General Medical Council

Summary note of meeting- 29th October 2019

Attendees

Clare Marx (Chair)

Charlie Massey, GMC Chief Executive

Nicola Cotter, GMC Head of Scotland Office

Ryan Amesbury, Nursing and Midwifery Council (observer)

Jennifer Armstrong, NHS Greater Glasgow and Clyde

Derek Bell, AOMRC in Scotland

Jenny Duncan, GMC Policy and External Affairs Manager (notes)

Ken Donaldson, Scottish Association of Medical Directors

Simon Edgar, NHS Lothian

George Fernie, Healthcare Improvement Scotland

Ken Hay, Independent Healthcare Providers Network

Lewis Hughes, BMA Scotland JDC

Stewart Irvine, NHS Education for Scotland

Robert Khan, GMC Assistant Director of Public Affairs and Devolved Offices

Paul Knight, GMC Council

Una Lane, GMC Director of Registration and Revalidation

Anthea Martin, Medical Protection Society

Lynne Meekison, NHS Education for Scotland

Colin Melville, GMC Director of Standards and Education

Lucy Mulvagh, Health and Social Care Alliance

Donna O'Boyle, Scottish Government Health and Social Care Directorate

Barry Parker, Medical and Dental Defence Union of Scotland

Rona Patey, Scottish Deans Medical Education Group

Willie Paxton, GMC Employer Liaison Adviser - Scotland

Robbie Pearson, Healthcare Improvement Scotland

Sarah Ramsay, AOMRC in Scotland

Paul Reynolds, GMC Director of Strategic Communications and Engagement

Alice Rutter, GMC Clinical Fellow - Scotland

Brendan Spooner, GMC Clinical Fellow (observer)

John Stevenson, Scottish Public Services Ombudsman

Jill Vickerman, BMA Scotland

Kirsten Woolley, RCGP Scotland

Luke Yates, AOMRC in Scotland

Vipin Zamvar, BAPIO Scotland

Welcome and Chair's Introduction

1 The Chair welcomed attendees to the October 2019 meeting of the UK Advisory Forum in Scotland. She emphasised that the purpose of the meeting was to hear from members and provide time for discussion of the key issues arising in Scotland, noting that the last meeting covered among other items, SAS/LED doctors, listening to patients, and the need for greater collaboration.

Review of Actions from Previous Meeting

2 The Head of the Scotland Office provided an update on actions from the March 2019 meeting. She covered:

- The request to review the format of the health section of the Scottish Online Appraisal Resource to ensure it appropriately guides appraisers and appraisees to

discuss health and wellbeing, noting that RCGP Scotland were convening a meeting to involve GMC, NES and BMA Scotland to discuss.

- The concerns about the merging of data on SAS and LED doctors in the forthcoming SAS/LED survey and impact on work with SAS doctors. She updated that concerns had been noted and that we are keen to ensure survey responses for SAS and LE doctors are reported separately as much as possible. This will be reflected in both the launch report and the online reporting tool, where responses to survey questions will be presented separately for the two groups.

- Where the GMC had been urged to involve patients more in co-production of resources and in our work, not just listen to their voice, it was noted we received over 300 individual responses to both the Patient Feedback Revalidation Consultation and the *Consent* guidance consultation. She also updated Forum members that the Patient Charter, which is being developed in consultation with patient groups, saw 25 attendees attending a session with Alliance Scotland. The forthcoming patient roundtable on Tuesday 19th November was highlighted.

- In response to the request for the GMC to collaborate more with other regulators to achieved shared goals, she set out how the organisation, in addition to exploring the issues of regulatory alignment, through the development of our new Corporate Strategy, is currently planning the themes for the Scottish Regulation Conference to be held on 2 November 2020. She noted we are also working with the NMC on our *Professional Behaviours Patient Safety Programme* and on developing an emerging concerns protocol for Scotland that will bring system and professional regulators together.

