

WELCOME TO

Academy of Medical Royal Colleges



2018 Annual Review.

Foreword

If I had to use one word to sum up this, my first year as Chair of the Academy, that word would be 'busy'. There is nothing at all unusual in being busy, indeed it is at the heart of the job description for any college or faculty President, but what perhaps struck me most as I took up office a year ago was that I was busy on so many different fronts.

In part this is probably a direct reflection of the extraordinary breadth of the organisation's activities, orchestrated so well by the Chief Executive Alastair Henderson. However, it is also a measure of the way the Academy has grown in stature and influence thanks, in no small way, to the efforts of my immediate predecessors and the collaborative approach by recent and current Presidents.

As we all know, health and healthcare policy and politics are subject to permanent change. But, it is a sign of the unique constituency of the Academy that, despite its small size; it can wield such influence on the cross-specialty issues in pursuit of our core objective – improving patient care.

As this review demonstrates in detail, our internal focus has been to set out our policy priorities with clarity and to address them with vigour. These would not be possible without the support of our members in this work, for which I am eternally grateful, and to the staff team for progressing them with enthusiasm and optimism.

Externally, it's difficult to know where to begin. Changes to the Medical Training Initiative, Winter Pressures, challenges faced by the Dr Bawa-Garba case following the tragic death of Jack Adcock and poor morale among the medical workforce seemed to dominate our conversations and much of our work. Of course, all of this played out against a backdrop of almost unparalleled political uncertainty on the national stage. Most recently we have seen the appointment of a new Secretary of State for Health and Social Care, Matt Hancock. At this stage our early meetings, as many will know,

have been very positive. Our priorities are the same – as shared by all working in health – workforce, prevention, IT and an efficient health and care service.

Of course, while much of our work has been dictated by unplanned events, most of our activities are planned and conducted on a proactive basis. We continue to develop work streams on patient safety, genomics, enhancing medical training and improving the workforce. The second phase of our Choosing Wisely campaign, also set out in detail in this review, seemed to land very well with both patients and clinicians; dove-tailing nicely with NHS England's own campaign on Evidence Based Interventions. Our 'get to know the Medical Royal Colleges' event at the House of Lords, timed – I admit – more by luck than judgement to coincide with the NHS@70 celebrations went very well and I am grateful to Lord Patel, Sarah Wollaston and my colleague Dr Suzy Lishman for helping us to mark the occasion in style. Our recent letters to patients 'Please Write to Me' campaign also played well in the press. Highlighting, as it did, that the Academy supports patients in all it does to support clinicians.

Looking to the coming year, it will, again, undoubtedly be a mix of the planned and unplanned. We have some exciting work coming up on Artificial Intelligence in healthcare as part of our digital agenda and the Long Term Plan for the NHS is focusing minds at the moment. As for the unplanned work – well who knows? Brexit, in any form, will present challenges, Winter Pressures – recognised as constant pressures – will be back on the agenda for sure, but as for having any certainty about the detail of the next twelve months ... The only thing I can say for sure is that it will be as busy as ever.

Professor Carrie MacEwen, Chair AoMRC



Value and resources

Our work

The Academy promotes and works towards the delivery of an equitable, high quality, safe and sustainable health and care system for the whole of the UK. With this in mind we set out five policy priorities that we consider will do most to improve patient care. Of course, we continue to contribute to issues and initiatives as they arise, but there has been much value in a newly focussed and clear agenda for our own activities.

Workforce

Our five policy priorities are:

Value and Resources – Seeking more resources for the health and care system while recognising that there are things that can and should be done differently, better and more efficiently for the benefit of patients

Workforce – Working to ensure that the NHS has the appropriate workforce, in the right numbers, who are properly trained, supported and valued

Education and training – Supporting medical colleges to maintain excellence in medical education and training

The digital agenda – Supporting clinical ownership of digital advances to provide better more cost-effective care

Brexit – Seeking to influence the Brexit process to ensure that UK healthcare standards are protected.

