

## **Summary note of the meeting on 3 March 2016**

### **Attendees**

Terence Stephenson, Chair  
Stephen Bergin, Public Health Agency  
Paul Buckley, GMC Director, Strategy & Communication  
Niall Dickson, GMC Chief Executive  
Paul Darragh, British Medical Association Northern Ireland  
Joanne Donnelly, GMC Employer Liaison Adviser  
Christine Eames, GMC Council member  
Stuart Elborn, Queen's University Belfast  
Keith Gardiner, NI Medical and Dental Training Agency  
Glenn Houston, Regulation and Quality Improvement Authority  
Gavin Lavery, HSC Safety Forum  
Gareth Lewis, GMC/RQIA Clinical Fellow  
Charlie Martyn, South Eastern HSC Trust  
Heather Moorhead, NI Confederation of Health and Social Care  
John O'Kelly, Royal College of General Practitioners Northern Ireland  
Alan Walker, GMC Head of Northern Ireland Affairs

### **Others present**

Shane Carmichael, GMC Assistant Director, Strategy & Communication  
Rachael Hutton, NI Medical and Dental Training Agency ADEPT Clinical Leadership Fellow  
Lauren Megahey, NI Medical and Dental Training Agency ADEPT Clinical Leadership Fellow  
Ashley McKeever, GMC Liaison Adviser  
James Reid, NI Medical and Dental Training Agency ADEPT Clinical Leadership Fellow  
Natalie Thompson, NI Medical and Dental Training Agency ADEPT Clinical Leadership Fellow

## Welcome

- 1 The Chair welcomed attendees to the UK Advisory Forum in Northern Ireland.
- 2 The Chair gave a warm welcome to Professor Stuart Elborn, Queen's University Belfast, who was attending for the first time. He also welcomed the ADEPT clinical leadership fellows who were observing the meeting as part of their wider insight of Northern Ireland's Medical and Dental Training Agency's ADEPT programme.

## Chair's introduction

- 3 The Chair thanked Forum members for their ongoing support and reiterated that the GMC welcomed the strong engagement with our key stakeholders in Northern Ireland, Scotland and Wales.

## Updates on local priorities/areas of interest or concern from Forum members

- 4 Forum attendees were invited to provide updates on their priorities. During discussion, the Forum noted:
  - a The importance of ensuring that the undergraduate medical curriculum is adaptive to future medical needs and of increasing the proportion of undergraduate training time and funding spent in primary care, as more care would be delivered in the community setting in the future.
  - b Issues around training, both for doctors in training and those not in training. There is a challenge between connecting research and practice. This issue is emphasised by the fact that there is only one medical school in Northern Ireland. Other training issues related to increased pressure on service delivery and constricted finances, and the longer term impact on the quality of training if education budgets are diminished and pressure on service delivery increases.
  - c Issues around recruitment and retention of doctors, both in primary and secondary care. The Forum noted workforce planning issues, especially for GPs working in rural areas, and helping the public understand how changes will impact them. The Forum also noted the importance of GMC being seen as a supportive organisation, and noted work to date around vulnerable doctors and the appointment of Professor Louis Appleby who would provide independent advice on how the GMC could support vulnerable doctors.
  - d Concerns about courts demanding information on doctors in training e-portfolios relating to Serious Adverse Incidents (SAI's). There was concern that doctors' reflections could be inhibited if they thought action might be taken against them. Consequently, this could have an impact on revalidation and appraisal cycle. There was a discussion around the GMC's new education standards and the importance of changing from a blame culture to one of reflection.

- e** The current review led by Professor Rafael Bengoa to review health and social care reform in Northern Ireland. The Forum noted that this could have long term impacts on organisations such as Health and Social Care Board and Public Health Agency.
- f** RQIA's current reviews programme, which included the acute hospital inspection programme, and review of whistleblowing.
- g** The elections in Northern Ireland, Scotland, and Wales in 2016, and the EU Referendum and the impact this may have.
- h** The importance of improving communication between medical teams, given that patients are now cared for by multiple teams. The Forum noted that communication is essential to ensure there is both face to face communication, alongside utilising technology and notes. The Forum also noted the importance of clinical voices in engagement with management of healthcare organisations.
- i** The importance of the GMC becoming a more outward facing organisation. The Forum noted the progress to date including improvements to our website and engagement with front line doctors. This engagement helps the GMC demonstrate that regulation can be positive to drive high standards and support doctors in difficult areas.

