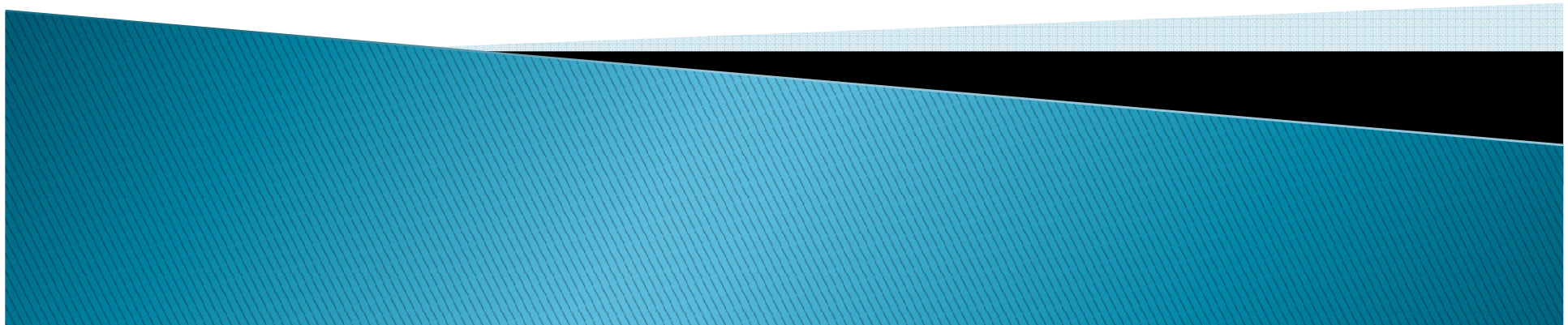


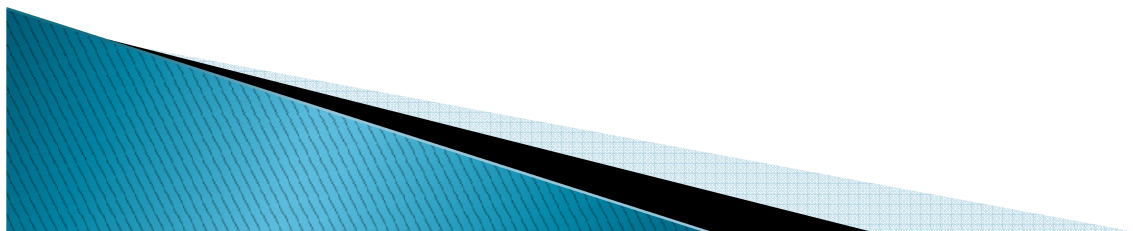
# Establishing a Faculty of Medical Informatics

Why do we need it?  
How do we get there?



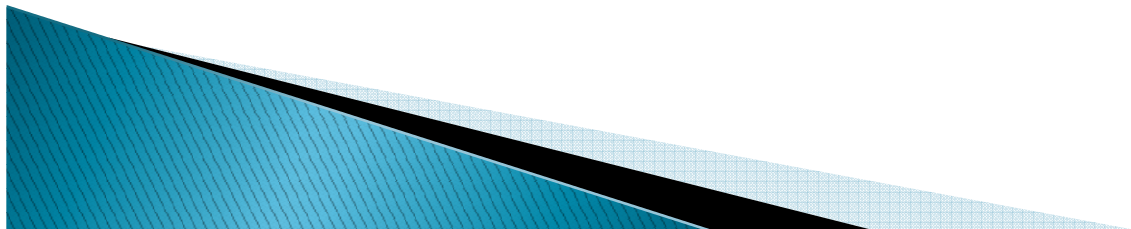
# Areas to be covered

- ▶ Some definitions
- ▶ Why do we need a Faculty?
- ▶ Proposed approach to establish a Faculty
- ▶ Key players and current situation
- ▶ What the Faculty must offer its members
- ▶ Proposed membership structure

