

Agenda item:	11
Report title:	External engagement update
Report by:	Dale Langford , Governance Manager, OCCE, dale.langford@gmc-uk.org , 0161 240 8346
Action:	To note

Executive summary

This paper reports on recent meetings of advisory bodies and provides the formal mechanism for reporting the outcome of meetings to the executive.

Meetings of the UK Advisory Forums took place in October and November 2017 in Wales, Scotland and Northern Ireland. The summary notes set out details of the areas of interest or concern raised by UK Advisory Forum members and issues discussed in the meeting, including workforce recruitment, development, retention and education; structural reform; quality improvement and the pressures on the safe delivery of care.

The Education and Training Advisory Board held a meeting on 19 October 2017. The meeting considered progress against the key commitments in our report, *Adapting for the future: a plan for improving the flexibility of UK postgraduate medical training*, in particular in relation to credentialing and an update on the health and disability work programme.

Recommendation

The Executive Board is asked to note the external engagement update on the UK Advisory Forums and Education and Training Advisory Board.

Summary

- 1 A number of advisory bodies report formally to the Chief Executive via reports to the Executive Board. This paper reports on meetings of advisory bodies that have recently taken place, UK Advisory Forums and the Education and Training Advisory Board on this occasion.

UK Advisory Forums

- 2 We hosted our UK Advisory Fora in Wales, Scotland and Northern Ireland in consecutive weeks through late October and early November 2017.
- 3 In each country there was a focus on workforce recruitment, development, retention and education; structural reform; quality improvement and the huge pressures on the safe delivery of care. In Northern Ireland, the pressures on the system and implications for the GMC regulating in that context, was a particular focus.
- 4 The importance of data in workforce planning as well as identifying and responding to risk was also a consistent theme. It was pleasing to hear that GMC data is being used actively by partners in each country and there was unanimous support for our data products, particularly the commitment to enhance our country and region specific datasets.
- 5 The summary notes from each Forum are attached at Annex A (Northern Ireland on 26 October 2017), Annex B (Scotland on 31 October 2017) and Annex C (Wales on 9 November 2017).

Revalidation Advisory Board

- 6 A meeting of the Education and Training Advisory Board took place on 19 October 2017. The Board considered progress against the key commitments in our report, *Adapting for the future: a plan for improving the flexibility of UK postgraduate medical training*, in particular in relation to credentialing, and an update on the health and disability work programme.
- 7 The draft minutes of the Education and Training Advisory Board meeting on 19 October 2017 are attached at Annex D.

UK Advisory Forum (Northern Ireland) - 26 October 2017

Attendees

Charlie Massey, GMC Chief Executive
Susan Goldsmith, GMC Chief Operating Officer & Deputy Chief Executive
Una Lane, GMC Director of Registration and Revalidation
Shane Carmichael, GMC Assistant Director, Strategy and Communications
Alan Walker, GMC Head of Northern Ireland Office
Joanne Donnelly, GMC Employer Liaison Adviser
Lady Christine Eames, GMC Council member
Heather Moorhead, NI Confederation of Health and Social Care
Dr Grainne Doran, Royal College of General Practitioners Northern Ireland
Dr Margaret O'Brien, Health and Social Care Board
Dr John D Woods, British Medical Association Northern Ireland
Dr Jackie McCall, HSC Safety Forum
Dr Camille Harron, Northern Ireland Medical and Dental Training Agency (NIMDTA)
Judith Cross, British Medical Association Northern Ireland
Louise Skelly, Patient and Client Council
Heather Monteverde, Macmillan Cancer Support

Others present

Emma-Jayne Wright, GMC NI Office Administrator
Carolyn Ekin, GMC NI Policy and Public Affairs Officer
Louise Holmes, GMC NI Liaison Adviser
Dr Christopher Allen, NIMDTA ADEPT Clinical Leadership Fellow
Dr Rachel Campbell, NIMDTA ADEPT Clinical Leadership Fellow
Dr Catherine Donaghy, NIMDTA ADEPT Clinical Leadership Fellow
Dr Niall Corrigan, NIMDTA ADEPT Clinical Leadership Fellow

Welcome

- 1 Charlie Massey chaired the meeting and apologised that the GMC Chair, Professor Terence Stephenson had been unable to attend due to travel disruption in London.
- 2 The Chair welcomed attendees to the UK Advisory Forum (UKAF) in Northern Ireland (NI), including the ADEPT Clinical Leadership Fellows who observed the meeting.

Actions and feedback from March 2017 meeting

- 3 At the UKAF meeting in NI in March 2017, we had discussed developments and pressures on primary care in Northern Ireland and potential impacts on long term sustainability and safety of GP services. Since then the GMC has continued to monitor developments and engage with RCGP (NI), BMA (NI) and other key stakeholders.
- 4 The review of flexibility in training was published and there is continued work with the UK Government to discuss how the flexibility in training review will be taken forward alongside the recommendations contained in the UK Governments' Shape of Training Steering Group Report published in August 2017.
- 5 Since the UKAF meeting in March 2017, a number of meetings with key stakeholders have taken place to understand the potential implications of Brexit on healthcare provision and regulation both pre and post Brexit.
- 6 At the UKAF meeting in March 2017 the Medical Licensing Assessment (MLA) consultation was coming to an end. The GMC has continued engagement with stakeholders around the considerations for taking this forward in NI.