Alastair Henderson, CEO, AoMRC

Brexit

The d



Value and resources

Value and Resources

NHS budget

The Academy continually called for the Government to increase funding for the NHS in the past year, making it clear that supporting social care should be the priority. We welcomed the additional £20bn a year NHS funding announced in the summer of 2018, but we remain concerned about funding for social care, public health and education and training.

NHS resources

The Academy led the clinical response on how best to maximise high value care and protect valuable NHS resources. The Academy has made a positive contribution to the wider debate showing how NHS staff can support a sustainable system by tackling waste in clinical practice. It is estimated that around 20% of mainstream clinical practice brings no benefit to the patient, as there is widespread overuse of tests and interventions.

We have also supported a number of national initiatives designed to reduce ineffective and unnecessary treatments including [Getting It Right First Time](#), [Realistic Medicine](#) in Scotland, [Prudent Healthcare](#) in Wales, [Rightcare](#) and NHS England's [Evidence Based Interventions programme](#).

Quality Improvement training

The Academy has been following up recommendations from [Training for Better Outcomes](#) to embed quality improvement training as a core competence in medical practice. The Academy is a partner of the newly formed [THIS Institute](#) set up to create an evidence base that supports replicable and scalable improvements to healthcare delivery and patient experience.



Workforce

Workforce shortages remain a major problem for the NHS. Increased investment in staffing numbers across specialties is urgently needed, a point we made strongly in our response to the NHS Workforce Strategy Consultation

The Government's increase of 1,500 medical school places in 2017 was welcome but may not be sufficient to tackle the immediate problem. Short and medium-term measures are also required. We have lobbied the Government hard to increase the number of places available on the [MTI scheme](#)

to this end. There is also a significant role for other healthcare professionals to play in this. The Academy has supported the development of properly regulated Medical Associate Professionals and other advanced clinical practitioners.

Similarly, the NHS needs to ensure that all staff are properly supported and valued as pressures grow. The Academy Trainee Doctors Group has undertaken important work in this area through its Mend Medicine campaign and through contributions to HEEs work on improving junior doctors.



Education and training

Education and training is central to the Academy's work.

Reflection

In March 2018 the Academy published interim [guidance on reflective practice](#). This was followed up in September with the [reflective practitioner guidance](#) jointly produced with the Conference of Postgraduate Medical Deans, the General Medical Council, and the Medical Schools Council. The Guidance sets out the overarching principles and benefits for doctors, when reflecting on their work.

In August 2018 the Academy and COPMED published a [reflective practice toolkit](#) to support the guidance. The toolkit contains templates and examples of reflective practice to help facilitate best practice in practitioner reflection.

Generic Professional Capabilities (GPC)

The Academy and the General Medical Council have been working on/produced College guidance about how to incorporate the new GPC framework into College curricula.

Alongside this the Academy also produced high level [guidance](#), with exemplars for College use. Colleges now have the flexibility to incorporate GPC's in the way that works for them, provided they can justify their approach.

Adapting for the Future

The Academy began work with the GMC to take forward recommendations from its Flexibility Review [Adapting for the Future](#). Its aim is to give greater flexibility for doctors in training changing specialties and transferring competencies from one area of specialism to another. This will also link to a future revision of the [Accreditation of Transferable Competences Framework](#).

The Academy is currently writing a set of high-level principles to allow more flexibility within postgraduate training. This will be published later in 2018. Evaluation of uptake will be conducted in 2019.

The Foundation Curriculum

The planned revision of the foundation curriculum was paused in light of an HEE Foundation Review taking place over the next year. However, work towards the curriculum has continued in parallel to HEE's work and will be submitted to GMC after the HEE review is finalised in 2019.