## **GMC update**

- 5** The Forum received updates on key areas of our work including protecting and enhancing the quality of UK medical education, legislative reform and the future of regulation, the Medical Licensing Assessment, Revalidation, and modernising our investigation and adjudication functions.

### *Protecting and enhancing the quality of UK medical education*

- 6** The Forum noted:
  - a** That on 1 January 2016, we introduced new mandatory requirements for organisations providing medical education and training, both for medical students and doctors in training.
  - b** That there were significant pressures for organisations to deliver more within constrained budgets and the GMC has a role to play to influence through our education standards.

### *Legislative reform and the future of regulation*

- 7** The Forum noted that the UK Government announced that it would not be taking forward the Law Commissions' Bill as originally envisaged, and was proposing to introduce a new Bill.

- 8** During the discussion, the Forum noted:
- a** That the GMC appreciated the support from government administrations in Northern Ireland, Scotland and Wales.
  - b** That the ministers would like a shorter Bill that would provide greater autonomy to regulators, and to see some rationalisation of the sector including mergers between some of the professional regulators.
  - c** That the UK Government was not committed to a firm timetable, and it was likely that a new Bill could be introduced in 2019.
  - d** That we would work with Department of Health, Social Services and Public Safety, Ministers, and our key interests to help shape the proposals for reform, and ensure a four country approach to the process.

#### *Medical Licensing Assessment (MLA)*

- 9** The Forum noted that the GMC is working with partners to develop a unified assessment for every doctor seeking to practise in the UK.
- 10** During the discussion, the Forum noted:
- a** That the GMC had begun an engagement process to visit every medical school across the UK by June 2016. The Forum noted that a provisional date had been made to visit Queen's University Belfast.
  - b** That the GMC would work with medical schools and the Medical Schools Council to co-produce the assessment.
  - c** That alongside this we are reviewing the PLAB examination, as we are interested to see how far it might be possible to integrate elements of MLA within university finals.
  - d** That the GMC would like to create an assessment that is internationally attractive and highlights medical education across the UK.

#### *Revalidation*

- 11** The Forum noted that the first cycle of revalidation had finished, and that this now provided an opportunity for reflection.
- 12** During the discussion the Forum noted:
- a** Feedback from Northern Ireland had been positive. Feedback from across the UK was positive, with one third of doctors noting that revalidation had allowed them to reflect on their practice.

- b** That the interim report of our commissioned evaluation of revalidation would be published later this year.
- c** That the GMC would be undertaking further consideration of revalidation, data and feedback from across the UK, alongside the UMBRELLA evaluation work that is being undertaken, which would be published in spring 2016.

### *Fitness to practise*

**13** The Forum received an update on our fitness to practise work.

**14** During the discussion the Forum noted:

- a** That the GMC would host a roundtable with partners on taking forward recommendations from Sir Anthony Hooper's review on whistleblowing.
- b** That the GMC had recently implemented changes to modernise our investigations and adjudication processes. This includes changes to our legislation to establish the Medical Practitioners Tribunal Service (MPTS) in statute; give the GMC a new right of appeal; and strengthen MPTS case management with cost powers if either party does not comply with an MPTS rule.
- c** That the GMC had appointed Professor Louis Appleby to help the GMC review its fitness to practise investigations.

### **Northern Ireland Medical and Dental Training Agency – Valuing trainees in Northern Ireland**

**15** Professor Keith Gardiner, NIMDTA provided the Advisory Forum with an overview of work the postgraduate deanery had undertaken on valuing trainees in Northern Ireland. Professor Gardiner highlighted:

- a** An increase in vacancies in speciality training, which was expected to be higher in 2016. This could have long term implications, including fewer opportunities for doctors in training posts to have study leave in order to fulfil service needs, numbers receiving their Certificates of Completion of Training (CCT), and relying on locums and consequently increased costs and increased training.
- b** The cause of vacancies included: not recruiting enough doctors; doctors choosing to locum following foundation training; doctors taking a gap in training; doctors declining offers; doctors moving overseas, and doctors choosing to work fewer hours or taking career breaks.
- c** When doctors leave training to locum, they will be less supervised, less supported, and at increased risk of fitness to practise issues. In addition, by taking on a locum post, it may affect their eligibility to undertake training posts in that area at a later date. There is also the risk that increased support needed from consultants

to locums could also have an impact. It can mean that time and support for doctors in training is reduced to provide supervision to less experienced locums.

