

Communication, communication...



Professor Peter Furness
College President

I suspect that some members of the College might be wondering what's happening to College priorities. This issue of the *College Bulletin*, like the January issue, probably has more space devoted to telling the public about what we do than it has on how we should do it. Speaking as one with a long-standing scepticism about the 'communications skills' emphasis of modern undergraduate medical curricula, I can sympathise. But College priorities have not changed. I am now three months into the new job and part of my personal learning curve is to see matters pathological from a wider perspective. If the public and politicians see pathology as synonymous with post-mortems and think that laboratory results come out of machines, we have a problem. The importance of having a good public profile is, I believe, about to get much greater. I suspect I will have a lot more to say about the global financial situation in future issues of the *Bulletin*, but you don't have to look far outside the laboratory to see what's coming. The current funding of the NHS is stable compared to most industries. But this time next year, do you expect things to be better or worse? When economic activity starts to recover, the pressure will be on the Government to repay those huge debts – which will mean yet greater constraints on public spending, even as things otherwise start to improve. At times like that it will be very, very important for high quality pathology to have a maximum public profile as a key element in high quality healthcare.

Science communications skills

Which is why the response from National Pathology Week has been so heartening. The College is now receiving a steady stream of requests, asking for pathologists – and not just the forensic type – to go and explain what we do, to schools and at public gatherings, in all areas of the country. We have a list of pathologists who we know are willing to help and we are increasingly able to provide support materials for public presentations. But we need more volunteers. So if you think you are not on our list and would like to help please tell Ruth Semple (ruth.semple@rcpath.org).

It's clear that not everyone appreciates the importance of this work to the long-term health and stability of our profession. Our training curricula all mention communication skills (or how could they have got past PMETB?), so I was surprised to find that some trainees who had asked their educational supervisors if they could spend a day ex-

plaining pathology to sixth form students had been told they could not. Isn't it important to be able to explain to members of the public the importance of what you do? Do you expect to continue to be held in high regard if no-one does that? Do you really expect to be paid well if the importance of your skills is not understood by those who, ultimately, pay your wages? I found myself saying that our curricula ought to make the importance of communication with the public more explicit. Six months ago I'd never have believed I'd be saying that.

For the real enthusiasts we are looking at whether the College can facilitate training in science communications skills, perhaps by collaboration with the Science Communications Unit of the University of the West of England. See www.scu.uwe.ac.uk/index.php?q=node/156 and watch this space. It won't suit everyone. But those who prefer to keep quiet should be grateful to those who go out and bang the drum for pathology.

Curricula, under- and post-graduate

Speaking of curricula, our links with the Academy of Medical Royal Colleges has been bringing some interesting issues to my attention. The GMC is consulting on a new draft of its document on undergraduate training, *Tomorrow's Doctors*, and to my disappointment the much-anticipated return of basic sciences has not materialised. Of 176 numbered paragraphs, there is just one (No. 152) on the application of "...biomedical scientific principles, method and knowledge to medical practice". It states that students should be able to "Explain the scientific bases for common disease presentations" and to explain the fundamental principles underlying appropriate investigations for common clinical cases. Just 'common' diseases. 'Common' is not defined. I have been unable to find any explicit mention of the need to understand the normal functioning of the human body, let alone its structure. New graduates should be well placed to understand the social needs of their patients, but with no mention of normal human reproduction, will they understand the physiological basis of their own advice on family planning? It seems that the old jibe, about new doctors having a good understanding of bereavement but being a bit hazy about its causes, will remain justified. Several Royal Colleges are objecting, but we all know what the outcome was last time.

The merger of the GMC and PMETB is being planned, and preliminary consultations are starting around how the new systems will work. At

present I am cautiously hopeful that the result will be an overall reduction in bureaucracy and delays rather than an increase, but there's much yet to be decided.

Medical Education England is starting to be developed, under the Chairmanship of Sir Christopher Edwards. The organisation was first proposed by Sir John Tooke as part of his report on postgraduate medical education after the MTAS debacle. As initially proposed, it seemed like a good idea; but there have been some subtle shifts in emphasis in the documents (and the unattributable comments) emerging since then. The implications are that the organisation will extend its activities beyond the delivery of postgraduate education, taking a greater interest than expected in the development of curricula and examinations. Perhaps even removing the role of the Royal Colleges in those areas? That would be absurd. The Colleges all work not only to keep postgraduate curricula up to date, but also to predict future needs. You can't maintain appropriate curricula in a complex, rapidly evolving field unless you are intimately involved in delivery of the service. In that process, oversight by PMETB already feels like a large dose of treacle, raising standards in some respects but slowing reform. For the organisation that gave us MTAS even to hint that a quango might manage curricula and examinations better than the Colleges would be laughable were it not so terrifying.

But there's more. The Tooke Report recommended that "The medical profession should have an organisation / mechanism that enables coherent advice to be offered on matters affecting the entire profession." I had thought that the Academy of Medical Royal Colleges should do that, as the BMA is too much a Trades Union to be entirely credible in that role. But the Department of Health's response states simply that "This will be one of the core functions of NHS Medical Education England"¹. Its limitation to just one of the four countries is not mentioned. There have been repeated assertions that Medical Education England (MEE) will be 'independent'. As is so often the case, one wonders how the word is defined. By George Orwell, perhaps? MEE is funded by the Department of Health. It has a broadly-based 'Members Council', but recently proposed Terms of Reference include a Board that will meet monthly and – in current proposals – has executive members who all appear to have a line of accountability to the Department of Health. There are also non-executive directors who are yet to be appointed, but with selection on the basis of as yet unknown criteria. Is this to be called 'independent'? What does that word now mean? Independent of the professions whose advice it claims to convey, certainly. My conclusion is that the Academy of Medical Royal Colleges needs to be strengthened and we need to improve our communication skills.