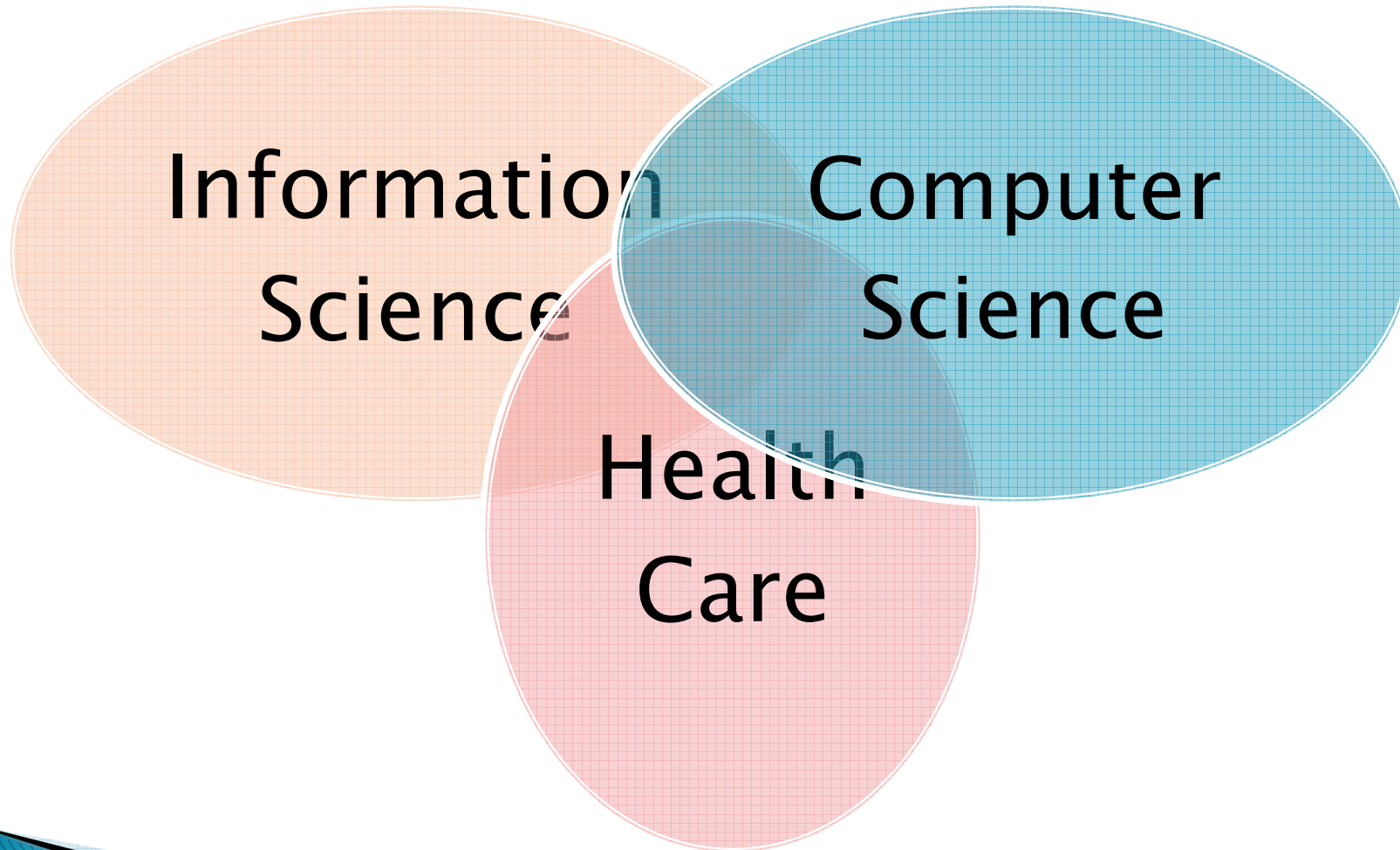


# What we are talking about

- ▶ Definitions to clarify
  - Health Informatics
    - Very broad and difficult to define precisely
    - ‘Emergent discipline that sits at the intersection of Information Science, Computer Science and Health Care’
  - Clinical Informatics
  - Medical Informatics

