In 2014 the Academy led the way in showing how relatively simple reforms to the way healthcare is delivered will benefit patients and lower costs. The Choosing Wisely, Waste in the NHS, and Consultant’s ‘Name on the Bed’ initiatives were major achievements.

Professor Terence Stephenson
Academy Chair 2012 – 2015

In 2015 and beyond our greatest task will be to maintain the momentum of change and ensuring value in healthcare, so people enjoy better health and patients receive better care. We’ll carry on making the case for improving public health, mental health care and fully engaging with patients about the risks and benefits of treatments.

Professor Dame Sue Bailey, OBE, DBE
Academy Chair 2015 – 2017
Review 2014 — 2015

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I was delighted to be elected Chair of the Academy at the end of last year. Colleges and the Academy can, I believe, play a crucial role in maintaining and improving healthcare across the UK and so it is a privilege to now be Chair of the Academy and to be able to continue to contribute to that process.

I would like to pay tribute to my predecessor, Professor Terence Stephenson, for all his work for the Academy. Terence was hugely effective in working with Colleges and our stakeholders and significantly raised the profile, influence and reputation of the Academy.

When I took up the role of Chair in January I said that we are at a critical stage in the development and delivery of healthcare in the UK. With the dust of the General Election settled the challenges facing the NHS are clear and indeed stark. I want the Academy and Colleges to be part of the solution when it comes to meeting those challenges.

In January I identified my three priority areas. These bear repeating. First, we need to continue to look for ways to help doctors behave responsibly with the resources they have. Building on our well-received Promoting Value, Protecting Resources report, which identified substantial savings in the cost of healthcare from relatively simple fixes, I want to progress the Choosing Wisely initiative, which will embed the ideas of being good stewards of the resources we have in the minds of doctors and patients and ensure that decisions about a patient’s healthcare should be shared between both patient and doctor.

Second, we must continue to build on the good work the Academy has already started in the public health arena. The focus on prevention in the Five Year Forward View is welcome and must, if followed through, alleviate the burden on NHS provision. The recently proposed cuts in public health funding are short-sighted and undermine that positive work. I am pleased to say the Academy is coordinating a campaign from a wide-ranging constituency on this issue.

Finally, the Academy itself has a responsibility to doctors, to ensure that they are educated and trained in a way that will equip them with the tools and skills they need as they progress through their careers. So the development of the Shape of Training proposals will be crucial work for us. Whatever organisational differences there are in the health systems of the four nations, the underlying issues and principles are the same across the UK. The Academy will therefore seek to work on a UK wide basis to promote improvements in healthcare.

I also sense a firm desire from Colleges around the Academy table to work constructively together on cross-specialty issues. I warmly welcome that approach which makes us a stronger and much more effective collaboration.

In taking forward these priorities I am committed to working with partners across health and social care and equally with patients and carers. Indeed I am clear that unless we do that we will not succeed.

Finally I would like to extend my thanks to Council, current and past, for their help and support, to the Board of Trustees and to all the Academy staff for their hard work in ensuring we deliver the Academy’s objectives.

Professor Dame Sue Bailey, OBE DBE
Chair, Academy of Medical Royal Colleges
The Academy’s trustee board is responsible for the good governance, sound financial and business management and the proper maintenance of the charitable aims and status of the Academy. In this, my final full year as Chair of the trustees, I can report that the Academy is in a sound financial state and continues to be well-managed and efficiently run by its Chief Executive, Alastair Henderson and the staff who support him.

I was appointed to this role as the inaugural post-holder in April 2011, following a review of the Academy’s governance during which it was decided to separate Academy members’ responsibilities for policy on healthcare issues from oversight of the Academy as a charitable business. At the time there was some caution about how this would work. Now, in my final year as trustee board Chair, it is clear that the separation is well embedded and any doubts have fallen away.

While the Academy’s influence on healthcare issues and policy has undoubtedly grown in strength and profile during my term, it must also continue to explore new sources of revenue to ensure it consolidates its position. This is especially so as some of its larger projects such as the revalidation project, which contributed significantly to the Academy’s funds, are coming to a close. This exercise ensured that the revalidation of doctors can be appropriately applied to those in each of the specialities. The Academy was funded to carry out the administration, and this has made a significant contribution to the Academy’s finances. Only by being available to manage projects like this can the Academy both be at the heart of cross-speciality issues and have the resources to ensure the professional voice of doctors is heard.

With budgets tightening across the healthcare spectrum, the Academy will look at innovative ways of generating new income to supplement its other main source of income – that from the subscriptions of its members, the Royal Colleges and faculties. I am confident that my successor, who will take office in April 2016, will want to keep a careful watch on this issue.

On a personal note, it has been a pleasure to be part of a vibrant and influential organisation, which is self-evidently determined to play a key role in the developments which are rapidly taking place in healthcare across the UK. It has been an honour for me to work with Professor Dame Sue Bailey and her predecessors, Professor Terence Stephenson and Professor Sir Neil Douglas, and to have had access to debates about our nation’s healthcare at the highest level.

I remain grateful to my fellow trustees, Paul Coombes, Howard Young, Pamela Charlwood, Dr Anthony Falconer, Professor Mike Pringle and Mr Ian Ritchie for their support. I am indebted too, to our accountant, Elizabeth Libera-Moreni for her expert guidance. Finally, but by no means least, I would like once again to thank all the staff at the Academy for their hard work, commitment and good sense during the year.

Walter Merricks
Chairman of the Board of Trustees
The Academy is a membership organisation. Twenty two medical Royal Colleges and Faculties are members of the Academy, bringing together the views of their individual specialties to collectively influence and shape healthcare across the four nations of the UK.

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 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 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 Staff and Associate Specialist (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 take forward. Professor Dame Sue Bailey is Chair of the Council.

Academy Staff are based in the offices in Clerkenwell, London. The Academy employs 12 permanent members of staff and also contracts others on a consultancy basis to undertake specific projects. The Chief Executive is Mr Alastair Henderson.

The work of the Academy is centred on the Academy Council which meets regularly to agree direction in common healthcare matters. The Academy members are represented at these meetings by their college or faculty presidents who make up the Council. Importantly, the Council seeks to consider all issues from a four country perspective. Whilst healthcare structures and processes vary across the four nations, the key areas of our work are common across the UK.

