

Summary note of the meeting on 14 March 2016

Attendees

Jim McKillop, GMC Council member, Chair
Shaben Begum, Scottish Independent Advocacy Alliance
Peter Bennie, British Medical Association Scotland
Jason Birch, Scottish Government Health & Social Care Directorates
Catherine Calderwood, Scottish Government Health & Social Care Directorates
Shane Carmichael, GMC Assistant Director, Strategy & Communication
Victoria Carson, GMC Head of Scottish Affairs
Ian Finlay, Scottish Government Health & Social Care Directorates
David Galloway, The Academy of Medical Royal Colleges and Faculties in Scotland
Tracey Gillies, Scottish Association of Medical Directors
Susan Goldsmith, GMC Chief Operating Officer
Nigel Henderson, Health and Social Care Alliance Scotland
Judith Hulf, GMC Senior Medical Adviser and Responsible Officer
Alan Jardine, The Board for Academic Medicine for Scotland
Dave McLeod, Scottish Government Health & Social Care Directorates
Gordon McDavid, Medical Protection Society
Barry Parker, Medical and Dental Defence Union of Scotland
Robbie Pearson, Healthcare Improvement Scotland
Karen Reid, Care Inspectorate
Jill Vickerman, British Medical Association Scotland

Others present

Nicola Cotter, GMC Scottish Liaison Adviser
Rabia Ellahi, Medical and Dental Defence Union of Scotland (observer)
Christine Gregson, Scottish Government Health & Social Care Directorates Clinical Fellow
Willie Paxton, GMC Employer Liaison Adviser
Dan Wynn, GMC Scottish Affairs Officer

Welcome

- 1 The Chair welcomed attendees to the March 2016 meeting of the UK Advisory Forum in Scotland.

Chair's introduction

- 2 The Chair thanked Forum members for their ongoing support and emphasised that the key element and purpose of the meeting was for the GMC to hear from those with an interest in our work in Scotland.
- 3 The Chair reminded the Forum of the GMC's commitment to working in Scotland, as a four country regulator, and emphasised the importance of the Forum's input to GMC policy making.
- 4 The Chair highlighted key areas of the GMC's work, including an update on legislative change (particularly regarding education and fitness to practise), co-production of the Medical Licensing Assessment (MLA) with key partners, reviewing revalidation and the GMC's internal 'Change Programme'.
- 5 The Chair announced plans to appointment new Council members in Wales and Scotland and encouraged attendees to put themselves forward or encourage people they know to do so.

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

- 6 Forum attendees were invited to provide updates on their priorities. During discussion, the Forum noted:
 - a That the Scottish Government planned to increase the number of undergraduate places by 50 from August 2016; introduce a graduate entry programme; and introduce a programme of engagement with primary and secondary school pupils to encourage them into medicine. The Government would provide a more formal update at a future UKAF meeting.
 - b That the Scottish Government was taking views on how these policies could be used to encourage more doctors into primary care and whether the graduate entry programme might include some level of commitment on the part of graduates to work in NHS Scotland.
 - c That, following the dropping of the Law Commissions Bill to reform health professional regulation, the Scottish Government was trying to understand the priorities of the regulators for legislative change, which for the GMC, might be achieved via a Section 60 Order. The GMC reiterated its commitment to engage with all parties, including devolved administrations. The Chair emphasised that the GMC is ambitious. As such it continues to seek non legislative options to allow the GMC to respond to healthcare systems more flexibly but ultimately some

legislation is needed and we are committed to working together to achieving a solution fit for adding value to Scotland's NHS.

- d** The Scottish Independent Advocacy Alliance (SIAA) had launched a film about advocacy around child protection for people with learning difficulties and mental health problems.
- e** The Health and Social Care Alliance Scotland's Health and Social Care Academy – a forum for people to discuss health and social care reform.
- f** That work to integrate health and social care was ongoing. Healthcare Improvement Scotland (HIS) was developing work on governance, and was working with the Care Inspectorate on a joint scrutiny model and on guidance for decision making in care homes regarding out of hours care. The Care Inspectorate would begin scrutiny of dementia services in care homes from April, with a particular interest in prescribing.
- g** That the GMC's Recognition of Trainers (RoT) programme was due to go live on July 1. The GMC would be looking for evidence of progress in the implementation of RoT during its medical education Quality Assurance visit to Scotland in 2017.
- h** That systems and professional regulators, and improvement and scrutiny bodies work together and share information to co-ordinate their work and prevent duplication of regulation. The GMC recognised the support from the Scottish Government for legislative reform. It was hoped that any new legislation would cover the interface of regulation with employers in NHS systems.
- i** The possible interaction between the organisational duty of candour, fitness to practise and the duty of candour for professionals.
- j** That the Scottish Government would provide training for civil servants on confidentiality, based on GMC guidance.

GMC update

- 7** The Forum received updates on key areas of our work, including medical revalidation, the Medical Licensing Assessment, the GMC Change Programme and plans to regulate Physician Associates.

Revalidation

- 8** Revalidation has been a success in Scotland. There has been a 13% deferral rate, which is in line with Northern Ireland and Wales. Appraisal rates for doctors are at 93%.