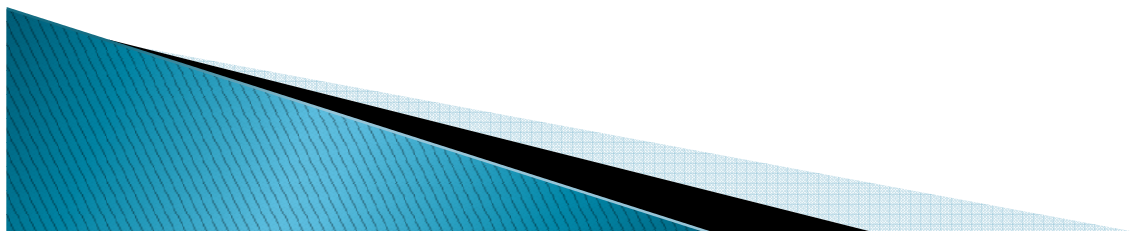


# Health Informatics



# Clinical Informatics

- ▶ Sits within 'Health Informatics'
- ▶ Role based definition describes what Clinical Informaticians can be expected to do
  - Has some international currency
  - Many people working in this area will easily be able to relate to it
  - Very important to be able to define the role clearly if we are aiming to establish a Faculty

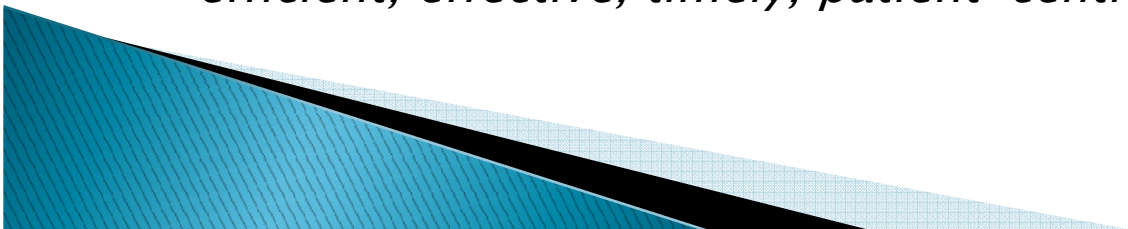


# Clinical Informatics

*Clinical Informaticians use their knowledge of patient care combined with their understanding of informatics concepts, methods, and health informatics tools to:*

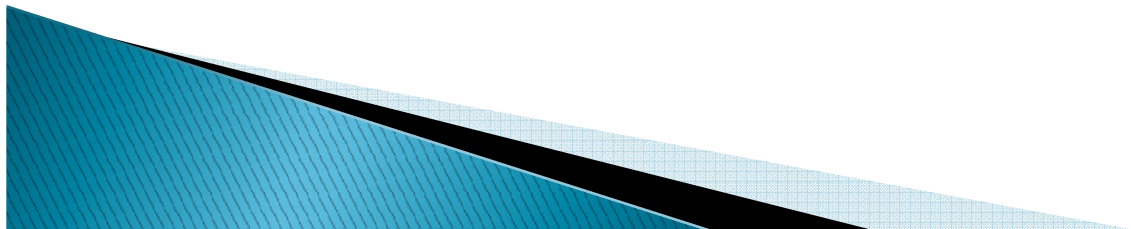
- Assess information and knowledge needs of health care professionals and patients*
- Characterize, evaluate, and refine clinical processes*
- Develop, implement, and refine clinical decision support systems*
- Lead or participate in the procurement, customization, development, implementation, management, evaluation, and continuous improvement of clinical information systems*

*Clinicians involved in clinical informatics collaborate with other health care and information technology professionals to develop health informatics tools which promote patient care that is safe, efficient, effective, timely, patient-centred, and equitable.*



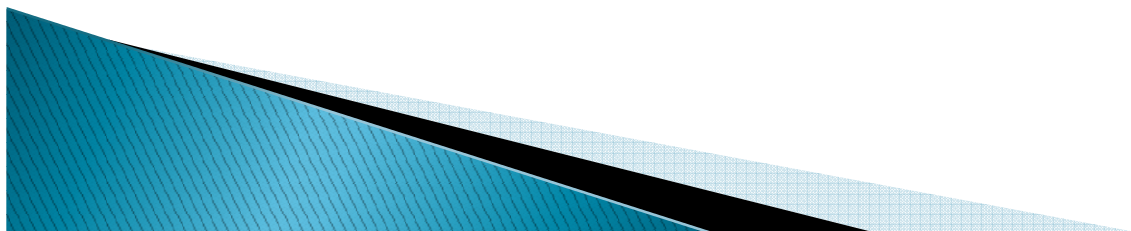
# Medical Informatics

- ▶ No widely agreed single definition
- ▶ For our purposes 'Medical Informaticians' are simply 'Clinical Informaticians' who are medically qualified and on GMC register
- ▶ There is good reason for making this distinction but it does have some implications



