

WELCOME TO

# Academy of Medical Royal Colleges



2019 Annual Review.



# Foreword

With so much political turmoil and so many changes happening so quickly I had to hold off writing this foreword until the very last minute for fear of it being completely out of date. But, at the time of writing, we still have a Conservative Government and the Secretary of State for Health is still Matt Hancock. I think.

I cannot help thinking too, that the fact we have made so much progress in health despite the uncertainty that pervades Whitehall, is a pretty extraordinary feat. The allocation of additional funding obtained by the former of Secretary of State for Health was very welcome and something the Academy and our members have continually called for. The publication of the Long Term Plan too gave us hope that, at last, the strategic direction for the NHS has been set and provides a template for the way care will be delivered in the 2020s. Similarly, a long-overdue focus on finding realistic and practical answers to the workforce issues that have, for too many years, dogged healthcare across the UK, are very welcome. I have been pleased that we have been so closely involved in identifying the key issues and charged with helping to find solutions to them as ways to reduce the burden on clinicians and improve the quality of care.

The challenge now, as ever, is to make sure that what is being promised actually happens. I am under no illusion that this will be an easy task in the current, and very possibly future, political climate. But with the continued unity and collaborative approach of our member Colleges and Faculties, I am confident we will get there. Working together reduces the risk of mixed messages from, and perceived divisions within, the profession – it, therefore, strengthens our influence as a united group immeasurably.

On the domestic front, the Academy continues to generate high quality work that helps the medical profession perform to the highest standards in the world. The range of advice and guidance has been extraordinary with publications on everything from acting as an expert witness to providing a toolkit for reflective practice,

from methods to enhance primary/secondary care communication to standards for the use of artificial intelligence in medicine. All are relevant across the UK and beyond.

We have also focused hard on member services this last year. The staff team are to be commended for rising to the challenge and I would like to thank members for being so positive about ways of working together more closely. Many more inter-college groups are meeting and sharing their work and experiences for mutual benefit. Even college communications leads – our masters of sharing information – now have their own WhatsApp group which is reassuring.

The coming year will see the Academy revitalising its work on Choosing Wisely and linking more closely with parallel work across the four nations. We expect to continue to be closely involved in any changes to clinical standards, medical workforce planning and will be working hard to shape the developments that are coming to medicine in the form of genomics and the digital transformation.

As this will be my last year as Chair I should perhaps take this opportunity to thank colleagues for the wonderful support they have given me. I hope this continues, because even though there are only ten months to go before I step down, there is still a lot more to do.

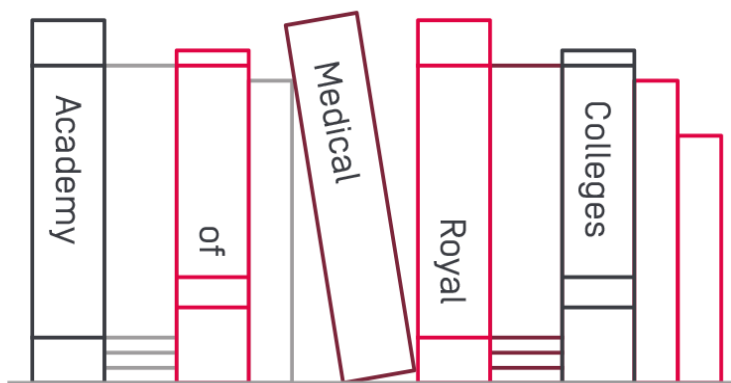
**Professor Carrie MacEwen, Chair, AoMRC**