Systems and collective assurance

- 7 The Forum received a presentation from Una Lane about GMC Data and how it can be accessed, and our ambition to share with our partners across the UK to support collective assurance across the health services.
- 8 Forum members welcomed the presentation and during discussion noted:
 - a The way in which our data could be useful to our stakeholders and regulatory partners, particularly to help with identifying trends and anticipating risk
 - b Forum members commented on how useful this information will be and agreed to provide feedback on how they have found the GMC data explorer and at the next UKAF meeting.

GMC Education workshop update

- 9** Alan Walker provided the Forum with an update on Education workshop held in Belfast on 18 October 2017. The event attracted a range of representatives from across medical education and training stakeholders, the five HSC Trusts, Medical Royal colleges, BMA and student representatives in NI.
- 10** During the discussion, the Forum noted:
 - a** Attendees received an update on the GMC's emerging thinking on the Medical Licencing Assessment (MLA) following the consultation earlier in 2017. There was support from both U/G and P/G representatives for the proposed revised approach of a single clinical knowledge test alongside Universities continuing OSCE exams within a more regulated framework. Attendees at the workshop recognised that GMC had listened to the feedback from the consultation.
 - b** In relation to the Outcomes for Graduates consultation attendees were very supportive of the principle and the greater consistency across our work. There was also support for the concept of outcomes covering how to work in multi-disciplinary teams and also on the ability to communicate with patients and colleagues.
 - c** The need to ensure that outcomes do not become tick box exercise for some and the need to ensure consistency of approach across all medical schools.
 - d** The Chair reminded Forum members that the Outcomes for Graduates consultation is open until 10 January 2018, and encouraged members to respond.

Northern Ireland National Quality Assurance Review of education and training

- 11** Alan Walker provided an overview of the key themes from the NI National Review report that was released on 24 October 2017.
- 12** During discussions, the Forum noted:
 - a** The support for medical students and the NIMDTA Valued scheme were mentioned as areas of good practice
 - b** Overall a positive report but it also identifies areas for improvements and a number of specific concerns that were raised during the process and responded to at that time.

- c** An Equality and Diversity (E&D) video that was produced by NIMDTA to raise awareness of E&D issues which has been co-branded by GMC.
- d** Joint working between education organisations such as QUB and NIMDTA was highlighted.
- e** The GMC will now be working with NIMDTA, QUB and the HSC Trusts on the action plans that have been developed in response to the issues raised

Medical Workforce, quality and safety

- 13** Alan Walker introduced the discussion on cross border working on the island of Ireland and invited members to respond to questions outlined in the paper.
- 14** During the discussion, the Forum noted:
- a** The commitment outlined in Health and Wellbeing 2026 to increase provision of cross border delivery of healthcare services.
 - b** The importance of mutual recognition of qualifications with NI being the most dependant country in the UK for EU doctors.
 - c** The impact that the arrangements between NI and Republic of Ireland (ROI) could have on future medical students, particularly in relation to the cost of training.
 - d** NICON are hosting an event on 25 January 2018 titled 'A Healthy Brexit?' which will explore the implications and opportunities of the EU Exit on Health and Social Care.
 - e** The ongoing work that the GMC was doing with other regulators and stakeholders both in NI and UK wide and plans to hold seminar to explore the issues further in Spring/Summer 2018.

Updates on pressures in primary and secondary care

- 15** The Chair invited contributions from Dr Grainne Doran, RCGP NI on primary care and Dr John Woods, BMA NI on secondary care. During the discussion, the Forum noted:
- a** Significant pressures remain in primary care and that the absence of an Executive meant that it had not been possible to finalise the funding package to support the recommendations of the Review of GP led services. However, a key concern is the length of waiting lists in the NI health service which are significantly longer than elsewhere in UK.

- b** The high dependency on locums in secondary care along with the shared concerns with waiting lists and delay to implementation of the reform of services identified by Bengoa and in the Executive's Delivering Together vision was noted. There remains concerns of the pressures on doctors in training and ensure the correct balance is maintained between service provision and training in pressurised environments.
- c** It was agreed that the GMC NI office would meet with RCGP to discuss some of the specific issues relating to primary care further and the Chair advised that he would share the issues concerns when he met the Chief Medical Officer and Deputy Chief Medical Officer on 27 October 2017.