# Importance to the Public at large

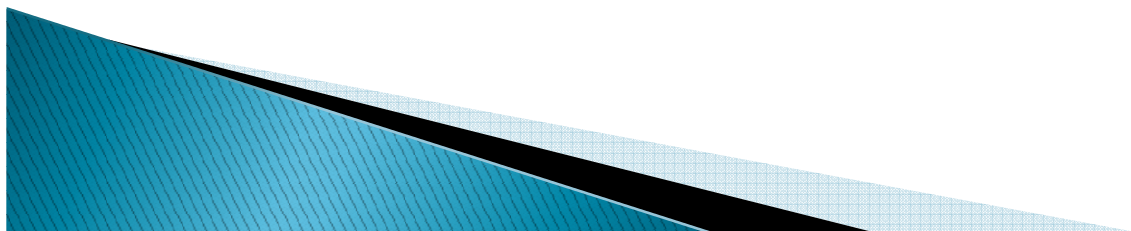
- ▶ Medical Informaticians tend to be based at organisational levels where their decisions will impact on the clinical safety, privacy, and quality of care of very large numbers of people
- ▶ Case for a Faculty can and should therefore be outward looking as well as considering the needs of potential members





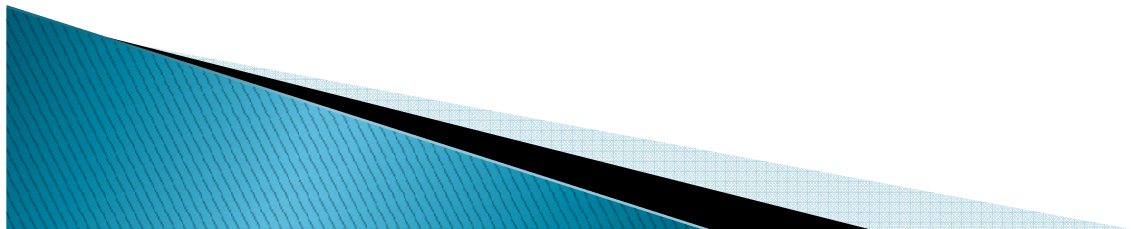
# Why do we need a Faculty?

- ▶ For the benefit of
  - Patients and the public: benefits in terms of safety, protection of privacy, quality of care
  - Planners and managers of health care:
    - Greater clarity about the benefits that Clinical Informatics can deliver for patients and the public
    - Confidence in Clinical Informatics as a properly defined, regulated profession that has value and deserves respect
  - Clinicians working in, or wishing to develop a career in, Clinical Informatics



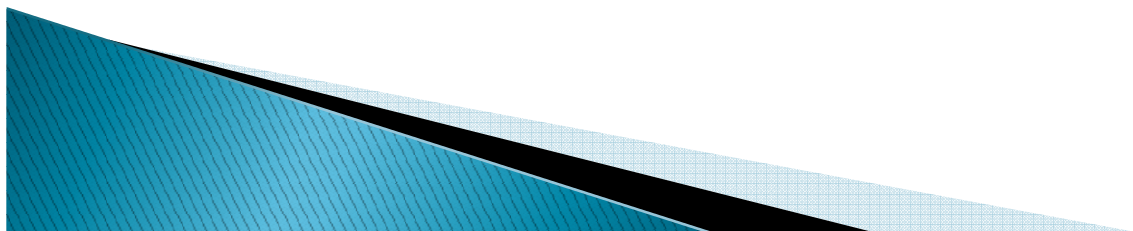
# Need for a Faculty: Problems currently faced by clinicians

- ▶ No career structure
- ▶ No agreed basic knowledge / skills base
- ▶ Inconsistent remuneration
- ▶ Fragmented community: sense of isolation / existence of multiple groupings that don't join up
- ▶ No easy means to tackle systemic Informatics problems in the Health care system
- ▶ Problems with annual appraisals, and specifically for Doctors, with revalidation
  - No recognised medical sub speciality
- ▶ No single unifying body to tackle any of the above