24 members



220,00 doctors

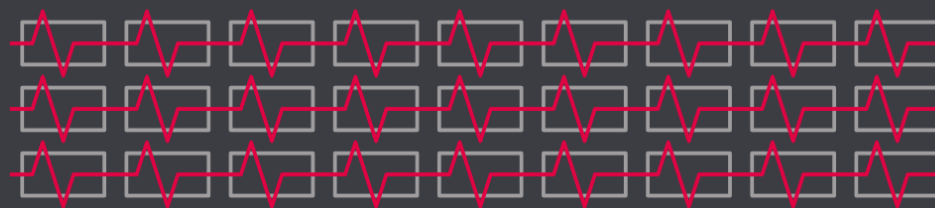


15 reports and guidance

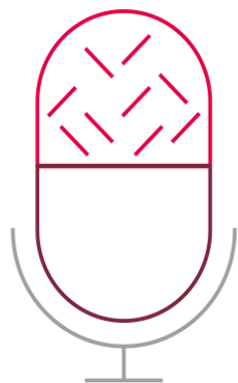


6 new College and Faculty Presidents

# The year in numbers



197 information updates for members



3 conferences



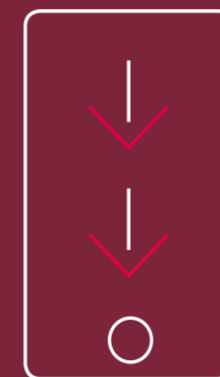
3 new members of staff



3625 Cups of coffee served



189 meetings with key stakeholders



78% increase in website users

# Our work

The Academy works to promote 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.

# Our five policy priorities are:

**Resources, value and quality** – 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

**Digital transformation** – 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.



# Resources, value and quality

The Academy continues to make a positive contribution to the debate about how the NHS can best use the scarce resources it has. We have been deeply involved in a range of initiatives designed to cut costs and improve outcomes. Chief among these is NHS England's **Evidence-Based Interventions** programme which launched in November 2018 with a list of 17 interventions that should only be carried out in certain circumstances when specific criteria are met.

The Academy was instrumental in setting up an Expert Advisory Committee with Professor Sir Terence Stephenson and Professor Martin Marshall as co-chairs. This committee is overseeing a second wave of interventions which, evidence suggests, are of limited clinical value or have been superseded by alternative tests, treatments or procedures.

On top of this the Academy has forged strong links with Scotland's Chief Medical Officer, Catherine Calderwood who has been the driving force behind the Realistic Medicine programme. And in Wales, the Academy continues to support a parallel initiative, Prudent Healthcare.

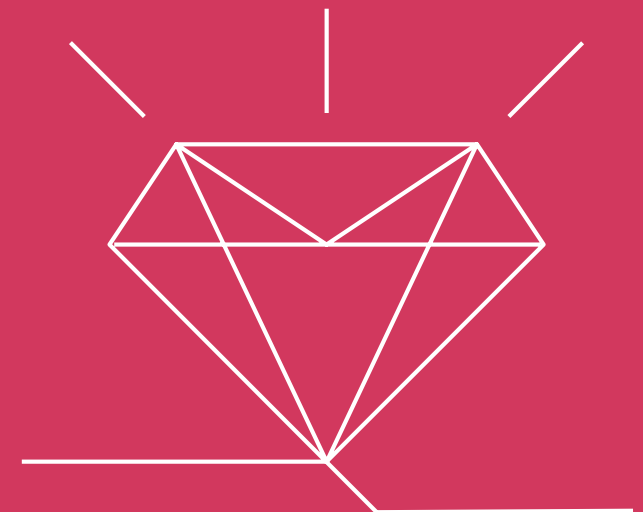
The Academy's own initiative, Choosing Wisely, has, it is fair to say broadened its horizons in the last year. It has recently received a series of helpful additions from professional bodies such as the Society of Chartered Physiotherapists and the Royal Pharmaceutical Society. But, with the advent of the Evidence-Based Interventions Programme, the focus is shifting towards the shared decision making aspect of the initiative. Ros Levenson, the new Chair of the Academy's Patient Lay Committee is greatly experienced in both the philosophy and practicalities of shared decision making and has some great thoughts about how to take this forward.

Although not as bad as some had feared, health services across the UK faced another winter of extreme pressure. The Royal College of Emergency Medicine played a critical role in ensuring an accurate picture of the pressure being faced by staff in A&E departments,

announcing patient numbers weekly. It became a staple source of facts for the media.

Related to this was NHS England's suggestion that a new metric to measure the pressure might be introduced based on average delays to patients. Known as the Clinical Standards Review, the new measure also seeks to improve access to cancer care and mental health services. The new measure is currently being piloted at 13 test sites in England with the results being expected towards the end of September. The Academy will be looking at the results very closely to ensure there is genuine benefit to patients.

The Academy continues to take a strong lead on the new area of Genomics; working with College Genomics Leads and NHS England to ensure that it is implemented by the NHS in a way that maximises patient benefit. Our job will be to remain positive, but, ensure there is sufficient focus on the practicalities too.



