

UK Advisory Forums – Northern Ireland

Thursday 3 March 2016

13:00-15:30

GMC Northern Ireland office

9th Floor, Bedford House

16-22 Bedford Street

Belfast, BT2 7FD

Agenda

Working lunch will be provided

Meeting

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| 1 | 13:00-13:10 | Welcome and Chair's introduction |
| 2 | 13:10-13:50 | Updates on local priorities/areas of interest or concern from Forum members |
| 3 | 13:50-14:10 | GMC update |
| 4 | 14:10-14:40 | Northern Ireland Medical and Dental Training Agency - Valuing trainees in Northern Ireland |
| 5 | 14:40-15:10 | The <i>State of Medical Education and Practice</i> in the UK: 2015 |
| 6 | 15:10-15:25 | GMC Devolved Office Review 2015 |
| 7 | 15:25-15:30 | Any other business |

Agenda item:	3
Report title:	Discussion Paper: GMC update
Report by:	Shane Carmichael , Assistant Director, Strategy and Communication scarmichael@gmc-uk.org , 020 7189 5259
Action:	To consider

Executive summary

This paper provides an update on progress against a number of our priorities and key projects for 2016. Key points for Advisory Forum Members to note:

- Following the UK Government's announcement that they will not be taking forward the Law Commissions' Bill at this time, we continue to engage with all four governments, other professional regulators, medical leaders and patient groups to push for legislative reform to improve patient safety and reduce the burden and cost of regulation.
- We continue to engage with our key partners on our proposal for a single UK-wide medical licensing assessment (MLA) and aim to complete meetings with all 33 medical schools by June 2016 as part of this effort.
- We will be proceeding with a Council member appointments process later this year. As part of this we will be seeking a new Council Member in each of Scotland and Wales.
- Our Medical Professionalism Matters series continues and we expect to publish a report in late 2016. Our latest event was held in Northern Ireland in early February with our next event in Scotland in early April.

Recommendation

Members are asked to consider this update ahead of discussion at the Advisory Forum meeting. In particular, we are keen to hear suggestions as to how this programme of work can best be delivered as well as any queries, advice or concerns members may have.

Updates

Legislative reform and the future of regulation

- 1 In December 2015 the UK Government announced in a [written ministerial statement](#) that it would not be taking forward the [Law Commissions' Bill](#) as originally envisaged.
- 2 Instead, it proposed to take a new, and potentially more radical, look at the future shape of professional regulation with a view to producing a new Bill. We understand the current plan is for a public consultation on proposals in autumn 2016 with a view to introducing legislation in the 2018/19 session of this Parliament.
- 3 We understand ministers are likely to want a shorter Bill than that proposed by the Law Commissions, and that they wish to see some rationalisation of the sector which would include mergers between some of the professional regulators.
- 4 The current timings may well change but we will engage with the four governments of the UK, with other regulators and with our key interests in helping to shape the proposals for reform.
- 5 We are also working to secure more immediate legislative change. We have been refining our legislative priorities with a view to seeking Section 60 Orders to amend the Medical Act. Although the Department of Health is facing significant staff cuts, which may affect its ability to support significant reforms, we are developing detailed policy proposals covering education, registration and fitness to practise on which legal drafting can be based.

Looking beyond legislative reform of professional regulation

- 6 The Wales Bill is expected to be introduced into Parliament in the coming weeks. A group of leading constitutional experts have called for Assembly Members to deny Legislative Consent for the Bill – effectively vetoing it. Professional health regulation will continue to remain at Westminster.
- 7 In Scotland, no changes in the relationship between the professional regulators and the Scottish Government are proposed in the Scotland Bill. The Bill is due to have its third reading in the Lords in late February. It will then go back to the Commons for final consideration and vote, most likely in March. In order to pass, however, the Bill requires legislative consent from the Scottish Parliament. The Scottish Government may withhold consent as they do not support the fiscal framework which currently underpins the Bill. We will continue to monitor the progress of the Bill and relevant debates.

- 8** In Northern Ireland progress on the implementation of the Stormont House Agreement signed in December 2014 has been delayed due to political issues specific to Northern Ireland (NI) and the failure of the NI Executive and Assembly to give legislative consent to Welfare Reform. Following further political negotiations, A Fresh Start - The Stormont Agreement and Implementation Plan was agreed between the UK and Republic of Ireland Governments and the two largest political parties, DUP and Sinn Féin in November 2015. The focus is on addressing a number of political issues specific to Northern Ireland. As part of the Agreement and implementation, the number of Government Departments will reduce from 12 to 9 to coincide in May 2016. The Department of Health, Social Services and Public Safety is expected to change its name to Department of Health, as part of this change. There is also a commitment to introduce arrangements for an opposition within the NI Assembly and for the number of MLAs to reduce from 108 to 90 (5 per constituency), the latter in time for the Assembly election in 2021. Healthcare regulation is already devolved to the Northern Ireland Executive and Assembly.