Upstream regulation: preventing harm and supporting professionalism

- 16** Susan Goldsmith outlined the 2018-2020 Corporate Strategy and described GMC's key strategic aims. During discussions the Forum noted:
- a** The importance of ensuring that front line doctors are aware of the change in focus to move upstream and support doctors.
 - b** The Strategic aims that have been developed in the GMC's draft Corporate Strategy:
 - 1: Supporting doctors in maintaining good practice
 - 2: Strengthening collaboration with our regulatory partners across the health services
 - 3: Strengthening our relationship with the public and the profession
 - 4: Meeting the changing needs of the health services across the four countries of the UK
 - c** The Chair highlighted an upcoming UK Government consultation on regulatory reform. He encouraged all forum members to respond and said that the GMC NI office would be happy to meet to discuss the GMC's views on the proposals in the consultation.
- 17** The Forum received a presentation from Louise Holmes, Liaison Adviser on the partnerships with key stakeholders in NI HSC sector to support the GMC's engagement with medical professionals and students on the frontline.
- 18** Forum members welcomed the presentation and during discussion noted:

- a** NIMDTA welcomed the partnership they have with the GMC in the development and delivery of professionalism sessions. The ADEPT clinical leadership fellows also highlighted the benefits they had found from these sessions and the increased visibility of the GMC.
 - b** There are further opportunities for the GMC to partner with patient organisations to deliver similar sessions as resources allow.
 - c** The GMC have commissioned work to evaluate the long term impact of these sessions.
- 19** The Forum were asked to consider the overarching principles of the GMC's draft strategy and to provide any further comments regarding our engagement with medical professionals on the frontline via the GMC NI office.

Chair's Closing Remarks

- 20** The Chair thanked Forum attendees for their contribution to the meeting.

UK Advisory Forums - Scotland

11 – Annex B

Summary note of the meeting on 31 October 2017

Attendees

Terence Stephenson (Chair)
Charlie Massey, GMC Chief Executive
Peter Bennie, British Medical Association
Jason Birch, Scottish Government
Paul Buckley, GMC, Director, Strategy & Communications
Shane Carmichael, GMC, Assistant Director, Strategy & Communications
Victoria Carson, GMC Head of Scotland Office
Adam Collins, Scottish Academy Trainee Doctors Group
John Colvin, Scottish Government
Nicola Cotter, GMC Scottish Liaison Adviser
Cat Harley, GMC Scottish Clinical Leader Fellow 2017-18
Stewart Irvine, NHS Education for Scotland
Paul Knight, GMC Council Member
Colin Melville, GMC, Director, Education & Standards
Donna O'Boyle, Scottish Government
Rami Okasha, Care Inspectorate
Terry O'Kelly, Scottish Government
Barry Parker, Medical and Dental Defence Union of Scotland
Rona Patey, Board for Academic Medicine
Willie Paxton, GMC Employer Liaison Adviser
Brian Robson, Healthcare Improvement Scotland
Randa F M Saeed, Doctor
Laeth Al-Sadi, Doctor
Alison Smith, Scottish Independent Hospitals Association
Ian Somerville, GMC Scottish Affairs Officer
Elaine Tait, Scottish Academy of Medical Royal Colleges
Steven Wilson, Healthcare Improvement Scotland

Welcome and Chair's introduction

- 1** The Chair welcomed attendees to the October 2017 meeting of the UK Advisory Forum in Scotland, extending a particular welcome to Alison Smith to her first meeting. He outlined the purpose of these meetings and the opportunity it provides to the GMC to listen to attendees. He said that the GMC had revised the format of these meetings following feedback from attendees in Scotland, Wales and Northern Ireland. As such the meeting would focus on three themes: systems and collective assurance; medical workforce quality and safety; and upstream regulation.

Systems and collective assurance

- 2** The GMC's Chief Executive outlined the organisation's important role in supporting health systems across the UK, including its use of data as a lens. He noted that a common theme for the GMC and other organisations across the UK is that they can be data rich but insight poor, and asked how we can develop insight across the piece.

GMC Data and its contributions

- 3** The GMC's Director for Strategy and Communications gave a presentation on the GMC's data contributions, including the launch of *GMC Data Explorer*, and GMC dashboards for Designated Bodies. He outlined five key points:
 - a** The GMC understands that doctors are a valuable and sometimes scarce resource, and it is aware of how shortages in specialties can play out locally. It is important to understand that background and the complexity of it in undertaking its own work and in supporting partners.
 - b** No data tells a complete picture, so join-up with other organisations is important. Collaboration with partners on the *UK Medical Education Database (UKMED)* provides a good example.
 - c** There is scope for continuous improvement at a national and local level, and there is a key opportunity to promote the identification of risk and good practice using data.
 - d** There are increasing demands for data. The GMC will continue try to address these needs by providing data in a comprehensible and accessible way.
 - e** There is a challenge that data can be misinterpreted, and thought needs to be given to mitigation against data being wilfully used to mislead.
- 4** The Forum discussed the presentation and offered positive feedback on the GMC's contributions. Discussion included the consistency in the online presentation for National Training Survey (NTS) data compared with GMC Data Explorer, and whether NHS Education for Scotland (NES) would think about presenting NTS and Scottish Trainee Survey data in a unified portal. A general theme was the desire for the GMC

to provide more country specific/contextualised data which the GMC stated it was committed to doing as part of its wider data strategy.

