

Academy of  
Medical Royal  
Colleges

Hello, welcome.

Charles Winstanly  
Chair of Trustees

and thank you.

Professor Dame Sue Bailey  
Former Academy Chair

Our staff,

have been busy.

Over 140 committee meetings

publishing reports  
and statements.

17 reports and 32 statement  
published  
Over 140 committee meetings

We asked you to  
choose wisely,

Improving care

improve  
standards,

Education and Revalidation

train overseas doctors,

Medical Training Initiative

and support our  
trainees

Creating supportive  
environments

We improved quality,

Over 140 committee meetings

turned 20,

20/20 a vision of health

grew a bit,

Two new members

and said what we  
thought.

Influencing policy

We stayed focused on  
patients,

The need for a sustainable NHS

open to change,

New Care Models

and helped spread  
expertise.

Working for the wider NHS

We embraced the  
future,

The digital workforce

Up to a point,

Brexit and the NHS

and lots more  
besides,

Other key activities

on a balanced budget.

Annual reports and accounts

There's more to do

Professor Carrie MacEwen  
Academy Chair

and more to make  
happen.

Our strategic objectives

Goodbye

A close-up portrait of a middle-aged man with light hair, smiling slightly. He is wearing a dark pinstripe suit jacket over a light blue shirt and a patterned tie. The background is blurred, showing architectural details like a stone pillar and a building facade.

# Hello, welcome.

In contrast to what appears to have been the position over Brexit following the referendum, as the Council and Board of the Academy begin to review our options for the medium term it seems to me that we must have clarity on our overall purpose, a vision of our destination and the benefits of getting there; we must be clear about the intended relationship with the sovereign bodies that constitute our members and understand the implications of all the options.

The Academy will need a more rigorous process to identify cross-cutting issues for investigation, member consultation, and eventual communication to our stakeholders. This was a point that stood out through in the audits of members and external stakeholders the Academy carried out in the early part of 2017. Indeed, it was heartening to see that all our members wanted us to either continue with our current level of activity or increase it.

Identifying issues that are truly UK wide and developing

better mechanisms for consultation and involvement must be at the heart of our ambition, but so too must be the ability to speak and act promptly when asked. Balancing those two imperatives is never easy for membership organisations; if the Academy is to remain relevant and authoritative in the healthcare debate, as our members and partners have asked us to do, then we must address this.

The recent pre-Policy Day discussion between Officers and Board members concluded that the Academy should continue to add value to the sum of the views of the membership. Speaking up in the interests of patients and clinicians is part of that, although there may be more to our role and better ways to add value for our members too. This is something that must be explored thoroughly in the coming months.

It is perhaps over-stating things to say the Academy is at a turning point of Brexit proportions, but like all organisations

it must evolve and adapt to the changes around it. I was pleased to see at last year's 20th anniversary celebrations just how well the Academy has adapted to change in the past. Our challenge now is to make sure it adapts appropriately for the future too. In this I am grateful to the wise counsel of my colleagues on the Academy Trustee Board, who I know share this ambition and to the work and input from all our member organisations and the Academy's staff. I am grateful too to Professor Dame Sue Bailey who recently demitted as Chair of the Academy. Her insight, patience and good humour during some challenging times for the Academy, and more recently in laying much of the ground-work for the next stage of the Academy's evolution, have been greatly appreciated by me and the staff team.

**Charles Winstanley**

Chair of Trustees'

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and thank you.



## Professor Dame Sue Bailey Former Academy Chair

With this, my last note as Chair of the Academy, I thought it might be appropriate to reflect not just on the year just gone, but on my term as a whole. I cannot say it has been easy and many of the most taxing challenges that we have faced together have been driven by events beyond our control. But dwelling on the negative is never good for one's mental health, so I thought it might be useful to look at how far we have come since I took office early in 2015.

For me, the overwhelming positive note I will take away from the Academy has been the way we have got better at working together and speaking with a unified voice on all the key issues in health and more recently social care. With the system running at or close to red hot permanently these days it has been vital that we have shown clarity of purpose and spoken with a unity of voice. And while there have been differences of emphasis these have largely been nuances of opinion. I thank the Academy's Council members for

no longer using our meetings as a platform for explaining how tough things are in their own particular speciality but working collaboratively to find ways for clinicians to be part of the solution to the issues being faced across the health and social care systems. The challenges not just doctors, but all our healthcare professional colleagues and not least patients are facing show no sign of diminishing today. In my last year of office the pressures on junior doctors in particular was writ large. The long and painful industrial action provided a stark warning that we must do more to support the workforce right across the system. This is particularly the case with a legislative agenda seemingly being railroaded by Brexit and its worrying implications and austerity still common currency in Whitehall.


