Chairman of Trustees
Mr Paul Coombes
Ms Pamela Charlwood
Dr Howard Young
Professor Terence Stephenson  Academy Chairman
Dr Susan Bews  Academy Honorary Secretary/Treasurer
Dr Tony Falconer
Ms Olivia Carlton

Previous members in 2012
Professor Sir Neil Douglas  (until July 2012)
Mr David Tolley  (until September 2012)

Academy Council

Professor Terence Stephenson  Academy Chairman
Dr Susan Bews  Academy Honorary Secretary/Treasurer
Dr Anthony Falconer  Academy Chairman / Royal College of Obstetricians and Gynaecologists
Professor Sue Bailey  Academy Vice Chairman / Royal College of Psychiatrists
Dr Clare Gerada  Academy Officer / Royal College of General Practitioners
Dr J-P van Besouw  Royal College of Anaesthetists
Miss Kathy Harley  Faculty of Dental Surgery
Dr Mike Glancy  College of Emergency Medicine
Professor Mike Pringle  Royal College of General Practitioners
Dr Olivia Carlton  Faculty of Occupational Medicine
Professor Harinder Dua  Royal College of Ophthalmologists
Dr Hilary Cass  Royal College of Paediatrics and Child Health
Dr Archie Prentice  Royal College of Pathologists
Dr Keith Bragman  Faculty of Pharmaceutical Medicine
Dr Neil Dewhurst  Royal College of Physicians of Edinburgh
Dr John Crowe  Royal College of Physicians of Ireland
Professor Sir Richard Thompson  Royal College of Physicians of London
Dr Francis Dunn  Royal College of Physicians & Surgeons of Glasgow
Professor Lindsay Davies  Faculty of Public Health
Dr Jane Barrett  Royal College of Radiologists
Mr Paddy Broe  Royal College of Surgeons of Ireland
Mr Ian Ritchie  Royal College of Surgeons of Edinburgh
Professor Norman Williams  Royal College of Surgeons of England
Mr Simon Emery  Academy of Medical Royal Colleges in Wales
Ms Patricia Peattie  Patient / Lay representative
Dr Andy Heeps  Trainee representative
Dr Naila Kamal  SAS Doctors representative

Previous Academy Council members since April 2012
Professor Sir Neil Douglas  Chairman
Dr Peter Nightingale  Vice Chairman / Royal College of Anaesthetists
Professor Sir Sabaratnam Arulkumaran  Honorary Secretary
Professor Iona Heath  Royal College of General Practitioners
Dr Richard Tiner  Faculty of Pharmaceutical Medicine
Mr Ian Anderson  Royal College of Physicians & Surgeons of Glasgow
Mr David Tolley  Royal College of Surgeons of Edinburgh
Dr Damian Roland  Trainee representative
Mr Sol Mead  Patient / Lay representative
Dr Mike Tidley  Academy of Medical Royal Colleges in Wales
<table>
<thead>
<tr>
<th>Academy Committees and Chairmen</th>
<th>Academy Staff</th>
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</thead>
</table>
| **Academy Education Strategy Committee** | **Alastair Henderson**  
Dr. Neil Dewhurst  
Chief Executive |
| **Academy Foundation Programme Committee** | **Carol Sheppard**  
Dr. David Kessel  
Quality Policy Manager |
| **Academy Specialty Training Committee** | **Rose Carlyon**  
Dr. Simon Newell  
Committee & Policy Manager |
| **Joint Academy, COPMeD&COGPeD** | **Claire Coomber**  
Professor Terence Stephenson  
Committee & Policy Manager (to March 2013) |
| **Training Advisory Group** | **Manjula Das**  
Professor Sir Neil Douglas  
Committee & Policy Manager |
| **Academy Assessment Committee** | **Lesley Hagger**  
Mr. Ian Ritchie  
Committee & Policy Manager |
| **Academy Trainee Doctors’ Group** | **Yvonne Livesey**  
Dr. Andy Heeps  
Committee & Policy Manager (to Nov 2012) |
| **Directors of Continuing Professional Development** | **HeLEN Lovell**  
Dr. Ian Starke  
Donation Ethics Committee Secretary (to Nov 2012) |
| **Academy Patient/Lay Group** | **Peter Jones**  
Ms. Patricia Peattie  
Donation Ethics Committee Secretary (From Nov 2012) |
| **Academy Health Inequalities Forum** | **Kate Lyons**  
Dr. Roger Banks  
PA to the Chairman |
| **Academy Project Governance Committee** | **Sharon Merchant**  
Professor Terence Stephenson  
Office Manager |
| **Quality Improvement Leads Committee** | **Kate Tansley**  
Prof. Sir Neil Douglas  
Revalidation Policy and Programme Manager |
| **Revalidation Development Group** | **Howard Ryland**  
Dr. Tony Falconer  
Finance Manager |
| **Revalidation Steering Group** | **Nina Newbery**  
Professor Terence Stephenson  
Committee & Policy Manager |
| **Revalidation Project Governance Committee** | **Caroline Clerk**  
Dr. Tony Falconer  
COPMeD and COGPeD Executive Assistant |
| **Academy Flexible Careers Committee** | **Alison Brown**  
Prof. Sir Neil Douglas  
Clinical Fellow (From Sept 2012) |
| **Staff and Associate Specialist Doctors Committee** | **Dr. Naila Kamal**  
Dr. Alison Brown  
Co-Pres. Chair of COPMeD & COGPeD |
| **Intercollegiate Group on Nutrition** | **Prof. Pat Troop**  
Mr. Sol Mead  
Chairman of COPMeD & COGPeD |
| **UK Donations Ethics Committee** | **Dr. Damian Roland**  
Sir Peter Simpson  
Chairman of COPMeD & COGPeD |
| **International Forum** | **Dr. John Howard**  
Dr. John Howard  
Chairman of COPMeD & COGPeD |

