



**Honorary Secretary's Report to College  
5<sup>th</sup> December 2005**

Mr President, Fellows and Members, Council has met on two occasions since the last meeting of College, on 13<sup>th</sup> September and 8<sup>th</sup> November. A number of discussed items will be of interest to Fellows and Members.

The VP Medical reported that we have concluded negotiations with the Board of the Scottish Medical Journal. Its first edition in 2006 (its 50<sup>th</sup> Anniversary year), will be the start of our new relationship, with an educational section and a new front cover, recognising the College as its major sponsor. It was noted that all the current contributing societies had agreed to the change.

The VP Medical also reported that the arrangements for the College's new Faculty of Travel Medicine continue apace and the required changes in the regulations and bye laws will be considered by College today.

You will remember at the last College meeting, Dr Ian Melville had requested that Council consider the teaching of anatomy in undergraduate medical schools. As a result The President has written to the undergraduate Deans of the Scottish Medical Schools. Some asked for further details of concerns, these have been sought from Council members and provided. Others promised to incorporate concerns into ongoing curriculum reviews.

Council was pleased to note the continuing success of the MRCP(UK) diploma. Glasgow now hosts some 26 centres including 5 centres in England. This keeps abreast of the MRCS which also host 5 different English centres.

Council heard from the Dr Zoma that College had been approached with an invitation to tender from the Department of Health for the training of 50 teams of Iraqi health care workers in 8 week blocks. The main priorities are Primary Care and Public Health, although orthopaedics and trauma were also thought to be relevant. After due consideration College has entered into a partnership with the Academy of Medical Royal Colleges along with a commercial organisation called HSL and this bid has been short listed.

Care practitioners of varying sorts continue to be a topic of discussion. College is currently working towards a joint symposium with our sister surgical College in Edinburgh on surgical care practitioners in February and we have recently met with the President of the Edinburgh College of Physicians regarding a recent DoH report on medical care practitioners. We are hopeful that at the next stage of the genesis of this group the Scottish Colleges of Physicians will be more involved than hitherto.

Council has given its support to discussions on the future arrangements for Scottish postgraduate medical education. There is a suggestion that it is organised into national schools (probably 5 in number, Medicine – including A & E and anaesthetics; Surgery – including radiology; Obstetrics & Gynaecology and Paediatrics; GP, Public Health, Psychiatry; and Foundation programs). Council also approved changes to the eligibility of candidates for Intercollegiate Specialty surgical examinations, removing the need to be on a UK training program, although, this proposal has not yet been approved by RCS England.

Council considered the report of the clinical input group (CIG). This group was charged by Council to propose ways of improving member and fellow participation in College affairs and governance. This was particularly apposite, given the proposed changes in charities legislation in Scotland. The group, Chaired by the Honorary Secretary had performed some initial research showing the multiplicity of internal groups and vast array of external fora (130+) which required committed clinical input. It transpired that many internal committees meet infrequently with few members; and representatives on external groups are neither

informed by College policy nor able to inform College of their activities. Council, therefore endorsed the group's suggestion that the CIG make proposals that would improve engagement with College representatives and specialty bodies, whilst stratifying the risks associated with our representation (or not) on outside bodies. In addition, clinical input will be more closely aligned with our new business units. Similarly current internal committee structure will be reviewed and consideration given to alternatives to the Surgical and Medical executives which have not had the perceived success of the Dental Council. The CIG will endeavor to produce proposals for the next meeting of Council in January. Meanwhile it is hoped that the change in focus of the Registrar's role (as a clinical fellow) will provide a focus for member issues and communication.

Finally, I would like to note that our new chief executive, Dr. James Miller, was welcomed to his first meeting of Council in November. Since taking up his post in October, Jim has been quietly and confidently taking up the reins and has already made a number of important contributions to the working life of the College. All of us on Council look forward to working with him during this challenging time for College.

