Review 2013 — 2014

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01 The Chairman’s foreword
In the last year, the 65th year of the NHS, the Academy of Medical Royal Colleges has embraced most of the high profile contemporary health service challenges. These include working patterns, reconfiguration, patient safety, quality and revalidation. On consultant presence and seven day services, the medical royal colleges have led the debate. This commitment from the medical profession has catalysed discussions of delivery of safer emergency services seven days a week.

It is recognised that when doctors speak with a single voice, the medical profession can be a powerful advocate for public health and patient safety. The Academy Council has been unanimous on issues such a minimum unit pricing of alcohol, the plain packaging of cigarettes, banning smoking in cars when children are present and keeping the problem of obesity high on the agenda.

The medical royal colleges have also consistently used the opportunity of many media contributions both in print and on a full range of radio and television appearances to promote clinical quality and safety for patients. We have championed the concept of the accountable clinician ("the name on the bed") to help patients, a seven day emergency NHS to improve outcomes and continued to press for serious thinking on designing an NHS which is fit for the 21st century - one which can meet the needs of an increasingly elderly population. The mechanism of giving advice on reconfiguration in Mid-Staffs has been seen as a paradigm shift for providing an independent, quality assured, source of clinical expertise.

In terms of training, I am proud of the way we have led the debate on how and for which areas, the Shape of Training report might be implemented. The Academy also dealt promptly with the issue of differential attainment in college assessments when it arose. The medical royal colleges continue to work hard to meet this challenge.

The NHS remains the envy of many for the way it delivers excellent treatment and value in an equitable way. We must recognise though, that for our health service to continue deliver the standards of care that patients deserve it must be nurtured and protected. Change must be driven by improvements in service and outcomes, not political expediency or short-term cost savings. In this regard, the medical royal colleges and the Academy itself, will continue to speak loudly when it comes to improving quality, public health and training for tomorrow’s doctors.

Professor Terence Stephenson  
Chair  
Academy of Medical Royal Colleges
An introduction by the Chairman of the board of trustees
The trustee board is responsible for the Academy as a charitable corporation, its governance, financial health and business management, allowing the Council to focus on medical and healthcare policy issues. I 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.

The trustee board have focussed during the year on our medium to long term financial strategy for the Academy. The Academy’s income is derived from two main sources: subscriptions from member colleges and faculties and contributions made towards our overheads relating to projects managed by the Academy. As some of these projects are forecast to come to an end, we need to explore how the gap can be filled. We have kept the Council abreast of this issue, and it has been raised in our budget consultation with college treasurers.

We followed the process provided for in the articles that resulted in Paul Coombes and Howard Young acting being re-appointed as trustees.

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

Walter Merricks
Chairman of the board of trustees
The work of the Academy
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 21 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.

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 medical Royal Colleges and Faculties (plus the Chairman of the Royal College of General Practitioners Council). The 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. Professor Terence Stephenson is Chairman of the Council.

Academy Staff are based in the offices in Clerkenwell, London. The Academy employs 14 full- and part-time members of staff and also contracts others on a consultancy basis to undertake specific projects. The Chief Executive is Mr Alastair Henderson.
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. The Council recognises the importance of considering issues from a four countries 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.

Central issues considered in 2013-14 included the Academy Seven Day Consultant Present Care Project, the response to the Francis Report, the Shape of Training report, Differential attainment in medical education, Regulation 75 on procurement and competition, Urgent and Emergency Care and the Accountable Clinician.

The Academy’s Officers

The Academy Chairman, Professor Terence Stephenson, previous President of the Royal College of Paediatrics and Child Health, is supported by two vice-chairs elected by the Council. These were Professor Dame Sue Bailey, President of the Royal College Psychiatrists and Dr Anthony Falconer, President of the Royal College of Obstetricians and Gynaecologists. Dr Falconer was replaced by Dr JP Van-Besouw, President of the Royal College of Anaesthetists in July 2013.

The Officers’ team is completed by the Chairman of the Royal College of General Practitioners to ensure Primary Care representation – Dr Clare Gerada was replaced by Dr Maureen Baker in September 2013 – and the Academy Secretary/Treasurer elected by Council – Dr Susan Bews was replaced by Dr Anthony Falconer in September 2013.

The Officers’ team meet bi-monthly to progress business and determine items for the Council. The Chairman represents the Academy at a wide range of meetings with ministers and other senior stakeholders. He is also the main media spokesperson for the Academy. The Vice-Chairs and other officers support the Chairman in his work.

Academy Staff

The Academy Chief Executive and staff take forward the Academy’s work programme on behalf of the Council and Committees. This involves managing project work, supporting committees and liaison with external stakeholders.

Committees

The Academy has a number of committees that determine and take forward work in specific areas reporting back to the Council. Each committee meets three or four times a year. The Chairman of each committee is appointed by the Academy Officers Group, with the exception of the Patient Lay Group and the Trainee Doctors’ Group where the chairs are elected by their own committee members. A full list of Academy Committees and their Chairmen and responsibilities is listed in part 7.

Projects

The remainder of the Academy’s work is delivered through specific projects. These are either pieces of work by 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. Examples of project work in 2013-14 include the Academy’s Seven Day Consultant Present Care work, the Accountable Clinician, and Child Exploitation work for the Department of Health.

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 medical Royal College and Faculty boundaries. Its activities are focused primarily on producing policy and informing healthcare through the work of its committees and short-term projects.

Increasingly the Academy is seeking to provide a clear voice on behalf of the UK’s 200,000 doctors on generic and pan-specialty issues. We have worked with members to identify the key issues of common interest to all members on which it is appropriate for the Academy to speak.

