

Summary note of the meeting on 31 October 2017

Attendees

Terence Stephenson (Chair)
Charlie Massey, GMC Chief Executive
Peter Bennie, British Medical Association
Jason Birch, Scottish Government
Paul Buckley, GMC, Director, Strategy & Communications
Shane Carmichael, GMC, Assistant Director, Strategy & Communications
Victoria Carson, GMC Head of Scotland Office
Adam Collins, Scottish Academy Trainee Doctors Group
John Colvin, Scottish Government
Nicola Cotter, GMC Scottish Liaison Adviser
Cat Harley, GMC Scottish Clinical Leader Fellow 2017-18
Stewart Irvine, NHS Education for Scotland
Paul Knight, GMC Council Member
Colin Melville, GMC, Director, Education & Standards
Donna O'Boyle, Scottish Government
Rami Okasha, Care Inspectorate
Terry O'Kelly, Scottish Government
Barry Parker, Medical and Dental Defence Union of Scotland
Rona Patey, Board for Academic Medicine
Willie Paxton, GMC Employer Liaison Adviser
Brian Robson, Healthcare Improvement Scotland
Randa F M Saeed, Doctor
Laeth Al-Sadi, Doctor
Alison Smith, Scottish Independent Hospitals Association
Ian Somerville, GMC Scottish Affairs Officer
Elaine Tait, Scottish Academy of Medical Royal Colleges
Steven Wilson, Healthcare Improvement Scotland

Welcome and Chair's introduction

- 1 The Chair welcomed attendees to the October 2017 meeting of the UK Advisory Forum in Scotland, extending a particular welcome to Alison Smith to her first meeting. He outlined the purpose of these meetings and the opportunity it provides to the GMC to listen to attendees. He said that the GMC had revised the format of these meetings following feedback from attendees in Scotland, Wales and Northern Ireland. As such the meeting would focus on three themes: systems and collective assurance; medical workforce quality and safety; and upstream regulation.

Systems and collective assurance

- 2 The GMC's Chief Executive outlined the organisation's important role in supporting health systems across the UK, including its use of data as a lens. He noted that a common theme for the GMC and other organisations across the UK is that they can be data rich but insight poor, and asked how we can develop insight across the piece.

GMC Data and its contributions

- 3 The GMC's Director for Strategy and Communications gave a presentation on the GMC's data contributions, including the launch of *GMC Data Explorer*, and GMC dashboards for Designated Bodies. He outlined five key points:
 - a The GMC understands that doctors are a valuable and sometimes scarce resource, and it is aware of how shortages in specialties can play out locally. It is important to understand that background and the complexity of it in undertaking its own work and in supporting partners.
 - b No data tells a complete picture, so join-up with other organisations is important. Collaboration with partners on the *UK Medical Education Database (UKMED)* provides a good example.
 - c There is scope for continuous improvement at a national and local level, and there is a key opportunity to promote the identification of risk and good practice using data.
 - d There are increasing demands for data. The GMC will continue try to address these needs by providing data in a comprehensible and accessible way.
 - e There is a challenge that data can be misinterpreted, and thought needs to be given to mitigation against data being wilfully used to mislead.
- 4 The Forum discussed the presentation and offered positive feedback on the GMC's contributions. Discussion included the consistency in the online presentation for National Training Survey (NTS) data compared with GMC Data Explorer, and whether NHS Education for Scotland (NES) would think about presenting NTS and Scottish Trainee Survey data in a unified portal. A general theme was the desire for the GMC

to provide more country specific/contextualised data which the GMC stated it was committed to doing as part of its wider data strategy.

Sharing Intelligence for Health & Care Group Annual Report 2016/17

- 5** Brian Robson and Steven Wilson of Healthcare Improvement Scotland (HIS) gave a presentation on the triangulation of data amongst partners in Scotland through the Sharing Intelligence for Health & Care Group. The approach includes increased collaboration for a holistic picture of care, whilst ensuring each agency has information governance structures to address any issues arising. The individual agencies have valued the importance in coming together and ensuring that data is “the voice of the system.” They outlined four key messages in considering intelligence:
 - a** There are huge demands for the service.
 - b** The pace and scale of change in the system is unprecedented, particularly given Scotland is at the early stages of health and social care integration.
 - c** The workforce challenges in Scotland are real, and prevalent in every area. A particular challenge is the use of locums and what this means for the quality of care.
 - d** Financial pressures are real, and tensions that are playing out are coming across clearly.
- 6** It was reiterated that the group wants to make use of more data, and engage with professional regulatory insights, including those the GMC are able to contribute. HIS welcomed the opportunity for future engagement with the GMC.
- 7** The Forum discussed: how partners can bring qualitative perspectives to these types of conversations; how healthcare professional regulators can continue to feed into this group and vice-versa; and the role of data from the independent sector.