# Workforce

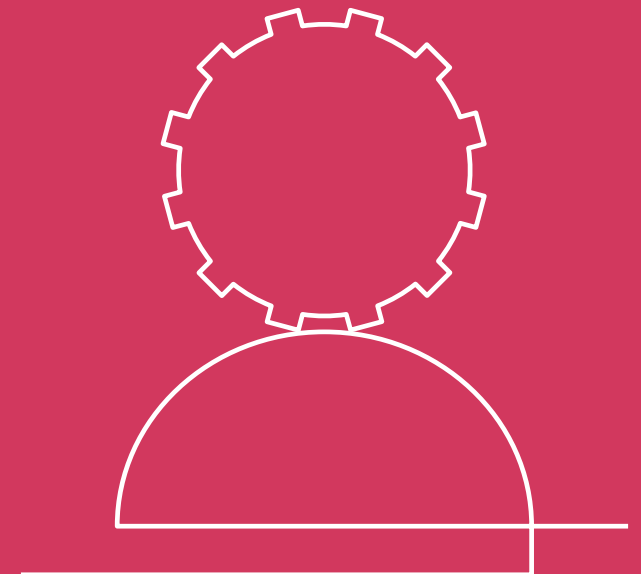
The Academy played a key role in NHS Improvement's **Interim People Plan**. It set out in detail many of the things the Academy has long called for, including a greater focus on flexible working, greater use of Specialist and Associate grade staff and opportunities to step in and step out of training. Particularly encouraging too was the greater focus on Medical Associate Professions (MAPs). We were pleased to learn that the GMC will take forward regulation of MAPs in two areas:

- Physician Associates
- Anaesthesia Associates

Much of the detail of the People Plan still needs to be worked through and the Academy will be collaborating with NHS Improvement and Health Education England to ensure that new ways of working and job roles are developed, the supply of doctors is increased by creating additional training places and doctors' working lives are improved to aid retention.

In responding to the People Plan, the Academy's **joint professions statement** was co-signed by 14 other professional bodies, illustrating, if nothing else, just how strong the desire for change is.

By any measure, workforce and the many issues that are related to it will be a key focus of our work in the coming year too.



# Education and training

The Academy continued to lead on the work around 'reflective practice' and collaborated with a range of senior stakeholders including the Conference of Post-Graduate Medical Deans (COPMED) to produce reflective practice guidance, which is widely used across specialties. Alongside this the Academy and COPMED produced a reflective practice toolkit. This gave practical examples and templates for doctors to use in an everyday setting.

In 2019 the Academy also worked collaboratively with the RCP Flexible Portfolio Careers group on Quality Improvement (QI), and it has produced a QI curriculum called Training for better outcome: Developing quality improvement into practice.

The Academy Revalidation team completed a programme of work following the GMC's Pearson report recommendations – Taking Revalidation Forward. Of the 15 recommendations in Sir Keith Pearson's report, in 2018, 39 actions for the Academy were developed, 28 of which have now been completed.

We have worked closely with the GMC to create proposals to ensure that doctors can have greater flexibility while training. Two scenarios were identified which will allow more flexibility within training, these should be available by 2020:

Doctors in training who realise their current programme is not the right one for them and wish to train in another specialty with recognition of previously-gained capabilities.

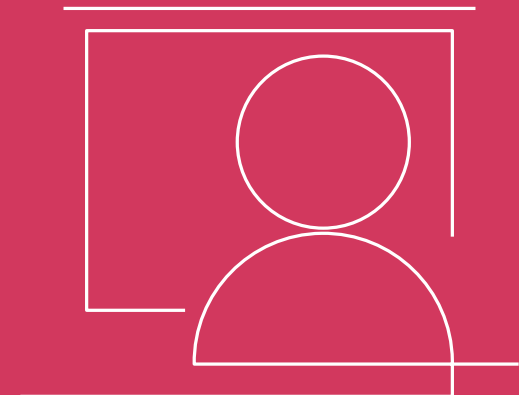
Doctors in training who wish to take some time out of their programme for other experience and return after a period of time

The Assessment area has been considering 'known and unknown bias in examiners and assessors', with practical guidance due to be published later this year. On top of this, it is progressing work on academic dishonesty; exploring the prevention and detection of cheating in, before and after both summative examinations and work-based assessments.

The Medical Training Initiative has had another successful year and we have succeeded in increasing the numbers of doctors allowed to train in the UK. The Long Term Plan published by NHS England has also agreed to look at a further expansion of numbers and the Academy plans to continue to lobby government on this issue.

Because of the success and growth of the MTI scheme the Academy College and Faculties Chief Executives' Group agreed a proposal to create an MTI oversight group comprising of senior representatives across Colleges. This group has convened and has provided the strategic direction for the scheme; this also allows for a mechanism to deal with any prevalent issues at a senior level.