Patient Safety

The Academy began work creating a syllabus for patient safety to be used by colleges as they update their own curricula. The syllabus will cover improvements in current retrospective approaches

to learning from incidents of harm, but, crucially, will introduce a method of approaching patient safety in a proactive way, identifying hazards and dealing with risk before harm occurs. This work is a result of recommendations from the HEE report [Education and training in patient safety](#).

Assessment

The Academy Assessment Committee has produced several pieces of work during the year.

[Improving Feedback and Reflection to Improving Learning](#) was completed and published in May 2017.

Guidance on [Managing Access Arrangements for Candidates Requesting Adjustments in High Stakes Assessments](#) was published in spring 2018. This aims to help Colleges to meet their legal obligations to provide reasonable adjustments, as well as drive a consistent approach to providing other types of adjustments where circumstances merit it.

Work also began to develop guidance in training for unconscious and implicit bias in examiners and assessors, which further feeds into the differential attainment agenda. We have also formed a working group to explore the prevention and detection of cheating in summative assessments.

The graphic shows a dark grey document with the title 'Digital agenda' in white text at the top left. Below the title is a red horizontal line. At the bottom right of the document is a red line drawing of an open book. A red arrow points downwards from the bottom edge of the document towards the text on the right.

Digital agenda

The digital agenda

Digital technology can have a huge impact in healthcare – improving services and care for patients and making life easier for clinicians – but that is not happening at present. The Academy set out what is needed in March 2017 in its report *Information and Digital Technologies Clinical Requirements 2020*. Following on from this, our Clinical Fellow Dr Jack Ross and a former clinical fellow, Dr Farzana Rahman embarked on a major review of the Ethics of Artificial Intelligence in Healthcare. Funded by NHS Digital, the report will be published later this year.

The Academy will also be working with NHS Digital on the role that Colleges can play in assuring the clinical quality of NHS Pathways. We are also planning a project with the Professional Records Standards Board to survey clinicians' frustrations and aspirations over the digital agenda.

The new Secretary of State for Health and Social Care, Matt Hancock, has made clear the importance he attaches to the digital agenda and this provides a good opportunity for College input and engagement.



Brexit

The Academy, where possible, has pursued issues relating to Brexit with the widest possible partnerships. We are active members of the Cavendish Coalition, which deals with workforce issues, and the Brexit Health Alliance, which covers other aspects of Brexit relating to healthcare.

A key area of work relates to the supply and regulation of drugs and devices. Professor Alan Boyd, President of the Faculty of Pharmaceutical Medicine, has provided real expert input and leadership in this and we are very grateful for his work.

The concerns we identified over Brexit immediately after the referendum in 2016 remain the same and remain substantially unresolved. The issues of healthcare services in Ireland have become an increasing concern. Unless these issues are addressed there is a real threat to the quality of healthcare in the UK post Brexit.



Meet the colleges...

The Academy hosted a well received event at the House of Lords in June 2018.



External engagement

The last year has seen the Academy continue to influence and shape healthcare policy by speaking on cross-speciality issues.

With the appointment of a new Chair in July 2017 we had a positive round of induction meetings for Carrie MacEwen. These have been maintained and we have regular meetings with the medical directors and other leaders at NHS England and

NHS Improvement, the GMC and Government ministers. We also engage with medical leaders in the devolved administrations. Holding a Council meeting in Edinburgh earlier this year provided a good opportunity to meet the Scottish Chief Medical Officer, Health Improvement Scotland and National Education Scotland.

On top of this, the Academy is represented on 27

external bodies.

An evening with...

In the first of a series of events, the Royal College of Anaesthetists and the Academy co-hosted a talk by the internationally renowned physician and public health reformer Don Berwick. In a captivating presentation he spoke passionately about prevention, personal responsibility and the role of



Choosing Wisely

Choosing Wisely, the Academy's flagship policy programme is part of a global initiative which works with both patients and clinicians to reduce unnecessary tests, treatments and procedures. In June 2018, we held our first Choosing Wisely Conference, an event which brought together patients and clinicians from across healthcare in Central London and was extremely well received by everyone who attended. Speakers included,

Dr Margaret McCartney, Professor Tim Briggs, Celia Ingham Clark and Scotland's CMO, Catherine Calderwood.

