

Academy of Medical Royal Colleges Annual Review 2016

The Academy of Medical Royal Colleges is the coordinating body for the UK and Ireland’s 22 medical royal colleges and faculties. They ensure patients are safely and properly cared for by setting standards for the way doctors are educated, trained and monitored throughout their careers.

Healthcare is complex and increasingly there are issues where a cross-specialty perspective is needed. It’s the Academy’s job to ensure this work is done effectively and then acted upon by policy makers, regulators and clinicians.

Professor Dame Sue Bailey

Chair,
Academy of Medical Royal Colleges

Foreword

Charles Winstanley

Chair of the Board of Trustees,
Academy of Medical Royal Colleges

Introduction



22 Academy Members representing
200,000 doctors

1

New Chair of the Board



144 Committee and working group meetings

4

Academy Council meetings



14 members of staff

6th

Clinical Fellow starts work for the Academy

5 day pause in Junior
Doctors dispute

6

Recommendations to better coordinate care in primary, community and
Outpatient settings



Guidance directly improving training and standards for 55,000 junior
doctors

8th

Revision of the Foundation Programme Curriculum

10^{Key}

Recommendations delivered to the UK Shape of Training Steering
Group

50

Recommendations delivered to the UK Shape of Training Steering
Group



22 Operating Principles for managing invited reviews



1,225 College and Faculty members took part in the
Maternity/Paternity survey

20 / 20

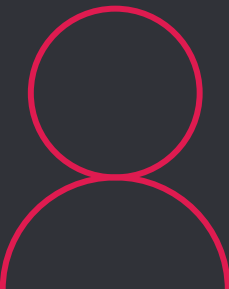
20 years of the Academy of Medical Royal Colleges

534

International medical graduates were sponsored by the Academy to
work under the MTI scheme

19

Doctors nominated by the Academy for an ACCEA Platinum Award



51 patient representatives gathered to discuss parity of esteem

79 Responsible
Officers in
England surveyed,
representing
23,378 doctors

Revalidation this year



Representation on 28 external bodies



Finances

365

The next 365 days

A portrait of Professor Dame Sue Bailey, a woman with short blonde hair, wearing a dark blue blazer and a colorful patterned scarf. She is standing outdoors in front of a grey metal structure with circular patterns. The background is slightly blurred, showing some greenery and a brick building.

Foreword

Professor Dame Sue Bailey Chair, Academy of Medical Royal Colleges

Sustainability has been core at the Academy this past year and perhaps like never before, the theme is now common currency across health. I for one, cannot remember a time when questions of resourcing; being able to deliver the best for patients for the least resources, have been so central to our conversations. For our members, the colleges and faculties who sit squarely at the interface between policy makers and the medical profession, the challenge will be to ensure standards of care and quality are maintained as budgets are squeezed and demands on the service grow. I think though, now is the time for a national conversation about how resources are best used to meet the challenges ahead. It's my hope that in my final year as Chair, we can lead that debate because it's absolutely right that doctors speak up for patients and the service, but in a way that provides solutions. We must recognise that, as in all areas of our lives, funds are not unlimited.

One response to these challenges must be to make greater use of the opportunities offered by digital engagement with patients. While there are some laudable examples, they remain few and far between, and it is unarguably wrong, that the NHS

in England spends close to £1bn a year of its precious budget on postage alone. The Academy will be working closely with those who are committed to ensuring the digital revolution has the same impact in healthcare as it has on the travel or banking sector – where data and security are equally as precious.

But the need for change doesn't stop there. I was pleased to be able to mark the Academy's 20th anniversary at the House of Lords, an event detailed elsewhere in our review. Keynote speaker, journalist and author, Mathew Syed gave a thought provoking presentation setting out an impassioned case for the medical profession to move towards openness and transparency in reporting. Arguing that for quality of care to improve we need to see a cultural shift in our attitudes to mistakes. This is happening, and our work on Quality Improvement is core to that, but again, progress across the service is slower than it needs to be.

No account of the year passed would be complete without mentioning the Junior Doctors' dispute. Arguably another example of the squeeze on resources. As our Chief Executive, Alastair Henderson regularly points out; some of the greatest challenges to the Academy's time and resources have fallen outside neat work programmes we design for ourselves. It

wasn't an easy time for any of us at the Academy, colleges and faculties or across the wider medical profession. But I am grateful to our members for the good sense and collective clarity they showed through the turbulent months in early 2016. Proof, if it was ever needed, that when we act in unison we are a powerful force for good.