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 over-arching issues that affect all those who use healthcare services and those within its member medical Royal Colleges and Faculties.
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Training and educating doctors
Medical Royal Colleges and Faculties devise the specialist curricula and help shape postgraduate medical education and training in the four countries across the UK. The Academy supports that role in relation to cross cutting educational issues.

Over the past year the Academy has contributed towards developments in the way in which the UK educates and trains doctors of the future.

**Shape of Training**

The major issue in terms of postgraduate medical education was undoubtedly Professor David Greenaway’s Shape of Training Review. Professor Terence Stephenson was a member of the Review’s Steering Committee. The Academy followed up its written submission to the Review with oral evidence sessions on behalf of both the Academy Council and our Trainee Doctors’ Group in April and May 2013.

When the report was published in October 2013 the Academy produced an immediate response reflecting members collected views. Medical Royal Colleges and Faculties broadly welcomed the review’s recommendations but required more information in a number of areas, and some potentially contentious issues are still to be addressed.

The slow progress on taking forward the recommendations from the review has been a frustration to the Academy which has expressed concern about the potential loss of momentum. The Academy therefore established a group of medical Royal College and Faculty members to maintain the initiative and develop medical Royal College and Faculty wide responses to the relevant issues. These will feed in to national discussions as appropriate.

**New Education Structures**

Health Education England (HEE) officially came into being on 1 April 2014 taking over the functions of Medical Education England and also of Postgraduate Deaneries. Whilst such a reorganisation always results in disruption, the transition over the period has been smooth with the Academy maintaining its links with HEE and Deaneries. Professor Sue Bailey co-chairs the HEE Medical Advisory Group which has strong Academy representation.

There has been close working with HEE in the terms of both the Medical and Dental Recruitment and selection (MDRS) programme and the Better Training Better Care project which took forward the recommendations from the Collins and Temple reviews of training. The Academy Clinical Fellows specifically supported the Inspire Improvement programme which provided a range of innovative examples from trainees themselves on ways to improve the quality of training and care.
Training and development issues

GMC Review of Quality Assurance

The Academy organised a seminar to provide medical Royal College and Faculty opinion to the GMC’s review of the quality assurance of medical education. Following useful discussions, the GMC is proposing a series of measures to strengthen the quality assurance of medical education which will have appropriate input from medical Royal Colleges and Faculties.

Continuing Professional Development

Advice was sought from the Academy by National Institute for Health and Care Excellence (NICE) as to whether NICE members could acquire CPD credits for their time spent preparing for, and attending NICE meetings. The Academy’s Directors of CPD Committee (DOCPD) provided a statement advising that so long as learning had been achieved and properly documented reflecting the educational needs of the doctor and his or her practice then this would count as personal CPD.

The DOCPD Committee also provided similar advice to the Care Quality Commission (CQC) regarding clinicians participating in the CQC’s new style inspections. The Committee advised that CPD credits could be claimed in the event that new learning was identified by a participant during an inspection and the learning was documented by the doctor and could be justified and acceptable to the appraiser. It is hoped that DOCPD can work with CQC in 2014 and assist towards the development of their training and CPD framework.

Patient Feedback Tool for Foundation Doctors

Last year the Academy appointed Picker Institute Europe to carry out a pilot study to develop effective patient feedback tools on the work of Foundation Doctors. This was commissioned in response to one of the recommendations from the 2012 Collins Review of the Foundation Programme.

The Foundation Programme Committee reviewed the results of the pilot study and concluded that significant barriers exist to collecting patient feedback including feasibility, work patterns and time pressures.

The pilot showed that the proposed process:

- Did not add value to the training of Foundation doctors
- Could be a methodologically robust feedback tool/mechanism, albeit at a potentially high cost
- Was not feasible to deliver using the methodology studied at the current time.

Although the pilot did not produce the desired results, the exercise had been a valuable one which demonstrated that gauging patient feedback on Foundation doctors in the way proposed is currently not realistic. We therefore, did not recommend to the GMC and HEE that the pilot provided the basis for a robust, feasible or cost effective system of patient feedback for Foundation doctors.

We hope that further work on approaches to gathering patient feedback can be explored within HEE’s Better Training Better Care work.

Disability Adjustment Principles

Along with the GMC and input from all the medical Royal Colleges and Faculties the Academy’s Assessment Committee put forward a set of principles for all medical Royal Colleges and Faculties to adopt and help inform future development of their own policies and procedures in relation to disability adjustment. The principles will be reviewed towards the end of 2015.

Broad-based Training

Working in partnership with the GMC and HEE the Academy commissioned a qualitative evaluation of the introduction of the Broad Based Training Programme (BBTP) into core Specialist Training. The two year evaluation is being carried out by Cardiff University.

Prescribing and administration of cytotoxic and immunosuppressant agents by foundation doctors

A cross-specialty working group was convened to investigate prevailing practice with regards to prescription and administration of cytotoxic agents by foundation doctors. The group produced a report in late 2013 setting out key recommendations. The report has been endorsed by the four nations via the UK Education Reference Group. The Academy task and finish group is now taking this forward to develop appropriate guidelines and educational materials.

Foundation Curriculum review

The Academy is responsible for the Foundation Programme Curriculum. There was a major revision of the curriculum in 2012 to take account of the recommendations of the Collins Review. In line with good practice the Academy Foundation committee has sought to ensure the curriculum remains up to date. Therefore, the Committee consulted on what changes would be required especially in relation to patient safety. These minor changes were published in May 2014.
Standards for Examiners

Work began in establishing generic standards representing the minimum requirements for examiner selection, training, performance management and duration of appointment as well as collection of equality and diversity data. The standards do not preclude individual Colleges establishing their own standards, which might be more detailed and specific. The standards developed by the AAC with input from the GMC are currently in consultation. We hope that they will be agreed early in the 2014/15 reporting year.