Medical Licensing Assessment (MLA)

- 9** Proposals for the MLA are developing through close engagement with key interest groups and assessment experts. We are continuing to consider and refine proposals and we have been pleased with the constructive response from medical schools and other interested organisations with whom we plan to work to develop the MLA.
- 10** In particular we have had constructive discussions with the Medical Schools Council and we will work closely with medical school experts, including visits by senior GMC staff to all 33 medical schools by June 2016. To aid discussion we will share in advance of each visit our current proposals about what we believe the MLA could look like.
- 11** We are looking to build on the innovative work of the Medical Schools Council Assessment Alliance as well as the review of the PLAB examination. We are interested to see how far it may be possible to integrate elements of the MLA with university finals.
- 12** We need to identify a legislative vehicle to empower us to introduce the MLA and we will be having discussions with the four governments of the UK to understand their views, including clarification of the UK Government's intentions on moving the point of registration.
- 13** We are on course to bring proposals to GMC Council on 7 June and then, subject to Council's view, launch a formal consultation by the end of the year.

European affairs

- 14 The Recognition of Professional Qualifications (RPQ) Directive was implemented across Europe on 18 January 2016. We have begun to send and receive alerts on doctors whose practise is restricted or prohibited.
- 15 We have been engaging with Government officials and employing organisations across the UK to remind them of their responsibilities for ensuring they have robust pre-employment checks in place for any doctor they intend to employ. This is increasingly important in the context of temporary and occasional registration. Registration with the GMC or other regulatory bodies does not guarantee employment in the UK. Individual employers have responsibility for ensuring the people they employ or contract with have the required knowledge and skills for the posts for which they are applying.
- 16 We are now turning our attention to parts of the Directive that are subject to secondary legislation including any further roll out of the European Professional Card (EPC) and the potential adoption of common training frameworks for medical specialties.
- 17 We have continued to engage with senior policy makers including the Secretary of State and health ministers, as well as MPs and MEPs to push for the European Commission to give a public commitment to undertake a full, transparent evaluation of the EPC before extending it to professions including doctors. We are jointly hosting with the NMC a meeting of the Healthcare Professionals Crossing Borders (HPCB) network in London on 28 October 2016 which will focus on the EPC.
- 18 We are also working closely with key interest groups such as the British Medical Association (BMA), the Royal College of Physicians and European medical regulators to develop a joint strategy that aims to avoid the adoption of common training frameworks for medical specialties which we believe would pose patient safety risks by fossilising European training curricula into EU law.

Physician Associates

- 19 Health Education England is keen to increase the number of physician associates and the authorities in Scotland, Wales and Northern Ireland are also considering the role they could play in developing the workforce.
- 20 We have made clear that if physician associates are to practise safely, and to make the most of their potential, they should be brought within statutory regulation. We have also indicated that if the UK Government were to ask the GMC to take this on we would give it serious consideration.

- 21** In advance of this we are undertaking some scoping work to help us better understand the role of physician associates and the practical implications of bringing them into statutory regulation. As part of this we are hosting a meeting with the HCPC and the new Faculty of Physician Associates at the Royal College of Physicians to discuss possible ways forward.

Revalidation

- 22** As part of our commitment to reviewing and evaluating Revalidation, we have a number of ongoing projects to test how we can improve the efficiency and effectiveness of our current processes.
- 23** In addition we have commissioned a wide-ranging evaluation of revalidation from an independent research consortium. This is a three year research project which will produce its final report in 2018.
- 24** The research has a number of work streams including:
- a** Assessing appraisals.
 - b** Interviewing Responsible Officers and appraisers as well as the GMC's Employer Liaison Advisers.
 - c** Obtaining input from patients through a patient forum, conducting a literature review and surveying all licensed doctors.
- 25** We know many Forum Members have kindly contributed to this work and an interim report with high level findings is expected to be published in April 2016.

Promoting Professionalism

- 26** The latest event in our Medical Professionalism Matters series was held in Belfast on 3 February 2016 titled 'The Doctor as a Scholar'. Our Chair Professor Terence Stephenson was joined by Professor Patrick Campbell the Vice Chancellor of Queen's University who gave the keynote address. The next event in the series will be in Glasgow on the 5 April exploring the theme of putting safety and quality improvement first. This will be followed by an event in Manchester to test the draft findings with the publication of a final programme report late in 2016.
- 27** Alongside this we are now increasing our direct engagement with groups of doctors, medical schools, educators, patients and employers via our new Liaison Advisers in Scotland, Wales and Northern Ireland. You can learn more about this work in each country from the handout in your packs which will be provided to all Forum Members on the day.

- 28** Following on from the success of our mobile app to support doctors with recording and reporting on their CPD activities, we are planning to launch a second mobile app which will provide our professional standards guidance in this format. We hope to launch this new product in spring and believe this will support doctors in understanding and applying the professional standards we and their patients expect of them.

