

General
Medical
Council

UK Advisory Forum - Wales
Agenda and papers for meeting
on
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UK Advisory Forums – Wales 19 May 2021

13:30 – 15:30

Agenda

Time	Agenda Item	Lead
13:30	Chair's welcome and introductions	Clare Marx
13:40	Actions from last meeting	Sara Moseley
13:45	Chief Executive's update	Charlie Massey
13.55	Equality, diversity and inclusion	Dr Phil Kloer, Neil Roberts & Sara Moseley
14:15	Discussion	Clare Marx
	Facilitate discussion on staff wellbeing, including collaboration on ED&I.	
15:20	Summary and AOB	Clare Marx
15:30	Close	

Report title: GMC Update for UK Advisory Fora - Summer 2021

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This paper provides an update on our work since the last round of UKAFs. We also include our first annual report to the Senedd, with greater detail on our recent work in Wales.

A sustainable medical workforce coming out of the pandemic

- 1** The GMC supports the UK healthcare systems with a proportionate approach to regulation as they move into recovery. A key focus is enabling a sustainable workforce to meet the existing and future challenges and the huge changes seen as a result of the pandemic.
- 2** The profession has worked really hard over this last year and our data and research suggest that a focus on retention will be particularly important. We are working with others in the system on recruitment, retention and maximising skills and flexibility in the workforce.

Professional and Linguistic Assessments Board (PLAB)

- 3** Running safe and regular PLAB tests to enable as many doctors to join the workforce as quickly as possible is essential. Despite the various national lockdown restrictions, socially distanced PLAB 1 exams have taken place across the UK, including for 171 doctors in Scotland, Northern Ireland, and Wales in 2021. We continued to offer PLAB 2 and, as of January this year, the UK was the only country in the world to run such exams. On 10 June we will open a new, socially distanced temporary clinical assessment centre at our central Manchester offices. This will double current capacity and allow us to run socially distanced tests for around 11,000 IMGs each year, thereby matching our pre-pandemic capacity.

Temporary Emergency Registration

- 4** As of 14 April 2021, 25,573 doctors still hold temporary registration to support the pandemic response, including 767 in Northern Ireland, 2,481 in Scotland, and 1,124 in Wales. The emergency register will remain until removed by the Secretary of State for Health and Social Care. We will continue to support doctors who are interested in

returning to practise beyond the pandemic to restore their routine registration and/or licence to practice.

Medical Education and Training

- 5** The pandemic has strengthened the case for a flexible workforce and for more responsive medical education and training. The successful four-country summit in November 2020, has led to work with stakeholders across the UK to build on the lessons of the pandemic for education and training. This work focuses on four themes:
 - offering earlier provisional registration to final year medical students (Interim Foundation Year 1)
 - generalism throughout doctors' careers
 - progression (including curricula and assessment reform)
 - leadership, especially in public, community and preventative health. These workstreams are being led jointly with various organisations across the UK.
- 6** Changes to support postgraduate progression introduced in 2020 will continue for the moment to mitigate the disruption caused by the pandemic. Meeting regularly with education bodies across the UK we hear how best we can help trainees who haven't gained their competencies. We also explore how their progression can be supported by experience and outcomes gained from broader working environments over this time. (See our devolved legislatures report for more detail.)
- 7** The annual national training surveys (NTS) are open until 18 May 2021. The survey returns to its usual format this year, although we continue to ask questions about the impact of the pandemic. From the survey we will be able to provide detailed information to address issues and share good practice at local, specialty and UK wide level. The results will inform our ongoing work, helping create supportive and inclusive training and working environments, which prioritise staff wellbeing and deliver quality patient care.

The future of international professional qualifications

- 8** Following the UK's departure from the European Union on 31 December 2020, the mutual recognition of professional qualifications directive ceased to apply to the UK. separate legislation is now in place to allow healthcare professional regulators, including the GMC, to continue to recognise most European qualifications for a period of up to two years. Doctors holding a UK qualification who seek registration in the EU will be governed by the national policies and rules of each EU member state. We

continue to support incoming doctors from EEA countries to make it as smooth as possible.

- 9** Last year, the Department for Business, Energy & Industrial Strategy (BEIS) published a Call for Evidence to gather insights on a future system for the recognition of international professional qualifications. In our response we called for the creation of a bespoke framework that respects the specific nature of the healthcare sector and its focus on patient safety, and allows it to diverge, if necessary from the frameworks for other, non-health and non-safety critical professions.
- 10** We have held a series of meetings with DHSC and BEIS officials as the new framework is designed and expect legislation to be laid in the UK Parliament in the summer in the form of a Regulated Professions Bill. We are prioritising engagement with the Medical Council of Ireland to consider several regulatory issues arising post EU Exit.

