

Summary note of the meeting on 8 November 2018

Attendees

Terence Stephenson, GMC Chair
Paul Darragh, BMA
Joanne Donnelly, GMC
Grainne Doran, RCGP
Christine Eames, GMC
Lourda Geoghegan, RQIA
Susan Goldsmith, GMC
Denise Hughes, NIMDTA
Cathy Jack, Belfast HSC Trust
Jane Kennedy, GMC
Jenna Maghie, BMA
Charlie Massey, GMC
Terry McErlane, Resolute Public Affairs
Mark Roberts, HSC Safety Forum
Paul Reynolds, GMC
Kirk Summerwill, GMC

Others present

Marion McCann, GMC (notes)

Welcome and Chair's introduction

- 1 The Chair welcomed attendees to the meeting, announcing that this would be his last UK Advisory Forum (UKAF) in Northern Ireland as Chair. He welcomed Cathy Jack, Denise Hughes and Jenna Maghie to their first meeting of the Forum.

- 2 He acknowledged the contribution made by Dr John D Woods, former Chair of the BMA NI Council, to the Forum. Congratulations were offered to Pascal McKeown on his appointment as Head of the School of Medicine at Queen's University of Belfast.
- 3 The Chair reminded members of the GMC's commitment to working as a four country regulator and the importance of these Forums as part of that effort. The purpose of the NI Advisory Forum, as with our other Advisory Forums, is to ensure that the GMC achieve effective engagement with stakeholder groups, and that our policies are suited to the Northern Irish context.
- 4 The Chair highlighted four examples of our engagement activity in NI:
 - i Director of Education and Standards visited NI on 23-25 October and engaged with a number of key educational stakeholders, including Ulster University. He spoke at the Deanery's Clinical Education Day, updating attendees on credentialing, the MLA and the future of medical education.
 - ii The Chair highlighted his participation at *The Better Way to Manage Error in Healthcare* Conference in Belfast on 26 October which explored the distinction between a 'no blame' and a 'just culture'; the need for candour when things go wrong and the need to role-model this open and transparent approach to doctors at all stages of their career.
 - iii In relation to the outcomes of the Inquiry into Hyponatraemia-related deaths, the GMC has offered to collaborate with the Department of Health NI on areas of mutual interest and concern in the work programme resulting from the O'Hara report. We engaged with the Independent Neurology Review Panel and offered our support in providing any GMC information pertinent to their work.
 - iv We continue to deliver *Welcome to UK Practice* (WtUKP) sessions in NI; 27 doctors have attended the four sessions delivered in the last year. At the NI Medical Leaders Forum on 5 November, Dr Michael McBride, Chief Medical Officer, endorsed mandatory attendance at WtUKP workshops for all doctors new to UK practice and working in NI.

Actions from the previous UKAF meeting

- 5 Forum members noted the actions agreed at the meeting on 21 March 2018. These included:
 - *To deliver information sessions across NI explaining the GMC's role in the Dr Bawa-Garba/Jack Adcock case. Action taken:* The NI Liaison Adviser incorporated information about the case in the programme of sessions across five NI Health and Social Care (HSC) Trusts. All GP appraisers in NI participated in a consultation exercise during the development of the Reflective Practitioner

guidance. The GMC NI team have engaged with our stakeholders and political representatives on our response to this case and the programme of work established in response to the issues raised. The NI Employer Liaison Adviser has discussed the implications of this case in her regular engagement with Responsible Officers in NI.

- *To explore opportunities to collaborate on health literacy.* **Action taken:** The GMC NI team attended a Patient and Client Council event on co-production of health care delivery and health information. We collaborated with Mencap NI to produce blogs and video material about the importance of involving patients with a learning disability in their healthcare decisions, and supported the NI launch of their *Treat Me Well* campaign. Locally based patient organisations were invited to participate in the patient and public workshop in October. The Chief Operating Officer emphasised the importance of patient and public engagement, to ensure our understanding of a wide range of views and shape our work accordingly.

Medical workforce, quality and safety

Supporting a profession under pressure

- 6 Forum members received an update on the work the GMC is doing under its *Supporting a Profession Under Pressure* (SaPUP) Programme. The Programme's work-streams relate to the issues emerging from the Dr Bawa-Garba/Jack Adcock case (although some had already started), and are starting to see some tangible output. It was noted that:
 - The GMC has published updated reflective practice guidance in collaboration with The Academy of Medical Royal Colleges, the UK Conference of Postgraduate Medical Deans and the Medical Schools Council. The GMC's Chief Executive thanked members who had been involved in the process.
 - Raising and acting on concerns remains important to the GMC; 36 workshops have been held in NI this year on the topic reaching around 1000 doctors and medical students.
 - Data from the GMC's National Training Surveys (NTS) tells us more about the experiences of trainees and trainers. We are also looking to build a better understanding of the experiences of Speciality and Associate Specialist (SAS) doctors and are conducting a feasibility study to help fill the gaps in our knowledge about their work and training experiences.
 - Pre-dating the High Court ruling on the Dr Bawa-Garba/Jack Adcock case, the GMC has been working on mental health and wellbeing of the profession. Building on previous work with Dr Louis Appleby, the GMC has commissioned a review on doctors' mental health and wellbeing, which is being led by Dame Denise Coia and

Professor Michael West. The findings will be made available early 2019. We will consider how to support our partners in relation to any recommendations which have wider implications for the medical workforce.