The Academy’s work focuses on Education and training and Healthcare policy and delivery and is carried out as part of the ongoing work of its long-standing committees or through independent short-life projects.
The Academy’s role is essentially one of coordination between its member colleges and faculties to help ensure consistent standards of education, training and curricula are applied. On top of this, the Academy has a role in articulating the concerns of the Medical Royal Colleges and Faculties on issues of healthcare policy and delivery. While there are many official bodies which have oversight over patient care and the way doctors treat patients, the Academy too plays a crucial role in making sure that these standards are maintained and we all get the healthcare we deserve.

A key area for consideration in this review year was value across the NHS. We published three reports, one relating to waste in clinical care, looking at unnecessary use of clinical resources, another regarding decisions of value, looking at supporting good decision making and judgements between clinicians and managers, and Two Sides of the Same Coin which looked at the balance between quality and finance in delivering greater value to the NHS.

The work of the Academy is underpinned by effective representation and engagement with all its stakeholders, from the patient in a ward to the Secretary of State for Health. Through these strong relationships we are able, not only to create opportunities to promote our own priorities for healthcare, but also to be well placed to advise and carry out work on behalf others.

The Academy’s Officers — The Academy’s Chair is Professor Dame Sue Bailey, previous President of the Royal College of Psychiatrists. She is supported by two vice-chairs elected by the Council, Dr David Richmond (President RC Obstetricians & Gynaecologists) and Dr JP Van-Besouw (President RC Anaesthetists).

The officers’ team is completed by the Chair of RCGP to ensure Primary Care representation, Dr Maureen Baker and the Academy Secretary/Treasurer elected by Council, Dr Tony Falconer.

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

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 on average four times a year. The Chairman of each of the committees 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 is at the back of this report.

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.

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 liaising with external stakeholders.
Education and training
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 train our future doctors.

Training and Development issues

Shape of Training — In the summer of 2014 the four UK Governments asked for detailed proposals on the Shape of Training. A series of seminars, two of which were sponsored by the Academy, were held in September 2014. This was followed by a ministerial consideration and a statement in February 2015 from the UK Shape of Training Steering Group, of which the Academy is a member, confirming ministerial commitment to taking the proposals forward and setting out the next stages of work. This included the Academy coordinating a College and Faculty mapping exercise to identify the possible extent of generic components in their curricula. This exercise is currently underway.

Colleges remain broadly supportive of the principles behind the Shape of Training, but there is, however, real concern about any arbitrary shortening to the length of doctors' training which would damage not only training, but also quality of care.

Foundation Programme Curriculum and Resources —

The Foundation Programme Curriculum (the Curriculum) sets out the framework for educational progression that will support the first two years of professional development following graduation from medical school. The Curriculum had some minor revisions added to it for use in 2014. However, work this year has focused on a major revision for use in 2016. It is anticipated that an online resource will replace the traditional printed copy of the curriculum.

New emphasis has been placed on the whole patient, long-term conditions and the increasing role of community care. There is also more recognition of the workplace providing the majority of clinical and professional learning opportunities to trainee doctors. The acknowledgement of the significance of adopting new technologies to support learning is also welcome.

Broad-based Training — Working in partnership with the General Medical Council (GMC) and Health Education England (HEE) the Academy commissioned a qualitative evaluation of the Broad Based Training Programme into core Specialist Training. The two year evaluation, carried out by Cardiff University, was due to be completed by October 2015. However, due to the programme's success the GMC have agreed to run a second programme, and the original agreement has been extended for a period of 18 months from 1 October 2015. Cardiff University has produced an interim report and is currently doing a longitudinal study, to be published after its two-year life span.

Generic Capabilities — The Academy has continued to work with the GMC on developing generic capabilities for postgraduate medical education over the reporting year. This has led to the development of a consultation document aimed at making doctors better professionals, communicators and leaders. Views are being sought on a proposed framework for generic professional capabilities including the outcomes that all doctors will have to demonstrate by the end of their postgraduate specialty training.
Assessment

Exams and Assessment

Accreditation of Transferable Competences — The Academy developed and published the Accreditation of Transferable Competences Framework to assist trainee doctors in transferring competences achieved in one core specialty or general practice training programme, where appropriate and valid, to another training programme.

Requirements for Colleges and Faculties in Relation to Examiners and Assessors — Minimum requirements for College and Faculty examiners were developed by the Academy Assessment Committee, with input from the GMC. The requirements cover examiner selection, training, performance management, duration of appointment and collection of equality and diversity data. Following consultation, final agreement was obtained in October 2014, and these standards have now been adopted by all Colleges. The standards do not preclude individual Colleges establishing their own standards which may be more detailed and specific.

Standard Setting for Examinations — A short-life working group was established in 2014 to establish generic guidance for standard setting in post-graduate examinations. The Academy and GMC agreed that it was in the interests of the profession and of candidates to ensure that the processes underpinning pass/fail decisions are carried out to an agreed standard across all specialties. Different Colleges have adopted different approaches to designing and delivering their examinations, and it is not possible, or desirable, to be prescriptive about which methods should be used and applied. The document aims to provide guidelines for standard setting with the understanding that it will be adopted as Academy guidance in late summer 2015.

Improving Assessment — In 2009 the Academy was asked by the four Chief Medical Officers to explore a UK wide approach to assessment with common standards and processes, which we published in the report Improving Assessment. In 2014 it was agreed that the report should be revised by the Academy with input from all medical Royal Colleges and Faculties, the GMC, COPMeD and trainee doctors. The update revisits the definitions and terminology used and focuses on the need for training assessors, trainers and trainees (including the role of the supervisor) and implementation recommendations. The revision is expected in autumn 2015.

Differential attainment in medical education — In early 2014 the Academy published a statement Fairness, Equality and Medical Royal College Exams. Since then we have continued to explore issues around differential attainment in medical education working with a wide group of interested groups including the British Medical Association (BMA), COPMeD, GMC, Medical Schools Council (MSC) British Association of Physicians of Indian Origin (BAPIO) and NHS Education for Scotland (NES). A joint conference with the BMA was held in November 2014 from which it was recognised that a number of the issues affecting differential attainment originate from outside the healthcare system. However, there are a range of improvements which can be made within medical education, and stakeholders have signed up to a wide-ranging action plan.