Maintaining quality and standards of care in the face these two shackles will get harder not easier, so we have a duty to speak up for what's right. However, the equity and respect we have gained which gives us a mandate to do this is a precious commodity and should be used sparingly. The stakeholder audit I was happy to commission early in 2017, particularly the review of what others think of us was encouraging, but

clearly we could and should do more if we are to achieve an A grade rather than the B plus we seemed to be getting.

I know my successor Carrie MacEwen is determined to keep up the pressure on politicians and policy makers and I wish her well in these endeavours. She is supported by a good and able team of staff, officers, members and trustees. And while it would be wrong to single out individual members of staff I would like to be forgiven for thanking Alastair Henderson for his support, insight and unfailingly instinctive nose on policy matters.

I look forward to working with Joan Reid, Dr Jack Ross and Dr Ramai Santhirapala on Choosing Wisely next year and building on the excellent foundations we laid in the first wave of the Choosing Wisely recommendations. For me, this work was perhaps the most satisfying of all the excellent initiatives the Academy launched, partly because it was so patient focused and partly because it is inextricably linked to the principle of shared decision making. A subject close to my heart and a principle Council itself will do well to continue to uphold as it faces the challenges ahead.





# We asked you to choose wisely,

## Choosing Wisely UK – The Launch

Being part of the team that brought Choosing Wisely UK to life was a tremendous privilege and something I will never forget for the rest of my career. We knew it would be big, as it tapped into a 'less-is-more' zeitgeist, but we never imagined quite how big.

Launch date was Monday 24th October 2016, that day the Choosing Wisely UK team spoke to more than 25 broadcast media channels, including Sky, BBC, ITN and Channel 5. As well as picking up extensive coverage in all the national press, the campaign launch was covered by more than 350 newspapers across the country, from the Alloa and Hillfoot Advertiser to the York Press. I had the fantastic experience of sitting on the BBC breakfast couch at six thirty in the morning in front of over 1.5 million viewers talking about our campaign. The responses, from patients, public and the profession was overwhelmingly positive, with widespread acceptance that doctor doesn't always know best. Over 70,000 users went to the website that day, causing it to momentarily crash and to date, only the citizens of Western Sahara, Mauritania and Togo have yet to visit the website. In the same week we were even parodied by the Guardian, with an article titled 'Don't floss, peel veg or wash your jeans. 40 things you can stop doing right now' – this referred to the 40 recommendations that had been painstakingly researched

and agreed by members of 12 royal colleges and faculties in conjunction with the Choosing Wisely UK team based at the AoMRC, leading up to the launch. By any measure the launch was a success.

Since the launch, the momentum behind the campaign has grown and grown, with support for NHS Chief Executive Simon Stevens and chair of the Health Select Committee Dr Sarah Wollaston for example, our work has been showcased to organisations as diverse as Macmillan and BUPA and the consultation process for the next round of recommendations is now underway.

### Dr David Warriner

Academy Clinical Fellow

### Choosing Wisely Team

Next year, the Choosing Wisely team will build on the success achieved since last October by expanding the programme with a second wave of recommendations. Working closely with patient groups we'll be particularly focusing on tests, treatments and procedures used in end-of-life care, or aimed at those with long term conditions and for the frail and elderly. Dr Lance Sandle, Vice President of the Royal College of Pathologists will once again lead on the clinical reference work and we are grateful to him for volunteering for a second time. At the heart of the Choosing

Wisely initiative is the concept of shared decision making – the idea that patients and doctors should be enabled and encouraged to have a meaningful conversation about the risks and benefits of the clinical options on offer – and we're delighted that Professor Dame Sue Bailey, the Academy's former Chair, has kindly agreed to lead the Choosing Wisely programme. Her expertise, particularly on the area of shared decision making will be greatly valued.

Beyond the second set of recommendations we will be holding a conference for clinicians and patients from across the UK next Spring to learn how Choosing Wisely is being implemented at a local level, to share best practice and see what further support tools we can provide to doctors and their patients.

There are a number of parallel programmes which dovetail neatly with our work on the programme such as NHS Improvement's Getting It Right First Time (GIRFT) and the Health Foundation's Making Good Decisions in Collaboration (MAGIC) programme – our challenge will be to align with these and continue to maximise the profile for what has rapidly become a core Academy activity and brand.

