

## Summary note of the meeting on 28 March 2018

### Attendees

Terence Stephenson, Chair  
Stephen Burnett, GMC - Council Member for Wales  
David Bailey, BMA Cymru Wales  
Shane Carmichael, GMC – Assistant Director Engagement and External Affairs  
Kate Chamberlain, Healthcare Inspectorate Wales  
Josie Cheetham, BMA Cymru Wales  
Peter Donnelly, Wales Deanery  
Chris Jones, Welsh Government  
Paul Jones, Swansea Medical School  
Philip Kloer, Hywel Dda UHB  
Katie Laugharne, GMC - Head of Wales Office  
Tom Lawson, Wales Deanery  
Charlie Massey, GMC - Chief Executive  
Paul Reynolds, GMC – Director of Strategic Communication and Engagement  
Stephen Riley, Cardiff University Medical School  
Richard Thompkins, NHS Wales Employers  
Esther Youd, Academy of Medical Royal Colleges Wales

### Others present

Suzanne Gannon- Lewis, GMC – Liaison Advisor  
Mark Swindells, GMC – Assistant Director to the Chair and Chief Executive  
Manel Tippett, GMC – Policy and External Affairs Manager

### Welcome and Chair's introduction

- 1 The Chair welcomed attendees to the meeting of the UK Advisory Forum in Wales reminding attendees that the GMC welcomes the opportunity to discuss our work in Wales and to highlight matters of particular importance or concern.

## **Actions from the previous UKAF meeting**

- 2** Forum members noted that the actions agreed at the meeting on 9 November 2017 had been addressed. These included:
  - a** Ongoing liaison with BMA Cymru Wales Junior Doctors Committee regarding a blog about the National Training Surveys.
  - b** UKAF members received early sight of the NTS narrative reports.
  - c** Ongoing work with the Welsh Junior Doctor's Committee and NHS Employers to draft a letter highlighting the importance of good rota design and effective rota monitoring as a process protecting the training environment and patient safety.
  - d** Members encouraged to respond to the UK Government's consultation on regulatory reform and physician associates.

## **Medical workforce, quality and safety**

### Relationship between the profession and the regulator

- 3** The Chair acknowledged the concern and anxiety which the recent case regarding Dr Bawa-Garba had provoked and that it has had a negative impact on the GMC's relationship with doctors. He provided a brief summary of the case and highlighted the information and resources available on this via the GMC's website.
- 4** The Chief Executive described the programme of work that the GMC is prioritising to help address issues raised by this case, including: a review of the application of the law on gross negligence manslaughter (GNM) in England and Wales and culpable homicide in Scotland; co-producing revised guidance on reflective practice; reviewing guidance and processes on raising and dealing with concerns; tackling the causes and impact of work on the mental health and wellbeing of doctors; and using our data to understand the reasons behind the disproportionate number of complaints about BME doctors.
- 5** The Chair reflected on lessons from the case, including: we should have clarified our position on reflective practice sooner; a review of the application of GNM to medical practice could have been initiated earlier; we should consider human factors training for our assessors and others including expert witnesses.
- 6** Forum members discussed a range of issues which had been highlighted by the case including the barriers to raising and acting on concerns. It was noted that a safe environment is important as some trainees worry about the impact on their careers if they raise concerns about bullying; and that leaders have an important role to play in developing this culture and facilitating open discussions about the quality and safety

of training within their organisations. It was also noted that our guidance could be more constructive and practical.

- 7** Members urged for a quick resolution to doctors' concerns around reflective practice, recognising the important role reflection plays in learning and quality improvement. It was noted that the GMC is currently reviewing our guidance on reflective practice and that we want to do this in partnership with doctors, appraisers, trainers, and Responsible Officers. There is a series of workshops planned across the UK including one on 2 May in Cardiff which all members are welcome to attend.
- 8** Regarding Gross Negligence Manslaughter and Culpable Homicide, BMA Cymru Wales advised that their concerns relate to the law itself as well as how mitigation / system pressure is considered, and who determines what constitutes professional practice. It was noted that the GMC review is focusing on the application of the law to medicine and that in the Bawa-Garba case the coroner was advised by medical professionals. Additionally the GMC is reviewing use and training of medical experts and assessors.
- 9** The Forum also noted that GMC's *Local First* initiative could further empower Responsible Officers to deal with concerns in a proportionate way, and that they might benefit from training relating to human factors as part of this process too.
- 10** Forum members discussed the over-representation of BME doctors in negligence cases and complaints. Our data shows that those doctors most likely to be complained about in general are SAS, male, or older, and all of these demographics have disproportionately higher numbers of BME doctors. It was however noted that this is a systemic issue across society, including for example the proportion of medical leaders that are white, older and male.
- 11** It was also noted that the GMC endeavours to support diverse and under-represented groups and chairs a BME Forum, additionally the Chair and Chief Executive will be speaking at the British Association of Physicians of Indian Origin (BAPIO) conferences in England (21 April) and Wales (28 April).
- 12** The Forum discussed issues around communication, recognising that the GMC had experienced some difficulty in clarifying misunderstandings relating to the case. Opportunities to cascade the facts contained on the GMC website were considered. Members also raised the importance of communicating using the right medium, suggesting more face-to-face interaction and using webinars to share information.