Public Sector Equality Duty — Arising out of the Judicial Review challenge to the Member of the Royal College of General Practitioners (MRCGP) exam the Academy produced guidance as to how Colleges and Faculties might meet the Public Sector Equality Duty requirements.

Doctors in Training

The Value of the Doctor in Training — In April 2014 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. This year the Academy has focussed on how the principles of the charter can be communicated and disseminated to doctors across the four nations via the Colleges, GMC, NHS Employers, COPMeD, HEE and the BMA. Work has been carried out to produce a draft guide to help identify what action should be taken by which organisations in order to contribute to the process of delivering the principles of the charter.
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, endorsed by the four nations via the UK Education Reference Group, in late 2013 setting out key recommendations. The Academy has since taken this work forward and produced the report *Achieving safer prescription of cytotoxic agents: Academy Recommendations*.

The report makes clear, pragmatic recommendations for strategies to make prescribing safer. Although the mandate of the working group related to the prescription of cytotoxic agents by doctors in foundation training, the recommendations are relevant to the prescription of any agent with a narrow therapeutic window and safer prescribing in general. The findings also apply equally to all doctors, nurses and pharmacists involved in prescribing, dispensing and administering drugs.

Medical Training Initiative — The Academy has been acting as a sponsor to enable international medical graduates to enter the UK for training and development since 2010. The Medical Training Initiative (MTI) 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 Department of Health.

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 was down almost a third to that of the previous year, to 338, with two thirds of these from low and low to middle income countries, as well as 12 doctors from sub-Saharan African countries.
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.

The Academy continues to have strong and effective working relationships with key stakeholders, namely the GMC and NHS England, to ensure that there is a common approach to the implementation of revalidation.

Following the successful merger of the two Revalidation Committees in early 2014 to form the Academy Revalidation Group, we have further streamlined our working practices by combining this group with the Directors of CPD Committee to create a new single forum representing key stakeholders – the Revalidation and Professional Development Committee.

**Specialty Guidance** — In summer 2014, the Academy published a revision to the *Supporting Information Appraisal and Revalidation: Core Guidance Framework*. This followed a survey of doctors, appraisers and responsible officers to gather feedback on the specialty guidance and the support provided for appraisal and revalidation more generally. We also launched *Appraisal for Revalidation: A Guide* in September 2014 which focuses on the formative and specialty-specific elements of appraisal and sets out the expectations doctors should have regarding a high quality appraisal.

**Retired Doctors** — In the last year a number of Colleges and Faculties raised concerns regarding the revalidation of members and fellows who took on college roles post retirement. Therefore the Academy produced *Guidance for Retired Doctors* which clarified that if a doctor’s role required a licence to practise, they would need to engage fully and continuously with all aspects of revalidation. This would apply regardless of the date on which the doctor’s revalidation submission is due, and regardless of any plans they may have for the future, such as retirement.

**Revalidation Evaluation Study** — The Academy is providing input into a three year research study to assess the impact of revalidation during its first cycle and to offer evidence-based findings to shape its future development. The research is being carried out by a UK wide collaboration funded by, but fully independent of the GMC.

**Remediation** — In June 2014, the Academy organised two workshops on remediation, one to look at peer coaching and the other looking at assessment tools. The Peer Coaching Workshop was aimed at sharing experiences of peer coaching in remediation and to take stock of what work needs to be done to help Colleges support their members in this way.

The Assessment Tools Workshop considered the development of assessment tools beyond training for remediation support. Participants reviewed the use of existing assessment tools in doctors who are not in specialty training, identified areas of uncertainty regarding the validity of existing assessment tools outside specialty training programmes and identified areas where further research would be required to establish the validity and reliability of assessment tools in a formative sense in the remediation of doctors.
The Academy Remediation Implementation Group re-convened in late 2014 to begin taking forward the work from the two workshops. As part of their deliverables, the Group has begun collating information from Colleges and Faculties regarding peer coaching and mentoring, citing examples of where this has worked well. This will feed into recommendations for Colleges and Faculties as to how they might encourage and develop the role of senior doctors who provide supervision for peers undergoing remediation. The group has also begun reviewing the Academy’s *Return to Practice Guidance* produced in 2012. This work is expected to complete next year.
Clinical quality and standards
Informatics — Informatics are one of the key priorities in the Academy Manifesto and one of the six priorities identified to the Secretary of State following the election. The Academy and its member Colleges and Faculties see the crucial importance of effective informatics and information systems, including electronic patient records, in underpinning all developments to transform the NHS.

The Academy and Colleges are key participants in the Informatics Strategic Clinical Reference Group which seeks to provide clinical input to informatics decisions at national level. The Group was chaired by Professor Terence Stephenson until December 2014. Miss Clare Marx, President of the Royal College of Surgeons of England, took on the role from January 2015.

This year the Council also supported a proposal from the Royal College of Physicians London and the Royal College of General Practitioners to take forward work on the development of a Faculty of Medical Informatics. This will be developed in the coming year.

Child Sexual Exploitation — The Child Sexual Exploitation Guidance arose from a meeting between the Department of Health, representatives from the Medical Royal Colleges, the NHS and Third Sector organisations to discuss the important role that healthcare professionals have in supporting children and young people who have been sexually exploited and to explore what more can be done in this area. Specifically the Academy report makes recommendations to Colleges and Faculties in relation to curriculum development and training, information sharing, knowledge awareness and multi-agency support in safe-guarding children.

Mental Capacity Act — In February 2014 The House of Lords published Mental Capacity Act: 2005: post-legislative scrutiny. The report praised the Act as a visionary piece of legislation and said that the Royal Colleges should do more to support its implementation through raising awareness and understanding within the medical community. As result of the report the Academy set up a Mental Capacity Act Committee, chaired by Dr Julie Chalmers from the Royal College of Psychiatrists to proactively identify barriers to the implementation of the Act by medical professionals. It provides a forum for Academy members to share information and best practice on implementation and works with external organisations, such as Care Quality Commission, Health Education England and Social Care Institute for Excellence.