Reform of the law on coroners and death certification

One hopeful item in what feels like a rather gloomy President's Column is the fact that our archaic laws on coroners and death certification are, it seems, to be reformed at last. The Coroners and Justice Bill is at last making its way through Parliament. The involvement of the College by the Ministry of Justice and the Department of Health in the production of this Bill has been very close, a welcome contrast to our experience in some other areas. There are aspects of the Bill where improvements can be made, naturally. The College has made representations, and at least some of them seem to be having an effect. Overall, even as they stand the proposals are a definite improvement – especially the proposals for the reform of death certification, with the introduction of scrutiny of all death certificates by independent (it's that word again!) Medical Examiners. That reform alone would be far more effective at catching the next Harold Shipman, I suggest, than any amount of medical recertification.

So I was somewhat surprised to find, when the Bill was published, that it had been hugely expanded by the addition of several unrelated 'justice' items, as disparate as child pornography, anonymity in trials, sentencing, criminal memoirs and an amendment to the Data Protection Act 1998. This last item is generating considerable controversy. It would allow a 'designated authority' (i.e. a Government Minister) to make an 'information sharing order' and thereby overrule the confidentiality requirements of the Data Protection Act. This could be applied to medical records; so a furore has erupted, with vigorous objections from the BMA, the Academy and other medical organisations. From the perspective of this College, we share the concerns about confidentiality, but we are also concerned that all these unrelated and controversial items in the Bill might derail the passage of the reforms that we do want to see enacted. I have sent a letter to Jack Straw on behalf of the College, making this point; but as usual we can only persuade, not enforce.

e-learning

The good news on the Medical Examiners is that a curriculum has been agreed, an e-learning training package is being assembled, and (subject to the Bill passing into law as planned) recruitment should be starting in 2010. I suspect that significant numbers of Fellows of this College may be interested in these part-time posts, encompassing as they do the whole of medicine, a bit of law and a bit of investigation. Not to mention communication skills, of course. The e-learning approach to training is being modelled on the much larger pathology e-learning project being led for the College by Jem Rashbass. That project is progressing, albeit slower than Jem and I would wish. Progress

has been largely invisible because you can't really launch an e-learning resource until whole sections are complete, but I hope there will be some announcements relatively soon.

The National Medical Laboratory Catalogue

The methods and some of the materials from the e-learning project are also likely to be linked to the new 'National Laboratory Medicine Catalogue', i.e. the 'Pathology Formulary' as recommended by Lord Carter. I have for some years been arguing that the NHS needs a national mechanism to decide when a new laboratory investigation is brought into NHS use, instead of relying on disparate local processes to make what are often very difficult decisions, with the inevitable result being 'postcode diagnostics'. This argument is now being driven by the need for a single national pathology catalogue to underpin the implementation of national IT systems. It has been agreed that the College will host a new Governance Board, funded by the Department of Health, to oversee and quality control the content of the catalogue in partnership with other relevant agencies such as NICE. By the time you read this we will have advertised (by email) five new part-time posts for pathologists to lead the work. I hope that this project will facilitate the dissemination of authoritative online advice on test use (probably expanding on the successful patient-oriented platform provided by Labtests Online, as is also envisaged by Lord Carter). Undertaking a cost-benefit analysis for laboratory investigations is very often hampered by a lack of good data, so with luck and funding this development will also allow us to encourage research into the appropriate use of such investigations. There will undoubtedly be more announcements on this, as it is potentially a large project.

And more communication

My invitation to email me, to tell me what you think, made in my previous President's Column, has not yet overwhelmed my inbox. The invitation remains open. Indeed, the absence of an email avalanche is slightly worrying. So I'm going on a communications offensive.

By the time you read this you will, I hope, have received a 'spam' email asking for your input on how the College communicates with its members – naturally including questions on the use of spam emails. We are advertising for a new post of 'College Website Advisor' to help co-ordinate and update the website, no doubt taking note of responses to the website questions in the questionnaire. We will then be asking you more questions, on what College meetings you would like to see, how you'd like to see them, what you don't want to see and any other aspects of what the College does for you (and vice versa).

When my 'inbox' overflows, I'll let you know. It's not full yet.

Professor Peter Furness
President
Peter.Furness@rcpath.org

Reference

- I. *Implementing the Tooke Report: Department of Health Update*. Published November 2008 by the Department of Health, Modernising Medical Careers unit

College House Dinner

Wednesday 17 June 2009 at 6.45 pm for 7.15 pm

The Royal College of Pathologists, 2 Carlton House Terrace, London SW1Y 5AF

We are delighted to invite you to the only College Dinner open to all College Fellows. Guests will be invited from the pathology community, including past College Presidents and representatives from other societies.

Please fill out the application form enclosed with this mailing to secure your place or email michelle.merrett@rcpath.org for a form.