### Joan Reid

Choosing Wisely

Programme manager





improve standards,

## Education and Revalidation

This year we completed our guidance for the **'Implementation of Generic Professional Capabilities'** which was published by the General Medical Council as part of their review of postgraduate standards and guidance. We are now in discussions with the GMC for support to aid colleges as they put the changes into practice. We are also undertaking work to assess the requirement for an updating of the transferable competencies framework to assist doctors who wish to change specialties, and exploring ways to meet the GMC's requirement for identification of shared curricula content, and outcomes-based curricula.

It also marked the fifth anniversary of the Revalidation programme. Following Sir Keith Pearson's review in January 2017, the Academy has been working closely with the General Medical Council and other key stakeholders to implement the review's main recommendations. Areas where

the Academy and Colleges and Faculties are providing direct input include:

- making revalidation more accessible to patients and the public
- reducing burdens and improving the appraisal experience for doctors and
- measuring the impact of revalidation.

### Patient Feedback workstream

The Academy's patient feedback workstream project entered phase two of its work in 2017 to identify and make recommendations for new processes/technologies to help make the collection and correlation of patient feedback via questionnaires easier across all specialties, and to identify and make recommendations for alternative methods of obtaining feedback other than questionnaires across all specialties. The outcomes of this work will inform the GMC's work arising from the Pearson Review.

### Remediation Work stream

In December 2016, the Academy held an event for Invited Reviews for clinicians and staff with the aims of bringing services closer together. Work is continuing to explore areas of common practice and themes within invited reviews.

The Academy publicised the resources offered by Colleges on its website to help ensure that Responsible Officers have one 'front door' to access information on remediation.

The Academy is also developing a Framework of Mentoring Principles to promote best practice for mentoring. This work is close to completion and will be published later this year.

### CPD Work stream

In view of the change in emphasis towards reflection, identification of learning needs and the importance of the quality of CPD since the onset of revalidation, the Academy produced the Core Principles for Continuing Professional Development in July 2016.



## train overseas doctors,

### Medical Training Initiative

The Academy administers the Medical Training Initiative (MTI) – a national scheme designed to allow a small number of doctors to enter the UK from overseas for a maximum of 24 months, so that they can benefit from training and development in NHS services before returning to their home countries. As National Sponsor, the Academy is responsible for issuing Tier 5 certificates of sponsorship to be used for

visa application. The Academy also plays a role an integral role in promoting the scheme around the world.

Because of the significantly increased take-up of the scheme from April 2017 the Department of Health, Health Education England and the Academy agreed changes to the arrangements for processing applications for MTI Certificates of Sponsorship (CoS) from applicants from countries other than those identified as DfID priority countries or World

Bank Low Income and Lower Middle Income Countries (LI & LMI). More details of the changes and those countries in LI & LMI Countries can be found [here](#).

The Academy believes the MTI is a highly valuable initiative that supports both individual doctors and the NHS. We are seeking to persuade the Government support to expand the scope and size of the scheme.

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and support our  
trainees.

### Creating supportive environments

The Summer of 2016 saw the end of the long running and bitter junior doctors' contract dispute which was a difficult time for doctors, the service and the medical royal colleges.

There have been several initiatives aimed at addressing the concerns raised by the dispute. The Academy contributed to work led by both Health Education England and the General Medical

Council on enabling flexibility in curricula and the operational organisation of training. Both have produced a series of specific proposals in this area.

The Academy Trainee Doctors' Group itself published Creating Supportive Environments. The report set out how trainees can be supported at work to tackle behaviours that undermine a culture of safety.

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We improved  
quality,

## Continuous Improvement

Quality Improvement remains at the heart of everything we do. We published 'Quality Improvement – training for better outcomes' and gained further funding from the Health Foundation to continue the work to implement the recommendations from the report. The QI working group set up, with four workstreams looking at creating a QI curriculum that could be used by all colleges, helping colleges with accessing and signposting QI resources, establishing the best way to ensure that QI is included in revalidation, and looking at how the work of this group can align with ongoing national work on QI.

The Academy was asked to partner with Mary Dixon-Woods, RAND Professor of Health Services at The University of Cambridge to bid for funding from the Health Foundation to set up an Improvement Research Institute. It is expected to become a world-leading organisation, developing evidence on a large scale across the NHS about what works to improve patient

care. The Institute team and its partners are currently co-designing the principles, values, and ways of working that will be used once the Institute is operational; we believe that our role specifically includes ensuring that the voice of the clinician is heard in all the work undertaken by the Institute. We are grateful to the Academy's QI lead, Dr Rose Jarvis for her work on this bid.