Chief Executive's Update

3 The GMC's Chief Executive reflected the focus of the organisation's work has been on the Supporting a Profession Under Pressure programme, noting the three independent reviews were commissioned from different perspectives, but shared themes of compassionate leadership, fairness, and induction and support for doctors.

4 He noted that:

- The three reviews also contributed to ongoing consideration of how we can collectively play a role around regulatory alignment, referencing a positive discussion earlier that day with Healthcare Improvement Scotland around leadership and regulatory alignment in Scotland. He emphasised the reports are just the beginning of the process, and we look forward to working with existing initiatives in Scotland.

- The GMC has published its first *Workforce report* with notable points to highlight including: a significant increase in International Medical Graduates (IMGS), with numbers doubling in the last two years; and there are now more new IMG doctors

on the register than UK medical school graduates. The proportion of IMGs on the register continues to also increase. The report highlights an important message to policy makers that retention is at least as important as new medical school places, which also ties in to our forthcoming *SAS/LED survey report*.

- Education: the MLA is progressing well, and on credentialing acknowledged the work of NES on developing the proposed remote and rural credential.

- There is still a wish for legislative reform, but the challenge of finding parliamentary time for this was noted. We have a long-stated desire for autonomy on Fitness to Practice thresholds, which would enable us to provide better support to doctors in the workplace. We are optimistic that we have made the case for the need for CESR/CEGPR reform.

- Our progress on bring Physician Associates (PA) and Anaesthesia Associates (AA) into regulation would be covered by Una Lane, Director of Registration and Revalidation later in the agenda.

- Despite the ongoing uncertainty over Brexit, we are well prepared to mitigate any workforce supply challenges in the event of a no deal scenario, with the proviso that there are two key risks: the loss of recognition of UK qualifications by European medical regulators (around 5% of UG programmes and 4% of PG programmes' participants are from the EEA), and that the attractiveness of UK as a destination may decrease.

5 Forum members asked questions about visa requirements. Discussion explored the impacts on a range of areas, including if there were a governmental desire to increase MTI places and more broadly the impact on workforce supply. In response, it was noted the main growth in IMGs were from India, Pakistan and Nigeria. It was noted that the Tier 5 visa cap remained unchanged, and the Tier 2 cap no long applies for medical applicants. It was highlighted that nurses and doctors had been added to the Shortage Occupation List. The Chief Executive emphasised that a key message was that we need to be clear about how IMGs are supported once in post and referenced the *Fair to Refer* report findings about inconsistency in induction and support across the UK.

Medical Workforce, Quality and Safety

Supporting a Profession Under Pressure: key themes

6 Following a short introduction to the agenda item from the Chair, Paul Reynolds provided an update of the two reports published over the summer (*Gross Negligence Manslaughter and Culpable Homicide* and *Fair to Refer*) and noted the forthcoming report on *MHWB*. He highlighted key themes from each, acknowledged there was clear overlap in the recommendations of the three reports and the need to take a holistic view. Paul acknowledged the work of the Scottish Wellbeing Advisory Group,

and expressed gratitude to Dame Denise Coia for her initial work on the Mental Health and Wellbeing Review and in establishing the Wellbeing Advisory Group.

Systems and Collective Effect

Supporting a Profession Under Pressure: Workforce and Workplace

7 Colin Melville spoke to the work being undertaken through the SaPUP programme, noting the thematic response of workforce and workplace to the specific recommendations for the GMC in the three reports, and the importance of working collaboratively on collective priorities.

Wellbeing in Primary Care – Royal College of GPs in Scotland.

8 Kirsten Woolley, Clinical Lead for GP Wellbeing at RCGP Scotland, highlighted the importance of relational care within primary care, noting the pressures of this, especially within marginalised groups, can lead to both compassion fatigue and burnout in the profession. She set out the impacts of poor wellbeing, noting the cost of presenteeism, impacts on patient morbidity and mortality, the cost to the NHS, impact on professional behaviours, and the personal costs to general practitioners.