It was here that we launched the second round of recommendations, which included several new specialties and over 50 additional recommendations. Alongside this to highlight the shared decision-making aspect of the initiative,

we refreshed the questions to ask your doctor, encouraging patients to take a more proactive role in decisions about their care. We recommend patients ask about the Benefits, Risks and Alternatives to treatments and medicines as well as what will happen if they do Nothing. BRAN, as it became known, even appeared as a leader in The Times.

Choosing Wisely conference 2018





Clinical Fellow: reflections on the year

As a junior doctor I felt I needed to learn some leadership and management skills. I wanted to learn how to bring good practice with me from Trust to Trust, as well as figure out how to improve and shape the rigid systems we find ourselves working in. So, in what I think turned out to be a fantastic choice, I decided to take a year out of clinical practice and apply to be the Academy's clinical fellow.

I joined the organisation shortly after the new chair, Professor Carrie MacEwen, who kindly took me straight under her wing. I spent the first few months shadowing Carrie's visits to ministers and MPs, hovering around in meetings with regulators and policy makers and sitting in on teleconferences with think tanks and clinical groups. I was surprised by quite how influential the colleges are when they are united around a common goal and saw over the year how the consistent pressure we applied over the MTI programme helped change government policy –

though there is still some way left to go on that!

Alastair, the CEO and driving force of the Academy, taught me how to get stuff done. Sometimes this was simply matter of getting the right people together and we often found ourselves playing the role of a 'dating agency' for larger organisations, connecting people from different departments working on the same thing. The Royal Colleges and Faculties have access to a wide range of expertise for participating in working groups and over the year we facilitated a number whose work ranged from systems approaches to patient safety, flexibility in education and training, to the safe introduction of genomics into the NHS and the clinical principles around onward referrals within secondary care.

Although much of the work at the Academy doesn't produce as quick and tangible results as clinical medicine (providing a sensible clinical steer to national policy doesn't always make the

headlines), some of the parts I enjoyed most were the live events and report launches. Our Choosing Wisely launch in June for the second round of recommendations and shared decision making focus was a massive success with national news coverage, a BMJ paper and a scarily active international Twitter following. The launch of our New Care Models report, our Don Berwick lecture, our Onward Referral guidelines and Letters to Patients campaign were all great fun, and helped validate the amount of work put in by the people behind them.

I've had a great time at the Academy, I've learnt a huge amount and I've met so many inspiring people. They aren't getting rid of me that easily and I've managed to hold on to some exciting work on artificial intelligence we hope to launch soon.

Jack Ross, Clinical Fellow 17-18

A black and white photograph of Peter Rees, Chair of the APLC, speaking at a meeting. He is a middle-aged man with short, graying hair, wearing a light-colored shirt and a striped tie. He is gesturing with his hands while speaking. The background is blurred, showing other people at the table and a framed picture on the wall.