And consolidating our work on patient safety, we obtained funding from Health Education England to develop and pilot a post-graduate education curriculum providing evidence-based material for the training of doctors in a new proactive, risk-based approach to improving patient safety – which seeks to prevent rather than react to harm. This approach has a systems focus rather than an individualistic approach to safety, and includes training in human factors and performance-influencing factors that impact on patient safety.

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grew a bit,

## Two new members

We were pleased to welcome two new members during the year. [The Faculty of Forensic and Legal Medicine](#) and [The Faculty of Sport and Exercise Medicine](#).

Dr Paul Jackson, President of the FSEM and Jason Payne-James, President of the FFLM both said they felt that membership of the Academy has been a significant milestone in the growth and development of their specialities and look forward to playing an active role in Academy business.

The Academy now has 24 members, who bring together the views of their individual specialities to collectively influence and shape healthcare across the UK.

For the full list of Academy members [click here](#).

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and said what we thought.

## Influencing policy and external engagement

Engaging effectively with key stakeholders at national level across the UK on behalf of members is a key task for the Academy. During the year the Chair and Chief Executive met regularly with senior politicians, the Chief Medical Officers in the four countries and leaders of England Arm's Length bodies as well as the GMC, BMA, employers and other professional bodies.

A perceptions audit of key external partners in 2017 showed an overwhelmingly favourable impression of the Academy.

**The Academy is also represented on 27 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 Education and Training Advisory Board

GMC UK Programme Board for Revalidation

Health Quality Improvement Partnership

HEE Data Standards Board

HEE Genomics Advisory Group

HEE Medical Advisory Group

HEE MDRS Quality and Standard Group

HEE Shape of Training Stakeholder Reference group

Joint AoMRC/BMA Liaison Group

MDRS Stakeholder Board

Medicines Optimisation Board

National Stakeholder Forum (DH)

NIB Strategic Clinical Reference Group

NIHR Integrated Academic Training

Seven Day Services Forum

Tariff Advisory Group

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

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We stayed focused  
on patients,

## The need for a sustainable NHS

Throughout the year the pressure on the NHS and health service staff has been relentless and growing. There were significant problems over the winter period across the country. This, alongside rota gaps and vacancies have caused real problems across all specialties.

The Academy was consistent in its messages that:

- The NHS and social care systems need more resources
- We are proud of the achievements of the NHS and its staff but recognise that there are many things that can be done differently, better and more efficiently for the benefit of patients

- Patients, carers and the public must be part of every stage of development and change
- Clinicians will need and want to take a role in leading change and improvement
- No change and improvement will be effective without having a valued and enabled workforce.

The Academy believes that there is a need for a national conversation on delivering a sustainable NHS. Over the year, we issued five statements reiterating this. Significantly, the Academy called for additional funding for social care to be a priority. This was an important step for a medical organisation and recognised the crucial relationship between health and social care and the need to address issues on a system wide basis.

Along with several individual Colleges we submitted evidence to Lord Patel's House of Lords Inquiry into the sustainability of the NHS.

These pressures have not been resolved and will continue across the NHS in all four nations for the coming year.

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open to change,

## New Care Models Workforce

The Academy worked closely with the NHS England's New Care Models Workforce team to look at workforce roles and design. This resulted in a joint **statement** and commitment to a joint work programme.

The Academy, its member and the New Care Models programme committed to:

- Continuing to work together to promote and support workforce redesign which improves care and supports clinicians
- Sharing practical ideas between the new care models programme and the colleges to keep the dialogue going
- Identifying workforce frustrations felt by clinicians and how these might be addressed by vanguards
- Identifying frustrations emerging from the new care models programme which the colleges might have a solution for
- Identifying perceived barriers to workforce change
- Holding two major seminars later in 2017.

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and helped share expertise.

### Working for the wider NHS

The Academy continued to back the principle of doctors being able to take time away from their clinical work to contribute to other areas across the NHS. Obviously, our immediate interest is for work in Colleges and Faculties, but we of course advocate this across the wider NHS too.

There will be real problems for the development of the NHS if clinicians are not able to contribute to national and regional work which benefits the wider NHS. The four CMOs, Sir Bruce Keogh and Professor Terence Stephenson have written to **employers across the UK** to urge them to support release for clinicians. The Academy will continue to address the underlying issues with key stakeholders.