**Academy Staff**

- Alastair Henderson  
  Chief Executive
- Carol Sheppard  
  Quality Policy Manager
- Rose Carlyon  
  Publications & Communications Manager
- Claire Coomber  
  Committee & Policy Manager
- Manjula Das  
  Committee & Policy Manager (to March 2013)
- Lesley Hagger  
  Committee & Policy Manager
- Yvonne Livesey  
  Committee & Policy Manager
- Helen Lovell  
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- Peter Jones  
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- Kate Lyons  
  PA to the Chairman
- Sharon Merchant  
  Office Manager
- Kate Tansley  
  Revalidation Policy and Programme Manager
- Nina Newbery  
  Committee & Policy Manager
- Caroline Clerk  
  COPMeD and COGPeD Executive Assistant
- Howard Ryland  
  Clinical Fellow (From Sept 2012)
The Academy has had three primary sources of funding for its work:

- Subscriptions from its 20 member medical Royal Colleges and Faculties
- Legacy funding of £1.5m following the closure of the Specialist Training Authority. This has been used to purchase the Academy offices.
- Income from external bodies (mainly the Department of Health, England) for running various projects. This covers the direct project costs (including staffing) as well as the required contribution to Academy overheads.

## Finance at a glance

### Income and funding

<table>
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<th>Source Funding</th>
<th>Category</th>
<th>%</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>April 2012 / March 2013</td>
<td>Core Income</td>
<td>9%</td>
<td>£511,000</td>
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<tr>
<td></td>
<td>Restricted Funds</td>
<td>11%</td>
<td>£655,000</td>
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<tr>
<td></td>
<td>Property</td>
<td>20%</td>
<td>£1,133,000</td>
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<tr>
<td></td>
<td>Designated Funds</td>
<td>19%</td>
<td>£1,080,000</td>
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<tr>
<td></td>
<td>Brought forward unrestricted reserves</td>
<td>7%</td>
<td>£375,000</td>
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<td></td>
<td>Total</td>
<td>94%</td>
<td>£5,704,000</td>
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### Expenditure

<table>
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<th>Expenditure</th>
<th>Category</th>
<th>%</th>
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<tbody>
<tr>
<td>April 2012 / March 2013</td>
<td>Core Budget</td>
<td>21%</td>
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<td>Property</td>
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<td>Designated Funds</td>
<td>10%</td>
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<td></td>
<td>Restricted Funds</td>
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<td></td>
<td>Revalidation</td>
<td>43%</td>
<td>£844,000</td>
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<td></td>
<td>Total</td>
<td>43%</td>
<td>£1,971,000</td>
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The Academy expenditure for the period is divided into four categories:

- Revalidation (similar to restricted funds but separated out because of its size)
- Core services (including staffing, office and administration costs, communications, Council and other core meetings)
- Restricted funds (usage of these funds has been explicitly limited to particular purposes, such as Donation Ethics, COPMED, E-LfH, MDRS, Leadership, and Foundation)
- Designated funds (similar to restricted funds but these are Trustee designated for specific uses, with limited scope for change such as MTI, DH Matched Funds, Stability Fund.)
<table>
<thead>
<tr>
<th>Year</th>
<th>Title</th>
<th>Year</th>
<th>Title</th>
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<tr>
<td>February 2013</td>
<td>CPD Guidance Framework for Appraisers and Appraisees</td>
<td>March 2013</td>
<td>Academy Statement on Volunteering: Health Professional Volunteers and Global Health Development</td>
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<td>January 2013</td>
<td>Hospital Episode Statistics and Revalidation: Creating the evidence to support revalidation</td>
<td>March 2013</td>
<td>NICE Implementation Collaborative (NIC) Concordat</td>
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<td>December 2012</td>
<td>Seven Day Consultant Present Care</td>
<td>February 2013</td>
<td>Academy response to Shape of Training Review</td>
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<td>September 2012</td>
<td>Specialty Revalidation: Tri-Faculty Pilot Final Report</td>
<td>October 2012</td>
<td>Speaking up Charter</td>
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<td>September 2012</td>
<td>The Impact of Revalidation on the Clinical and Non-Clinical Activity of Hospital Doctors</td>
<td>September 2012</td>
<td>VTE Joint Position Statement</td>
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<td>August 2012</td>
<td>Principles for the provision of specialty advice on revalidation</td>
<td>September 2012</td>
<td>Academy response to the Draft Mandate to the NHS Commissioning Board Consultation</td>
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<td>June 2012</td>
<td>Alcohol and Drugs: Core Medical Competences</td>
<td>June 2012</td>
<td>Letter to NHS Commissioning Board Authority regarding Non Executive membership</td>
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<td>April 2012</td>
<td>Return to Practice Guidance</td>
<td>May 2012</td>
<td>Academy Response to GMC consultation: Recognising and Approving Trainers</td>
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<td>April 2012</td>
<td>Academy Response to PLAB Consultation</td>
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<td>Improving Care and Training at Trainee Doctor Changeover Dates.</td>
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Looking Forward

Going forward through to 2014 and beyond the Academy will continue to work with all stakeholders including Colleges and Faculties, the Government and employers for the benefit of patient care.
The six key strategic objectives agreed coming into the period are to:

— Ensure that the Academy acts and is seen to act as the ‘professional conscience’ of doctors in support of the highest standards of patient care
— Ensure that the Academy takes a proactive role in the early identification of issues of concern to patients and the profession
— Ensure that in taking forward this work the Academy:
  — Takes a UK wide-perspective on its approach to policy issues in general and in response to specific issues
  — Actively promotes collaborative working between medical Royal Colleges and Faculties
  — Works to raise its profile in actively engaging and working with external organisations
  — Works with representatives of other clinical professions as appropriate
— To respond to the new NHS arrangements in England through active engagement with the new system and supporting medical Royal College and Faculty activity in relation to the commissioning and delivery of services
— Actively seek to find alternative and additional sources of income provided they are in line with the Academy’s values and objectives
— Ensure that the Academy’s expenditure remains in line with the income generated.

Practical Objectives

It will be the task of the Board and Council to identify in practical plans how these aims are realised over the coming years.

The key issues for the Academy spanning the education and quality agendas for the coming year are likely to be:

— Taking forward and embedding both the specific recommendations and the overall culture change required from the Francis report
— Ensuring that the new NHS system in England operates effectively for the benefit of patients, particularly in the face of the financial pressures it will be under
— Responding to the outcome of the Shape of Training review.

Some of the specific activities to be delivered in 2013-14 are:

— Supporting the implementation of seven day consultant present care
— Revising the Academy’s Improving Assessment report
— Revising the Academy’s Common Competences Framework
— Revising the Revalidation Specialty Guidance
— Overseeing the Matched Funding Clinical Leadership Projects
— Continuing to drive forward the obesity campaign
— Developing and piloting an effective patient feedback mechanism within the Foundation programme
— Taking forward recommendations for Staggered Trainee Changeover
— Supporting and developing evaluation of the Broad Based Programme
— Evaluating SLEs in Foundation
— Inputting into to Better Training, Better Care
— Guidance on child sexual exploitation
— Inputting into the Medical and Dental Recruitment and Selection (MRDS) programme
— Working with the NICE implementation collaborative to improve the uptake of NICE guidelines
— Supporting the implementation of the Speaking Up Charter
— Inputting into the Patient Records Standard and Development Board
— Completion of the Joint Reconfiguration Project.