Evaluating Supervised Learning Events in Foundation

Working in partnership with the GMC and UK Foundation Programme Office we commissioned a qualitative evaluation of the introduction of Supervised Learning Events (SLEs) into the Foundation Programme Curriculum. This followed the recommendation of the Foundation Programme review by Professor John Collins on behalf of Medical Education England (now HEE).

The evaluation obtained information from the GMC Trainee and Trainer surveys, demographic data from e-portfolios and qualitative data from focus groups of foundation doctors and trainers. This part of the evaluation was carried out for the Academy by Dundee University. The evaluation concluded that few trainees and trainers appreciate the differences between SLEs and workplace based assessments, which may be attributed to the lack of training and understanding of how to use the SLE tools. The recommendations suggest that further development of educational resources to support the use of SLE tools is necessary to support trainees and trainers.

Talking to Patients

The Academy Assessment Committee formed a working group in 2013 to look at communication skills for doctors. It carried out a scoping exercise with Colleges, Faculties and Deans to ascertain extent to which communication skills were a formal part of selection, training and assessment. It also specifically looked at the patient/lay input to these processes. The information and outcomes from this project will now be used to inform the GMC/Academy work on generic professional capabilities.
The Academy has been acting as a sponsor to enable international medical graduates to enter the UK for training and development since 2010. Over the last year it successfully had its licence for sponsorship renewed by UK Visas and Immigration for a further four years. The Medical Training Initiative allows training capacity not required for UK/EEA trainees to be made available to eligible overseas doctors. The MTI is jointly managed by the GMC Approved Sponsors (most of the medical Royal Colleges), postgraduate Deaneries, NHS Trusts and the Academy, with support from the DH.

The Academy has continued its on-going administration role of processing applications for visa certificates of sponsorship for MTI placements. The number of participants in the scheme over 2013/2014 almost doubled that of the previous year, to 425, with two thirds of these from low and low to middle income countries, as well as over 20 doctors from sub-Saharan African countries.

The Value of the Doctor in Training

A Charter for Doctors in Training: Value of the Doctor in Training was developed by the Academy’s Trainee Doctors’ Group as part of the wider Shape of Training review. It defines the guiding principles for delivery and participation in medical training across the four nations. Building on The Charter for Medical Training developed by the Royal College of Physicians of Edinburgh, the Academy’s charter articulates the wider value of postgraduate medical training providing a practical foundation to achieve the highest standard of doctors’ training and quality of care.

The Academy was delighted that the Charter was endorsed and adopted by the Shape of Training Review. It is, important, that the principles of the charter are communicated and disseminated to doctors across the four nations via the Colleges, GMC, NHS Employers, COPMeD, HEE and the British Medical Association (BMA).

Safe Trainee Changeover

Doctors in training in the UK have historically started new six-monthly rotations in February and August, with the majority of junior doctors rotating to new training programmes during the first week of August. There is an increasing body of evidence to suggest that simultaneous trainee changeover is associated with higher patient mortality, reduced efficiency and lower staff satisfaction. The Academy and NHS Employers worked with partner organisations to develop simple, practical actions that can be taken by trusts to improve changeover and help mitigate these problems. These were published in Recommendations for Safe Trainee Changeover in June 2013.

Following on from this work, the Academy brought together a short-term working group, with representatives from stakeholders across the four countries to explore the wider issue of moving to a staggered transition by grade. In January 2014 the working group submitted a recommendation paper – Staggering Trainee Doctor Changeover – for consideration by the UK Medical Education Scrutiny Group and relevant authorities in the four countries.

The Academy recommendation, which was supported by all the medical Royal Colleges and Faculties, is for Foundation Year 1 posts to begin in August as has always been the case, and other training posts to begin in September. This would ensure that in August each year the new Foundation Year 1 Trainees will always work with Core/Specialty Trainees who have already been in the post for between 5 and 11 months. The Academy has been informed that the recommendation will be considered in more detail as part of the Shape of Training Review.
05
Revalidation
The work of the Academy is not just about educating and training an NHS workforce to have the right skills for the future. It is also about ensuring that today’s doctors remain up to date with the latest practice and thinking and are able to provide the service that patients need now.

Since the introduction of revalidation in December 2012, over 30,000 doctors have been revalidated by the GMC. However, the Academy’s work towards the process did not end when it began.

We have continued to work closely with the GMC, the Revalidation Support Team and the four countries to ensure effective implementation of the revalidation process.

In particular, the Academy’s role has focused on ensuring that the needs of specialist doctors and GPs and of those working with them, will be met within the system. Over the last year we have streamlined our working practices bringing more of the relevant people together in one place at one time by combining our two main committees. We have hosted regular meetings with key bodies and the medical Royal Colleges and Faculties, taking a particular interest in the themes of specialty advice and remediation.

Following on from work of the previous year, the Academy’s Specialty Guidance Group considered how the current revalidation specialty guidance documents are used. In the autumn of 2013 the Group surveyed doctors, appraisers and responsible officers to gather feedback on the specialty guidance and the support provided for appraisal and revalidation more generally.

The survey results have prompted a revision to the Supporting Information for Appraisal and Revalidation: Core Guidance Framework due to be published in summer 2014.

