

Summary note of the meeting on 21 March 2017

Attendees

Terence Stephenson, (Chair)
Charlie Massey, GMC Chief Executive
Peter Bennie, BMA Scotland
Jason Birch, Scottish Government
Shane Carmichael, GMC Assistant Director, Strategy & Communications
Victoria Carson, GMC Head of Scottish Affairs
Susan Goldsmith, GMC Chief Operating Officer
Dr Mike Higgins, Scottish Association of Medical Directors
Lucy Kiely, GMC Governance Manager (Observer)
Chris Kenny, Medical and Dental Defence Union Scotland
Paul Knight, GMC Council Member
Dr Gordon McDavid, Medical Protection Society
Anthea Martin, Medical and Dental Defence Union Scotland
Colin Melville, GMC Director, Education & Standards
Rami Okasha, Care Inspectorate
Professor Rona Patey, Board for Academic Medicine
Willie Paxton, GMC Employer Liaison Adviser
Dr Gregor Smith, Scottish Government
John Stevenson, SPSO, Complaints Standards Authority
Claire Sweeney, Healthcare Improvement Scotland
Elaine Tait, Scottish Academy of Medical Royal Colleges
Rebecca Weerakoon, Scottish Academy Trainee Committee
Dan Wynn, GMC Scottish Affairs Officer (Observer)

Welcome

- 1** The Chair welcomed attendees to the March 2017 meeting of the UK Advisory Forum in Scotland and welcomed new attendees to their first UKAF meeting. The Chair acknowledged the continued support for the Forum and re-stated that the objective of these meetings is to ensure attendees have an opportunity to discuss the work of

the GMC in Scotland and to highlight matters of particular importance or concern to them.

Chair's introduction

2 The Chair highlighted the following:

- a** The Chief Medical Officer's Annual Report, *Realising Realistic Medicine*. The GMC has undertaken to support the realisation of realistic medicine in Scotland through the review of its consent guidance and will work with UKAF members to do that.
- b** The GMC's National Review of medical education and training in Scotland in 2017. The GMC will work with partners in Scotland to quality assure education and training and support improvement where that is needed.

3 The GMC's Deputy Chief Executive updated attendees on actions taken from the meeting on 13 October 2016, and the feedback received.

- a** GMC's Chief Operating Officer thanked members for completing the feedback questionnaire sent to them in December 2016. Some suggestions have already been implemented including the opportunity to suggest agenda items and more input from attendees. Members felt that the Forum facilitates a holistic understanding of the priorities of the GMC and medical staff in general.
- b** *Attendance*: The Forum has found it helpful for Scottish Government workforce colleagues to be present at the meeting and we have agreed to ensure they are invited to future meetings.
- c** *Physician Associates*: A query was raised in relation to the regulation of physician or nurse associates who had moved from one profession to another, whilst maintaining a connection to their previous regulatory body. Subsequent to the meeting the GMC investigated this and are of the opinion that, in general, individuals should not be dually registered or regulated unless there are required statutory reasons.
- d** *Review of General Practice*: The GMC undertook to share an update with the Scottish Government. This has been done. The GMC aims to publish its report in the summer.
- e** *Quality*: The GMC noted that definitions of quality are set by national NHS systems and create a challenging divergence. The GMC undertook to consider this in its thinking around the new GMC Corporate Strategy 2018. It also undertook to work collaboratively with Healthcare Improvement Scotland (HIS) on its new Quality of Care Reviews. The GMC and HIS have met to take this forward.

- f** *Workforce*: The Forum asked how the GMC would respond if, following the UK's departure from the EU, the EU, or EU countries, put barriers in place to dissuade or prevent UK doctors from working in EU countries. This matter is out with the GMC's remit as the regulator of doctors in the UK.
- g** *Flexible Training Review*: Members sought clarification on how this review is complimentary to that of Health Education England (HEE). The GMC's review is focused on how to make it easier for trainees to change the direction of their training, such as transferring to a different speciality. The HEE review is more concerned with making training circumstances more flexible in England. The reviews overlap around less than full time training.
- h** *Regulatory reform*: Scottish Government reaffirmed its commitment to UK consensus around regulation. Scottish Government also raised the importance of proportionality in regulation which the GMC noted in the context of its draft Corporate Strategy 2018.