Protecting and enhancing the quality of UK medical education

- 29** On 1 January 2016 we introduced new mandatory requirements for organisations providing medical education and training, both for medical students and doctors in training (junior doctors). These are available at: www.gmc-uk.org/education/standards.asp
- 30** Our revised standards stress the importance of training doctors in places where patients are safe, the care and experience of patients are good, and education and training are valued. To help organisations measure their progress against these standards, we have published a new quality assurance framework at: www.gmc-uk.org/qaf.
- 31** While we appreciate the significant pressure which NHS organisations are under to deliver more within constrained budgets, as an employer organisations have a duty to maintain the quality of training and education for their staff, and we hope our new standards will help to do this.

Developing the List of Registered Medical Practitioners

- 32** We have completed the work to add additional information to our online register, the List of Registered Medical Practitioners (LRMP). It now better reflects our regulatory responsibilities.
- 33** The following information now appears:
- a** Which doctors are in an approved training programme, including their programme speciality and their deanery or local education and training board (LETB).
 - b** For doctors with a licence to practise, the name of their Responsible Officer and designated body (or Suitable Person if they have one).
 - c** Which doctors are recognised as GP trainers.
- 34** We will now consult on a proposal for developing a two tiered approach to the register with additional information about a doctor's practice. We have limited power to require doctors to provide new information for publication, so we may need to

adopt a voluntary approach for much of the new information we might wish to be added.

Modernising investigations and adjudications

- 35** We have recently implemented changes to modernise our investigations and adjudication processes to make sure that we can address patient safety concerns in the most efficient way and improve the way that we run hearings. The changes to our Rules and legislation to establish the Medical Practitioners Tribunal Service (MPTS) in statute and other important adjudication and fitness to practise reforms came into effect on 31 December 2015. Implementation of these reforms:
- a** Puts the MPTS on a permanent statutory footing, and gives the GMC a new right of appeal.
 - b** Strengthens MPTS case management, with cost powers if either party does not comply with an MPTS rule or direction and behaves unreasonably in the conduct of proceedings.
 - c** Gives the MPTS a discretion to appoint a legal assessor or a legally-qualified chair to hearings.
 - d** Allows the MPTS to hold review hearings 'on the papers' where parties agree on the outcome.
 - e** Allows the GMC to refer a doctor to a new type of MPTS tribunal hearing if they fail to comply with a request for a health, performance or English language assessment.
- 36** The new right of appeal and the establishment of the Medical Practitioners Tribunal Service as a statutory body reinforces the separation of the GMC from the tribunal service and our role as a patient safety organisation which brings the most serious cases to the tribunal service for adjudication. These changes will also help us streamline our investigations, reduce the time it takes to deal with complaints and make our procedures faster, fairer and more efficient, which will be beneficial to both doctors and patients.
- 37** In the medium term it is the intention of the Chair of the MPTS to step down around Easter 2017, with a recruitment process for a new Chair starting mid-2016.

Council appointments

- 38** We will be proceeding with a Council member appointments process later this year. We are currently planning on the basis that we will need to appoint one medical

member and one lay member working or living wholly or mainly in each of Scotland and Wales, as two of our current members, Mrs Enid Rowlands and Professor Jim McKillop, will demit office at the end of this year having reached the maximum term allowed.

- 39 We are enormously grateful to Enid and Jim for their eight distinguished years as members of Council. Over the same period, we will also be running a reappointment process for existing Council members who are eligible to be considered for reappointment for a second term. We expect the appointments and reappointments to be confirmed by the Privy Council in November 2016.
- 40 We are currently planning the arrangements for the appointments process, and very much welcome the views of our key interests from across the UK as we proceed to finalise our plans.

Looking ahead

- 41 We are holding a workshop on 23 March 2016, to discuss a specific recommendation from [Sir Anthony Hooper's review](#) of whistleblowing cases. Sir Anthony recommended introducing a simple, confidential and voluntary online tool for healthcare professionals to record that they have raised concerns and the steps they have taken to deal with it. The workshop will consider how to improve the culture and handling of concerns after which we will publish a report on how this can best be taken forward.
- 42 A number of recent court cases following fatal road accidents have highlighted the potentially critical role doctors have in their dealings with patients who may not be able to continue to drive safely. We are now working with a range of interested parties to raise awareness of doctors' responsibilities when a patient's medical condition may affect their fitness to drive. The initial meeting with partners will be in March 2016.
- 43 We are hosting a summit on 12 April 2016 to explore conflicts of interest faced by GPs. Our guidance is clear that we expect doctors to be open and transparent about any interests they hold, and to avoid conflicts of interest where possible. However we are keen to explore current issues and concerns and whether there is more we can do to support doctors in this difficult area.
- 44 Following positive engagement in our consultation in 2015 we will be publishing new explanatory guidance on cosmetic practice in April. We are also developing a short guide for patients, to inform them about what they should expect from their doctor in this area of care.