

UK Advisory Forums – Northern Ireland

Summary note of the meeting on 21 March 2018

Attendees

Professor Sir Terence Stephenson (Chair)
Shane Carmichael, GMC Assistant Director, Strategic Communications & Engagement
Dr Paul Darragh, British Medical Association
Joanne Donnelly, GMC Employment Liaison Adviser NI
Dr Gráinne Doran, RCGPNI
Lady Christine Eames, GMC Council Member
Prof Keith Gardiner, NIMDTA
Susan Goldsmith, GMC Chief Operating Officer
Maeve Hully, Patient and Client Council
Jane Kennedy, GMC NI Policy and External Affairs Manager (note-taker)
Dr Neil Kennedy, Queens University Belfast
Dr Margaret O'Brien, Health and Social Care Board
Paul Reynolds, GMC Director Strategic Communications and Engagement
Dr Mark Roberts, HSC Safety Forum
Louise Skelly, Patient and Client Council
Alan Walker, GMC Head of NI Office

Others

Dr Lorraine Bouzan, ADEPT Clinical Fellow
Dr Emma Cunningham, ADEPT Clinical Fellow
Dr Aidan O'Neil, ADEPT Clinical Fellow
Claire Andrews, GMC NI Liaison Adviser

Welcome and Chair's introduction

- 1 The Chair apologised that our Chief Executive was unable to attend the meeting due to illness. He welcomed attendees to the UK Advisory Forum in Northern Ireland, extending a particular welcome to Dr Mark Roberts, HSC Safety Forum, Dr Neil

Kennedy, Queens University Belfast, and Louise Skelly, Patient and Client Council attending their first UKAF meeting. The Chair also welcomed the ADEPT Clinical Fellows who were observing. He outlined the purpose of these meetings as being to ensure that attendees have an opportunity to discuss the work of the GMC in Northern Ireland and to highlight matters of particular importance or concern to them.

Actions from the previous UKAF meeting

- 2 Forum members noted the actions agreed at the meeting on 26 October 2017 as outlined below.

Sharing GMC data with partner organisations

- 3 The Forum discussed the GMC's data explorer and how it can support the development of collective assurance across Health and Social Care in Northern Ireland. Over the past six months the GMC has worked with stakeholders to ensure they have access to and understanding of our data and that it is being used effectively. The GMC is currently working with Professor Gardiner on data that we hold that may be of assistance to the Review of Medical School places that he is undertaking on behalf of the Department of Health (NI).

Cross Border Working in the island of Ireland

- 4 Forum members noted the importance of mutual recognition of qualifications and the commitment of *Health and Wellbeing 2026* to increase provision of cross border service delivery. The absence of clarity in respect of EU withdrawal arrangements remains but the GMC are continuing to engage in work with stakeholders. The December agreement between the UK and EU Governments means that the potential remains for separate arrangements for Northern Ireland's future relationship with the Republic of Ireland and wider EU.

Northern Ireland National Quality Assurance Review of Education and Training

- 5 Following the publication of the Review last year, the GMC continue to engage with education organisations and HSC Trusts on taking forward the action plan.

Supporting doctors in maintaining good practice

Understanding Patient complaints

- 6** Forum members were provided with an overview of findings from the sixth PCC Annual Complaints report and the Northern Ireland Public Service Ombudsman's report of January 2018.
- 7** During discussion Forum members noted:
 - a** That 14% of complaints were due to poor communication and attitude and that effective generic professional competences are crucial in meeting the needs of patients.
 - b** The need for better support for doctors who are more likely to receive a complaint against them, including GPs and those working in mental health settings.
 - c** The importance of health literacy development including 'teach-back' methodology to ensure patients understand the information given to them about their treatment and care.
 - d** The ongoing engagement the GMC is having with doctors in Northern Ireland from F2 level to consultants through its Liaison Adviser's programme of work.
 - e** The value of 'real time' feedback from patients and how this is collated and shared with doctors as this is taken forward under the Northern Ireland Executive's *Delivering Together* agenda.

Report of the Inquiry into Hyponatraemia-related Deaths (IHRD)

- 8** The Chair advised Forum members that he had been a member of the National Patient Safety Agency for England's Paediatric Intravenous Fluids working group following the emergence of these cases in the last decade. Forum members were provided with an overview of the findings of the IHRD, recommendations from the Inquiry report and work the GMC has undertaken in response. Notable recommendations include those for an individual statutory duty of candour and that Foundation doctors should not work on paediatric wards. Forum members noted that:
 - a** The publication of the report was a difficult day for health and social care in Northern Ireland and that the findings were welcomed by the families of the children who died.
 - b** Removal of Foundation doctors from paediatric wards could adversely affect recruitment into this speciality and have implications for GP training. Foundation training now is very different than when these deaths occurred. It is, however, vitally important that all Foundation doctors have adequate supervision and clinical leadership.