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We embraced the future,

## The digital workforce in Healthcare

We were pleased to host our 'Digital Workforce in Healthcare' conference at the Google Campus in London in March. Attended by nearly 100 Chief Clinical Information Officers from across the UK, the conference served as launch pad for the Academy's report Information and Digital Technologies: Clinical Requirements 2020 compiled by our digital lead, Dr Farzana Rahman and produced in association with NHS Digital.

The conference, also enjoyed presentations from Hannah Burd of the Behavioural Insights Team, Beth Foster from Google, Dr Pooja Sikka from EY, Dr Kristen-Anne Rutter and Angel Donchev from McKinsey's management consultancy and Dr Jem Rashbass, National Director for Disease Registration and Cancer Analysis. The Academy is

extremely grateful to Farzana Rahman for putting together such a high-profile line up.

The conference resulted in four recommendations which will be progressed in the coming year:

- Understand that behaviour change is key
- Empower the workforce and remove barriers where necessary
- Learn lessons from different healthcare settings and other industries
- Understand that digital transformation is a dynamic process

The Academy published the Clinical Standards 2020 document, working in close collaboration with Academy members, the National Information Board and NHS Digital.

The document is the first of its kind, providing a set of clinical end-user standards, which have been developed by clinicians to ensure that digital transformation improves clinical care. The Academy has also developed a virtual network of clinicians interested in digital health to cascade information from organisations such as the Professional Records Standards Body, NHS Digital and the Faculty of Medical Informatics.

Farzana will continue to lead the Academy's digital work ensuring that we continue to be at the front of the debate about how the digital agenda can be realised across the whole of healthcare in the UK.



up to a point,

## Brexit and the NHS

The decision to leave the European Union has profound consequences for the NHS. The Academy identified the following key issues that need to be addressed in the brexit process and after:

- Workforce Supply – the retention and continued recruitment of EU staff
- Medical regulation and definition/recognition of qualifications
- Medical science and research
- Public Health
- Reciprocal Health Arrangements/EHIC
- Funding and sustainability of the NHS.

The Academy recognises that working with partners across health and social care will be essential if we are to have an impact on outcomes. We therefore became active members of the Cavendish Coalition and the UK Healthcare Brexit Alliance.

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and lots more besides,

### Other key activities

By any measure, the period this review covers was one of the busiest on record for the Academy. It was also one of the most challenging for Council as members debated the appropriate response to the junior doctors' dispute. While feelings undoubtedly ran high at times, it is to the Council's credit that members remained united in their attempt to chart a course which ensured junior doctors were supported in their cause, but also put the best interest of patients at the centre of the debate.

The dispute came at a time of other changes in healthcare in the UK. In England, 44 Sustainability and Transformation programmes (STPs) were launched to help enact NHS England's Five Year Forward View and the ambition to see a far more integrated service, designed around local needs. It is fair to say that the level of clinical engagement was mixed at the start of the initiative, as indeed was the degree of development by the STPs themselves. This now looks as if it's being rectified. We also worked hard to support the work of

Baroness Ilora Finlay, Chair of the National Mental Capacity Act Forum in raising awareness of the Act among clinicians and others involved with end of life care.

The Academy of Medical Royal Colleges in Wales launched their own version of Choosing Wisely; branded as Prudent Healthcare, it enjoyed widespread support particularly from the Welsh Government. We were pleased to see too that Choosing Wisely was well received in Scotland. With Catherine Calderwood, Scotland's Chief Medical Officer being a particularly strong advocate. We continue to enjoy strong ties with both Governments.

For many of us the highlight of the year was the Academy's 20th Anniversary celebrations at the House of Lords. We were pleased the Secretary of State for Health, Jeremy Hunt MP was able to make some surprisingly candid opening remarks, while the author Matthew Syed gave a thought provoking and at times controversial talk on attitudes towards safety and risk in the health sector based on excerpts from his book, Black Box Thinking.

We were sad to see the passing of JP van Besouw, a former Vice-Chair of the Academy who did so much to improve standards of education and training for doctors; and Dr Simon Newell, who chaired the Academy's speciality training group with skill and good humour. Both of them are much missed.

On the home front, we undertook a modernisation and professionalisation programme, which included a major IT upgrade, new branding, a new website and explored new ways of working for staff. We are improving the way we look after our guests as well as the look and feel of the office. We hope you like these changes – but as always with life at the Academy, there is always more to do.

**Alastair Henderson**

Chief Executive

September 2017

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on a balanced budget.