Sepsis — At the request of NHS England the Academy convened a meeting of College representatives to consider how Colleges could support and feed into wider work on reducing Sepsis. The group’s contribution was welcomed and it will continue to feed into NHS England’s work.

Reducing Mortality — Following a request from NHS England, the Academy Council convened a group and produced a report on priority areas to improve survival for patients in hospital with acute illness. Colleges were clear that defining avoidable mortality was not simple and that issues outside hospital needed to be considered as well as simply hospital activity. The Academy’s contribution was welcomed and the group will continue to work with NHS England as this progresses.

Advice on specific clinical issues and standards is the responsibility of individual colleges and Faculties. However, the Academy is involved in a range of cross-cutting clinical issues.
Service delivery

Review 2014 — 2015
Delivering high quality care for patients in a sustainable NHS is at the top of the agenda for the Academy and Medical Royal Colleges. It is regularly consulted by key stakeholders from across the healthcare spectrum and makes recommendations that are designed to help doctors to take the lead in providing an NHS service that is fit for the future and enables them to deliver the best possible care.

Coordinating Care — In June 2014, the Academy published Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients, which was designed to support the delivery of a number of recommendations outlined in the Francis Report. It was particularly focused on the need for a named clinician who is accountable for a patient’s care while they are in hospital.

Following the publication of this guidance, the Secretary of State for Health asked the Academy to consider the accountability of clinicians to their patients in out of hospital and outpatient settings. A group was established, Chaired by Dr Mike Pringle, President of the Royal College of General Practitioners and Dr David Richmond, President of the Royal College of Obstetricians and Gynaecologists. This piece of work is due for publication in the autumn of 2015.

2015 Challenge Declaration — At the beginning of the financial year NHS Confederation, working with other representational bodies, including the Academy, launched the 2015 Challenge Declaration. The NHS now faces the most challenging set of circumstances since it began and we must act now to meet these challenges if we are to secure a sustainable NHS, transformed to meet the needs of people in the 21st Century.

These bodies including health and care charities, communities, staff and leaders across the health, care and well-being system, have come together to highlight the scale and nature of the challenge, make the case for change and lead a serious debate of the solutions with each other, with politicians and with the public.

Creating Supportive Environments — The Francis report, among other high-profile reports, identified the need for cultural change regarding bullying, undermining and inter-professional working in the interests of patient safety. Valuing doctors in training and understanding how they perceive behaviours and comments are a key component of medical training and the wider working environment. In the last year the Academy Trainee Doctors’ Group have spent time looking at this area and are hosting a seminar on creating supportive environments in September 2015 to share examples of good practice and to inspire innovative new approaches in tackling negative behaviours.

Medical Royal Colleges Sustainability Guide — In October 2014 the Academy in conjunction with the Centre for Sustainable Healthcare produced a guide for Colleges on sustainability. This followed an audit of current College practices. The guide informed Colleges about sustainability initiatives occurring within other Colleges, shared knowledge about College-led sustainability initiatives occurring within clinical specialties and provided guidance for Colleges about how they can improve sustainability within their organisation, amongst their members and throughout their specialty. The guidance was launched at a successful seminar which brought Colleges together to share good practice.
Healthcare policy and value
Reducing Waste — At the end of 2014 the Academy published Protecting resources, promoting value: a doctor’s guide to cutting waste in clinical care. The report made seven recommendations to help with the challenges that threaten the sustainability of NHS services. To preserve the standards of care provided across the NHS, waste must be reduced. Most people think of waste in a product sense, however, most waste in the NHS lies within clinical practice and models of care. Low value services and unnecessary use of clinical resources undermine the sustainability of high value care and hinder the development of new interventions. This report provides a framework for a way in which doctors can think critically about waste from a clinical perspective and provides examples of doctors improving the value of healthcare by reducing waste.

Decisions of Value — In October 2014, the Academy and the NHS Confederation published Decisions of Value. This report set out new research which explored the importance of having the right relationships, behaviours and environment to deliver better value of care in the NHS. It identified a number of different factors that support good decision making, focusing on the judgments made every day between clinicians and managers. One of the challenges identified was the impact of cultural rather than structural factors and the interaction between people rather than rules and standards.

Balancing Quality and Finance to Deliver Greater Value — A crucial issue facing the NHS today is how the health service can balance the triple imperative of raising standards of care while meeting growing demand for healthcare and reducing overall costs to the public purse. Towards the end of 2014 the Academy, in partnership with NHS Confederation, the Faculty of Medical Leadership and Management and the Healthcare Financial Management Association published a briefing paper, Two Sides of the Same Coin highlighting how consideration of quality and cost can and should complement each other. The approach mirrors that set out in the Academy’s report on waste in clinical services.

Manifestos — In preparation for the general election the Academy produced What the medical profession is calling for from the next Government: a compendium of views of Medical Royal Colleges and Faculties. This was not a single policy document but rather a compilation of different College manifestos. The document was widely circulated to the media, politicians and stakeholders and was a helpful exposition of College views and priorities.

Medical Innovation Bill — From early 2014 the Academy and Colleges were involved in the Medical Innovation Bill introduced into the House of Lords by Lord Saatchi. While Colleges applauded the intentions behind the Bill they, alongside other medical bodies, had serious concerns about potential adverse and unintended consequences and considered that the Bill was not necessary. Colleges sought to explain the view to peers and the media whilst making clear their support for innovation. Although the Bill ran out of Parliamentary time and did not proceed, it has been reintroduced following the election as a Private Members Bill. The Academy will monitor this with interest.

Complementing the need for a sustainable NHS the Academy frequently comments and makes recommendations on policy issues, particularly where they can add value, both financially and to the way that doctors and healthcare professionals provide care.
Choosing Wisely — In 2014 the Academy began developing ideas on Choosing Wisely which will form a key part of its work over the coming year. Choosing Wisely, which started in the USA and Canada is a movement to embed a culture in which patients and clinicians regularly discuss the clinical value and effectiveness of proposed treatments or interventions with the explicit aim of reducing the amount of inappropriate and unnecessary clinical activity.