Updates on local priorities/areas of concern from Forum members

- 4** Forum attendees were invited to update on their priorities. During discussion, the Forum noted:
 - a** That there is ongoing discussion around the definition and purpose of credentialing.
 - b** That the Scottish Government welcomes support for the Chief Medical Officer's annual report, *Realising Realistic Medicine*, and that the report raises questions around the reshaping and purpose of the medical profession, and consent.
 - c** That the Scottish Government looks forward to conducting joint research with the GMC into communications failures.
 - d** That there is a desire for defence unions to work with the GMC and the Scottish Government to support training in professionalism, communication and interaction with patients.
 - e** That the Lord Chancellors decision to change the discount rate for personal injury claims may lead to an increase in the number of claims following medical injury, the amount of compensation paid, and a concern by some that there will be an increase in defensive medicine.
 - f** That HIS is testing the quality of care reviews.
 - g** That HIS are publicising the need for independent clinics to register by 1 April 2017. The joint GMC - HIS training to HIS inspectors on the GMC's guidance on

cosmetic practice was noted. The GMC offered to follow up with HIS regarding any support it might offer regarding the 1 April deadline.

- h** That the National Care Standards, agreed jointly between the Scottish Government and the Care Inspectorate are being implemented, that the Care Inspectorate is reviewing its approach to scrutiny, and working with HIS on strategic commissioning and joint inspection with a particular interest in leadership and management in social care partnerships.
- i** That colleges and trainees would welcome certainty of what training will look like and that this might assist with recruitment and retention.
- j** That there are discussions to be had about some recommendations in the Pearson report into revalidation, including on patient feedback. The perception of deferral of revalidation as being a judgement on a doctor was also raised.
- k** That the Scottish Public Services Ombudsman (SPSO) and GMC will be working together to increase the understanding of staff at each organisation of their respective roles.
- l** Concern that the increase in the number of medical student places in England may have an effect on the recruitment and retention of medical education staff in Scotland.

GMC update

- 5** The GMC Chief Executive updated the Forum on key areas of the GMC's work, including the following.

Data and intelligence sharing

- a** The GMC has ambitions to triangulate its hard data (such as from the National Training Surveys) with soft data to anticipate and tackle problems earlier. The Scottish context allows the GMC to trial this approach and looks forward to working with partners in Scotland on this.

Flexible Training Review

- b** The review is relevant to all four UK countries and takes forward the principles of the Shape of Training Review. There are currently some constraints on trainees moving to different training programmes and having previous training recognised. These constraints are partly due to EU and UK law. The GMC intends to use its powers to approve postgraduate medical training curricula to drive flexibility. Part of this will involve requiring Generic Professional Capabilities (GPC) to be included in curricula. The GMC will launch its new curricula approval standards and GPC framework soon and will work with the Scottish Academy of Medical Royal

Colleges. It will also work with the UK government to remove constraints created by EU law following the UK's departure from the EU.

- c** The Forum discussed broader issues around the retention of trainees, including new questions on rotas in the NTS, and the extent to which flexibility of training is a factor in decisions by trainees to take time out from training or to work abroad. The Forum noted that some trainees may be using unusual training posts or working abroad to gain the experiences they want. The GMC undertook to share a presentation given by trainees in Northern Ireland on this issue with the Scottish Academy of Medical Royal Colleges.
- d** The Chair expressed a hope that use of the GMC's data might help policy makers understand the factors driving trainee behaviour in this regard.

Credentialing

- e** The GMC outlined its vision for credentials as a means of recognising niche areas of expertise and invited partner organisations to develop credentials. The Forum noted the contribution that credentials might make to more flexible training and to recognise the experience and expertise trainees gain in unusual posts which might also assist in revalidation.

Professionalism

- f** The GMC highlighted statistics showing that 46% of doctors feel unable to ask for help and that four in five feel that they do not work in supportive environments. Scotland, with *Realising Realistic Medicine*, is leading the way on professionalism.