Thank you too, to our new Chair of Trustees, Charles Winstanley, who succeeded Walter Merricks in March. His wise counsel was invaluable and I am confident his vision for the Academy and its relationship with the medical royal colleges and faculties is the right path to follow. The Academy staff too, have surpassed themselves this year as we have undergone a process of revitalising our work, environment and output.

I look forward to this year with confidence. There will undoubtedly be tough times ahead for our profession and our work and Brexit certainly brings an added dimension to the challenges we face, but the Academy and its members are now at the centre of the debate about what the future should look like. It has been an honour and a privilege to be part of that development.

A portrait of Charles Winstanley, a middle-aged man with thinning hair, wearing a dark pinstripe suit, a light blue shirt, and a patterned tie. He is standing outdoors in front of a dark brick wall. The background is slightly blurred, showing a building with a window.

Introduction

Charles Winstanley Chair, Academy Board of Trustees

‘But he has nothing at all on’ at last cried out the people. The Emperor was vexed, for he knew that the people were right but he thought that the procession must go on now.’ Andersen’s famous tale arguably encapsulates the vanity of successive recent British politicians that the NHS remains sustainable in the exponential clash between resources and demand.

The Academy must, in my view, be in the front row of Andersen’s crowd; not to humiliate politicians, but to offer realistic strategic options to ensure the survival of a precious health service that remains comprehensive and universally available. The Academy should present its case in an impartial manner that focuses on patient need, not the interests of doctors alone.

There is no shortage of high level UK health issues; the design of primary care, commissioning relationships, pharmaceutical research, NHS training arrangements, management and governance ... the list goes on.

Despite the wide spectrum of specialist areas represented by the Academy’s membership, the common ground is never far away. A key function of the Academy Council, supported by high quality staff, is to identify issues, achieve consensus, develop thinking, and then energetically promulgate our proposals. Our natural partners in this process will be the Department of Health and its ministers, and other professional health bodies.

The Academy’s board of trustees exists to ensure that the Council is resourced, and that we all operate within strategic,

financial and legal constraints. Board members are a mix of Council members and appointed individuals with governance skills.

In the past six months we have created our first audit and risk committee, tasked to provide assurance to the board that agreed processes are being followed. The board has recently agreed to invest in the planning expertise that will be needed if the Academy is to provide continuous relevant strategic input to stakeholders.

The Academy must continue to amplify the voices of our member colleges and faculties, seeking member consensus on key issues with courtesy and energy, and gaining growing respect for the resulting views among political and health system leaders.

Junior doctors' dispute: Proposal aimed at breaking deadlock



Hugh Pym
Health editor

5 May 2016 | Health

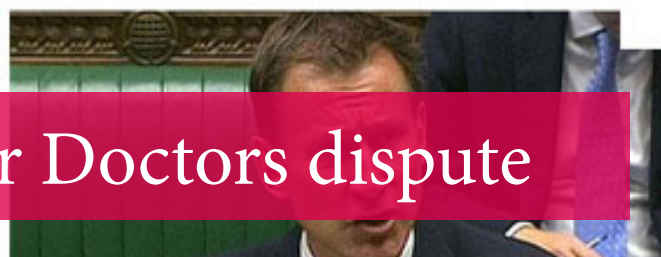


Talks over the controversy

Junior doctors agree temporary halt to strikes in exchange for talks

BMA's renewed willingness to talk raises hopes long-running dispute over new contract may finally be resolved

Hunt and junior doctors signal plans for fresh talks over weekend pay



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Junior Doctors' Strikes: 'Step Back From the Brink'

Senior medics ask junior doctors and Health Secretary Jeremy Hunt to restart negotiations ahead of a full walkout set for April.

The Academy of Medical Royal Colleges has launched a new bid to break the deadlock in the eight month-long dispute. It is urging both sides to abandon their preconditions that are preventing fresh talks from taking place in order to avoid the row inflicting further damage on the NHS.

If successful, it could lead to talks resuming for a defined period as early as next week, possibly overseen again by the independent Advisory Conciliation and Arbitration Service (Acas).

5 day pause in Junior Doctors dispute

Charles Winstanley
Chair, Academy Board of Trustees

For much of the last year the Academy's time has been taken up with the dispute over the junior doctors' contract – which remains unresolved at the time of writing. There is little doubt that this presented real challenges for the Academy, for Colleges and indeed for the Academy Trainee Doctors Group. On the one hand, all were clear that matters of terms and conditions were not within our remit, but on the other, many of the legitimate concerns of junior doctors over training, morale and rotas are at the heart of what we do. Equally, the need to show support for doctors in training balanced with the Academy's role as a champion of patient safety, created an inevitable tension.