The Group has also produced Appraisal Guidance which focuses on the formative and specialty-specific elements of appraisal and sets out the expectations doctors should have regarding a high quality appraisal.

In 2012 the Academy set up revalidation helpdesks in each medical Royal College and Faculty to provide members, fellows and others involved in the appraisal and revalidation process advice on specialty-specific matters. Between 1 January and 1 September 2013 the Colleges and Faculties received 1,676 enquiries. Although fewer enquiries were received than anticipated, the number is expected to increase in 2014/15 and to be more complex in nature. In general, the number of enquiries was commensurate with the size of the College or Faculty’s membership. The most common category of enquiry was ‘professional circumstances’, which encompasses issues such as detached doctors, working abroad, trainees and retirement. Overall, the proportion of enquiries being referred to specialty advisers was low (approximately 10% of enquiries received), suggesting that the majority of enquiries were of a non-clinical nature or low level of complexity.

In the first half of the reporting year the Academy set up a Remediation Implementation Working Group to consider the Academy’s 2012 Remediation recommendations. This was part of the overall effort to agree a coordinated approach to responding to concerns about doctors’ practice across England. The Working Group produced two documents – Investigation, remediation and resolution of concerns about a doctor’s practice – where do the Colleges fit? and Principles for the conduct and quality assurance of invited reviews.

The principles of the latter report have allowed for greater cross-college consistency in handling invited reviews and in particular, patient safety concerns in these matters. We are now considering offering inter-collegiate workshops on peer coaching and the development of assessment tools for remediation, in order to further improve remediation support for doctors.
06
Health service policy
With the publication of Robert Francis’s final report into the failings at Mid-Staffordshire NHS Foundation Trust in February 2013, much of the policy focus for the Academy during this reporting year was how to respond effectively and appropriately to its recommendations.

In April 2013 the Academy held a seminar for members and a wide range of external stakeholders to identify which of the Francis report’s recommendations are of particular relevance and where medical Royal Colleges and Faculties could make an impact. These centred on issues relating to education, quality and leadership. Encouragingly, many of the recommendations reflected work that was already underway in the Academy or by others that the Academy is working with.

A good example of this would be work that has already started with the GMC regarding medical Royal College and Faculty roles in the quality assurance of medical education. Our intention is to ensure that the Francis recommendations become integrated into our mainstream work.

In November 2013 the Academy co-hosted a seminar with the NHS Confederation, Healthcare Financial Management Association and Faculty of Medical Management and Leadership on balancing quality and finance priorities. This resulted in the joint publication entitled *Two Sides of the Same Coin* in early 2014.

Linked to this has been another major project carried out in partnership with the NHS Confederation and funded by the Department of Health entitled *Decisions of Value* which explores how decisions that balance finance and quality are made, how clinicians are involved in those decisions and what tools could help decision makers.

The project started in November 2013 and this phase is due to report in the summer of 2014. It is hoped that there may be further work supported by the Department of Health. The Academy’s Patient Lay group has undertaken work on seeking to identify what being “patient centred” should actually mean in practical terms for the Academy, Colleges and Faculties.

The Francis report stated a need for named clinicians accountable for a patient’s care while in hospital. The Secretary of State for Health, Jeremy Hunt, MP, in the last year has supported this, highlighting that every patient has the right to have a named person responsible for his or her care. The Academy was asked by the Secretary of State to look at ways in which this could be taken forward. Working with our member medical Royal Colleges and Faculties, other professional bodies, professional regulators and employers, we produced short guidance on having a named clinician and a named nurse. The Academy believes that introducing a system of a named and accountable clinician and nurse will benefit patients and improve the quality of care delivered. The paper was accepted by the Secretary of State and was published in 2014. It attracted significant and positive media attention.
The changing face of the NHS
Reconfiguration
The need to look at how services are provided and configured is overwhelming. In order for doctors to be able to provide the best and safest possible patient care, change will need to happen – this at the same time as financial pressure putting the healthcare system under huge strain. The Academy has been working in a number of ways to make sure that doctors voices are represented in this debate, and we are clear that quality considerations must drive change and not simply financial savings. Where it is genuinely so, the case that change can make services better not worse must be made by the medical profession.

In June 2013 the Academy along with NHS Confederation and National Voices published *Changing Care, Improving Quality*. A report examining the case for radical, far-reaching change across the NHS. This partnership brought together important views from those who know the healthcare system best, gathering evidence from over 50 face-to-face interviews and a series of workshops and meetings. The report outlined what we learned from these crucial conversations and aims to support those engaged locally in making a decision on whether to reconfigure services and, if so, how to make change happen.

Seven Day Consultant Delivered Care
In 2012 the Academy began the debate on the benefits of consultant delivered care and delivering that level of care seven days a week. In November 2013 we continued this work with a follow up report of the implementation considerations needed to be taken to deliver the same level of care regardless of the day of the week. The *Seven Day Consultant Delivered Care: Implementation Considerations* report was developed from working group meetings, a survey with specialty organisations and a workshop on the issues of transferring care from the hospital to community setting at weekends. Building on the standards of the previous report it identified common and specialty specific implications to implementation.

During the development of the report and its publication, Clinical Lead on project, Dr Chris Roseveare and Academy Council Lead, Professor Norman Williams, presented on the subject at numerous conferences, highlighting the Academy’s standards and implementation considerations.

“What we want to see is a health service that can truly meet the demands of the 21st century. It is not acceptable that over weekends and bank holidays, patients receive a lower standard of care than they would during the week.”

