

Agenda item:	9
Report title:	Medical Advisory Board – report to the Executive Board
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Considered by:	FTP Senior Management team
Action:	To consider

Executive summary

The Medical Advisory Board was established in 2018, as part of the Supporting vulnerable doctors review. Its role is to provide expert advice to the Executive Board on how we engage with vulnerable doctors in GMC processes.

This paper provides an update on the establishment and work of the Medical Advisory Board. It also seeks agreement to a recommendation the Board has put forward that we consider following the lead of the Royal College of Psychiatrists who propose to amend their terminology in relation to substance and alcohol misuse referring instead to 'substance and alcohol use disorders' by amending ours to do the same. This is in order to reduce the stigma around addictions and clearly differentiate between probity issues and the management of health issues for doctors in difficulty.

If the Executive Board agrees that we should follow the lead of the Royal College of Psychiatrists by amending our terminology in line with theirs, paragraphs 17-19 of the paper sets out a proposed approach for doing so.

Recommendations

The Board is asked to:

- a** Note the update on the Medical Advisory Board's establishment and work.
- b** Consider following the lead of the Royal College of Psychiatrists in changing our terminology around substance and alcohol misuse.
- c** Agree that we co-ordinate updating our terminology to follow on from the work the Royal College of Psychiatrists are undertaking in this area.
- d** Agree to the proposed approach (as outlined at paragraph 18) to amending our terminology throughout the organisation in relation to substance and alcohol misuse.
- e** Agree that overall responsibility for the changes and their co-ordination should lie centrally within the GMC and to advise on which team is best placed to lead this work.

Background

- 1 The Supporting vulnerable doctors programme was developed following a review of our fitness to practise processes from the perspective of health and well being, overseen by Professor Louis Appleby, an independent mental health expert. Recommendations from that review have been implemented with positive feedback, but Professor Appleby identified a need for an ongoing mechanism to ensure we continue to have expert input to advise and challenge us in our work, not just in relation to fitness to practise, but on all our procedures. It was decided to achieve this by establishing a Medical Advisory Board.
- 2 We sought views on the appropriate composition of the Board from key stakeholders. They recommended representatives from the lead bodies for psychiatrists, GPs and occupational health physicians. We have also invited an individual doctor to provide an additional perspective.

Overview of the Medical Advisory Board

- 3 The Board's statement of purpose can be found at Annex A. It meets twice a year.
- 4 Membership of the Board is as follows:
 - Dr Adrian James – Royal College of Psychiatrists
 - Dr Michael Mulholland – Royal College of General Practitioners
 - Professor Debbie Cohen – Faculty of Occupational Medicine
 - Dr Satinder Kumar – General Practitioner
- 5 Dr Mulholland was not a member at the inception of the Board, but replaced Professor Kamila Hawthorne following the first meeting.

The work of the Medical Advisory Board

- 6 The Board met for the first time on 10 September 2018. The Board received an update on the Supporting vulnerable doctors programme and also an overview of our ongoing work programme looking at the mental health and wellbeing of the profession. Members discussed the contribution they can make to help ensure we support vulnerable doctors in our processes. They identified that, while there had been significant achievements as a result of the Supporting vulnerable doctors programme, these were not widely known about and more could be done to communicate this message. They considered that advising on communications relating to this programme was an area in which they could assist.
- 7 The first meeting agreed that key issues could also be considered by email between formal meetings. Through this mechanism, we obtained the Board's input on the

issue of how to sustain our pool of medical supervisors with addiction expertise, a matter which is still under consideration by the Board.

- 8** The Board met for the second time on 11 April 2019. At this meeting, they discussed a draft report on the Supporting vulnerable doctors programme for external publication. The Board made a number of recommendations for improvements to the report which we are now taking forward. The Board also heard about future work proposed by the Registration and Revalidation directorate on managing revalidation for doctors with long term health conditions, and were able to provide initial views on this at an early stage.
- 9** The next meeting of the Medical Advisory Board will take place in the autumn.

Proposal to change our terminology around substance and alcohol misuse

- 10** At its meeting on 11 April 2019, the Board also considered a paper and presentation by Dr Julia Sinclair who chairs the Faculty of Addictions at the Royal College of Psychiatrists. This recommended that we update the terminology we use around health issues arising from the use of alcohol and other potentially harmful substances.
- 11** The Board considered Dr Sinclair's proposal that we no longer refer to substance or alcohol 'misuse' or 'abuse' and instead adopt the terms 'substance use disorder' and 'alcohol use disorder.' In addition, she recommended we now refer to 'addiction specialist' rather than 'substance misuse specialist'. Dr Sinclair highlighted that the Royal College of Psychiatrists is moving away from the old terminology as it is increasingly perceived as pejorative and implying a moral judgment on the person with the health condition. Dr Sinclair noted that the GMC already appropriately distinguishes between use of illegal substances for pleasure or due to a probity issue as opposed to arising from a health condition or addiction.
- 12** It was acknowledged that there is a strong case for the GMC updating its terminology to remove negative connotations associated with the terms 'misuse' and 'abuse'. The Board therefore agreed to advise the GMC to update the documentation used across the organisation to refer in future to 'substance use disorder', 'alcohol use disorder' and 'addiction specialist'. These changes should be communicated to GMC associates, including health assessors, and other relevant third parties such as medical schools.