Sharing Intelligence for Health & Care Group Annual Report 2016/17

- 5** Brian Robson and Steven Wilson of Healthcare Improvement Scotland (HIS) gave a presentation on the triangulation of data amongst partners in Scotland through the Sharing Intelligence for Health & Care Group. The approach includes increased collaboration for a holistic picture of care, whilst ensuring each agency has information governance structures to address any issues arising. The individual agencies have valued the importance in coming together and ensuring that data is “the voice of the system.” They outlined four key messages in considering intelligence:
 - a** There are huge demands for the service.
 - b** The pace and scale of change in the system is unprecedented, particularly given Scotland is at the early stages of health and social care integration.
 - c** The workforce challenges in Scotland are real, and prevalent in every area. A particular challenge is the use of locums and what this means for the quality of care.
 - d** Financial pressures are real, and tensions that are playing out are coming across clearly.
- 6** It was reiterated that the group wants to make use of more data, and engage with professional regulatory insights, including those the GMC are able to contribute. HIS welcomed the opportunity for future engagement with the GMC.
- 7** The Forum discussed: how partners can bring qualitative perspectives to these types of conversations; how healthcare professional regulators can continue to feed into this group and vice-versa; and the role of data from the independent sector.

Medical workforce, quality and safety

International recruitment, facilitating a more numerous and flexible workforce

- 8** The GMC’s Chief Executive outlined some thoughts around international recruitment. Whilst the GMC does not have responsibilities for workforce planning, it does recognise its contribution to this work through the contribution of its data, its responsibility for all stages of education and training, its wider regulatory levers, and by understanding and impacting on workforce challenges across the UK.
- 9** He said that one of the big workforce questions is around the reliance on doctors from the European Economic Area and further afield, particularly in some distinct

(including remote) areas. He highlighted some thoughts on a number of areas of particular importance as the UK's EU Exit process progresses:

- a** The possible route of doctors coming onto the register through the Medical Licensing Assessment (MLA).
 - b** Possible legislative change to the Recognition of Professional Qualifications Directive (RPQ), particularly around equivalence, mobility and patient safety.
 - c** The current requirements for international doctors seeking to gain specialist registration through the Certificate for Entry onto the Specialist Register (CESR) or Certificate for Entry onto the GP Register (CEGPR).
 - d** The UK-wide desire of Government's and employers to recruit more international medical graduates.
- 10** Jason Birch, Scottish Government, highlighted that the Cabinet Secretary for Health and Sport, Shona Robison MSP, had written to UK Minister of State for the Department of Health Philip Dunne MP about RPQ. The Scottish Government are aware of the political nuances of these situations, and are keen to keep conversations open. The GMC recognised the importance of the Scottish Government in advocating for regulatory reform, and outlined that if there is an aligned view on CESR/CEGPR then there is scope to work together.
- 11** The Forum also discussed:
- a** The question of doctors leaving the register for a variety of reasons versus struggles to attract international doctors to the UK for reasons which may be beyond anyone's control (e.g. the value of the pound).
 - b** The balance between seeking tighter controls of doctors coming from Europe, and unintended consequences, e.g. workforce supply.
 - c** The issue of equivalency in terms of international qualifications, and relatedly the aim of ensuring that routes onto the specialist and GP registers do not create a perception of two tiers of consultant.
 - d** The challenge of securing parliamentary time in considering regulatory reform, particularly pertaining to CESR/CEGPR.
- 12** The GMC's Director for Education and Standards then updated the Forum on GMC education reform work, setting out that:
- a** The results of the MLA consultation are now on the GMC website, and they indicated general support for the principles. The GMC will now produce a paper to be considered by Council. Stakeholders have also offered constructive feedback on

proposals for the common knowledge test and the clinical and skills assessment. Work is ongoing to test revised proposals with stakeholders.

- b** The GMC is currently consulting on new *Outcomes for Graduates*. There is a question of what outcomes graduates need to achieve to get onto the register. Attendees were encouraged to respond to the consultation.
- 13** The Forum discussed: the length of the draft outcomes; clarity on the rationale for a MLA, and; the possible approaches to integrating the MLA into undergraduate finals. The GMC reiterated that it wants to listen to and take account of the views of partners.
- 14** Colin Melville then updated the Forum on Postgraduate education reform. He said that:

 - a** At the end of March the GMC published a report titled *Adapting for the Future* which helped to identify issues in training, for example with regard to CESR/CEGPR and flexibility of training pathways.
 - b** In May the GMC published *Excellence by Design*, primarily aimed at Royal Colleges and Faculties, on the standards expected in their curricula. The GMC is working to ensure curricula are developed to support patients and the public. There is an opportunity to rethink the GMC approach to curricula approval, e.g. being more collaborative. Going forward college curricula will incorporate common generic professional capabilities (GPCs). The approvals process for curricula will be introduced in 2020.
 - c** The GMC would be publishing a statement later in the week on Less than Full Time Training (this has now been published).
 - d** The GMC is working with the Shape of Training Implementation Group and Oversight Group to consider credentials, looking at workforce needs across the UK. The GMC wants to work with the Royal Colleges and Faculties on this. It was noted that the Royal College of Surgeons (England) is piloting a credential around patient safety and cosmetic practice.
- 15** The Forum discussed this update, including Scotland's work on Broad Based Training. Adam Collins, representing the Scottish Academy Trainee Doctors Group, noted specifically that Academy Trainees are reassured by the way credentialing has evolved, and the feeling among this cohort is that as long as the Certificate of Completion of Training (CCT) is protected and held sacrosanct then they will support credentialing as it will help recognise where doctors have expertise in specialist and subspecialist practice, as well as helping patient safety. This was discussed by the Forum, recognising that this was a subject of ongoing interest to members among whom a range of views exist and that open lines of communication will be important as this work moves forward.