In May, we published an important and well-received piece of guidance on Acting as an Expert Witness, which followed Sir Norman Williams' Review of Gross Negligence Manslaughter. It set out in clear and unequivocal terms the need for expert witnesses to be properly trained, fully up to date and act with complete integrity.



# Digital transformation

Early in 2019 the Academy published **Artificial Intelligence in healthcare**, to great acclaim from the medical and academic community. Jointly authored by Dr Jack Ross, the Academy's clinical fellow, Dr Farzana Rahman and Dr Catherine Burns – ably assisted by Peter Jones from the Academy, the report looked at the likely impact on healthcare across 12 domains. It set the tone for conversations around how AI should be introduced and what checks and balances need to put in place to ensure AI benefits patients without breaching their basic rights to data privacy.

The Academy is currently working with NHS Digital and the Royal Society for the Arts on a report which explores the practical steps that can be taken by clinicians to improve efficiency and the quality of care using data and digital. This will be published later in 2019.

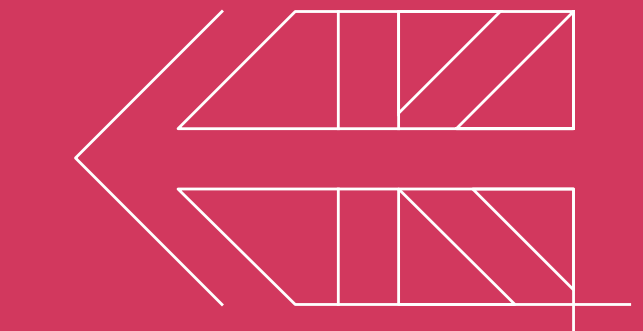


# Brexit

The Academy's work on Brexit has primarily been conducted through our membership of the Cavendish Coalition which covers workforce issues and the wider focussed Brexit Health Alliance. Both have produced a good range of briefing and influencing materials which have been made available to members.

The Academy facilitated several briefings for members with NHSE Brexit Lead, Professor Keith Willet, on the implications of No Deal Brexit.

At the time of writing the position remains entirely unclear and the risks of a No Deal Brexit remain.





# Our core activities:

While continuing to play a key part in the many changes that are taking place to reshape the way health and care is delivered across the UK we have also taken the opportunity over the last 12 months to focus on our services to our members.

With a long overdue focus on workforce and the development of the **People Plan for the NHS** we felt it sensible to appoint our own workforce policy lead and we welcome Alison Moulds to the team. Her job will be to gather existing workforce data and provide input to policy makers on behalf of all members. I am sure this will help us influence thinking on the planned new approaches to help recruit and retain doctors.

Similarly, I am pleased with the progress on shared member services that has been made under the auspices of Paul Mincher. We remain convinced that by acting as a broker and facilitator between members there are economies of scale to be had which should drive down costs. Paul has now completed his review and will be identifying priority areas for collaboration over the next few months. These will likely include collaborating on areas such as procurement of travel and accommodation and perhaps IT.

I remain grateful to the whole team here at the Academy who have worked hard to make this last year the success it has been. We continue to enjoy great access at the most senior levels of Government wider healthcare policy making across the UK. It was good to be so involved in the drafting of the **NHS Long Term Plan**, which at long last sets out a clear vision in a structured way about what can reasonably be expected of doctors. We will continue to monitor progress, despite the political uncertainty that seems to be sweeping everything in its path. Our regular meetings with the most senior key players will help us to achieve this.

A particularly noteworthy new venture, was our hosting of fringe events at the party conferences. We were joined by both the Secretary of State and his shadow at the Conservative and Labour conferences. Both events were

very well attended and we are pleased to be repeating them again this year.

Looking ahead, we will continue to build on the progress we're making when it comes to reshaping the Academy so that it is ready to face the challenges of the future and the policy priorities and progress are set out below in more detail below. As to the wider political climate, indeed what Government will be in power in the coming days, weeks and months is – as I am sure you'll agree – anyone's guess.

**Alastair Henderson, Chief Executive, AoMRC**







## Council meetings

In April, the Academy Council held its quarterly meeting in Dublin, as guests of the Royal College of Surgeons of Ireland.

We were treated to a tour of the College's state-of-the-art training facilities, which attracts medical students from all over the world.