The debate and work towards seven day services has been taken up by a number of other organisations, including NHS England in their *NHS Services, Seven Day Forum Project* published in December 2013, which adopted the Academy’s standards and will also incorporate these in the NHS Planning Guidance for 2014/15 – and the Sunday Times’ *Safe Weekend Care* campaign which the Academy backed.

“Professor Norman Williams
President Royal College of Surgeons England

“We must work together to re-shape hospital services in a way that strengthens the quality of care given to patients regardless of when they are admitted. Ensuring that key staff and facilities are available to provide this support will come at a cost. However, this is crucial for the full benefit of seven day consultant-led care to be realised.”
Since its publication the Academy has been involved with NHS England’s Informatics Services Commissioning Group, which seeks to coordinate and oversee the informatics agenda for the NHS in England. The Group established a Strategic Clinical Reference Group, a high level strategic group which Professor Terence Stephenson is the Clinical Co-Chair. NHS England, and six medical Royal College representatives and the Academy Chief Executive also sit on the group.

In July 2013 the Academy and the Royal College of Physicians Health and Social Care Information Centre published *Standards for the Clinical Structure and Content of Patient Records*. The standards cover areas such as hospital referral letters, inpatient clerking, handover communications, discharge summaries and outpatient letters. They were developed using published evidence and consultation with doctors, patients, nurses and allied healthcare professionals. The Academy is a member of the Patient Records Standards Board (PRSB) which has responsibility for developing this work.

The Academy contributed to the Caldicott Review of how information about patients is shared across the health and care system (published in April 2013). The Academy was recognised as a key organisation in the Government’s response to the Caldicott Review and was asked to take forward the recommendation to include information governance in reviews of curricula for postgraduate training. The Academy is now doing this in conjunction with the GMC through its development of the generic capabilities framework.

Clinical Leadership

The Academy secured funding from NHS England to support match-funded projects to enhance clinical leadership. A bidding process was held and five College-led projects were successful. The projects cover a range of issues including training education leaders, support for secondary care clinicians on Clinical Commissioning Groups and leadership training for College officers. The projects are all making progress and will report on their achievements in the summer of 2014.

The Academy and its member medical Royal Colleges and Faculties continue to be strongly supportive of the work of the Faculty of Medical Management and Leadership (FMLM) with Colleges taking six seats on the FMLM Council.

"If the NHS is to continually improve patient care and safety it is essential that we bring our IT and communication systems into the 21st Century. Computer technology plays a huge part in medicine and is key way in which we can strengthen the patient experience. Poor systems could disempower staff leaving them fighting to deliver care effectively."

Professor Terence Stephenson
Chairman of the Academy
08
Public health and clinical issues
Advice on specific clinical issues or standards is the responsibility of individual medical Royal Colleges and Faculties. However, the Academy has been involved in a range of cross cutting clinical issues.

Obesity
In February 2013 we published Measuring Up recommending 10 ways to start to tackle the nation’s obesity crisis. Since its publication the report has been widely recognised as a major contributor to the debate on obesity which we have seen move forward in the reporting period. Many of our recommendations continue to attract interest in the media and across society, and a number have begun to be addressed.

Although the Academy obesity working group was disbanded last year a number of members have continued to work tirelessly to take the recommendations forward. Professor Terence Stephenson, Dr Aseem Malhotra and Dr Simon Capewell have written numerous pieces on the effects of obesity for Journals and made media appearances continuing to highlight the Academy Campaign. They have also been key in setting up Action on Sugar, looking to reduce sugar content in food and drinks.

Our aim is to secure long-term funding for taking the Obesity Campaign forward and ensuring action on all our recommendations.

Physical Activity and Health Inequalities
The Academy Health Inequalities Forum has been working on a report for doctors about the benefits of physical activity with a particular focus on health inequalities which will be published later in 2014.

NICE Implementation Collaborative
The Academy is a member of the NICE Implementation Collaboration (NIC) which brings together national stakeholders to see how barriers to the take-up of NICE approved guidance and technologies can be improved. As part of the NIC work, medical Royal Colleges and Faculties were brought together to produce a consensus statement to support local implementation of NICE guidance on use of the novel (non-Vitamin K antagonist) oral anticoagulants (NOACs) in non-valvular atrial fibrillation.

Safe Sedation Practice for Healthcare Procedures
A working party run by the Royal College of Anaesthetists on behalf of the Academy produced revised guidance on safe sedation practice which was published in September 2013. The guidance replaced those published in 2001 as sedation and clinical procedures have evolved over time whilst the population of patients for sedation has aged and become frailer with more co-morbidities.

The report defines fundamental standards and development standards in safe sedation practice and recommends competency-based formal training for all healthcare professionals involved in sedation.
UK Donation Ethics Committee

The UK Donation Ethics Committee (UKDEC) was formed in 2010. It is hosted by the Academy and funded by the Department of Health. It aims to increase professional and public confidence in the ethical basis of decisions and processes into organ donation. In the last year the UKDEC has consulted on two guidance documents (An ethical framework for donation after brain-stem death and Guidance on consent to donation from children) which are expected to be published in the summer of 2014. In the light of evolving clinical practice, UKDEC identified the need for a review of the current legal advice from the UK Health Departments on pre-mortem interventions to increase the likely success of donation.

The Committee has also been working with the UK Health Departments on how clinical advice on best interest decisions for particular interventions might sit alongside the overall legal guidance from the UK Health Departments.
09
Advocacy and engagement
The Academy runs and/or hosts a number of committees in order to promote, facilitate and where appropriate coordinate the work of the medical Royal Colleges and their Faculties for the benefit of patients and healthcare.