International medical Training Fellowship – an example Collaboration between Scottish Academy/ GMC/ Scottish Government Workforce

- 16** Dr Cat Harley, Scottish Clinical Leader Fellow 2017-18 for the GMC and the Scottish Government, gave a presentation on the International Medical Training Fellowship. The Scheme was developed in 2015 by the Scottish Government in partnership with NES, and aims to: increase international development; provide high quality posts and experience; reduce locum spend by addressing long-term rota gaps; and provide consistency in standards of support offered to all international doctors coming to work in Scotland. She updated that: it is an umbrella scheme comprising a number of Scottish initiatives supported by the Scottish Academy of Medical Royal Colleges, the GMC and NES; outlined the Cabinet Secretary for Health and Sport's support; and gave an overview of the pathway to the fellowships.
- 17** The Forum discussed the presentation, including the number of proposals put forward by NHS boards this year and Home Office caps on Tier 5 visas.

Upstream regulation: preventing harm and supporting professionalism

GMC Strategy 2018-2021 overview

- 18** The GMC's Assistant Director for Strategy & Communications updated the Forum on the organisation's forthcoming corporate strategy. He outlined that through the strategy the GMC is trying to see how it can best focus its resources, allocating them in an appropriate, evidence based fashion. He said that whilst regulation has been dominated by conversations around fitness to practise, the GMC is keen to move "upstream", intervening early to recognise where there might be harm, and supporting good medical practice and not just responding to poor practice and associated patient safety issues. He also talked about the strategic aims of the proposed strategy:
- a** Supporting doctors in maintaining good practice.
 - b** Strengthening collaboration with our regulatory partners across health services.
 - c** Strengthening our relationship with the public and the profession.
 - a** Meeting the changing needs of the health services across the four countries of the UK.

He placed particular emphasis on the final strategic aim, and ensuring the GMC is relevant in a Scottish context.

Presentation – promoting GMC Standards, supporting the frontline including a presentation from Refugee Doctors in Scotland.

- 19** The GMC's Scottish Liaison Adviser updated the Forum on the Scotland team's support of doctors to achieve good medical practice through its 'Promoting Professionalism' programme. She also gave an overview of the GMC's Welcome to UK Practice (WTUKP) programme, supporting registrants new to working in the UK. Adapting this programme, the GMC recently teamed up with the Bridges Programme which supports the social, educational and economic integration of refugees, asylum seekers, migrants, and anyone for whom English is a second language, living in Glasgow.
- 20** The Forum heard from two aspiring registrants who gave their experiences of the Bridges Programme and WTUKP, and outlined some of the challenges in achieving the requirements of the International English Language Testing System. Arriving from Sudan in 2008 with an ambition to complete her training, Randa F M Saeed outlined the support both programmes had offered her to overcome challenges to achieving registration. Laeth Al-Sadi spoke about the support the Bridges Programme had offered him around English language requirements, and how the WTUKP programme had helped him in understanding ethical issues, and dealing with patients and the GMC.

Discussion

- 21** The Forum discussed the final agenda item as a whole.

GMC Corporate Strategy

- 22** Attendees gave positive feedback on the proposed corporate strategy, with support for the GMC's stated aim to move "upstream".
- 23** The Forum heard that HIS is exploring with the Scottish Government a quality management approach across health and social care. Feedback was also given about the importance of monitoring in addressing issues upstream, particularly in enabling an appropriate approach to each of the 4 nations of the UK.

Promoting GMC Standards, supporting the frontline

- 24** Attendees praised the GMC's Promoting Professionalism programme, and the testimony of Randa F M Saeed and Laeth Al-Sadi.

Role of the Independent Sector

- 25** Alison Smith, Scottish Independent Hospitals Association, thanked the Chair for her invitation to join the Forum, and outlined some of the work the independent sector has been doing in Scotland to allay concerns about the way they handle clinical governance, including: dialogue with the GMC's Employer Liaison Advisor for

Scotland; reporting concerns about doctors to the GMC; work to support doctors to present volume and scope of practice for appraisal; and supporting the Scottish Government's forthcoming organisational duty of candour.

- 26** She also outlined that the independent sector has identified that they can improve on effective information sharing, but that contact with the Employer Liaison Service was a reassurance both for them and also for the GMC.

AOB

- 27** John Colvin, Scottish Government, thanked the GMC for hosting a Scottish Clinical Leadership Fellow, saying he valued the GMC's contribution and investment in clinical leadership in Scotland.