Revalidation

- 11** Whilst mindful of the pressures of the pandemic, we know that many doctors are ready and want to revalidate. Despite the flexibility introduced last year during the peak of the pandemic in deferring revalidation dates, over a third of doctors have successfully revalidated ahead of their rescheduled date. We continue to support revalidation, providing doctors and responsible officers with maximum flexibility to meet local needs.

Fitness to Practice

- 12** Prioritising patient safety last year, our outreach teams discussed with Responsible Officers the importance of local resolution. With few exceptions, all referrals now come via our Employer Liaison Advisors, reducing incoming complaints and those promoted to investigation and referred on to Tribunal. At the height of the pandemic we paused disclosure of new investigations unless the individual was aware, or an interim order was required to protect patient safety. We have also continued to run MPTS hearings both virtually and in person throughout the lockdown period.
- 13** In September, we issued guidance to help our decision makers take account the extraordinary circumstances of the pandemic. The guidance supports them to make decisions that are fair and proportionate to the circumstances, including additional pressures on resources and ways of working outside of normal routines. The guidance advises staff to reflect on issues arising due to the pandemic, such as the disproportionate impact on individuals from BME backgrounds. After pausing hearings

between March and June last year, we have now resumed all fitness to practise cases either in person or virtually.

Regulatory reform

- 14** Regulatory reform has been a priority for many years. The GMC needs greater flexibility and operational autonomy to facilitate our mission to regulate fairly and proportionately and support the profession and better protect patients and improve medical education. The UK's Department for Health and Social Care (DHSC) has launched its consultation on proposals for reform, which we welcome and include simplifying the routes to registration for GPs and specialists and streamlining Fitness to Practice processes. A further consultation on the legislation is expected later this year.
- 15** These reforms would enable us to begin to regulate Physician Associates (PAs) and Anaesthesia Associates (AAs) (in Scotland 'Physicians' Assistant (Anaesthesia)'). We believe that regulating these medical associate professionals (MAPs) will strengthen a valuable workforce and complement doctors in their roles helping deliver safe and effective patient care.
- 16** The UK government's aim is to pass the legislation in the UK Parliament by the spring of 2022. We will then undertake our own consultation on the detailed policies and rules of regulation for MAPs and doctors. Once these steps are complete, We expect regulation of MAPs to be introduced in the second half of 2022.

Supporting partners to improve working environments

- 17** In early 2020 we held roundtable events with healthcare leaders in all four countries of the UK, to discuss and commit to collaboration on priority areas for improving healthcare environments. This year, we have identified three themes for our work in 2021 to support improvement of healthcare environments: Equality, Diversity and Inclusion; Compassionate, Inclusive Leadership; and Wellbeing and Support. Many of our partners are developing and implementing initiatives in these areas and we are keen to provide our support where we can.

Equality, Diversity and Inclusion

- 18** A key part of improving working environments is fostering a culture of equality, diversity, and inclusion (ED&I). We are committed to this both as a regulator and employer and are supporting the wider system and our stakeholders with their own ambitions. ED&I is now a standing agenda item for GMC Council, to identify and address issues around fairness and inequality, and monitor the output of these efforts. In February 2021, we set two immediate ambitions:

- To eliminate disproportionate fitness to practise referrals from employers, in relation to ethnicity and primary medical qualification, by 2026
 - To eliminate discrimination, disadvantage and unfairness in undergraduate and postgraduate medical education and training, by 2031
- 19** Our outreach teams continue to discuss with responsible officers the insights from *Fair to Refer*, in particular the disproportionate referrals of BME doctors. We have expanded our Welcome to UK Practice induction sessions for internationally qualified doctors. We are also collaborating on national induction programmes, and publishing research on fair feedback in healthcare. Changes to the process for employers to make referrals to the GMC are being developed and we will be engaging on in the coming months. Our partners across the service are already doing great work in this area and we hope together to achieve common goals.
- 20** Internally we have also set ourselves important targets to improve diversity across the GMC, including increasing black and minority ethnic (BME) progression and representation at all levels, and closing the gender and ethnicity pay gap.

Medical Licensing Assessment (MLA)

- 21** In March 2021, we published the regulatory framework that enables UK medical schools and their parent universities to embed the MLA in their degrees. The MLA will ensure all UK medical students meet a common standard of proficiency which in turn will help ensure patient safety. *Assuring readiness for practice: a framework for the MLA* explains how we are using the powers granted to us in the Medical Act 1983 to introduce the MLA for students at UK medical schools. It also specifies the date for implementation and the requirements that universities will need to meet for students at UK medical schools.

We hope you have found this update helpful. We look forward to welcoming you to our virtual UK Advisory Forum in May and discussing some of these matters in more detail.