Generally Academy committees comprise a core of representatives from all interested member Colleges and Faculties. Many committees also include representatives from relevant external stakeholders. The chairs of committees are formally appointed by the Academy Officers.

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<tr>
<th>Education and training committees</th>
<th>Academy Education Strategy Committee</th>
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<tr>
<td></td>
<td>Chair — Dr J-P van Besouw</td>
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<td>The Academy Education Strategy Committee is the over-</td>
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<td>arching education body of the Academy. It identifies</td>
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<td>strategy, policy and work streams which need to be</td>
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<td>taken forward in postgraduate medical education and</td>
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<td>gives guidance and direction on how they will be</td>
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<td>achieved. It provides commonality between all the</td>
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<td>Academy education related committees.</td>
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<td>Academy Foundation Programme Committee</td>
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<td>Chair — Dr David Kessel</td>
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<td>The Academy Foundation Programme Committee</td>
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<td>coordinates and facilitates the work of the medical</td>
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<td>Royal Colleges and Faculties to produce the</td>
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<td>Foundation Programme Curriculum for Foundation</td>
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<td>Academy Specialty Training Committee*</td>
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<td>Chair — Dr Simon Newell</td>
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<td>The Academy Specialty Training Committee coordinates,</td>
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<td>relevant bodies relating to postgraduate medical</td>
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<td>specialty and general practice training.</td>
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<td>Joint Academy/COPMeD/COGPED Training Advisory Group*</td>
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<td>Chairs — Professor Terence Stephenson</td>
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<td>Chairs — Professor Derek Gallen</td>
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<td>JACTAG brings together College and Deanery/LETB</td>
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<td>representatives from the four countries to consider</td>
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<td>Academy Assessment Committee</td>
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<td>Chair — Mr Ian Ritchie</td>
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<td>The Academy Assessment Committee coordinates,</td>
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<td>Directors of Continuing Professional Development</td>
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<td>Chair — Dr Ian Starke</td>
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<td>The Academy Directors of Continuing Professional</td>
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<td>Development Committee (DoCPD) objective is to advise</td>
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<td>doctors and other senior professionals allied to the</td>
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<td>medical Royal Colleges, on the development and</td>
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<td>administration of their CPD.</td>
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* The Specialty Training Committee and JACTAG are being amalgamated in 2014 to form the Academy Specialty Training Consultative Committee.
Quality Improvement Leads Committee
Chair — Professor Dame Sue Bailey
The Quality Improvement Leads Committee provides a forum for Academy member medical Royal Colleges and Faculties to share information and best practice regarding quality standards and improvement across the specialties. The Committee identifies and takes forward issues that are relevant to all medical Royal Colleges and Faculties.

Academy Health Inequalities Forum
Chair — Dr Roger Banks
The Academy Health Inequalities Forum increases awareness of the links between poverty, inequalities and ill-health and promotes the implementation of policies which reduce inequalities in health to the medical, healthcare and public health professions.

Academy Nutrition Group
Chair — Professor Pat Troop
The Academy Nutrition Group was set up in recognition of the importance of nutrition in medical practice for the benefit of patient care and public health, and also that nutrition education for doctors has been highly variable, in both quality and implementation.

UK Donation Ethics Committee
Chair — Professor Chris Rudge
The UK Donation Ethics Committee (UKDEC) is an independent source of advice and guidance on ethical aspects of organ donation and transplantation. It aims to increase professional and public confidence in the ethical basis for decisions and processes in organ donation. Members are independently appointed to the Committee.

International Forum
Chair — Dr John Howard
The International Forum coordinates the international activities of the medical Royal Colleges and Faculties in order to improve global health. The International Forum operates under the auspices of the Academy but it is supported with its own subscription and secretariat.

Academy Project Governance Committee
Chair — Professor Terence Stephenson
The Academy Project Governance Committee is responsible and accountable for the overall allocation of funds and monitoring of Academy matched funding projects according to the accepted principles of good governance.

Revalidation Committees
Academy Revalidation Group
Chair — Dr Anthony Falconer
The Academy Revalidation Group brings together medical Royal College and Faculty and external representatives to provide input and guidance on all issues relating to revalidation.

Academy Revalidation Specialty Guidance Group
Chair — Dr Ian Starke
The Specialty Guidance group is a Sub-Committee of the Revalidation Group which has overall responsibility for work relating to the production of specialty guidance on revalidation.

Revalidation Project Governance Committee
Chair — Dr Anthony Falconer
The Revalidation Project Governance Committee is responsible and accountable for the overall allocation of funds and monitoring of Academy funded revalidation projects according to the accepted principles of good governance.

Healthcare policy committees
Academy Revalidation Group
Chair — Dr Anthony Falconer
The Academy Revalidation Group brings together medical Royal College and Faculty and external representatives to provide input and guidance on all issues relating to revalidation.

Academy Revalidation Specialty Guidance Group
Chair — Dr Ian Starke
The Specialty Guidance group is a Sub-Committee of the Revalidation Group which has overall responsibility for work relating to the production of specialty guidance on revalidation.

Revalidation Project Governance Committee
Chair — Dr Anthony Falconer
The Revalidation Project Governance Committee is responsible and accountable for the overall allocation of funds and monitoring of Academy funded revalidation projects according to the accepted principles of good governance.

Advocacy and engagement
It is the Academy's role to engage with relevant national stakeholders and promote and represent medical Royal College and Faculty views to Government and other organisations. This is done in a number of ways including having representation on outside bodies, formal responses to consultations or attending meetings. In promoting the College and Faculty views the Academy consistently seeks to give a four country perspective recognising that despite differing healthcare structures there is commonality in many issues across the four countries.