### Doctor mental health and wellbeing

- 13** The Chair informed members that the GMC had launched a review on the mental health and wellbeing of doctors led by Dame Denise Coia, Chair of Health Improvement Scotland, and Professor Michael West, Senior King's Fund Fellow. The GMC is currently exploring how to best focus our contribution and are keen to hear

about any related activities being undertaken in Wales to enable us consider opportunities for collaboration.

- 14 Forum members provided an overview of their own work in this area including the Deanery's work to develop flexible training and support portfolio career development, and the MedTrim course and toolkit they have developed; work with Debbie Cohen regarding a course on Emotional Intelligence and related work by the Academy of Medical Royal Colleges in Wales; and Swansea University's work on the stresses on medical students and trainee doctors and the impact on their mental health, and the extent to which these issues are divulged.
- 15 The Forum considered how this work aligns with the emerging health and social care strategy for the next five years which would be structured around the *Quadruple Aims* highlighted in the Health and Social Care Review. One of the aims is around the wellbeing of the workforce. It is likely that Health Education and Improvement Wales (HEIW) would lead on this work going forward in Wales, including consideration of whether we are effectively preparing our students and trainees to work in the current professional environment.

## Systems and collective assurance

### Patient safety starts with us: working together to achieve our vision

- 16 Forum members were introduced to a discussion around the new GMC strategic goals, exploring alignment with other stakeholders' ambitions and how to work together in areas of shared interest.
- 17 Each of the goals was explored in turn:
  - Supporting doctors in delivering good medical practice.
  - Strengthening collaboration with regulatory partners across the health services.
  - Strengthening our relationship with the public and the profession.
  - Meeting changing needs of the health services across the four countries of the UK.
- 18 A number of overlaps and opportunities were identified, including:
  - How we use common language to define professionalism and to support doctors and protect patients in a system under pressure.
  - How doctors work with other professions and how we facilitate this, including the role of standards, guidance, structured or semi-structured networks and opportunities for collaboration.

- Closer working between regulators and regulatory partners across health and social care, and the role HEIW could play in facilitating closer working.
- Opportunities to develop and support team-based reflection.
- Work on NHS Values and how this links to behaviours and professional standards – and empowering professionals to challenge unprofessional behaviours - as part of a values-based healthcare system which is able to determine more effectively what ‘good’ looks like on the basis of outcomes.
- Access to generic tools and resources focusing on the health and wellbeing of the workforce.
- Launch of the GMC’s new website on 9 April, and other online tools and resources that are more accessible and designed to better meet public needs.
- Shared interest in the quality of training and rich data available in this respect including through the GMC’s National Training Surveys and the Deanery’s Education Contract; scope for employers and Boards to have more involvement in this area.

## **Upstream regulation: preventing harm and supporting professionalism**

### Patients and doctors making decisions together

- 19 The Forum was provided with an overview of our work to update our guidance on Consent. It was noted that dialogue between doctor and patient and shared decision making are central, and that the revised guidance would be out for consultation soon. It was noted that these revisions are consistent with an increasing focus on doctors and patients making decisions together.
- 20 The Welsh Government recently updated their own consent guidance, reflecting changes accommodating the Montgomery verdict which shifts the focus from consent to one of patient need.
- 21 The Forum received an update on the Academy’s *Making Choices Together* initiative. The initiative follows the prudent healthcare principles of coproduction; encouraging dialogue between patient and doctor to improve outcomes. It was noted that there might be opportunities for closer working around this common theme in the future.

### **Chair’s closing comments**

- 22 The Chair summarised a number of key points and asked that Forum members share the GMC’s resources regarding the Bawa-Garba case, expressing gratitude for the positive and practical suggestions to address underlying issues.

- 23** Forum members noted that the GMC must rebuild its relationship with the profession to ensure that the good work of the GMC continues.
- 24** The importance of the GMC work on mental health and wellbeing of doctors, and opportunities for collaboration in this respect, was reiterated.
- 25** The Chair thanked attendees for their contribution to the meeting and stated that he looked forward to continuing to work with them in the interests of patient safety and high quality medical education and practice.
- 26** The next UKAF meeting will take place on 16 October 2018.