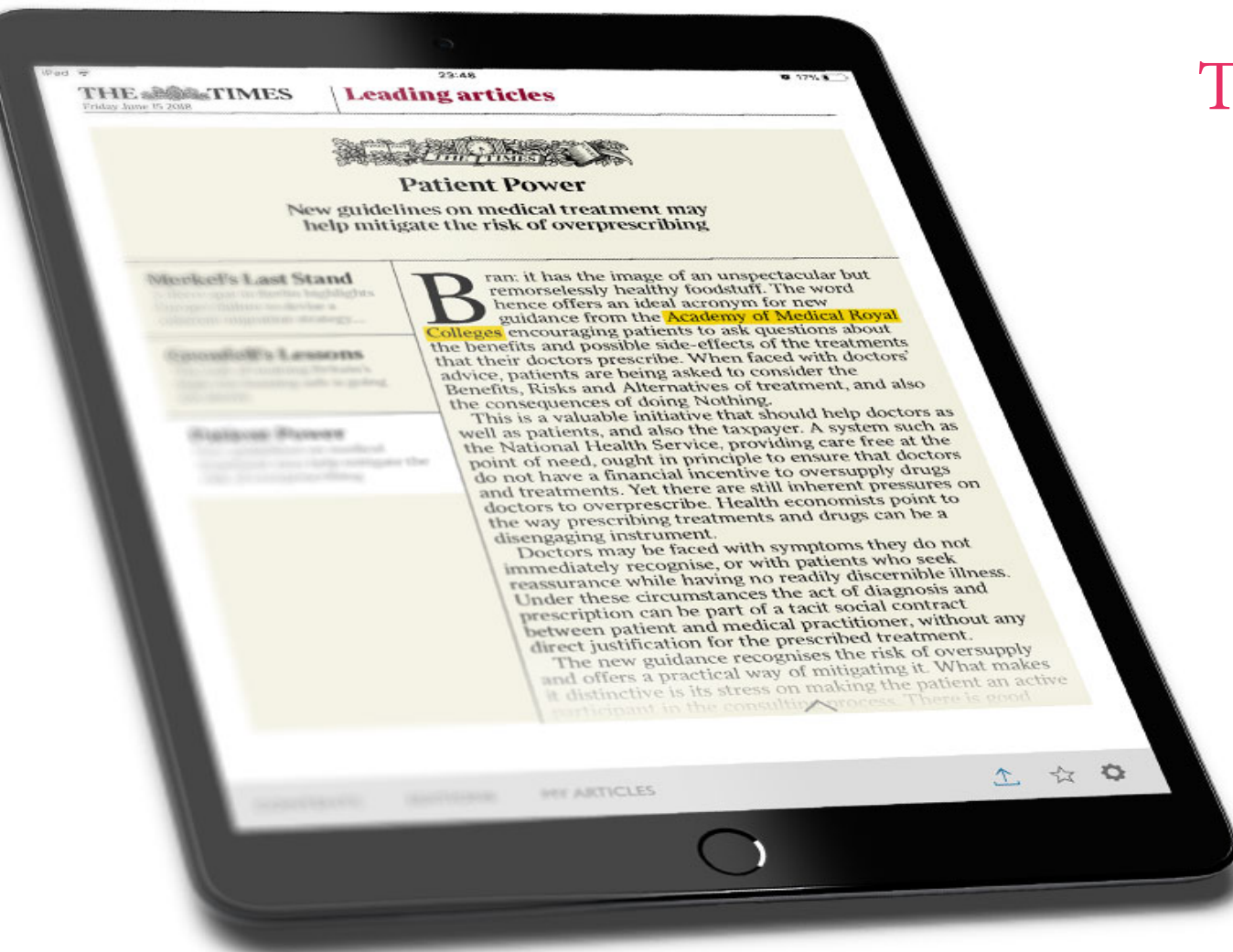
Academy Patient Lay Committee

'The last year has been very positive for the patient lay committee with new arrangements in place after a review led by Pam Charlwood. The highlight of the year must be the patient letters campaign though, which was universally well received and got great coverage.'

Peter Rees, Chair, APLC

The review, chaired by Pam Charlwood, from the Academy's Board of Trustees reviewed and refreshed the focus and purpose of the Academy Patient Lay Committee. It has also led to the formation of a wider Patient Stakeholder Reference Group which has recruited 70 members drawn from a range of diverse backgrounds. It will advise the APLC on specific matters and ensure the voice of patients informs much of the Academy's wider work.

The Academy's profile



To support the access and influence that the Academy enjoys it needs a public face too. In pursuit of its 'solution based' approach to the challenges facing healthcare today, it launched three major media campaigns in the last year. The first was on a new wave of recommendations from the **Choosing Wisely campaign**. This attracted widespread media coverage in the popular press and a leader piece in The Times newspaper – which is a first for the Academy.

