Academy Council Meeting  
Summary of key issues

April / 2020

Welcome, introductions and farewells

The Council held its first virtual meeting via Microsoft Teams which worked very effectively.

The Council congratulated Helen Stokes-Lampard, previous RCGP Chair, on her election as the next Academy Chair from July. Helen thanked members and said she looked forward to working with them and following on Carrie MacEwen’s work.

The Council said farewell and thanks to Wendy Burn, President RC Psychiatrists, and Mike Burdon, President RC Ophthalmologists, who were both demitting office as Presidents of their Colleges.

Progress on issues

Because of the COVID-19 Pandemic, progress on many of the items from previous meetings had been halted but the activity which had taken place was noted. This Council meeting would focus on issues relating to the epidemic.

Review of Screening

Work on the current review of screening was one of the projects that was proceeding albeit more slowly. The Council endorsed the paper collating comments from Colleges which will be submitted to the CM0.

COVID-19

a) Epidemiology

The Council note the current position with a welcome fall in hospital admissions.

b) PPE

There was agreement that although there had been good engagement with PHE over the revised PPE guidance, there had been real problem subsequently over lack of proper engagement with Colleges which had caused considerable difficulties.

Statement on CPR. It was recognised that the different guidance from PHE and RCUK was causing real problems for clinicians locally. The Council recognised that it would be difficult for the Academy to endorse the RCUK or PHE guidance because of the differing contexts and circumstances and the reality that trusts would be making decisions on which guidance to follow. It was recognised that Physician Colleges had expressed their support for the RCUK guidance. It was agreed to revise the Academy statement in line with the discussion and recirculate to members.

c) Workforce issues

(i) MTI. The Council agreed to write to UKVI seeking a 12-month extension for all MTI doctors
currently on the scheme to enable them to have their full training. It was also agreed to seek HEE agreement to amend current rules to enable doctors who have returned home to support their health systems or were caught overseas on leave to return to complete their placement and not count it as a break and to allow for similar exception circumstances in the future e.g. bereavement.

(ii) At risk staff. It was recognised that going forward arrangements must be made to protect and support staff at risk [e.g. staff who have been shielded staff, at risk BAME staff]. This will require decisions about the work environment itself as well as individual assessments.

d) Testing

Jo Martin updated members on testing. It was felt that the concentration on total numbers rather than underlying strategy had not been helpful. Going forward testing all emergency or inpatient admissions raised many issues including how to manage the wait for results. The Academy had a further briefing with Lord Bethell and PHE on Monday 4th at 9.15 am.

e) Education and Training

Anna Olson-Brown, Chair of the ATDG, reported that she had good engagement with HEE on training matters. The key issues for trainees were,

- Recruitment

- ARCPs including an appeals process. It was noted that there are series of meetings for Colleges with HEE/GMC next week on ARCP

- OOPs/Academic Trainees returning to training

- It was recognised that there were real opportunities for reviewing how Colleges approached and provided exams going forward and agreed to work on this on a cross College basis through a small working to engage with the GMC and education authorities.

f) Restoration of services

The submissions from Colleges were endorsed and it was recognised that several Colleges had produced specialty proposals on the restoration of their services and it was important to share these. It was agreed that the Academy should continue to co-ordinate activity on restoration services and produce a document of principles which would, amongst other issues, stress the importance of maintenance of education and training. 

g) After COVID-19

It was recognised that Colleges and many organisations would be looking at what changes introduced because of Covid were beneficial and should be kept. It was felt important to be clear about changes that should not be retained as well as those that should. It was noted that Academy was seeking a commission from NHSE/I to look at cross-specialty clinical service changes.

h) Calls with CMO/NHS MD

Council considered the arrangements for the regular calls with the CMO and NHS Medical Director and agreed they were working well.

i) Letter from Nuffield Bioethics Council

The Council endorsed a letter from the Nuffield Council for Bioethics on the need for transparency on Covid information.