- There is a spotlight this year on fairness, recognising the disproportionate number of Black and Minority Ethnic (BME) doctors who go into and out of the GMC's fitness to practise processes. The GMC will shortly be committing to further audits of its own processes, but in the meantime we have asked Roger Kline and Dr Doyin Atewologun to help us understand what is causing this. While there are lower numbers of BME doctors in NI than in the rest of the UK, this remains a very important issue.
- The GMC is looking at how much further it can embed human factors training into the training of its fitness to practise Case Examiners, and the medical experts used in its processes. The GMC is also exploring how it can help Responsible Officers apply human factors methodology in their investigations, supporting the objective that only the most appropriate referrals are referred to the GMC. We have announced that all fitness to practise decision makers, case examiners and clinical experts are to receive human factors training, and advice on modifying investigation processes, as part of a collaboration agreed with Oxford University's Patient Safety Academy.
- Leslie Hamilton will take forward the Independent Review of Gross Negligence Manslaughter (GNM) and Culpable Homicide (CH) following the appointment of Professor Clare Marx as GMC Chair. We are expecting his conclusions in spring 2019.
- It was noted that the theme of workplace culture is common to all these work streams.

7 The Chair invited comments and questions:

- Members discussed the importance of human factors training provision in medical training environments and the implications of increased artificial intelligence within medical practice. It was noted that human factors is frequently confused with human error and there may be benefits in using the title *Human factors and Ergonomics* instead.
- The role of the GMC in the NI Refugee Doctor's Project was noted by members.
- Members discussed how challenging it is for GMC to communicate the benefits of the SaPUP work streams with doctors working in demanding roles in both secondary and primary care. In NI, system pressure combined with long running Inquires and Reviews have had significant impact on individuals and the wider workforce. This local context should be considered when GMC communicates with doctors.

- Discussion followed on how SaPUP aligns with the GMC's core regulatory functions. The Forum noted that this work enabled the GMC to refocus medical regulation to ensure it supports the provision of a high quality workforce that can deliver good medical practice.
- There was a discussion about the value of induction programmes for F1 doctors. Members welcomed a commitment by the Chair to explore how the GMC communicates with doctors at the beginning of F1 and other 'transition points' in their careers.

Systems and collective effect

Insight, intelligence and collective effect

- 8 The Forum was updated on the GMC's work on insight, intelligence and collective effect, which sits under its strategic aim of 'strengthening collaboration with our regulatory partners across the health services'. It was noted that the GMC has made great strides over the past year, including the provision of more country-specific data and how it is presented. We have also undertaken a strategic review of what collaboration there is with its regulatory partners and how it might work with them for greater effect.
- 9 Forum members were presented with an outline of the GMC's data and intelligence capabilities and given an opportunity to feedback.
- 10 The Forum welcomed the GMC's work on improving its four country data offering and highlighted/discussed:
 - The importance of the GMC sharing data with UKMED and appreciation for responding quickly to bespoke data requests from NI stakeholders.
 - The challenge to capture 'portfolio' working within workforce data. Members discussed the importance of 'portfolio' careers in the development of leadership within the medical profession.
 - A suggestion that the GMC explore options for developing data on 'portfolio' careers/part time working. In addition, data tracking the movement of doctors from their place of qualification within the UK should be compared to population density. The Chair agreed that the GMC would explore whether this work could be undertaken.
 - Members noted that low volume of movement in and out of the NI medical workforce presented unique challenges for creating cultural change i.e. creating a culture of openness and honesty and embedding the duty of candour.

- It was suggested by members that the term 'raising concerns' could be substituted with the term 'challenging variation in clinical practice.'

Brexit and cross border working – implications for medical education, training, workforce and regulation.

Upstream regulation: preventing harm and supporting professionalism

- 11** Forum members were introduced to Terry McErlane, an external consultant, who gave an overview of the work he has completed on behalf of the GMC. The aim of this work was to identify potential Brexit scenarios and describe their challenges and implications for the regulation of doctors and provision of cross border healthcare.
- 12** In preparation for Brexit, the GMC will focus on issues pertaining to Registration & Revalidation, Education and Standards, Fitness to Practice and legal implications.
- 13** The Forum noted that the GMC is working with Department of Health and Social Care (England) on amendments to the Medical Act that would govern the way we register EEA qualified doctors in the event of a no deal Brexit. The registration status of those already on the register will be unaffected. The GMC is also seeking legislative change to enable us to assess the equivalence of international medical qualifications in a more flexible and proportionate way.
- 14** The Forum were reminded of the GMC's commitment to supporting our partners and stakeholders to ensure workforce continuity whilst maintaining patient safety.
- 15** Members discussed the potential impact on NI domicile students who may wish to study medicine in the Republic of Ireland and vice versa. It was noted that the numbers are currently very small.
- 16** It was noted that there will be implications for the delivery of services provided on an 'all Ireland' basis such as paediatric cardiac surgery.

Chair's closing comments

- 17** The Chair highlighted key achievements over the last four years; changing the format of the UK Advisory Forums to increase interactivity and discussion, taking forward work to support vulnerable doctors in GMC processes, the review of GMC Consent Guidance taking place after 10 years and work that has commenced to expand the register and introduce Credentialing.
- 18** The Chair thanked attendees for their contribution both at the meeting and during his tenure as Chair over the past four years, noting that he was saddened to be leaving the post at the end of the year. He gave special thanks for the GMC Northern Ireland team and for their efforts in ensuring that we are a collaborative and professional organisation.

- 19** Members offered thanks to the Chair at the end of his tenure and wished him well for the future.
- 20** The next UKAF meeting will take place on 12 March 2019 with Dame Clare Marx as Chair.