Pearson review of Revalidation

- g** Revalidation is embedding well. Appraisal rates in Scotland are very high at 95%. The Forum discussed patient feedback for revalidation and possible reluctance of some patients to feedback due to perceived potential consequences for their care. Individuals holding the dual roles of Responsible Officer and Medical Director are not generally considered to be a problem in Scotland. The next steps for revalidation include ensuring that all doctors have a connection to a Responsible Officer and considering whether the burden of revalidation can be lightened. This will include helping employers to understand what is and what is not required for revalidation.
- h** The GMC undertook to follow-up with HIS regarding their approach to a review of how revalidation is quality assured.

Regulatory Reform

- i** There is likely to be a consultation on the future of professional healthcare regulation soon to which Members were encouraged to respond. The GMC hopes that the consultation will allow more work and investment to be focused 'upstream' in efforts to promote professionalism and prevent fitness to practise (FtP) problems, more local resolution of FtP problems and more discretion over what regulators investigate and how. The Forum noted the probable need for a Section 60 Order to be passed by the Scottish Parliament to enact reforms.

Regulation of Physician Associates

- j** A consultation on the regulation of Physician Associates (PAs) is anticipated. The GMC position is that PAs should be regulated and would consider regulating them if asked by all four governments.

Britain's exit from the EU

- k** The Forum discussed the need for a balance between facilitating the mobility of doctors across Europe and ensuring patient safety. Currently doctors from other EEA countries wishing to work in the UK cannot be subjected to assessment by the GMC before being registered. The GMC proposes that, following the UK's exit from the EU, EEA doctors wishing to register in the UK would need to pass the proposed Medical Licensing Assessment. Current EU legislation is framed such that medical qualifications are recognised on the basis of time in training. Following the UK's exit from the EU, training might be made more flexible by becoming more competency-based.
- l** The Forum noted evidence that a high number of EEA doctors have indicated that they would consider leaving the UK due to its exiting the EU. The GMC has sought to reassure doctors from other EEA countries that it will not change their registration status as a result of the UK leaving the EU.

List of Registered Medical Practitioners

- m** The majority of responses to the GMC's consultation on changes to information held on, and available through, the List of Registered Medical Practitioners (LRMP) did not support the proposals and as a result the GMC will not be taking the proposals forward at this time and has undertaken to do more exploratory work.

External agenda item – Complaints Standards Authority: *The new NHS Scotland Model Complaints Handling Procedure and relevance to the medical profession and patients*

- 6** The Forum received an update from John Stevenson, Head of the Complaints Standards Authority (CSA), at the office of the Scottish Public Services Ombudsman

(SPSO). The new procedure uses two stages and allows more time for early resolution (stage one). It encourages the use of apologies and targets primary care more clearly.

- 7** The Forum welcomed the emphasis in the new procedure on local ownership of complaints handling and early resolution. The Forum noted that responses to complaints at the Early Resolution stage of the procedure (Stage 1) do not need to be in writing but must be recorded.
- 8** The Forum discussed the need to explore how organisations can work more closely together to identify where there are problems, the challenges around handling complaints involving both NHS and independent providers, culture around complaints, the use of 'Unacceptable Actions' policy, and the use of complaints data to identify good practice and issues.
- 9** The Chair welcomed training currently planned for SPSO investigators on GMC referral thresholds.

Securing the licence to practise: Introducing a Medical Licensing Assessment

- 10** The GMC's Director for Education and Standards presented on plans to introduce a Medical Licensing Assessment (MLA); a single, objective demonstration that those who obtain registration with a licence to practise medicine in the UK can meet a common threshold for safe practice. The Chair encouraged members to consider the proposals outlined in the consultation and feedback any comments.
- 11** The Forum noted that differentiation between schools, including in curricula and style of learning, is a strength of UK medical education that the MLA should preserve.
- 12** The Forum discussed the proposals to move the point of registration, issues around the design of an Objective Structured Clinical Examination (OSCE) for the MLA, resource implications and the variation in medical school experience that will still exist under the MLA. It also considered alternative and supplementary approaches, co-operation between schools, and the difficulty of predicting interaction of the MLA with constitutional changes to the UK, including Scotland's relationship with the current UK and the EU.

Any other business

- 13** The Chair thanked Forum attendees for their contribution to the meeting and noted that members would be welcomed back for the next meeting in October 2017.