- 9 During 2016, Sir Keith Pearson would be undertaking a review of revalidation, which would look at the data we hold as well as external reports. The high level review and recommendations were expected towards the end of 2016.
- 10 A separate evaluation of revalidation is already underway with several research streams, including a survey of doctors. An interim report of the survey is expected by April 2016, with a longer report due to be published at the end of the year.
- 11 The Chair thanked Forum members who had contributed to the review and evaluation.

Medical Licensing Assessment

- 12 The Forum noted that we are meeting with medical schools to discuss the Medical Licensing Assessment (MLA). We are committed to co-producing the MLA with them and other organisations. A proposed framework for the MLA is due to be considered by our Council in June or September and, subject to Council approval, we will consult on proposals by the end of the year. We are building on the work of the MSC Assessment Alliance with experts from all four UK countries involved. Implementation of the MLA would require legislation but, in the meantime, we are working to integrate it with medical schools' finals.

Change Programme

- 13 The Forum noted that through the Change Programme we would increasingly use data to make our work more risk-based. We would also reduce the number of staff based in London to around 110, with the relocation of approximately 130 posts from London to Manchester and a further 20 posts to be made redundant in London due to restructuring.
- 14 A small number of teams would increasingly become home-based and regional, operating in the same way as the regional and employer liaison teams.

Looking ahead

- 15 The Forum noted that we are leading a consultation on one recommendation from the Hooper report to establish a confidential online tool for whistleblowing concerns and hosting an associated roundtable on 23 March 2016 in our Edinburgh offices. We are hosting an event on doctors and conflicts of interest on 12 April 2016, and also publishing explanatory guidance on cosmetic practice in April.
- 16 During discussion the Forum noted:
 - a A shared understanding between the GMC and medical educators that we do not wish the MLA to lead to any loss of uniqueness of any medical school, or to increase costs.

- b** The GMC's intention to act on the initial findings of the review of revalidation.
- c** The issue of regulation of Physician Assistants (PAs). The GMC remained neutral as to who should regulate Physician Associates. However if asked, we would consider whether it would be appropriate for the GMC to regulate them. Both the GMC and the Scottish Government believe that regulation of PAs is important. Their regulation would be a matter for the Scottish Parliament as the profession was created after devolution. The Forum discussed the potential use of supervision and appraisal to maintain patient safety until PAs are regulated, and public perception of the role.

Chief Medical Officer Scotland – Annual Report for 2014-15 Realistic Medicine

17 The Forum received a briefing on the report from the Scottish Government's CMO, Catherine Calderwood and noted that the report analyses:

- a** Challenges facing doctors.
- b** The added value of doctors in a complex system.
- c** The need for realism in healthcare.
- d** Shared decision-making with patients.
- e** Management of clinical risk.
- f** Changing practice to support improvement.
- g** Medical research and practice.

18 During discussion, the Forum noted:

- a** That the report had been widely welcomed and had gained a high profile on social media.
- b** That issues around clinical leadership, variation in practice, use of data to improve care and joined-up management required more work.
- c** That the development of softer skills will be necessary to developing a culture of realistic medicine and that this could be addressed in part through medical education, and student intake. It also supports GMC's work on Generic Professional Capabilities (GPC).
- d** The challenge of consent. Currently the culture was of 'consenting' patients underpinned by legal process. How do we balance this with patients requesting treatment, and joint decisions. The Chair undertook to relay this discussion back to the GMC's Standards Team.

- e The implementation of the report and the Scottish Government's clinical strategy will accelerate diversion between Scotland and the other three UK nations' health systems, although the report is largely in line with policy in Wales.

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

- 19** The Forum received an update on the key headlines from the 5th annual *State of Medical Education and Practice* (SoMEP) report. These included information on the make-up of workforce, the need for more data from Scotland, Wales and Northern Ireland, issues that doctors and medical educators raise with us, rates of complaints and where come from, and the relationship between complaints and English trusts which have been put into special measures by the CQC.
- 20** During the discussion the Forum noted:
- a That there were some potential nuances missed in the data around part-time working and that our work to expand the information available on the List of Registered Medical Practitioners (LRMP) might help to address this.
 - b There may be value in triangulating information, for example, from the review of revalidation with information we have about complaints, but also with information held by other organisations.
 - c In future the GMC would use more sophisticated data about health boards and Fitness to Practise in our work with Responsible Officers.

GMC Devolved Office Review 2015

- 21** The Forum received an update on the Devolved Office review, contextualised in the increasing divergence between the four UK countries' health systems. Forum members were thanked for their participation in the review.
- 22** During the discussion the Forum noted:
- a That the report was broadly welcomed and our attempts to work across the four UK countries applauded.
 - b The OECD Reviews of Health Care Quality: UK 2016, which praised the GMC for establishing the devolved offices which, the OECD review states, 'ensure regulation remains appropriate, in light of the different evolution of health policies and structures across the countries'.
 - c The regions of England required careful consideration in their own right.

Any other business

- 23** The Forum noted that the GMC would be running a series of 'Professionalism Matters' events looking in-depth at issues of professionalism. Forum members had been invited to attend the event in Glasgow on 5 April 2016 which would focus on 'Improvement'.

Chair's closing comments

- 24** The Chair reiterated the importance of the GMC's Data Strategy to our future work.
- 25** The Chair thanked Forum attendees for their contribution to the meeting and reiterated his opening comment that the GMC remained committed to four country regulation.
- 26** The importance and value of the Forum as a mechanism for engagement was also re-emphasised.