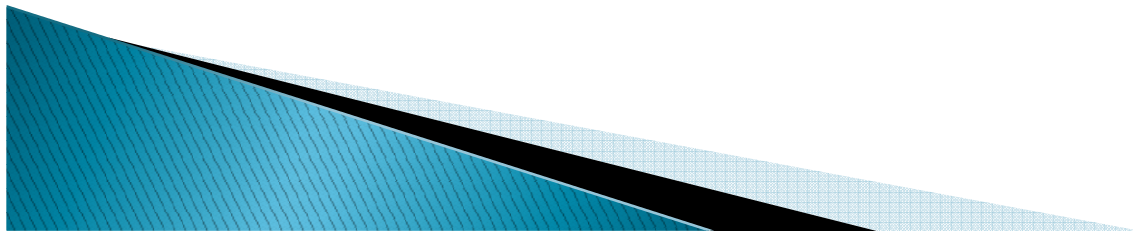
# The most challenging single problem

- ▶ As doctors change their time balance towards Clinical Informatics they face increasing difficulties with annual appraisals and revalidation
- ▶ Tends to happen just at point in career when they are about to become competent informaticians
- ▶ Root problem is with GMC registration: two levels
  - On register
  - Licensed to practise (doctor needs to have up to date accreditation in a Speciality or General Practice)



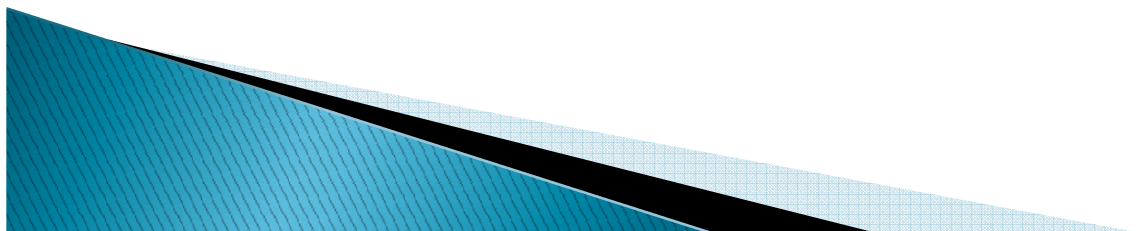
# So why do we really need a Faculty?

- ▶ As a key step on the way to solving the revalidation problem for doctors
- ▶ Smart solution will be to establish a medical sub speciality so that Medical Informaticians will be able stay on GMC register with license to practise in 'Medical Informatics'
- ▶ To maximise chances of success we need to follow existing real world process



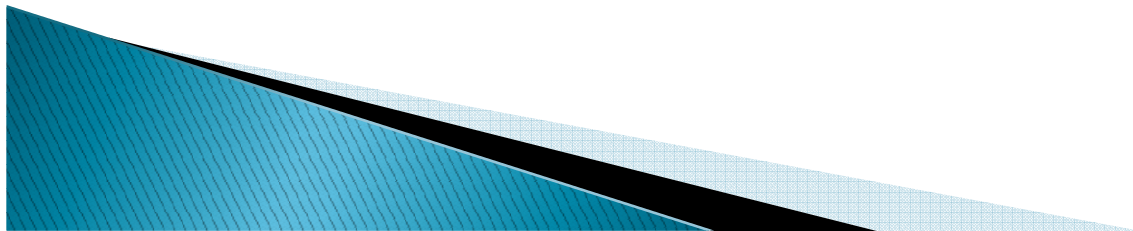
# The process as we currently understand it...

- ▶ Identify parent colleges to sponsor Faculty of Medical Informatics
  - Medical sub speciality can only apply to doctors – need to be very clear about this
- ▶ Establish Faculty
- ▶ Faculty then completes all of the necessary groundwork before applying to establish sub speciality



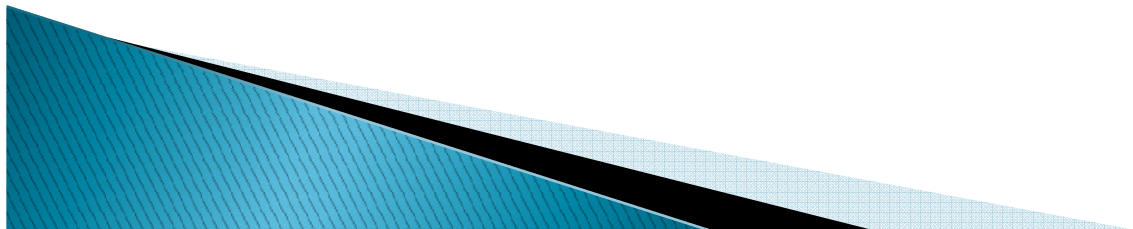
# Groundwork required is significant and includes