9 She set out key findings around wellbeing from the RCGP Scotland report *From the Frontline*, highlighting appraisal and the need for a National Conversation on how to use the NHS sustainably. Kirsten noted the outputs of the recent Wellbeing Conference organised by RCGP Scotland, and set out the contribution of the college to the Scottish Wellbeing Advisory Group, highlighting the proposal for a Sick Doctor Service in Scotland.

10 The Chair thanked Kirsten for her presentation, reflecting on the Forum having heard about the national inquiries, how the GMC is responding, and the need for a national conversation about the health service among the people we serve. She concluded the presentations by opening the discussion to Forum members.

Facilitated discussion of key workforce and workplace issues.

11 Paul Reynolds assisted the Chair in leading the wide-ranging discussion that ensued.

- *Silo cultures:* Reference was made to the Scottish Academy's *Prevention through Learning* programme. Noting the need for common learning, Forum members highlighted the need to end blame cultures, silo working and acknowledged the need for clinical leaders and managers within healthcare settings to work together more.

- *Induction and support:* It was acknowledged one strand of work to end silo cultures is to ensure appropriate induction for overseas groups of doctors,

including through Welcome to UK Practice. It was noted that the GMC Scotland team were in discussion with partners, including RCPE on how to incorporate such themes into welcome to Scottish practice.

- *Secondary Care:* Reflecting on the primary care challenges explored during the presentation, Forum members discussed the practicalities of implementing recommendations and changes in secondary care noting: the pressures facing smaller Boards with significant recruitment challenges and impact this has on the ability to create space for clinical teams to prioritise reflective practice; the impact of winter pressures and reactive working; how teams can move to a more stable, sustainable position, out of the immediate pressures.

- *Reframing language:* Noting the tone of the documentation and the processes that medical graduates and trainees encounter at different stages of their careers, Forum members discussed the need for language, in national recruitment processes and other documentation, to be more positive- and where appropriate - congratulatory, welcoming, and valuing. The question was posed that if we expect reflective practitioners, should we also have reflective organisations?

    - Forum members listened to concerns about how colleagues are treated - their experiences of racism within the system and the language used in referrals; how flexible working is viewed, and could be promoted more as a positive option.

    - It was acknowledged that the *Mental Health and Wellbeing* report could provide an opportunity for the GMC and other bodies to look at how to reframe the language used.

    - The Chief Executive responded, noting the findings of the Fair to Refer report, including conscious and unconscious bias, the need for ongoing, informal conversations with colleagues when concerns exist, and how we collectively provide genuinely inclusive and welcoming cultures. The report's inclusion of examples of good practice of how doctors are supported was recommended to Forum members, noting some examples were from organisations in Scotland.

- *Raising and acting on concerns:* Forum members were provided with an update on the development of the Independent National Whistleblowing Officer (INWO), and noted that the Standards and accompanying legislation had been laid before the Scottish Parliament's Health and Sport Committee the previous day, with the expectation the INWO and accompanying processes would go live in the summer of 2020.

    - Forum members raised the ongoing challenge of how doctors in training can raise concerns when relationships with trainers and their departments are often felt to be a barrier to this.

- It was recognised that many doctors in training wished to engage with new initiatives and ideas but often lacked the capacity to incorporate into their workload, and may take longer to be adopted by certain cohorts.

- *Regulatory alignment and MDTs:* Forum members heard how MDTs were key to developing a sustainable approach to developing programmes of support, noting the work of the NMC on just and fair cultures. The importance of regulatory alignment and collaborative working with all professional regulators was emphasised.

  - The Chief Executive responded by acknowledging the resources, and size of the GMC's registrant base provided opportunities to lead on collaborative working, noting our data provided the opportunity to generate real insight. He reflected on the increasing alignment of interest with other professional regulators, also acknowledging the ambitions of the GMC and NMC to work on just cultures, leadership, induction and support. He also acknowledged the opportunities for closer working with systems regulators and improvement bodies, highlighting recent productive conversations with Healthcare Improvement Scotland in this area.