In June 2014, the Academy was represented at a conference in Amsterdam bringing together clinicians from a wide range of countries with an interest in Choosing Wisely style initiatives. It was recognised that the work flowed on naturally from the recommendations in the Academy report Protecting Resources: Promoting Value: a Doctor’s guide to Cutting Waste in Clinical Care and at the following Academy Council meeting it was agreed to take this work forward and detailed proposals were agreed in November.

Working in partnership with NHS England the Academy is taking the lead on the initiative, and has established a steering group with key partners. Beginning the process Colleges, Faculties and Specialist Societies have been asked to identify those commonly used interventions/treatments within their specialty that’s necessity could be questioned. This will form a key part of the Academy’s work for the coming year.

Five Year Forward View — In October 2014 NHS England, in conjunction with the other English arms-length bodies published the Five Year Forward View which set out their proposals for the future direction of the NHS in England. There was unanimous support for the vision of the Five Year Forward View with Colleges welcoming its focus on prevention and new care models.

The Academy has engaged closely with NHS England as the proposals go forward and with the New Models of Care and the vanguard sites. We also endorsed a statement on principles for models of integrated care, a core part of the Five Year Forward View, prepared jointly by the RCGP and the RCP London.

Assisted Dying — In the light of the renewed debate around assisted dying the Council reaffirmed the current Academy policy of not taking a position on the issue.

International Hospital Standardised Mortality Ratios — At the end of 2013 Professor Sir Bruce Keogh asked the Academy for an independent view, on behalf of the medical profession, regarding UK and USA hospital death rates based on Professor Sir Brian Jarman’s Hospital Standardised Mortality Ratios (HSMRs).

The Academy brought together a distinguished group of clinicians from Colleges with an understanding of these issues along with expert advisors to consider, discuss and report on the data. Professor Jarman was engaged throughout the process. The Academy report concluded that the use of HSMRs as a means of comparing the quality of US and UK hospitals was unreliable. Sir Bruce Keogh, welcomed the publication of what he called an ‘important report by the Academy of Medical Royal Colleges’.
Protecting and promoting health and well-being is key to all the medical professions. It is the collective responsibility of Government, communities and individuals to improve public health. Healthcare professionals, of course have their part to play. The Academy’s voice allows the specialties to come together to endorse and raise awareness of ways to prevent ill-health across the population.

Exercise - The miracle cure — After much work in the year in February 2015 the Academy published its report on the importance and benefits of physical activity – *Exercise: The Miracle Cure*. Lack of physical activity is one of the big four proximate causes of ill health, but is the least well known and even relatively low levels of increased activity can make a significant difference to improving health. The Academy felt that it was time to highlight this and how the medical profession can play its part in improving physical activity across the UK. The report outlined not just why doctors in all four nations in the UK must take a leading role in the fight against a sedentary lifestyle, but also set out in clear and simple terms how they should do it. The report was well received and provoked much media attention.

Annual Weigh-In — In April 2014, one year on from the publication of the Academy’s obesity report, we reviewed the progress that had been made in the 10 recommendation areas. The Academy was particularly pleased to see that education and training programmes for doctors were well underway, with NICE guidelines aimed at overweight and obesity amongst children and young people, and the medical Royal Colleges running courses and modules on obesity management and nutrition.

However, there is still some way to go on satisfactorily achieving all 10 recommendations and the Academy will continue to campaign and monitor progress in the coming year.
The Academy in the news

Meeting of the Council of the Academy of Medical Royal Colleges

Wednesday 15 April 2015 10.30am-1.00pm

Academy Office, 34 Red Lion Square, London WC1R 4ES

AGENDA

1. Introductions and apologies
   JP, David Richmond (Ian Wyllie attending)

   Recommend people we have a photographer and want to do

   Also remind people about David prior coming

2. Minutes of last Academy Council meeting

   Recommend meeting of Steering Committee in next week

   Attendees: [details redacted]
The last year has seen the Academy continue to raise its profile through the publication of two major reports and one significant healthcare campaign. A series of announcements attracted the attention of the specialist press.

In November 2014, the Academy’s report on Waste; Protecting Resources, Promoting Value: A Doctor’s Guide to Cutting Waste in Clinical Care attracted widespread media attention. It made the front page of three broadsheets and ran through all major news bulletins from early morning radio, to ITN and the BBC’s lunchtime news bulletins. One of the report’s authors, Dr Daniel Maughan did the rounds at the television studios, while the Academy’s then Chair, Professor Terence Stephenson fielded The Today Programme and 5Live. Academy Chief Executive, Alastair Henderson meanwhile, handled over a dozen back to back interviews from BBC regional radio stations in under an hour.

In early February 2015, the Academy’s report on Hospital Standardised Mortality Ratios, which laid to rest some of the myths that have developed over the figures was well reported in the Guardian and the specialist medical press.

Later that month, The Academy consolidated its position as a key influencer on public health policy with its report entitled, Exercise: The Miracle Cure. Report author Scarlett McNally dashed from studio to studio on launch day, launch day. Almost all the national newspapers featured the report on their front pages, while, perhaps not surprisingly the mid-markets and tabloids focused on one line in the report referring to sex and the health advantages that can be gained from regular exercise whatever form it takes.

The Academy led, Choosing Wisely campaign launched three months later. Designed to encourage doctors and patients to question the value of procedures, treatments and interventions, the initiative attracted global press attention.

In the UK, news packages ran throughout the day on all major broadcast outlets. At one point, Academy Chair, Professor Dame Sue Bailey, Chief Executive Alastair Henderson, the Academy’s clinical fellows, Dr Aseem Malhotra, and Dr Angeliki Zarkali and Joan Reid, the Academy’s Policy manager were all giving simultaneous interviews broadcasters as diverse as Sky’s Sunrise, The Vanessa Feltz Show, The Today Programme and BBC Birmingham and Black Country.

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Professor Stephenson — being interviewed about The Academy’s Waste Report on The Jeremy Vine Show.