- ▶ Defining the sub speciality
- ▶ Setting professional standards
- ▶ Sorting out curricula
- ▶ Setting entry criteria



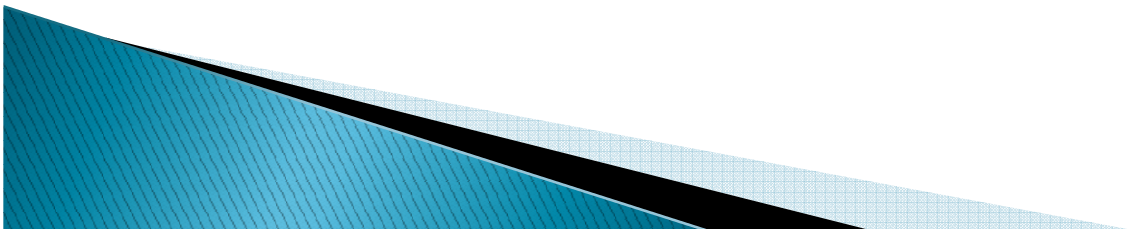
# Will involve working with

- ▶ Sponsoring colleges
- ▶ Academy of Medical Royal Colleges (AoMRC)
- ▶ General Medical Council (GMC)
- ▶ Deaneries
- ▶ Federation of Informatics Professionals (Fed-IP)



# Current situation

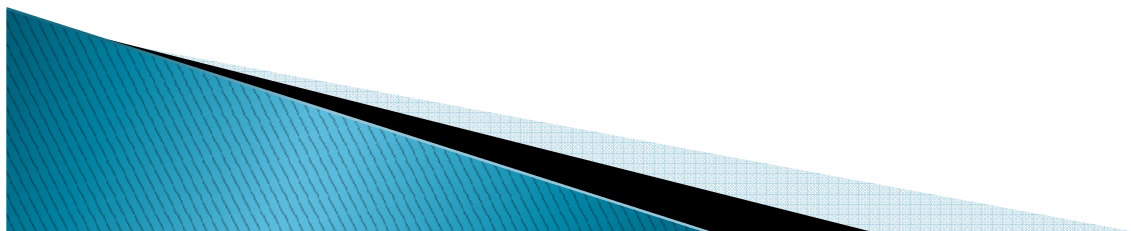
- ▶ Dr Maureen Baker (RCGP Chair) is very supportive – initiated this work
- ▶ Exploratory work going on between RCGP and RCP and steps are being taken to enable this to proceed under AoMRC framework
  - ‘Four country’ remit
- ▶ In contrast to ten to fifteen years ago, generally favourable reception: ‘An idea whose time has come’
- ▶ Need to be wary of the ‘politics’





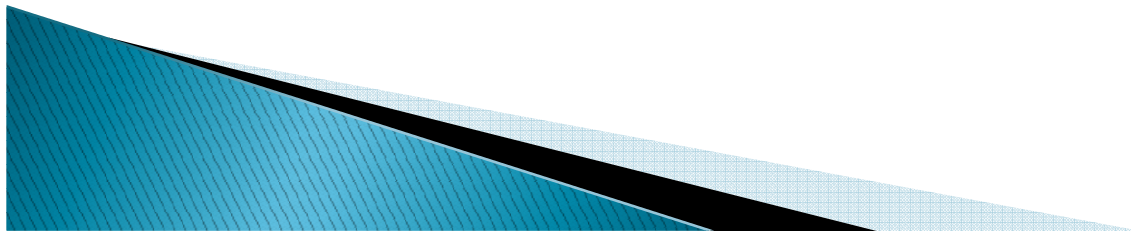
# What is Fed-IP?