The Academy Chairman, Officers and the Chief Executive have met with key stakeholders including the Secretary of State for Health and other ministers, the four UK health Chief Medical Officers, and leaders of the BMA, GMC, CQC, Monitor, NICE and employer organisations. In addition the Academy engages as appropriate with the media to promote its messages. During the year the Academy received considerable national coverage on obesity and seven day consultant present care.

Representation on external bodies
The Academy is represented on a number of external bodies and groups. Our representatives are selected by Academy Officers via a process of nominations from member medical Royal Colleges and Faculties. Currently the Academy is represented on the following bodies:

- Academy of Medical Royal Colleges in Wales
- Academy of Medical Educators (Educational Supervisors' Project)
- Advisory Committee on Clinical Excellence Awards
- Bi-lateral Fund for International Development
- British Medical Association – Council
- BMA Central Consultants & Specialists Committee
- Clinical Disputes Forum
- European Forum (UEMS)
- Faculty of Medical Management and Leadership
- GMC Postgraduate Board
- GMC Equivalence Group
- GMC UK Programme Board for Revalidation
- Health Quality Improvement Partnership
- HEE Genomics Advisory Group
- HEE Healthcare Scientists Advisory Group
- HEE Medical Advisory Group
- ISCG Strategic Clinical Reference Group
- Joint Medical Consultative Committee
- Monitor Small Acute Providers Project
- National Audit Governance Group
- National Specialised Services Commissioning Group (NSSCG)
- National Stakeholder Forum (DH)
- NIHR Integrated Academic Training
- Seven Day Services Forum
- Shape of Training Steering Group
- Ten Medical Chairmen
- UK Clinical Research Council
- UK Medical Education Scrutiny Group
- UK Med Advisory Group
- UK Accreditation Service

External engagement

Advocacy and engagement
10 Governance and administration
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. Mr Walter Merricks was re-elected as the Chairman and will remain in post for a further two years.

Independent Board members may serve for up to two terms of three years. Council and Officer members remain on the Board for as long as they hold those positions.

The Academy Council has delegated responsibility for all healthcare and medical issues. The Academy Officers Group and Committees are accountable to the Council. Chairs of Academy Committees are formally appointed by the Officers Group.

The Academy’s staff is made up of 14 full- and part-time employees who work at the Academy offices in Clerkenwell, London. It also contracts other staff on a consultancy basis to undertake specific projects.
The Academy has had three primary sources of income and resource. These are:

- Subscriptions from 20 member organisations
- Income from external bodies for running various projects. This covers the direct project costs (including staffing) but there is also a requirement for them to make a contribution to Academy overheads
- The Academy office at 10 Dallington Street which was purchased with legacy funding of £1.5m following the closure of the Specialist Training Authority.
Finance at a glance – Income and funding

Expenditure is in three areas:

- Core services. This covers the salaries for core staff, office running costs, communications, Council and Committee meetings etc.
- Restricted funds i.e. funds from external sources whose usage has been explicitly restricted to a particular purpose or project e.g. revalidation.
- Designated funds i.e. funds that Trustees designated for a particular use but which could possibly be changed.

Expenditure April 2013 — March 2014 (income and brought forward)

Total £1,880,000

- Core Budget £226,000 13%
- Property £1,008,000 03%
- Designated Funds £9,000 01%
- Revalidation £1,220,000 14%
- Restricted Funds £2,105,000 70%
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The year ahead
The six key strategic objectives agreed for 2014 – 2017 are:

1. 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.

2. To ensure that the Academy takes a proactive role in the early identification of issues of concern to patients and the profession.

3. To 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
   — Actively engages and works with Government and other appropriate external organisations
   — Works with representatives of other clinical professions as appropriate.

4. 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.

5. To actively seek to find alternative and additional sources of income provided they are in line with organisations values and objectives.

6. To ensure that the Academy’s expenditure remains in line with the income generated.

Looking forward through to 2014 – 2015 and beyond the Academy will continue to work with all stakeholders including medical Royal Colleges and Faculties, the Government and employers for the benefit of patient care.
Some of the specific work areas for 2014 – 2015 are:

- **Shape of Training** – Active involvement in the development of Shape proposals
- **GMC Generic capabilities** – Working with the GMC on developing generic capabilities for postgraduate medical education
- **Differential attainment in Medical Education** – Working with partners to identify issues and actions to address differential attainment
- **Child sexual exploitation** – Completion and publication of the work to determine how to best deliver improved training in this area to all medical practitioners
- **Waste in the NHS** – Completion and publication of a report identifying waste in clinical practice (e.g. in prescribing, unnecessary investigations or procedures) and how doctors can take responsibility
- **Decisions of Value** – Potential Second of Decisions of Value project developing tool to assist decision making
- **Mental Capacity Act guidance** – Guidance for medical Royal Colleges on how to raise clinical awareness of the implications of the Mental Capacity Act
- **Sick Doctors** – including undermining and bullying – Work from the Trainee Doctors’ Group to look at issues of undermining and bullying
- **Obesity** – Taking forward the campaign on obesity
- **Academy Election Manifesto** – Develop an Academy manifesto for the 2015 general Election setting out the key concerns and demands of medical Royal Colleges and the medical profession on behalf of patients.
12
Membership and publications
Academy Council