Naturally there were a range of opinions expressed by members of the Academy's Council throughout the six month

dispute, no membership organisation could or should expect permanent unanimity. Regardless, it was clear from the outset that the underlying concerns about how junior doctors felt they were valued and treated in the NHS had to be faced up to whatever the outcome of the contractual talks.

The Academy sought to keep open channels of communication with both the Government and the BMA, consistently calling for a negotiated settlement and also to identify a common position amongst members. With little apparent wish for compromise from the protagonists and strongly held views from all involved, that was not always an easy or a comfortable position.

Much has been written about the negative impact the row had on both patients and the profession, it is perhaps then worth reflecting on a positive.

The Academy's statement issued on the 5 May 2016 appealed

to both sides in the dispute to 'step back from the brink' and call a five day truce to allow talks to take place. The call also gained support from other national organisations, and both the BMA and the Department of Health accepted the Academy proposal. The subsequent negotiations led to a proposed deal, which, as is known, was later rejected by the BMA membership. However, the last minute move showed just what a critical role the medical royal colleges can play when they do act and speak together.

At the time of writing this it is unclear what will happen with the dispute but whatever the final outcome, it has caused real damage in many ways which will take a long time to repair but it has identified fundamental issues for junior doctors which must now be properly addressed. The Academy is determined to be at the centre of that debate to help deliver a positive solution which lasts.

BACK



Guidance directly improving training and standards for 55,000 junior doctors

[Guidance in Standards for Candidate Feedback](#)
[Guidance for Standard Setting for Postgraduate Examinations](#)

[Improving Assessment: Further Guidance and Recommendations](#)
[Foundation Programme Curriculum](#)

[Quality Improvement – Training for Better Outcomes](#)
[Accreditation of Transferrable Competencies](#). The GMC agreed to include the framework in 2015 application forms



20 years of the Academy of Medical Royal Colleges

On 19 July, the Academy formally celebrated its 20th anniversary at an event at the House of Lords. We are particularly grateful to the Baroness Hollins for hosting the occasion, which saw more than a hundred guests enjoy a canape reception, a thoughtful, if not provocative presentation by journalist and author Matthew Syed and some of the highest temperatures of the year!



Addresses and thanks came from both the Secretary of State for Health, Jeremy Hunt, who shared with us some anecdotes about what had happened just days earlier when he thought he was going to lose his role in the new Prime Minister's reshuffle and The Baroness Hollins who outlined the remarkable journey the Academy has come on over the last 20 years, and how today it occupies an unassailable position at the heart of health and healthcare.



We were pleased also to mark the occasion with the Academy's book, *20/20 A vision of Healthcare*. A compendium of personal views of healthcare across the UK and Ireland, designed to take a snapshot of what healthcare looks like today and tomorrow. The first part of the book comprises the views of 20 people drawn from all aspects of healthcare – patients, doctors, paramedics, politicians and so on – who were asked, what for them personally, has been the most important development in healthcare in the last 20 years. The second half of the book, asks a similar group of a further 20 people to look forward and set out, what for them needs to be the most important development in healthcare in the next 20 years. The second half of the book, asks a similar group of a further 20 people to look forward and set out, what for them needs to be the most important development in healthcare in the next 20 years.



We are incredibly grateful to those 40 people whose personal testimonies turned what was intended to be a publication that readers could dip in and out of, into a book that invites being read from cover to cover at one sitting. Thanks must also go to EY for their kind sponsorship of our book.

It has been very well received and we are grateful too to Matthew Syed for kindly giving away copies of his own book, 'Black Box Thinking' at the event, which sets out a clear case for changing the medical profession's cultural approach safety and quality improvement.



Revalidation this year

A survey was sent to all Responsible Officers seeking their views on the type of remediation assistance that they would like to see from college and faculties. The response rate gave a snapshot of around 10% of doctors in England. The Academy is working closely with NCAS and NHS England to ensure a joined up approach to remediation. The results of the survey will feed into future work.

Funding was provided to the Royal College of Physicians of

London to undertake a literature review examining the content and process of collecting patient feedback questionnaires in different specialties and how they might be improved, in particular to gather the feedback of 'seldom heard' groups. The second phase of the project has been agreed in principle which will look to make recommendations to improve methods of collecting patient feedback.

In November 2015, the Academy set about a revision of the

2009 Guidelines for Recommended Headings under which to Describe a College or Faculty Continuing Professional Development Scheme to take into account the principles set out in the GMC's 2012 CPD Guidance. [A set of principles](#) was endorsed by the Academy Council in July 2016.