- ▶ A Federation brought into existence by British Computer Society currently involving:
  - BCS
  - UK Council for Health Informatics Professionals (UKCHIP)
  - Institute for Health Records and Information Management (IHRIM)
  - Society of Information Technology Management (SOCITIM)



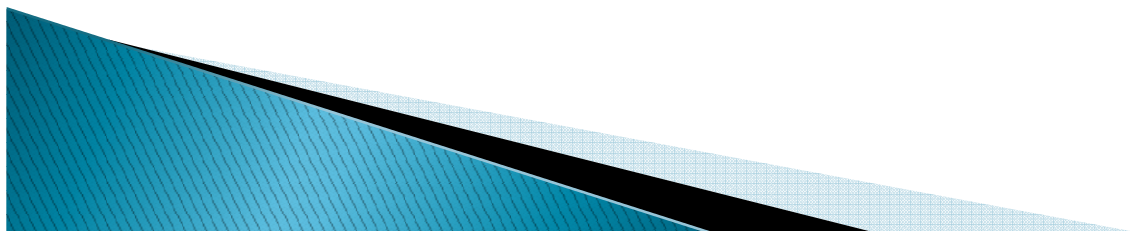
# Fed-IP aims and objectives

- ▶ Aims to be independent, inclusive, self-sustaining
- ▶ Very wide remit: prime objective is to professionalise the entire domain of health informatics
  - Setting professional standards
  - Encouraging collaborative work on curricula
  - Encouraging mandation of standards
- ▶ UK wide
- ▶ Federal model: component organisations will continue to exist but Fed-IP would levy a portion of their membership fees



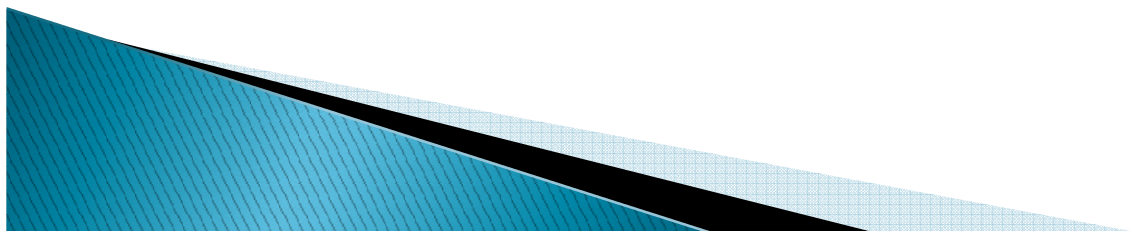
# Fed-IP progress

- ▶ Has support including funding from NHS England
- ▶ Aiming for public launch in March 2015
- ▶ Remit definitely includes Clinical Informaticians
  - Acknowledges that this is a complex area involving multiple professional bodies
  - Welcomes the possibility of Faculty and would probably like this to be within the Federation



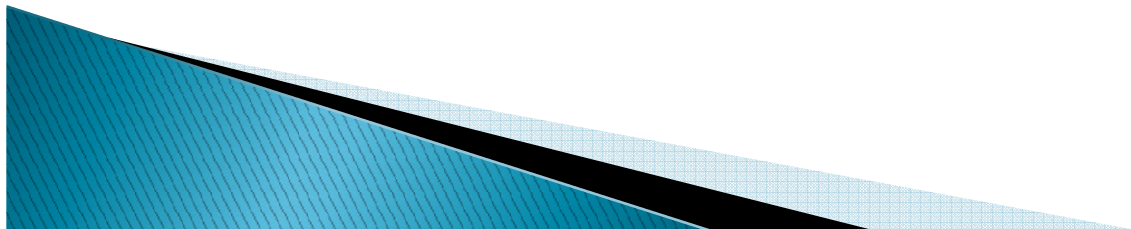
# What the Faculty would do for its members

- ▶ Establish and 'own' a new medical sub-speciality of Medical Informatics
- ▶ Provide a supportive organisation and forum for its members
- ▶ Build and maintain a career structure with clear entry criteria
- ▶ Set standards and curricula
- ▶ Speak out for its members' interests



# Possible membership structure

- ▶ Students
  - Medical students in the UK
- ▶ Doctors in training
  - In the UK
- ▶ Members
  - Qualified medical doctors
- ▶ Founding Fellows
  - Limited opportunities in first year for individuals to become Founding Fellows of Faculty
- ▶ Fellows
  - Members who satisfy criteria for Fellowship
- ▶ Senior Fellows / Members
  - Fellow or member permanently retired
- ▶ Associates (? Later once Faculty is established)
  - Working in Clinical Informatics but not doctors



# Business case

- ▶ Success will depend on attracting enough members to pay membership subscriptions to enable the Faculty to be self-supporting within 3 years
- ▶ Have we got the services / benefits of membership right?
- ▶ What level of annual subscriptions would be justifiable for those benefits?