Current members:
- Professor Terence Stephenson, Academy Chairman
- Dr Anthony Falconer, Academy Honorary Secretary, Treasurer
- Dr J-P van Besouw, Academy Vice Chairman, Royal College of Anaesthetists
- Professor Dame Sue Bailey, Academy Vice Chairman, Royal College of Psychiatrists
- Dr Maureen Baker, Academy Officer, Royal College of General Practitioners
- Miss Kathy Harley, Faculty of Dental Surgery
- Professor Mike Pringle, Royal College of General Practitioners
- Dr Olivia Carlton, Faculty of Occupational Medicine
- Professor Harminder 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
- Professor Derek Bell, Royal College of Physicians of Edinburgh
- Dr John Crowe, Royal College Physicians of Ireland
- Professor Sir Richard Thompson, Royal College of Physicians of London
- Dr Francis Dunn, Royal College of Physicians & Surgeons of Glasgow
- Professor John Ashton, Faculty of Public Health
- Dr Giles Maskell, Royal College of Radiologists
- Mr Patrick Bros, 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 Muj Hussain, Trainee representative

Previous Academy Council members in 2013:
- Dr Susan Bews, Academy Honorary Secretary, Treasurer
- Dr Anthony Falconer, Academy Vice Chairman, Royal College of Obstetricians
- Dr Clare Gerada, Academy Officer, Royal College of General Practitioners
- Dr Mike Clancy, College of Emergency Medicine
- Dr Neil Dewhurst, Royal College of Physicians of Edinburgh
- Professor Lindsey Davies, Faculty of Public Health
- Dr Jane Barrett, Royal College of Radiologists
- Dr Andy Haeps, Trainee representative
- Dr Naia Kamal, SAS Doctors representative

Board of trustees

Academy staff

Current members:
- Mr Walter Merricks, CBE, Chairman of Trustees
- Mr Paul Coombes
- Mrs Pamela Charlwood
- Mr Howard Young
- Professor Terence Stephenson, Academy Chairman
- Dr Anthony Falconer, Academy Honorary Secretary, Treasurer
- Dr Olivia Carlton, President, Royal College of Surgeons of Edinburgh
- Mr Ian Ritchie, President, Royal College of Surgeons of Edinburgh

Previous Board of Trustee members in 2013:
- Dr Susan Bews, Academy Honorary Secretary, Treasurer

Academy staff:
- Alastair Henderson, Chief Executive
- Carol Sheppard, Quality Policy Manager (until March 2013)
- Johanne Penney, Education Policy Manager
- Rosie Carlow, Publications & Communications Manager
- Max Prangnell, Communications and Media Advisor
- Claire Coomber, Committee & Policy Manager
- Lesley Hagger, Committee & Policy Manager
- Yvonne Livesey, Committee & Policy Manager
- Peter Jones, Donation Ethics Committee Secretary
- Bibiana Quinones, PA to the Chairman
- Kate Lyons, MJT Administrator
- Sharon Merchant, Office Manager
- Kate Tansley, Revalidation Policy and Programme Manager
- Alexander Fessehaye, Finance Manager
- Nina Newbery, Committee & Policy Manager
- Howard Ryland, Clinical Fellow (until August 2013)
- Sonia Panchal, Clinical Fellow (from September 2013)
<table>
<thead>
<tr>
<th>Month</th>
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<tr>
<td>March 2014</td>
<td>Staggering Trainee Doctor Changeover</td>
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<td>March 2014</td>
<td>Two Sides of the Same Coin</td>
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<td>December 2013</td>
<td>Safe Sedation Practice for Healthcare Procedures: Standards and Guidance</td>
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<td>December 2013</td>
<td>Results of the Flexibility and Equality Survey: A report of the Academy Flexible Careers Committee</td>
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<td>November 2013</td>
<td>Concerns Regarding the Prescribing and Administration of Cytotoxic and Immunosuppressant Agents by Foundation Doctors: An investigation of prevailing practice</td>
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<td>November 2013</td>
<td>Seven Day Consultant Present Care: Implementation Considerations</td>
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<td>i-care: Information, Communication and Technology in the NHS</td>
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<td>October 2013</td>
<td>Using HES for revalidation understanding clinical coding</td>
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<td>Adjustment Principles for Examination Candidates with Disabilities</td>
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<td>October 2013</td>
<td>Guidance for Good Practice in Examination Appeals</td>
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<td>September 2013</td>
<td>Investigation, remediation and resolution of concerns about a doctor’s practice – where do the Colleges fit?</td>
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<td>July 2013</td>
<td>Principles for the conduct and quality assurance of invited reviews</td>
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<td>Standards for the Clinical Structure and Content of Patient Records</td>
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<td>June 2013</td>
<td>Recommendations for safe trainee changeover</td>
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<td>June 2013</td>
<td>Changing Care, Improving Quality</td>
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<td>May 2013</td>
<td>Hospital Episode Statistics as a source of information on safety and quality in gynaecology to support revalidation</td>
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<td>April 2013</td>
<td>Evidence Based Medicine Matters</td>
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<td>January 2014</td>
<td>Women in Medicine: Academy Statement</td>
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<td>January 2014</td>
<td>Fairness, Equality and Medical Royal College Exams</td>
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<td>October 2013</td>
<td>Academy response to Shape of Training Report</td>
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<td>July 2013</td>
<td>Clinical Advisory Group Letter to Mid-Staffs FT: Special Administrator</td>
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<td>February 2014</td>
<td>Academy Evidence to the Department of Health Duty of Candour Threshold Review</td>
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<td>January 2014</td>
<td>Academy Response to NHS England Research and Development Strategy Consultation</td>
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<td>August 2013</td>
<td>Academy response to DH Sustaining services, ensuring fairness consultation</td>
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<td>Academy response to CQC Consultation: A New Start</td>
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<td>Academy response to Sustainable Development Unit Consultation</td>
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