Medical workforce, quality and safety

International recruitment, facilitating a more numerous and flexible workforce

- 8** The GMC’s Chief Executive outlined some thoughts around international recruitment. Whilst the GMC does not have responsibilities for workforce planning, it does recognise its contribution to this work through the contribution of its data, its responsibility for all stages of education and training, its wider regulatory levers, and by understanding and impacting on workforce challenges across the UK.
- 9** He said that one of the big workforce questions is around the reliance on doctors from the European Economic Area and further afield, particularly in some distinct

(including remote) areas. He highlighted some thoughts on a number of areas of particular importance as the UK's EU Exit process progresses:

- a** The possible route of doctors coming onto the register through the Medical Licensing Assessment (MLA).
- b** Possible legislative change to the Recognition of Professional Qualifications Directive (RPQ), particularly around equivalence, mobility and patient safety.
- c** The current requirements for international doctors seeking to gain specialist registration through the Certificate for Entry onto the Specialist Register (CESR) or Certificate for Entry onto the GP Register (CEGPR).
- d** The UK-wide desire of Government's and employers to recruit more international medical graduates.

10 Jason Birch, Scottish Government, highlighted that the Cabinet Secretary for Health and Sport, Shona Robison MSP, had written to UK Minister of State for the Department of Health Philip Dunne MP about RPQ. The Scottish Government are aware of the political nuances of these situations, and are keen to keep conversations open. The GMC recognised the importance of the Scottish Government in advocating for regulatory reform, and outlined that if there is an aligned view on CESR/CEGPR then there is scope to work together.

11 The Forum also discussed:

- a** The question of doctors leaving the register for a variety of reasons versus struggles to attract international doctors to the UK for reasons which may be beyond anyone's control (e.g. the value of the pound).
- b** The balance between seeking tighter controls of doctors coming from Europe, and unintended consequences, e.g. workforce supply.
- c** The issue of equivalency in terms of international qualifications, and relatedly the aim of ensuring that routes onto the specialist and GP registers do not create a perception of two tiers of consultant.
- d** The challenge of securing parliamentary time in considering regulatory reform, particularly pertaining to CESR/CEGPR.

12 The GMC's Director for Education and Standards then updated the Forum on GMC education reform work, setting out that:

- a** The results of the MLA consultation are now on the GMC website, and they indicated general support for the principles. The GMC will now produce a paper to be considered by Council. Stakeholders have also offered constructive feedback on

proposals for the common knowledge test and the clinical and skills assessment. Work is ongoing to test revised proposals with stakeholders.

- b** The GMC is currently consulting on new *Outcomes for Graduates*. There is a question of what outcomes graduates need to achieve to get onto the register. Attendees were encouraged to respond to the consultation.

13 The Forum discussed: the length of the draft outcomes; clarity on the rationale for a MLA, and; the possible approaches to integrating the MLA into undergraduate finals. The GMC reiterated that it wants to listen to and take account of the views of partners.

14 Colin Melville then updated the Forum on Postgraduate education reform. He said that:

- a** At the end of March the GMC published a report titled *Adapting for the Future* which helped to identify issues in training, for example with regard to CESR/CEGPR and flexibility of training pathways.
- b** In May the GMC published *Excellence by Design*, primarily aimed at Royal Colleges and Faculties, on the standards expected in their curricula. The GMC is working to ensure curricula are developed to support patients and the public. There is an opportunity to rethink the GMC approach to curricula approval, e.g. being more collaborative. Going forward college curricula will incorporate common generic professional capabilities (GPCs). The approvals process for curricula will be introduced in 2020.
- c** The GMC would be publishing a statement later in the week on Less than Full Time Training (this has now been published).
- d** The GMC is working with the Shape of Training Implementation Group and Oversight Group to consider credentials, looking at workforce needs across the UK. The GMC wants to work with the Royal Colleges and Faculties on this. It was noted that the Royal College of Surgeons (England) is piloting a credential around patient safety and cosmetic practice.

15 The Forum discussed this update, including Scotland's work on Broad Based Training. Adam Collins, representing the Scottish Academy Trainee Doctors Group, noted specifically that Academy Trainees are reassured by the way credentialing has evolved, and the feeling among this cohort is that as long as the Certificate of Completion of Training (CCT) is protected and held sacrosanct then they will support credentialing as it will help recognise where doctors have expertise in specialist and subspecialist practice, as well as helping patient safety. This was discussed by the Forum, recognising that this was a subject of ongoing interest to members among whom a range of views exist and that open lines of communication will be important as this work moves forward.