# Good work is good for you

In May, The Academy and the Faculty of Occupational Medicine co-hosted a very well-attended conference, Good work is good for you – promoting work as a health outcome.





Chaired by the Deputy CMO, Professor Gina Radford, attendees heard just how vital work is when it comes to keeping people healthy.



The Academy Council meets four times a year. They are well-attended affairs, where members exchange college and faculty views on the pressing issues facing healthcare across the UK.





# Clinical Fellow: reflections on the year

I started the fellowship with an open mind, not quite sure what I had signed up for but keen to get stuck in and immerse myself into the world of medical leadership and healthcare policy. Induction taught us about developing our personal brand, the art of influencing people and that many problems in the NHS were ‘wicked problems,’ simply not solvable.

The term imposter syndrome was mentioned a few times, but I didn’t really know what it meant or felt like until I was invited to a dinner with the Secretary of State for Health. I had gone from ward-round to round-table, without time to get my feet under the table. It was only a few years ago I was shaking hands with the President of the RCP at my MRCP ceremony and here I was sat around the table with 24 Presidents of Royal Colleges and the right honourable Matt Hancock. As I made small talk and discussed the ‘wicked problems’ of the NHS, I knew this dinner was going to be tough to beat.

My role was split between the Academy and NHS England. Just when I thought I’d learnt all the TLAs in the medical dictionary I soon discovered that management speak was a different language altogether. There was the LTP, then the IPP, I worked on the RTT and EBI. Despite being competent at putting in chest drains and breaking bad news to patients, I hadn’t quite appreciated the complexities of Outlook, Gantt charts and Trello. But once that was mastered, I managed to get involved in some fantastic areas of my own clinical interest and important national projects.

My projects ranged from organising a conference with over 100 delegates, writing a response to a national investigation, and being the project lead for a national programme which I can’t quite reveal as formal sign off is still pending.

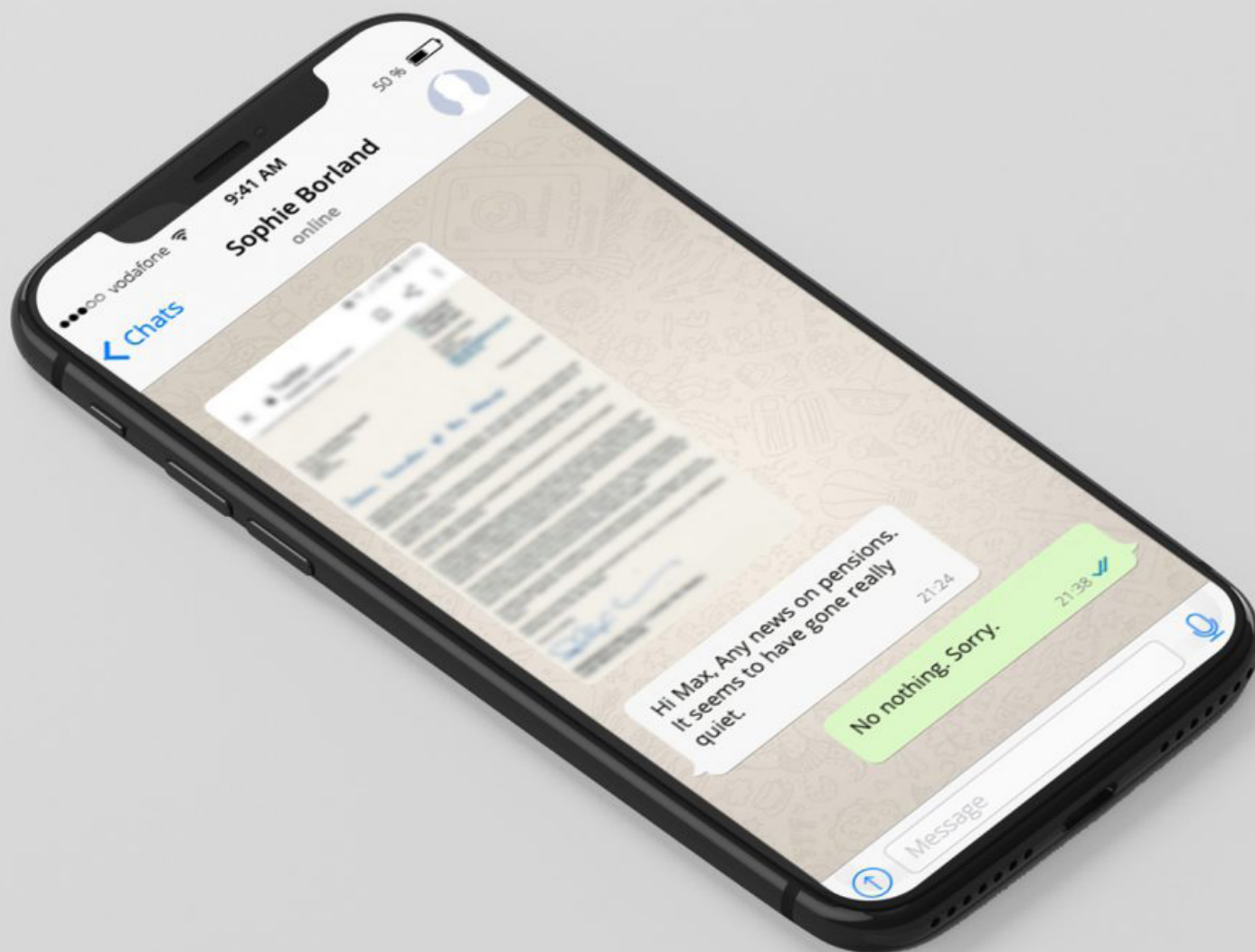
But my personal highlight was working on medical leadership. I’m familiar with the barriers of doctors moving into executive leadership positions and recognise the need of a cultural change from seeing management