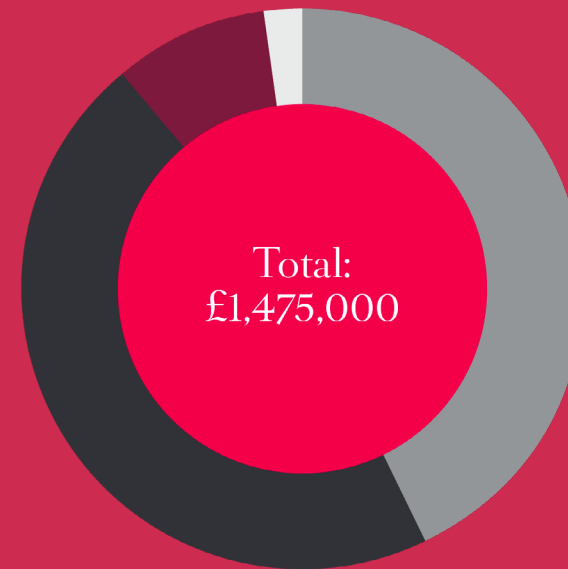
## Academy Finances 2016-17

Income and Resources



Subscriptions and other income	£550,000	14%
Restricted project funds	£1,007,000	24%
Revalidation	£775,000	19%
Property	£890,000	22%
Designated funds and unrestricted reserves	£835,000	20%

Expenditure 2016-17



Core Budget [core staff, office costs, committees etc]	£631,000	43%
Restricted project funds	£672,000	46%
Revalidation	£137,000	9%
Property	£35,000	2%

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# There's more to do

## Looking forward

What lies ahead for the next year – and beyond? It's difficult to say without a crystal ball, but some things are more certain than others – concerns around Brexit, limited budgets and resources, increasing demand for health and social care and insufficient NHS staff as well as, of course, death and taxes – must fall into this category.

The Academy's role as a resource to provide a wide base of experience, backed up by evidence and data to promote the best outcomes and highest standards of patient care needs to be cognizant of these factors and how they might influence the future of a sustainable NHS. Therefore the priorities for the immediate future will focus on workforce, improving resources – and optimising what is currently available, including the way IT and the digital agenda can influence this.

The devolved administrations have health services which are different, but can be used to inform each other. The Academy is a four nation body, and therefore works on a UK-wide basis to promote improvements in healthcare as an absolute priority.

It is unarguable that the NHS needs more resources, but

clinicians also have a responsibility to demonstrate that we are using our current resources as effectively and appropriately as possible. This is the underlying principle of the Choosing Wisely programme, which is clinically led and needs to be expanded and rolled out further to ensure that improving quality and protecting resources can be seen as two sides of the same coin.

The digital agenda goes hand in hand with efficient practice too, as the development of optimal services relies on sharing patient data to inform clinicians and carers, reducing duplication, measuring activity and knowing the outcomes of treatment. The NHS is, belatedly, becoming aware of the enormous implications of the digital revolution and the positive impact it will have on the way organisations and individual clinicians work. I am determined to ensure that in the coming year, the Academy consolidates its role in putting clinicians at the centre of the conversation about the ways we can use digital and data to drive up standards of care.

The implications of Brexit in healthcare are profound in terms of workforce supply, research funding and collaboration, public health, regulation of medicines, professional qualifications as well as reciprocal provision of healthcare for European and British citizens. The Academy and colleges must play a central role in these developments.

Workload pressures on medical and other healthcare staff are intense. We know there are significant staff shortages across the service and that employees too often feel overworked and undervalued. Everyone deserves adequate support and recognition so they are able to look after our patients. Retaining our existing workforce using flexible approaches to employment as well as recruiting and training new staff must be a key priority for the NHS across the UK.

Of course, the core college business of training, education, assessment and maintaining quality and standards must remain the focus of the Academy; ensuring they are fit for delivering and developing modern healthcare in the UK. This means engaging with relevant bodies to promote opportunities for personal development, professionalism and job satisfaction for doctors of all grades in all specialties; less micro-management and more performance, fewer competences and more capabilities, less isolation and more team support. As the healthcare landscape changes and the way care is delivered evolves, so too should we be not just open to change, but central to the debate about that change, and what is best for patients.

**Professor Carrie MacEwen**

**Academy Chair July 2017**





and more to make happen.

## Objectives

### Academy Objective

The Academy's overall objectives and strategic aims were revised by the Board of Trustees in 2015/16. It is our over-arching 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 doctors 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 patients' 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.v