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Professor Dame Sue Bailey — reads The Daily Telegraph’s coverage of the story while waiting to be interviewed for BBC Breakfast at New Broadcasting House.
In a sign of the fast changing media landscape Mumsnet’s request for an authored piece on the subject by Professor Bailey also took priority when it came to fielding media requests. The website attracts 65 million individual site visits every month and her article attracted widespread debate and comment.

The campaign will be ‘relaunched’ when the Academy members present their top five ‘treatments whose value should be questioned’ later in the year.

Dr Angeliki Zarkali’s authored piece in the Pharmaceutical Journal attracted global attention and while Dr Zarkali has returned to her medical training she will continue to take an active role in the programme.

The Academy now has a team of three, focusing on policy, publications and communications and receives media requests on a daily basis on issues ranging from finding a doctor who can comment on the rise of obesity in the very young to detailed policy issues around service design. In the coming year it will continue to promote Choosing Wisely as well as leading on a major campaign to maintain funding for public health. With health and the future of the NHS consistently at the top of the political and media agenda, the Academy will continue to consolidate its position in the media.
GPs told to prescribe sex as an exercise

A regular walk is ‘miracle way’ to avoid cancer and dementia

Doctors warned of ‘over-treating’ patients
Advocacy and engagement

Review 2014 — 2015
The Academy was as ever, active in its engagement with key stakeholders. Four seminars were held for Simon Stevens, the incoming Chief Executive of NHS England. Regular meetings were held with the Secretary of State and Professor Sir Bruce Keogh amongst others, such as the GMC, CQC and Monitor.

When Professor Dame Sue Bailey took office in January 2015 she held an extensive round of extremely positive meetings with the Academy’s main stakeholders who all were keen for continued close involvement with the Academy, its work and members. For the first time in its history the Academy Council met outside London when it held its meeting in July 2014 at the Royal College of Physicians and Surgeons of Glasgow at the invitation of the three Scottish medical Royal Colleges. This also provided an opportunity for the Academy Chair and Chief Executive to visit NHS facilities in Scotland. The Academy runs 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.

**Education and training committees**

- **Academy Education Strategy Committee**
  Chair — Dr J-P van Besouw
  The Academy Education Strategy Committee is the overarching education body of the Academy. It identifies strategy, policy and work streams which need to be taken forward in postgraduate medical education and gives guidance and direction on how they will be achieved. It provides commonality between all the Academy education related committees.

- **Academy Foundation Programme Committee**
  Chair — Dr David Kessel
  The Academy Foundation Programme Committee coordinates and facilitates the work of the Medical Royal Colleges and Faculties to produce the Foundation Programme Curriculum for Foundation year doctors.

- **Joint Academy Training Forum**
  Chair — Dr Simon Newell and Professor Bill Reid
  The Joint Academy Training Forum coordinates, facilitates and develops generic work of the medical Royal Colleges and Faculties with regards to postgraduate medical specialty training, including general practice. It works in conjunction with other relevant bodies relating to postgraduate medical specialty and general practice training.

- **Academy Assessment Committee**
  Chair — Mr Ian Ritchie
  The Academy Assessment Committee coordinates, facilitates and takes forward the work of the Royal Colleges and Faculties with regards to assessment in postgraduate medical training.
The Revalidation and Professional Development Committee is concerned with developing processes and procedures relating to the specialist revalidation of doctors and their CPD.

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.

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Quality Improvement Leads
Chair — Dr David Richmond
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 — Professor Dame Sue Bailey
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 Dame Sue Bailey
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.

Academy Staff and Associate Specialist Doctors Committee
Chair — Dr Rajesh Rama Iyer
The Academy Staff and Associate Specialist Doctors Committee provides a voice for SAS doctors within the Academy. The Chair is a co-opted member of the Council. A new charter for Staff and Associate Specialist doctors in England sets out what they and employers can expect from each other. The document has been agreed by the BMA, the Academy, HEE and NHS Employers.

Academy Trainee Doctors’ Group
Chair — Dr Gethin Pugh
The Academy’s Trainee Doctors’ Group is a forum for Trainee representatives of all Medical Royal Colleges and Faculties to come together. It provides an informed and balanced view on generic issues relevant to College-registered trainees. The Chair is a co-opted member of the Academy Council.

Flexible Careers Committee
Chair — Dr Elaine Griffiths
The Flexible Careers Committee brings together College and Faculty representatives on issues relating to flexible working arrangements for medical and dental staff. This includes the whole spectrum of the workforce from trainees through to retirement and in primary, secondary, community and tertiary care. The Flexible Careers Committee operates under the auspices of the Academy but is supported with its own subscription and secretariat.

In the last year the Flexible Careers Committee has been liaising with NHS Employers regarding ageing practitioners. The Committee Chair wrote to the parliamentary health select committee to ask them to investigate the issues identified around the ageing workforce. The committee has been investigating fees for Flexible Trainees regarding the possible disproportionate increase in training fees (related to prolonged training) for this group.

In January 2015 the committee undertook a survey looking at the resources and support systems available to medical and dental professionals who have returned to work from maternity and paternity leave. The results of this are due to be published later in 2015.
The Academy Patient Lay Group informs Academy discussions, and ensures that the interests and perspectives of patients and the general public are taken into account within the work of the Academy. Members are from each of the College patient/lay groups. The Chair is a co-opted member of the Council. Over the period the Group held a successful seminar in September 2014, attended by patient representatives from across all medical Royal Colleges. The day offered those interested in cross cutting patient and lay issues the chance to network and hear from guest speakers including Dame Julie Mellor, the Parliamentary and Health Service Ombudsman. The event was well attended and feedback showed it was a helpful and worthwhile day.

In early 2014 the Academy International Forum commissioned an external review of College international activity and the need for the forum going forward. The Academy set up a working group comprising College international leads and Chief Executives to take evidence and make recommendations on future cross-College international work. The Faculty of Public Health volunteered to house the Forum (which was previously with RCGP) for a twelve month period with the aim of making it more action focussed. The Council will review the progress and its position in early 2016.

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 a representative role 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.