The Academy also led on NHS England's Evidence Based Interventions programme. In part because it aligns closely with Choosing Wisely, but also because it is about using scarce clinical resources more effectively. Again, the story attracted widespread coverage, with the Academy's Chair participating in a hastily arranged interview for BBC's Newsnight programme.

At the beginning of September the Academy

launched the final patient facing campaign called 'Letters to Patients'. Fronted mainly by Dr Hugh Rayner (FRCP) the campaign was based on the suggestion that hospital doctors should write to patients directly rather than their GP. According to the Academy's media monitoring service, the story reached a potential audience of 190m after featuring in such publications as The Times, the New York Times, and The Tehran Times.



Play

06:39



Academy Trainee Doctor Group

The Academy Trainee Doctors' Group met four times over the year and continued to provide a voice on behalf of College and Faculty trainees on issues in relation to training. Among the key issues discussed were cost of training, creating supportive environments, Dr Bawa-Garba, reflective practice, training never events and exception reporting.

The group collated data on the **cost of training** across specialties in 2017. The second phase of the project is to ensure transparency is provided on these costs to trainees from Colleges.

The ATDG hosted a Creating Supportive Environments seminar at the DEMEC conference in November 2017 – collating views from stakeholders on future direction for the workstream. This work has now evolved into the Mend Medicine workstream which will work collaboratively to develop a pan-healthcare campaign throughout 2018 and beyond.

A national audit has also been developed in collaboration with the **Association of Surgeons in Training**, to provide frontline evidence for working conditions that directly impact patient safety for

doctors in training in the UK. This will be rolled out fully in the latter part of 2018.

Initial work begun early in 2018 looked at the potential introduction of training 'never events'. Training never events are entirely preventable serious incidents which have the potential to cause serious harm to patients or serious detriment to postgraduate training. This project will be taken forward in collaboration with the NHSI and HEE over the coming year.

Dr Alice Wort, Chair, AoMRC



Closing remarks ...

Without doubt it has been another strong year of activities for the Academy. On the national stage, health and the politics of healthcare are rarely off the national agenda. It is reassuring that the Academy and its members are continuously called on for comment in the media and input into policy at Government level in all four nations.

As Chair of Trustees, my focus, along with that of my fellow board members, must be on financial stability, good governance and the effective running of this relatively small but important organisation. I am pleased to report that on this front, working with Alastair Henderson, we have made some important progress.

Key for me is ensuring that we deliver value to our members. Last year's audit of members revealed an overwhelming number said that they recognised the good work of the Academy but wanted more

from it in terms of a more consolidated and collaborative approach to sharing services. Not only will this imminent resource provide cost-savings for members, I think it will provide an opportunity to share talent and knowledge across our core constituents. The early scoping work is now complete and I hope the coming few months will see the Academy roll out a set of service options based on the feedback.

Of course, all organisations must evolve over time as challenges ebb and flow and the external landscape shifts. To this end, the Academy is looking at the way it is configured internally. Following a set of recommendations that have been accepted by the Board, we are currently consulting staff on these plans. The new structure will allow us to be more customer focused and responsive to the needs of all our stakeholders. I am grateful to our new

Human Resources advisors from the Royal College of Nursing for helping us to progress this.

The Board of Trustees have been equally busy in ensuring that the organisation operates to the highest standards in terms of governance and financial probity. I am grateful to them for their continued hard work and sound judgement. It is perhaps worth reminding colleagues that board members are unpaid, and we are lucky to attract such high calibre individuals. I particularly want to thank Pam Charlwood, whose term of office is finishing in November, for her contribution to the Academy over the last six years. Her wise judgement has helped us on countless occasions and I know her work with the Patient Lay Committee has been invaluable.

Charles Winstanley Chair of Trustees, AoMRC