- *Recruitment and rotas:* Forum members reflected the challenges and opportunities since the introduction of Modernising Medical Recruitment (MMR), discussing whether the centralised and more formalised processes, while putting in place welcome clear structures to mitigate against bias, could impact on how teamwork is fostered.

  - It was noted that while there were concerns, it was helpful to remember that more than three quarters of trainees in the National Training Survey reported a good or excellent quality of experience.

  - Forum members considered the importance of rota design, how to value staff, and bringing in all members of MDTs, noting the SaPUP programme provided an opportunity to generate shared solutions across the system.

- *Leadership:* Forum members welcomed proposals from the Scottish Clinical Fellows, with support from Project Lift, to develop a national collaborative network to bring together early careers doctors, dentists and pharmacists in leadership positions. An event is being planned for spring 2020 that will build on the Mental health and Wellbeing Review and focus on wellbeing to start the conversation and build collaborative networks to empower doctors in training to make change for themselves and those around them.

- *Workforce pressures:* The pressures facing some health boards were discussed, with contributions highlighting the number of FY2s who leave or take a break from the profession. The desire from FY2s not to go straight into a training programme, and increased interest in clinical fellowships was noted. The Forum also heard

about the pressures on doctors who discover they have been complained about. Members reflected on the overwhelming media focus on negative stories and the need for more acknowledgement of the positive achievements of the workforce.

- In response to discussions around pressures, and the proportionality of fitness to practice processes, the Chair noted the work being undertaken by the GMC to improve its work in this area, within the restrictions of the Medical Act, noting the need for legislative reform to facilitate further improvements to FTP processes without impacting on our fundamental purpose as a patient safety organisation. The challenge of gaining positive media coverage for the good work carried out regularly across healthcare system was acknowledged.

12 The Chair brought discussion to a close. It was acknowledged that the discussion today was the start of a longer conversation, and that we would continue to work collaboratively with our partners, noting that culture change does not happen overnight.

Upstream regulation: preventing harm and supporting professionalism

Transition to the new Corporate Strategy

13 Una Lane set out the approach we are taking as the GMC develops its new Corporate Strategy, which will run from 2021 – 2025. She noted that a key area for consideration is what it will mean to be a professional regulator in 5 -10 years, highlighting that by the end of that time, we would be a multi-professional regulator, incorporating Physician Associates, and Anaesthesia Associates.

14 She went on to set out expected timescales, and funding requirements, noting that DHSC officials had an ambitious legislative timescale of 18-24 months. Una emphasised that whatever the timescales, the GMC would be ready to regulate the new professions as soon as the relevant legislation was in place.

15 On conclusion of the presentation, Forum members asked a range of questions:

- *Corporate Strategy*:
  - Forum members heard about the consideration of incorporating international human rights into Scots law which may have wide-reaching consequences.
  - Reflections upon the pressures on the NHS and social care were made, as well as suggestions around the need for greater flexibility in how doctors are trained.
  - The increased role of MDTs, flexibility in how community roles are used and perceived, and upskilling of all staff was discussed – working at the top of competence was a stated aspiration.

- *Physician Associates/Anaesthesia Associates:*

  - The regulation of PA/AAs was welcomed. The opportunities for MDT working, and contribution that PA/AAs could bring to the wider workforce, and the implications of the wider SaPUP agenda were discussed.

  - Forum members highlighted the development of independent prescribers - nurses and pharmacists - and whether this would lead to inconsistencies if PA/AAs did not have prescribing rights. It was noted that DHSC are considering prescribing rights for PAs as separate legislation, but regulation comes first.

  - It was noted that dual registration can be complex, but as an organisation, the GMC is alive to those complexities.

  - Some concerns were raised about the use of AA as a title, and potential for confusion in Scotland with Anaesthetic Assistant nursing roles.

  - It was clearly identified that patient safety is paramount in bringing PA/AAs into regulation. Forum members reflected on the transition from the voluntary register (noting 20% of existing PA/AAs not on the voluntary register) and the opportunities that this could present.

16 The Chair drew the meeting to a close and she thanked attendees for their thoughts and insights in what is happening on the frontline in Scotland.