- c** There are lessons for all doctors in the findings of this report in relation to the experience of the families of the children who died.
- d** Achieving minimum standards of training is not good enough and, where this is the case, it must be addressed immediately.
- e** There is ongoing consideration of the implications of a duty of candour with potential criminal sanctions and there are some concerns that this may not deliver the desired impact of increased openness, transparency and candour.

Relationship between the profession and the regulator

- 9** The Forum was provided with a summary of the Dr Bawa-Garba case, including a chronology of events and a description of the GMC's involvement. The relevance of system pressures was acknowledged and some misunderstandings about the case and its impact on the GMC's relationship with doctors were outlined.
- 10** The Chair outlined a range of actions that the GMC is undertaking which may help to address issues raised by this case, including a review of the way gross negligence manslaughter (GNM), and culpable homicide in Scotland, is applied to medical practice, new guidance on reflection, and the GMC's programme to tackle the causes and impact of working conditions on the mental health and wellbeing of doctors. He also drew the Forum's attention to the Department of Health and Social Care for England's review of GNM.
- 11** The Forum discussed a range of issues relating to the Dr Bawa-Garba case including the response by many doctors, the need to maintain reflective practice, the impact of system pressures and the GMC's ambition for more preventative 'upstream' regulation.
- 12** Further issues were covered including:
 - a** The over-representation of BME doctors in GMC Fitness to Practise processes.
 - b** The effectiveness and usability of systems for raising concerns within the health service and receiving feedback on concerns raised.
 - c** Challenges in dispelling the incorrect information regarding this case.
 - d** Practical difficulties experienced by doctors in applying the GMC's guidance.
- 13** The Forum noted that Courts have the power to require disclosure of information, including on reflective practice, but that the GMC does not ask for this information in

its investigations. The Chair said that the GMC believed the law should be changed to ensure that reflective notes are legally protected.

- 14 Forum members welcomed the support provided by the GMC NI Team and suggested that a series of engagement events - led by the GMC NI Office - in all HSC Trusts and with GPs, would enable the GMC to highlight the action it has taken and would be beneficial in dispelling any myths in relation to the issues arising from this case and the implications for medical practice. A number of Forum members said they would be willing to discuss opportunities for taking these engagement opportunities forward.

Systems and Collective Assurance

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

- 15 The GMC's new corporate strategy was presented to Forum members, outlining our wish to work together with stakeholders. There are four aims to the strategy:
 - 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.
- 16 The Postgraduate Dean responded to the presentation, welcoming local guidance workshops which are beneficial in supporting doctors to do the right thing and allow an opportunity to consider the 'grey areas' of practice and explore how these can be managed.
- 17 The Forum members also discussed:
 - a The importance of four country regulation and the fact that it had been included in the strategy.
 - b They welcomed GMC visibility and how the presence of a local office provides immediate responses to any queries and helps maximise the GMC's impact in Northern Ireland.
 - c Supporting the approach of upstream regulation and opportunities for joint working with the HSC on health literacy.
 - d The need for ongoing collaboration in respect of the 2017 National Educational Quality Assurance Review in NI and the ambition of the Medical Licensing

Assessment (MLA) to increase public confidence in the standards of medical education. There are opportunities to develop the GMC's approach to reviews in the future, in partnership with local education and training organisations.

- e The need for further clarity on standards for Recognition of Trainers in the undergraduate training environment.

Upstream regulation: preventing harm and supporting professionalism

Patients and doctors making decisions together

- 18 The Forum members were provided with a synopsis of the review of the GMC's Consent Guidance. It was noted that since this guidance was last published in 2008, there have been shifts in the legal, policy and workplace environments including the expected introduction of the Mental Capacity Act in Northern Ireland.
- 19 The intention of this review is to ensure it remains clear, relevant, accurate and helpful to doctors in practice. A 12 week consultation period will take place later this year and be accompanied by a programme of engagement.

AOB

- 20 The Chair summarised key points from the meeting. He encouraged Forum members to carry the GMC's message regarding the Dr Bawa-Garba case to their stakeholder groups and thanked them for their positive and practical suggestions for addressing the underlying issues.
- 21 The Chair welcomed the discussion on the need for the GMC to be a four-country regulator. He reiterated the need for GMC guidance to be used practically and advised that he looked forward to a well-timed and implemented consultation on the GMC's new guidance on Consent.
- 22 The Chair thanked Forum members for their attendance and participation, stating that he looked forward to continuing to work with them in the interests of patient safety and high quality medical education and practice.