- d** The Forum was informed that work would be undertaken to attract more doctors in training. This would include: better preparation in medical schools going into foundation training, ensuring teaching is provided and doctors are being listened to. It was highlighted that NIMDTA had developed a strategy called VALUED. This stands for Voice listened to; Applaud & acclaim success; Life-work balance & support; Up to date high quality training; Enhanced opportunities and Distinctive from locums. The Forum noted strands of work around each of these areas to make doctors in training feel valued.

**16** During the discussion the Forum noted:

- a** That the GMC could be more involved in the issues around locum doctors. It was noted that the GMC could work with organisations such as NIMDTA on how the new Education Standards can be used helpfully. It was also noted that there is scope in NI to form a coalition to take this forward and engage with various organisations and seek to use influence available to highlight the personal and professional benefits of involvement in a training programme.
- b** That further work needs to be done to ensure that doctors in training are provided with opportunities and receive adequate training. It was noted there is pressure in HSC Trusts and they use locums, which impacts on costs and training. The Forum noted the need to consider further how training needs of locums can be met without negatively affecting training of doctors in training.
- c** The current review led by Professor Rafael Bengoa to review health and social care reform in Northern Ireland, which may be helpful and have relevant findings.

### **The *State of Medical Education and Practice in the UK: 2015***

**17** The Forum received an update on the key headlines from the 5<sup>th</sup> annual *State of Medical Education and Practice* report.

**18** During the discussion the Forum noted:

- a** The recent OECD Reviews of Health Care Quality: United Kingdom, which noted the importance of UK wide organisations to provide regional level data, and that the GMC's ambition was to have more of this in the future.
- b** That there is a cohort of doctors whose practice is not understood. The Forum was updated on work the GMC is undertaking to review the medical register and make it more relevant. This will involve gathering more information about doctors and the scope of their practice to display on the register. The Forum was encouraged to respond to a consultation, which would be launched in Q2, and focus on updating the register.

- c Work the GMC was doing to support doctors. This included the work of the Liaison Adviser to hear what doctors said and producing online tools that will make GMC guidance helpful.
- d That the GMC receives more complaints than it investigates. Part of the reason is misunderstanding of the GMC's powers by patients and the public. The GMC had further work to do on communicating around this issue.
- e That the GMC is sharing intelligence with the wider system, and part of its strategy is to increase this.
- f That further work may be needed to identify patterns with locum doctors regarding fitness to practise. However, revalidation may be helping with this as concerns must be raised with a Responsible Officer, and so they may be able to identify patterns across HSC Trusts. Similarly, locums may be able to spot issues across trusts but cannot raise these appropriately.

### **GMC Devolved Office Review 2015**

- 19** The Forum received an update on the Devolved Office (DO) review. The Forum was thanked for its participation in the review.
- 20** During the discussion the Forum noted:
- a That the review reflected positive engagement with key interest groups in the Northern Ireland, Scotland and Wales. The Forum noted the recent OECD Reviews of Health Care Quality: UK 2016, which noted, "*the General Medical Council has offices in Northern Ireland, Scotland and Wales which provides for greater capacity to respond to devolution and works to ensure regulation remains appropriate, in light of the different evolution of health policies and structures across the countries.*"
  - b That the GMC would take forward implementation of the review which included improved governance and visibility of DO issues at Council and Executive level to ensure GMC strategy reflects four country regulation; DO involvement in GMC Data Strategy to support four country data provision; continued use of UK Advisory Forums to inform GMC policy; and Council to consider what it means for the GMC to be relevant in each country.
  - c There are opportunities for the GMC to learn from work in Scotland, Northern Ireland, and Wales to ensure it is also relevant in England.

### **Chair's closing comments**

- 21** The Chair thanked Advisory Forum attendees for their contribution to the meeting.