as the ‘dark side’. However, I see a gap in the existing framework of developing doctors into future system leaders. This has led to conversations with the Chairs of NHS England and Improvement, FMLM and the NHS Leadership Academy. It has culminated with a roundtable discussion with eminent medical leaders and I hope the actions of which will feed into the people plan.

Of course it’s great to be able to look back and reflect on personal achievements, but for me the most important thing I have taken from this year has been my own personal development. I’ve had the opportunity to recognise my strengths, weaknesses and realise what makes me tick. I’m much clearer on my career direction and I’m grateful for the fantastic opportunities this fellowship has enabled.

I’d like to give a special shout out to my bosses at the Academy. I’m grateful for the time Alastair gave to mentoring and coaching me. I’d also like to thank Carrie MacEwen, the Chair at the Academy. She embodies everything I aspire to be as a future leader. She is personable, intelligent and a compassionate leader.

Regardless of my own career path, the skills, knowledge and development I’ve obtained will not be in vain. The values I recognise in effective leadership of being authentic, compassionate and true to your values are congruent with clinical work and every-day life.



## Media Coverage

Following on from the Academy's 'Letters to patients' campaign, we received strong coverage with our report on Artificial Intelligence in healthcare report in February. Since then much of the Academy's media profile has been in reaction to external events. The organisation is now regularly called on to comment or provide background on the changes that are taking place in health and care. And, as all health correspondents will testify, newspapers and broadcasters have been somewhat pre-occupied with other matters for most of this last year.

The next patient-facing campaign will focus on improving shared decision making during end of life care. A subject that touches most people at some point in their lives.



## Closing remarks ...

Despite the wider political turmoil, I am pleased to report the Academy has enjoyed another very strong year. It is a testament to Carrie's clear leadership that the organisation continues to enjoy strong relationships with all the key stakeholders in health. If like me, you read the weekly update the Academy produces, I am sure you cannot fail to be impressed at the quality and range of work produced by the small team. Alastair Henderson too, must be commended for making much of the day-to-day work happen.

This time last year, the Academy's trustees agreed that it would be an appropriate time to focus on improving our 'offer' to members. With a combined staff of more than 2,300 and a combined annual turnover in excess of £100m we are convinced there some economies of scale to be had. To this end, we have made a strong start identifying what they may be with the appointment of a dedicated 'shared services' project manager whose work is progressing well. I was pleased to learn too that there is a general improvement in coordination across many of our member colleges and faculties. We know this collaborative approach will take time to achieve, but I am pleased to report we are on track and receiving positive feedback from our members.

In this last year, the Academy trustees have continued to provide strong strategic insight and solid advice on governance issues. I welcome Sarah Harkness and Professor Michael Escudier who both joined the board in the last year. They are already providing wise counsel. I must thank Kate Tansley too for her hard work in supporting this committee as well as the wider Board.

It is also incumbent on me to say formally here that I was re-elected for a further term as Chair, a role I am pleased to be able to continue. Despite what's going on externally I can assure you of at least some predictability and continuity.

**Charles Winstanley, Chair of Trustees, AoMRC**