Work began to revise the 2012 return to practice guidance. The revision is due to be published later in the year.



Representation on 28 external 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



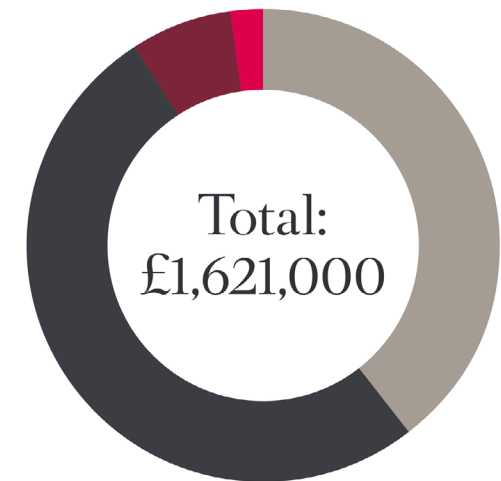
Finances

Income and Resources



Subscriptions and other income	£379,000	10%
Restricted project funds	£1,088,000	29%
Revalidation	£731,000	19%
Property	£861,000	23%
Designated funds and unrestricted reserves	£725,000	19%

Expenditure 2015-16



Core Budget (core staff, office costs, committees etc)	£646,000	40%
Restricted project funds	£835,000	51%
Revalidation	£116,000	7%
Property	£24,000	2%

The next 365 days



Objective

The Academy's overall objectives and strategic aims were revised by the Board of Trustees in 2015/16. It is our overarching ambition:

To be clearly recognised by all key stakeholders as the leading voice of the medical profession across the UK on cross-specialty matters relating to doctors' education and training and improving healthcare for patients.

This means:

- Coordinating the views of the medical royal colleges on cross-specialty issues and
- Representing those views to either the key external stakeholders or to medical royal colleges to support their own work.

Strategic Objectives

To provide the highest level of advice and influence on medical education, training and the improvement of healthcare for the benefit of patients

- Ensuring that the Academy is recognised as the voice of doctors – not for doctors own interests, but in support of the highest standards of patient care
- Taking a leading role in the early identification of issues of concern to patients and the profession
- Supporting the doctors' role as leaders in developing, managing and delivering services

Be of value and relevant to the needs of our internal and external stakeholders

- Taking a UK wide perspective on policy issues in general and in response to specific issues

- Seeking to ensure that we reflect patient's views in all we do
- Actively promoting collaborative working between colleges and faculties
- Actively engaging with Governments and other appropriate external organisations
- Working with representatives of other clinical professions as appropriate
- Ensuring that we do more of what adds value and cutting what doesn't

Ensure good governance and financial stability

- Actively seeking alternative and additional sources of income, provided they are in line with the organisation's values and objectives
- Continuing to ensure that the Academy's expenditure remains in line with the income it generates
- Regularly reviewing governance and organisational arrangements to ensure that they reflect best practice and can meet challenges as they emerge

Looking forward

The NHS will face challenges on a number of fronts in the coming year and these will impact on colleges and the Academy. First, the implications of the financial pressures on the NHS will be seen even more clearly, and probably with significant service reorganisation. The challenge will be to ensure that quality is maintained while services are adapted. Second, the fall-out from the junior doctors dispute will continue to be felt. Whatever the outcome there remains a huge task in repairing the damage done and rebuilding the confidence and trust of junior doctors in the system. Finally,

the impact and implications of the decision to leave the EU are going to have to be worked through. For the NHS they are considerable in terms of workforce, research and education and training. None of the solutions are likely to be simple.

Exactly how these issues will impact on the Academy's work is as yet unknown but it is clear that providing a response with and for colleges will shape lot of what we have to do over the next 12 months.

We will, of course, be proactively pursuing our own agenda as well. Most importantly the Choosing Wisely initiative will really come to fruition with the launch of procedures identified as having limited value and moving toward implementation proposals. We will be developing proposals on how we sustain the health and social care system and continuing our core work supporting colleges and faculties on education, training and quality improvement issues.

Work on training for better outcomes, the first phase of which completed this year, will continue to be developed. This coming year will focus on exploring how to implement the report's recommendations for embedding quality improvement training in undergraduate and postgraduate medical education, and take forward the commitment to quality improvement and patient safety.

We are forming closer links with the Academy of Medical Colleges in Wales, which will come under the auspices of the Academy while retaining its independence in terms of policy issues relating to Wales. Aside from some practical administrative support that the Academy can provide, the key driver was to encourage closer collaboration on the range of issues which both organisations recognise as common across the UK.