UK Advisory Forum - Wales

11 – Annex C

Summary note of the meeting on 9 November 2017

Attendees

Terence Stephenson, Chair

Stephen Burnett, GMC - Council Member for Wales

David Bailey, BMA Cymru Wales

Kate Chamberlain, Healthcare Inspectorate Wales

Jane Dale, Healthcare Inspectorate Wales

Andrew Davies, Welsh NHS Confederation

Susan Goldsmith, GMC - Chief Operating Officer and Deputy Chief Executive

Andrew Grant, Swansea University Medical School

Chris Jones, Welsh Government

Chris DV Jones, Health Education and Improvement Wales

Clare Jenkins, Board of Community Health Councils

Oliver John, Academy of Medical Royal Colleges

Philip Kloer, Hywel Dda UHB

Katie Laugharne, GMC - Head of Wales Office

Charlie Massey, GMC - Chief Executive

Colin Melville, GMC - Director of Education & Standards

Stephen Riley, Cardiff University Medical School

Bethan Roberts, BMA Cymru Wales

Alyson Thomas, Board of Community Health Councils

Others present

Huw Anslow, GMC - Welsh Affairs Officer

Ina Perry, GMC - Executive Assistant to the Chair and Chief Executive

Welcome and Chair's Introduction

- 1 The Chair welcomed attendees to the ninth meeting of the UK Advisory Forum in Wales.
- 2 Apologies for absence were received from: Ilori Finlay, House of Lords; Andrew Goodall, Welsh Government; Vanessa Young, Welsh NHS Confederation and Peter Donnelly, Wales Deanery.
- 3 The Chair congratulated Dr David Bailey on his appointment as Chair of BMA Cymru Wales and welcomed him to his first meeting as a member of the Advisory Forum.
- 4 The Chair acknowledged that this was the last Forum that Dr Bethan Roberts would attend in her capacity as Chair of the BMA's Junior Doctor Committee. He thanked her for her input.

Actions from March 2017 Meeting

- 5 Forum members noted that actions from the meeting on 14 March 2017 had been completed. Key activities were:
 - a Collaborative work had been undertaken on rota monitoring processes and would result in a letter from the GMC in support of the patient safety benefits of rota monitoring.
 - b Representatives of NHS Employers and Responsible Officers were invited to the meeting and thanks for their attendance noted.
 - c Responses to the MLA from a number of members were welcomed.
 - d The GMC had carried out collaborative work with BMA Cymru Wales and the Welsh NHS Confederation on Prudent Healthcare, NHS Values and professionalism which resulted in a joint event scheduled for 6 December, 2017 *Improvement through Medical Engagement*.

Systems and Collective Assurance

- 6 This section was introduced to the Forum through a reflection on the potential contribution of the GMC, and an overview of our work to continue to build on our relationships with other regulators and patient safety bodies across the UK.
- 7 Forum members were informed of the GMC's work to make more data available to organisations and partners in Wales, as well as making already available data more accessible. Specific attention was paid to the launching of two new products: the Designated Bodies Dashboard (being rolled out to Responsible Officers and HIW); and the GMC Data Explorer, which will have its second release in December providing additional information on FtP and education. Also highlighted were the GMC's

existing reports and publications including the annual National Training Survey report, our recent report on EEA doctors and our State of Medical Education and Practice (SoMEP) report. Forum members were asked to provide feedback on the utility of this for their work, and suggestions on how this could be improved.

- 8** Concerns were raised regarding the identifiability of responses to the NTS, although it was clarified that any identifiable data is not published. The GMC agrees that protecting the anonymity of trainees is vital if we are to receive candid feedback and so in units where there are only a small number of trainees who might be identified, these data are not published. The need for trainees to respond to the NTS was also emphasised, as it ensures the NTS is authoritative and cannot be ignored by decision-makers.
- 9** Forum members discussed whether it would be useful to seek feedback from those who are not in training, and from trainers who had not responded.

Collective assurance and the implications of the White Paper 'Services Fit for the Future'

- 10** Forum members discussed the White Paper within the wider context of the Welsh Government's health agenda, underpinned by common principles including Prudent Healthcare, early intervention, and wider well-being. The challenges of engaging clinicians in the changes contained in the proposals were also underlined, while the crucial role of educators in changing the mind-set of new healthcare staff was argued.
- 11** Forum members highlighted that the proposals were flexible regarding the establishment of a new patient voice body. Effective engagement with communities was emphasised as a requirement for the proposal to increase co-production, while the argument was put forward that sector-based planning of health does not work.
- 12** The Duty of Quality was noted as a particular challenge as it entails reconciling local and regional interests and issues. Furthermore, it was noted that this Duty should not lead to a one size fits all approach.
- 13** Forum members suggested that the proposal for a new patient voice body could lead to an enhanced CHC-type model. It was also noted that one of the purposes of this body is to ensure that necessary dialogues take place to meet the objective of co-production.
- 14** Regarding the proposal for a new Duty of Candour, the importance of culture as a key factor in driving candour either at an individual or system level was discussed. Forum members contended that the White Paper does not recognise the need to change the culture from within the health and social care sectors.