International medical Training Fellowship – an example Collaboration between Scottish Academy/ GMC/ Scottish Government Workforce

- 16** Dr Cat Harley, Scottish Clinical Leader Fellow 2017-18 for the GMC and the Scottish Government, gave a presentation on the International Medical Training Fellowship. The Scheme was developed in 2015 by the Scottish Government in partnership with NES, and aims to: increase international development; provide high quality posts and experience; reduce locum spend by addressing long-term rota gaps; and provide consistency in standards of support offered to all international doctors coming to work in Scotland. She updated that: it is an umbrella scheme comprising a number of Scottish initiatives supported by the Scottish Academy of Medical Royal Colleges, the GMC and NES; outlined the Cabinet Secretary for Health and Sport's support; and gave an overview of the pathway to the fellowships.
- 17** The Forum discussed the presentation, including the number of proposals put forward by NHS boards this year and Home Office caps on Tier 5 visas.

Upstream regulation: preventing harm and supporting professionalism

GMC Strategy 2018-2021 overview

- 18** The GMC's Assistant Director for Strategy & Communications updated the Forum on the organisation's forthcoming corporate strategy. He outlined that through the strategy the GMC is trying to see how it can best focus its resources, allocating them in an appropriate, evidence based fashion. He said that whilst regulation has been dominated by conversations around fitness to practise, the GMC is keen to move "upstream", intervening early to recognise where there might be harm, and supporting good medical practice and not just responding to poor practice and associated patient safety issues. He also talked about the strategic aims of the proposed strategy:
- a** Supporting doctors in maintaining good practice.
 - b** Strengthening collaboration with our regulatory partners across health services.
 - c** Strengthening our relationship with the public and the profession.
 - a** Meeting the changing needs of the health services across the four countries of the UK.

He placed particular emphasis on the final strategic aim, and ensuring the GMC is relevant in a Scottish context.

Presentation – promoting GMC Standards, supporting the frontline including a presentation from Refugee Doctors in Scotland.

- 19** The GMC's Scottish Liaison Adviser updated the Forum on the Scotland team's support of doctors to achieve good medical practice through its 'Promoting Professionalism' programme. She also gave an overview of the GMC's Welcome to UK Practice (WTUKP) programme, supporting registrants new to working in the UK. Adapting this programme, the GMC recently teamed up with the Bridges Programme which supports the social, educational and economic integration of refugees, asylum seekers, migrants, and anyone for whom English is a second language, living in Glasgow.
- 20** The Forum heard from two aspiring registrants who gave their experiences of the Bridges Programme and WTUKP, and outlined some of the challenges in achieving the requirements of the International English Language Testing System. Arriving from Sudan in 2008 with an ambition to complete her training, Randa F M Saeed outlined the support both programmes had offered her to overcome challenges to achieving registration. Laeth Al-Sadi spoke about the support the Bridges Programme had offered him around English language requirements, and how the WTUKP programme had helped him in understanding ethical issues, and dealing with patients and the GMC.

Discussion

- 21** The Forum discussed the final agenda item as a whole.

GMC Corporate Strategy

- 22** Attendees gave positive feedback on the proposed corporate strategy, with support for the GMC's stated aim to move "upstream".
- 23** The Forum heard that HIS is exploring with the Scottish Government a quality management approach across health and social care. Feedback was also given about the importance of monitoring in addressing issues upstream, particularly in enabling an appropriate approach to each of the 4 nations of the UK.

Promoting GMC Standards, supporting the frontline

- 24** Attendees praised the GMC's Promoting Professionalism programme, and the testimony of Randa F M Saeed and Laeth Al-Sadi.

Role of the Independent Sector

- 25** Alison Smith, Scottish Independent Hospitals Association, thanked the Chair for her invitation to join the Forum, and outlined some of the work the independent sector has been doing in Scotland to allay concerns about the way they handle clinical governance, including: dialogue with the GMC's Employer Liaison Advisor for

Scotland; reporting concerns about doctors to the GMC; work to support doctors to present volume and scope of practice for appraisal; and supporting the Scottish Government's forthcoming organisational duty of candour.

- 26** She also outlined that the independent sector has identified that they can improve on effective information sharing, but that contact with the Employer Liaison Service was a reassurance both for them and also for the GMC.

AOB

- 27** John Colvin, Scottish Government, thanked the GMC for hosting a Scottish Clinical Leadership Fellow, saying he valued the GMC's contribution and investment in clinical leadership in Scotland.