There was considerable concern amongst members about the processes adopted by ACCEA for the renewal or non-renewal of national awards. Whilst the Academy is not concerned with issues surrounding terms and conditions, it was considered that there was not due recognition for work of Colleges at national level. These concerns were fed into the Triennial review of ACCEA. The Academy coordinated and put forward a ranked list of Platinum award level nominees as usual.

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
- European Forum (UEMS)
- Faculty of Medical Management and Leadership
- GMC Equivalence Group
- GMC UK Programme Board for Revalidation
- Health Quality Improvement Partnership
- HEE Genomics Advisory Group
- HEE Medical Advisory Group
- HEE MDRS Quality and Standard Group
- MDRS Stakeholder Board
- HEE Patient Safety Commission
- HEE Shape of Training Stakeholder Reference group
- Joint Medical Consultative Committee
- Medicines Optimisation Board
- National Audit Governance Group
- National Specialised Services Commissioning Group (NSSCG)
- National Stakeholder Forum (DH)
- NIB Strategic Clinical Reference Group
- NIHR Integrated Academic Training
- Seven Day Services Forum
- Ten Medical Chairmen
- UK Clinical Research Council
- UK Medical Education Scrutiny Group
- UK Med Advisory Group
- UK Accreditation Service
- UK Shape of Training Steering Group
11 Governance and administration
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, Mr Walter Merricks) 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. 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 12 permanent members of staff who work at the Academy offices in Clerkenwell, London. It also contracts other staff on a consultancy basis to undertake specific projects. The Chief Executive is Alastair Henderson.
Finance and resources

The Academy has had three primary sources of income and resource. These are:

- Subscriptions from 22 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.

Source funding
April 2014 – March 2015
(income and brought forward)

Total £5,286,000

- Core budget £365,000 08%
- Property £449,000 08%
- Designated Funds £960,000 18%
- Restricted Funds £2,018,000 38%
- Revalidation £959,000 18%
- Brought forward unrestricted reserves £535,000 10%
Finance and resources

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** such as 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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property</td>
<td>£27,000</td>
<td>02%</td>
</tr>
<tr>
<td>Designated Funds</td>
<td>—</td>
<td>00%</td>
</tr>
<tr>
<td>Core budget</td>
<td>£455,000</td>
<td>30%</td>
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<tr>
<td>Restricted Funds</td>
<td>£910,000</td>
<td>60%</td>
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<tr>
<td>Revalidation</td>
<td>£125,000</td>
<td>08%</td>
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</tbody>
</table>

**Total £1,517,000**
The year ahead

Review 2014 — 2015
Looking forward through 2015-2016 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.

**Strategic Objectives**

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 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 actively seek to find alternative and additional sources of income provided they are in line with organisations values and objectives
5. To ensure that the Academy's expenditure remains in line with the income generated.

**Practical Objectives**

Some of the specific work areas for 2015-2016 are:

1. **Shape of Training** – Active involvement in the development of Shape proposals and the coordination of a College mapping exercise
2. **Choosing Wisely** – Taking forward the Choosing Wisely Initiative with the completion of a College audit of interventions of limited value and start of a public campaign
3. **Mental Capacity Act guidance** – Producing guidance for Colleges on how increasing specialties understanding of mental health, mental capacity and LD issues
4. **Public Health** – Campaign to reverse the cuts in public health spending which we believe are short-sighted and counter productive
5. **New Care Models** – close engagement with the NHS England New Care Models programme and Vanguard sites with input on workforce issues
6. **Seven day services** – Supporting the development and spread of seven day services in acute and emergency care.
13
Membership and publications
### Academy Council

<table>
<thead>
<tr>
<th>Current members</th>
<th>Previous Academy Council members in 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Sue Bailey Academy Chairman</td>
<td>Mr Ian Ritchie</td>
</tr>
<tr>
<td>Dr Anthony Falconer Academy Honorary Secretary/ Treasurer</td>
<td>President, Royal College of Surgeons of Edinburgh</td>
</tr>
<tr>
<td>Dr J-P van Heesouw Academy Vice Chairman, Royal College of Anaesthetists</td>
<td>Dr Mike Pringle</td>
</tr>
<tr>
<td>Dr David Richmond Academy Vice Chairman, Royal College of Obstetricians and Gynaecologists</td>
<td>President, Royal College of General Practitioners</td>
</tr>
<tr>
<td>Dr Maureen Baker Academy Officer, Royal College of General Practitioners</td>
<td>Professor Dame Sue Bailey Academy Chairman</td>
</tr>
<tr>
<td>Dr Clifford Mann Royal College of Emergency Medicine</td>
<td>Mr Ian Ritchie</td>
</tr>
<tr>
<td>Professor Nigel Hunt Faculty of Dental Surgery</td>
<td>President, Royal College of General Practitioners</td>
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<tr>
<td>Dr Anna Batchelor Faculty of Intensive Care Medicine</td>
<td>Mr Ian Ritchie</td>
</tr>
<tr>
<td>Dr Richard Heron Faculty of Occupational Medicine</td>
<td>Dr Mike Pringle</td>
</tr>
<tr>
<td>Dr Keith Bragman Faculty of Pharmaceutical Medicine</td>
<td>Mr Ian Ritchie</td>
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<tr>
<td>Professor John R. Ashton Faculty of Public Health</td>
<td>Mr Ian Ritchie</td>
</tr>
<tr>
<td>Dr Christopher Wilkinson Faculty of Sexual and Reproductive Health</td>
<td>Mr Ian Ritchie</td>
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<tr>
<td>Professor Mike Pringle Royal College of General Practitioners</td>
<td>Mr Ian Ritchie</td>
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<tr>
<td>Professor Carrie MacEwen Royal College of Ophthalmologists</td>
<td>Mr Ian Ritchie</td>
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<tr>
<td>Professor Neena Modi Royal College of Paediatrics and Child Health</td>
<td>Mr Ian Ritchie</td>
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<tr>
<td>Dr Sury Lishman Royal College of Pathologists</td>
<td>Mr Ian Ritchie</td>
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<tr>
<td>Dr Francis Dunn Royal College of Physicians &amp; Surgeons of Glasgow</td>
<td>Mr Ian Ritchie</td>
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<tr>
<td>Professor Derek Bell Royal College of Physicians of Edinburgh</td>
<td>Mr Ian Ritchie</td>
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<tr>
<td>Professor Frank Murray Royal College of Physicians of Ireland</td>
<td>Mr Ian Ritchie</td>
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<tr>
<td>Professor Jane Diere Royal College of Physicians of London</td>
<td>Mr Ian Ritchie</td>
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<td>Professor Sir Simon Wessely Royal College of Psychiatrists</td>
<td>Mr Ian Ritchie</td>
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<tr>
<td>Dr Giles Maskell Royal College of Radiologists</td>
<td>Mr Ian Ritchie</td>
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<tr>
<td>Mr Ian Ritchie Royal College of Surgeons of Edinburgh</td>
<td>Mr Ian Ritchie</td>
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<tr>
<td>Miss Claire Marx Royal College of Surgeons of England</td>
<td>Mr Ian Ritchie</td>
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<tr>
<td>Mr Declan Magee Royal College of Surgeons in Ireland</td>
<td>Mr Ian Ritchie</td>
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<tr>
<td>Dr Simon Emmen Academy of Medical Royal Colleges in Wales</td>
<td>Mr Ian Ritchie</td>
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<tr>
<td>Professor Patricia Peatsey Academy Patient/Lay Group</td>
<td>Mr Ian Ritchie</td>
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<td>Dr Gethin Pugh Academy Trainee Doctors Group</td>
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<td>Dr Ray Rama Iyer Academy Staff and Associate Specialist Doctors Committee</td>
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### Board of Trustees