Medical Workforce, Quality and Safety

- 15** Forum members were provided with an update on the Education Directorate's work in a number of areas as described in the GMC Update, including:
- A paper is being developed for GMC Council following the Medical Licensing Assessment (MLA) consultation responses, including the call for greater consistency in assessment of clinical performance.
 - We are reviewing outcomes for graduates, focusing on issues such as the extent to which specific outcomes should be weighted.
 - A number of more detailed thematic reports will shortly be published providing further detail on the results of the NTS.
- 16** The Forum was presented with an outline of the GMC's position on two UK Government consultations. Regarding regulatory reform, the case for the GMC seeking more autonomy over setting rules for investigations was explained. Regarding physician associates (PA's), the Forum was informed that the GMC's open mindedness towards regulating PA's is contingent on there being no cross-subsidising and that underpinning legislation is fit for purpose.
- 17** Forum members were also informed about GMC work regarding the Recognition of Professional Qualifications in the context of Brexit, where we are currently exploring a number of scenarios including the possibility that non-automatic recognition will increase in the future. It was also noted that this in turn raises questions regarding processes of application to the specialist register.
- 18** Forum members discussed the role of PA's, with the demand within the health service for these being noted. The driving force behind this demand was also discussed, with suggestions including a need to plug gaps in the workforce, and as reflecting a redesigning of how the workforce is used.

Health Education and Improvement Wales – opportunities and implications

- 19** The Forum was introduced to this section through an explanation of the importance of careers and making the perception of a career in the health service achievable, including changing the perception towards the debt implications of medical study. Workforce planning was presented as the real challenge, which was argued to constitute workforce transformation.
- 20** Forum members were informed that HEIW intends to have a close working relationship with the inspectorates and regulators, which will in turn shape the bodies commissioning role. Additionally, it was also explained that HEIW would be expected to work with other UK equivalents, and is open to international collaboration.

- 21** The Forum noted that workforce planning has important implications for both careers and how CPD is understood.
- 22** The issue of morale within the health profession was also noted, with the need to improve the workforce situation discussed as fundamental to addressing this.
- 23** The Forum discussed the impact of ineffective rota monitoring on patient safety, training opportunities, and the work-life balance. It was noted that there is a potential link with the Deanery's use of Education Contracts and the Education Contract Attendance System used to monitor access to training, which could be further explored.

Upstream regulation: preventing harm and supporting professionalism

[GMC Strategy 2018-2021 Overview](#)

- 24** The Forum was informed that the focus of the new strategy is to refocus away from the GMC's traditional policing role and place more emphasis on the agenda to improve patient care. The Forum was also provided with an overview of each strategic aim, and their relevance within a Welsh context.
- 25** The issue of rota monitoring, and recognition of this, was again highlighted in relation to the strategic aims of supporting doctors in maintaining good practice, and strengthening the GMC's relationship with the profession.
- 26** The challenge facing GPs to provide transgender services was also discussed, with concerns raised about GPs being expected to work outside their competence. It was noted that this issue had been discussed with RCGP Wales and GPC Wales, and that the GMC's guidance does state that services provided by GPs should be in line with their own competence.

Education and Training Advisory Board

11 – Annex D

Draft at 29 November 2017

Minutes of the Meeting on 19 October 2017*

Members present

John Connell, Chair

Jon Bailey
Peter Donnelly
Derek Gallen
Alastair Henderson
Muj Husain
Stewart Irvine
Neil Johnson
Sheona MacLeod

Elizabeth Manero
Andrew Matthewman
Sarah Parsons
Katie Petty-Saphon
Alice Rutter
Radhakrishna Shanbhag
Russell Smith
Jeeves Wijesuriya

Others present

Colin Melville, Director, Education and Standards
Mark Dexter, Head of Education Policy
Dale Langford, Board Secretary
Graham Larkin, British Medical Association (accompanying Jeeves Wijesuriya)

Katie Laugharne, Head of Welsh Affairs (observer)
Paula Robblee, Policy Manager, Education and Standards
Paul Spindler, Head of Media and Campaigns, Strategy and Communication Directorate

* These Minutes should be read in conjunction with the Board papers for this meeting, which are available on our website at <http://www.gmc-uk.org>

Chair's business

- 1 The Chair welcomed members to the meeting of the Education and Training Advisory Board, particularly Peter Donnelly, Sheona MacLeod and Russell Smith who were attending for the first time as members of the Board.
- 2 Apologies for absence were noted from Harrison Carter, Steve Field, Keith Gardiner, Jenny Higham (represented by Dr Katie Petty-Saphon), Clare McKenzie, Wendy Reid (represented by Andrew Matthewman) and Paul Stewart.

Minutes of the meeting on 24 May 2017

- 3 The Board approved the minutes of the meeting on 24 May 2017 as a true record.

Matters arising

- 4 In relation to paragraphs 6 to 9 of the minutes, the Board noted that, following the Board's discussion on reviewing *Outcomes for graduates*, a stakeholder meeting had been held to shape the final documentation for consultation.