Operational impact of changing our terminology

- 13** The Board acknowledged that further work would be needed to identify the scope of the updates required.

14 Provisional information has been obtained from relevant directorates to identify the likely resource implications of changing our terminology:

Directorate	Number of documents that use the following terms: substance misuse, substance abuse, alcohol misuse, alcohol abuse	Estimate of number of working days required to update documentation
Fitness to Practise	85	5
Registration and Revalidation	<p>18</p> <p>However, some references appear in case studies in the Royal College curricula guidance and we will need to liaise with the College about updating them.</p> <p>IS support will also be needed if the current sub-specialty of "substance misuse psychiatry" is updated as this will require SIEBEL changes.</p>	<p>12</p> <p>This includes 7 days to make changes to terminology used in parts 1 and 2 of the PLAB test</p> <p>It does not include changes to the Test Of Competence/Revalidation bank as these would be made gradually alongside other edits over a period of time.</p>
Education	<p>11 GMC owned documents</p> <p>139 curricula documents which are not owned by the GMC and we do not have remit to change</p>	<p>3 days for GMC owned documents and the website to be physically updated</p> <p>However, 7 of the 11 GMC owned documents would require change requests to be submitted to the digital marketing team to update the published pdf versions of the documents, which would require a lead time of several weeks</p>

Standards	4	1 day to make changes although approval would be needed from the directorate’s Senior management team
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15 The above estimates do not include any time needed to liaise with the Royal Colleges, medical schools or GMC associates. Some directorates may also require changes to be approved through normal governance routes due to the high profile and external facing nature of some of the documents.

Recommendations

16 The Executive Board is therefore invited to consider the advice from the Medical Advisory Board that we change our terminology as follows in all documentation used across the organisation. This is with the caveat that whether or not the change is appropriate will depend on the precise context in which the current terms are being used.

Current term	Proposed new term
Substance misuse Substance abuse	Substance use disorder
Alcohol misuse Alcohol abuse	Alcohol use disorder
Substance misuse specialist	Addiction specialist

Approach to changing terminology and next steps

17 Should the Executive Board agree the terminology be updated, we are proposing that we follow the lead of the Royal College of Psychiatrists and co-ordinate updating our terminology to follow on from the work they are undertaking in this area.

18 The Executive Board is also asked to consider how this work should be carried out. We are recommending the following approach:

- In the first instance, we only update the terminology in GMC owned documents. Further work will then be needed to liaise with third parties such as the Royal Colleges and medical schools on jointly owned documents and this will be

undertaken where needed by individual directorates. For non-GMC owned documents that we refer to on our website or in other materials, it will be a matter for the organisation or College that owns the document to decide whether or not to update the terminology around substance and/or alcohol misuse.

- Each directorate takes the lead in updating (where appropriate) the terminology used in the documents that they own
 - A phased approach should be adopted which meets the needs of each directorate and is proportionate to the amount of resource required to update documents
 - The changes will be communicated to GMC associates and further guidance provided as required by the relevant directorate. For example, on issues such as writing health assessment reports.
- 19** The Executive Board is asked to agree that overall responsibility for the changes and their co-ordination should lie centrally within the GMC and to advise on which team is best placed to lead this work.

Equality and diversity

- 20** Updating our terminology to no longer refer to substance and alcohol 'misuse' will have a positive impact from an equality and diversity perspective. This is because disability is a protected characteristic and it will help remove the stigma that arises where doctors have health conditions related to alcohol and/or harmful substances by making a clearer distinction between probity and health issues.

GMC Medical Advisory Board Statement of Purpose

Purpose

- 1 To provide expert advice to the Executive Board on how we engage with vulnerable doctors in GMC processes.

Duties and activities

- 2 The Advisory Board will, as required:
 - a Receive reports on our Vulnerable Doctors Programme.
 - b Advise on our approach to vulnerable doctors involved in GMC processes.
 - c Advise on policies and guidance to support our approach to vulnerable doctors.
 - d Advise on training for staff on interaction with vulnerable doctors.

Membership

- 3 The Chair of the GMC Medical Advisory Board is a GMC Director or Assistant Director appointed by the Chief Executive.
- 4 The GMC Medical Advisory Board consists of representatives from the Royal College of Psychiatrists, the Royal College of GPs and the Faculty of Occupational Health to be appointed by the GMC following nomination from the relevant organisation.
- 5 Members will be appointed for an initial three year term, and be subject to review as required.
- 6 Additional co-opted members may be appointed from time to time to provide expertise on specific issues.

- 7** The Advisory Board may convene one or more working groups to report to it on specific areas. These groups may comprise Board members and/or co-opted members.

Meetings

- 8** The GMC Medical Advisory Board will meet twice a year.

Working arrangements

- 9** The GMC will provide the secretariat for the Advisory Board and organise the agenda and papers for its meetings. GMC staff will attend meetings as required.
- 10** Agendas will be supported by a mix of papers and presentations. Papers for each meeting will normally be sent electronically to members at least seven days in advance of Board meetings. Copy papers will be posted to members requiring a hard copy.
- 11** Meeting papers and minutes will be published on the GMC website.

Reporting and accountability

- 12** The Board will provide advice to the Executive Board who will take that advice into account in reporting to Council.
- 13** The secretariat will organise updates and reports from the Advisory Board to the GMC Executive Board as required.