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<tr>
<th>Current members</th>
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<tbody>
<tr>
<td>Mr Walter Merricks Chairman Chairman of Trustees</td>
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<tr>
<td>Mr Paul Coombes</td>
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<tr>
<td>Mr Howard Young</td>
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<tr>
<td>Professor Dame Sue Bailey Academy Chairman</td>
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<td>Ms Pam Charlwood</td>
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<tr>
<td>President, Royal College of General Practitioners</td>
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<tr>
<td>Professor Terence Stephenson Academy Chairman</td>
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</table>

### Previous Academy Council members in 2013

- Professor Norman Williams Royal College of Surgeons of England
- Professor Patrick Broe Royal College of Surgeons in Ireland
- Professor Dame Sue Bailey Royal College of Psychiatrists
- Sir Richard Thompson Royal College of Physicians of London
- Professor John Crowe Royal College of Physicians of Ireland
- Dr Archie Prentice Royal College of Pathologists
- Dr Hilary Ciss Royal College of Paediatrics and Child Health
- Ms Kathryn Harley Faculty of Dental Surgery
- Dr Muj Husain Academy Trainee Doctors Group
- Dr Nia Kamal Academy Staff and Associate Specialist Doctors Committee

### Membership

- The Faculty of Intensive Care Medicine and Faculty of Sexual and Reproductive Healthcare joined as new members of the Academy in June 2014 and January 2015 respectively. The College of Emergency Medicine was granted the title Royal over the period and is now the Royal College of Emergency Medicine.

### Academy Staff

- Alastair Henderson Chief Executive
- Max Prangnell Communications and Development Director
- Joan Reid Quality Policy Manager
- Johanne Penney Education Policy Manager
- Yvonne Livesey Revalidation Policy and Programme Manager
- Claire Coomber Committee & Policy Manager
- Lesley Haagner Committee & Policy Manager
- Nina Newbery Committee & Policy Manager
- Peter Jones Donation Ethics Committee Secretary
- Beverley Willie PA to the Chairman & Chief Executive
- Rosie Carlow Publications Manager
- Katie Tansley Policy and Projects Manager
- Kate Lyons MTI Administrator
- Sharon Merchant Office Manager
- Aseem Malhotra Academy Clinical Lead (until May 2015)
<table>
<thead>
<tr>
<th>Reports and guidance</th>
<th>Statements</th>
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<tbody>
<tr>
<td>March 2015 — Collecting Clinical Information in Outpatients</td>
<td>March 2015 — For the Medical Innovation Bill not to proceed</td>
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<td>— Progression of Doctors in Training</td>
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<td>February 2015 — Exercise - The miracle cure and the role of the doctor in promoting it</td>
<td>February 2015 — Shape of Training – The UK Steering Group</td>
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<td>— International HSMRs</td>
<td>— Statement International HSMRs</td>
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<td>January 2015 — Flexible Careers Committee’s Maternity/Paternity Leave Survey</td>
<td>— Response to Health and Social Care (Safety and Quality) Bill</td>
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<tr>
<td>— Guidance for Retired Doctors revalidation</td>
<td>— Response to Medical Innovation Bill – House of Lords Third Reading</td>
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<td>— Accreditation of Transferable Competencies</td>
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<td>December 2014 — SAS Charter</td>
<td>December 2014 — Integrated Care</td>
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<td>November 2014 — Health Eating</td>
<td>May 2014 — Care.data</td>
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<tr>
<td>— Protecting resources, promoting value: a doctor’s guide to cutting waste in clinical care</td>
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<td>— Requirements for Colleges and Faculties in relation to Examiners and Assessors</td>
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<td>October 2014 — Medical Royal Colleges Sustainability Guide</td>
<td>December 2014 — Health Select Committee Inquiry Diet, Physical Activity and Health</td>
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<td>— Decision of Value Report and Findings</td>
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<td>August 2014 — Child Sexual Exploitation</td>
<td>September 2014 — Freedom to speak up review</td>
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<td>June 2014 — Taking Responsibility</td>
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<td>May 2014 — Foundation Programme Curriculum revision</td>
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<td>— Foundation Programme Reference Guide</td>
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<td>— Foundation Programme Resource</td>
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<td>May 2014 / 2015 — Challenge Declaration 2015: Challenge Declaration</td>
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<td>April 2014 — Assessment of the Academy’s 10 recommendations for obesity one year on</td>
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<tr>
<td>— Staggering Trainee Doctor Changeover</td>
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<tr>
<td>— Two Sides of the Same Coin Balancing Quality and Finance to Deliver Greater Value</td>
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Design / Art direction
James Taylor
jamesdesigns@me.com

Photography
Simon Way
simon@simonway.co.uk