Six month update on the Flexibility Review

- 5 The Board received a paper setting out progress against the key commitments in our report, *Adapting for the future: a plan for improving the flexibility of UK postgraduate medical training*. The paper also set out how the GMC was responding to the report of the UK Shape of Training Steering Group and the development of credentialing.
- 6 The Board noted that a survey on flexibility had been carried out, with over 6,000 doctors in training responding. The initial analysis of the survey would be circulated to the Board following the meeting.
- 7 The Board advised that:
 - a Additional analysis of the data from the survey could be provided relating to those doctors in training who had decided to leave the profession or leave the country.
 - b It would be helpful to repeat the survey in five years to identify what progress had been made.
 - c With the launch of revised guidance on less than full time training, the GMC should ensure that existing arrangements are clear about requirements of the service and patient safety.
- 8 During the discussion on flexibility in training and follow-up to the report of the UK Shape of Training Steering Group, the Board noted that:

- a** Flexibility in training offered the opportunity to make the systems encountered by trainees more humane in their approach.
 - b** There would continue to be a need for coherent data, and also anecdote to illustrate the issues of flexibility of UK postgraduate medical training.
 - c** The extent to which all four countries were consulted on the revised guidance on less than full time training should be reported back to the Board.
 - d** Campaigns to raise awareness of the combined programme approach and revised accreditation of transferable competencies framework would wait until the details of each had been finalised.
 - e** Reference to the UK Shape of Training and curricula being 'Shape compliant' should be worded to be clear that they 'adopt the principles of Shape to better meet patient needs'.
 - f** There was an opportunity to review whether the Annual Review of Competence Progress (ARCP) process was fit for purpose. In particular, whether ARCP had an appropriate balance between meaningful appraisal and preparing those in training for appraisal later in their career.
 - g** The profession and colleges needed to keep up to date with evolving areas such as health informatics.
- 9** During the discussion on credentialing, the Board noted that:
- a** Further efforts were needed to reconcile the different views about the purpose of credentialing, and whether it would apply generally or focus on high-risk areas of medicine. However, there were strong views that applying it both generally and for high risk areas was desirable, especially as the GMC's priority was patient safety.
 - b** In the immediate future, work on credentialing should go ahead at pace wherever possible, such as bringing the work on cosmetic surgery to a conclusion.
 - c** Over the following six to nine months, those bodies interested would be invited to work together on re-scoping and testing of a framework and model for credentialing.
 - d** Although there were limits to what could be achieved without legislation (which was unlikely in the medium term), most of what was envisaged for credentialing could be delivered. However, it was noted that without legislation, there was no

current mechanism for removing credentials on a practitioner's record once recorded.

- e** Early dialogue with stakeholders, including with the four health ministers and UK Medical Education Reform Group, was needed to establish definitively the purpose and objectives of credentialing, and how the GMC might work with partner organisations to support its development.
- f** The responsibilities for credentialing, within the existing framework where possible, should be that the GMC design the process and colleges decide what is 'credentialable'.

Health and disability work programme

- 10** The Board received a presentation on progress with the work programme on health and disability, which was developed following the Board's workshop on the topic held on 20 October 2016.
- 11** The Board noted that an external steering group had been established, holding its first meeting in June and due to hold its second meeting on 20 October 2017. Roundtable discussions had been held with key groups affected by the guidance in September 2017. External research was being carried out, expected to be published in November 2017.
- 12** The Board advised that:
 - a** Public engagement, in particular getting patient views, should be an essential element of the work programme.
 - a** Further work was required on aspects of the programme relating to mental health, particularly in the postgraduate stage.
 - b** Further dialogue was needed between the GMC and medical schools about fitness to practise matters, including physical impairment.
- 13** During the discussion, the Board noted that:
 - a** One of the main challenges was at the admissions stage, where the college might have to consider how well the individual is likely to be in five to six years. This issue could be addressed in conjunction with the Medical Schools Council Selection Alliance.
 - b** It would not be possible to provide a clear definition of what is reasonable adjustment for undergraduate education, but there should be a process map and

decision making framework, along with a template and framework for occupational health reports.

- c** For postgraduate education the challenge was maintaining a balance between the additional support that could be provided in clinical practice compared to during studies. More legal advice was being sought on this issue to reflect in guidance.
- d** Patient views were being sought before April 2018, although more work was needed to establish the most effective way to get the patient perspective on the issues.
- e** It would be helpful to clarify what mental health conditions are considered to be disabilities, where possible, and for doctors with mental health conditions to have their say when patient views are being sought.
- f** There remained uncertainty about whether the sole purpose of admitting a student to medical school was for them to graduate as a medical practitioner, with the expectation that they would principally to work in the National Health Service. Some collaborative work with the universities might be needed to clarify how a medical degree was different from other degrees courses. The GMC was seeking further legal advice on the purpose of a medical degree.
- g** Other issues that needed to be taken into account were how student doctors also have to be their own advocate in connection with occupational health, the role of career counselling and how patient safety and expectations of their doctor can be taken into account.

Any other business and date of the next meeting

- 14** The Board noted the following updates from the Director of Education and Standards:
 - a** Following the Board's input into reviewing *Outcomes for graduates*, for which the GMC was grateful, the formal consultation on the revised document had started and members of the Board and their organisations were encouraged to make a formal response as well.
 - b** The GMC's Council would be discussing the Medical Licensing Assessment at its meeting on 12 December 2017.
- 15** The Board noted the date and time of its next meeting at 10:00 on Wednesday 31 January 2018.