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

Information Science

Computer Science

Health Care
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 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?