

Summary note of meeting - 20 October 2020

Attendees

GMC attendees:

Clare Marx (Chair); Charlie Massey; Steve Burnett; Jenny Duncan; Robert Khan; Katie Laugharne; Neil Roberts; Manel Tippett (notes).

External attendees:

David Bailey, BMA Cymru; Kamila Hawthorne, Swansea Medical School; Mair Hopkin, AMRCW; Chris Jones, Welsh Government; Des Kitto, Board of CHCs; Phil Kloer, Hywel Dda Health Board; Push Mangat, HEIW; Stephen Riley, Cardiff Medical School; Keshav Singhal, BAPIO Wales; Dave Thomas, Audit Wales.

Welcome and Chair's Introduction

- 1 The Chair welcomed new and old attendees, highlighting that the last meeting was held in October 2019. Members were reminded that the purpose of the meeting is to better understand how we can support work in Wales, particularly at this difficult time.

Review of Previous Actions

- 2 An update on actions from the last meeting 18 October 2019 was provided and included: the formation of a four-country Medical Associate Professionals (MAPs) Advisory Group; the virtual delivery of Welcome to UK Practice (WtUKP) sessions in Wales with a component specifically around the Welsh healthcare system; and gathering further views on increasing expertise in generalism and including our approach in our next corporate strategy

Chief Executive Update

- 3 The GMC's Chief Executive provided a brief update on our work during the pandemic and our recovery plans. He noted:
 - We granted temporary registration to doctors across the UK and brought forward provisional registration for final year medical students.
 - Our online GMC Covid-19 Ethical Hub with pandemic-related guidance.

- We paused operational activities including investigations and clinical assessments. We are restarting these in a safe way.
 - We considered how to restart revalidation and are looking at trainee opportunities and trainee progression.
 - Regulatory alignment continues to be a priority and how we better share intelligence and data.
 - Legislative reform is imminent, giving us more autonomy and enabling us to modernise our processes. Our new Corporate Strategy will include themes of creating safe working environments, sustainable medical workforce, making every interaction matter, and investing in our staff.
 - The recent announcement imposing a national lockdown, highlighting how important these meetings are.
- 4 Members asked for assurance that we will continue to call for legislative reform around joining the specialist and GP register. It was noted we haven't yet seen the draft legislation, but we will continue to press for these changes.
 - 5 Members commented that the medical workforce comprises more than doctors. It was acknowledged that we must consider the wider workforce that can contribute to carrying out medical work, such as Physician and Anaesthesia Associates.
 - 6 Members suggested that more can be done to better understand who is on the temporary register and to get them back into practice. Assurance was given that we were keen to understand the makeup of this cohort, what incentivises them, and why they decided to leave the register.

Covid-19 recovery, and opportunities to promote professionalism and wellbeing

External view

- 7 The Chair invited both the DCMO, and the Chair of the BAME Covid-19 Workforce Sub-Group to present on the work of the Welsh Government in response to the impact that the virus was having on BAME communities.
- 8 The DCMO outlined that the Advisory Group convened early in the pandemic and the two Subgroups formed have since made several recommendations, which have been agreed by the Minister for Health and Social Services. A notable achievement was the creation and roll out of the Risk Assessment Tool that enables staff in high risk groups to obtain the right support from their employers.
- 9 The Chair of the Subgroup demonstrated the interactive workforce tool to the Forum and guided members through the process, explaining that the Welsh Government was very confident in the tool. It has since been expanded to other workplace settings across the public sector.
- 10 Members commended the success of the Tool, acknowledging its importance and value in keeping vulnerable staff safe. Concerns were raised by members that some

non-BAME staff perceived it as providing preferential treatment and that early resolution was key to mitigating any resentment.

GMC View

- 11** The GMC's Director of Resources and sponsor within the GMC for matters relating to the Welsh Government provided an update from the GMC. He reminded the Forum of our event in February, which identified themes for collaboration of leadership; induction, support and ongoing development; regulatory alignment around a wellbeing agenda and healthy workplaces; and basic facilities and hygiene factors.
- 12** Covid recovery plans and work underway to manage the impact on healthcare professionals and patients was noted:
 - We are putting renewed emphasis on our patient involvement and will be discussing this at a roundtable in the coming months.
 - Newly published consent guidance reaffirming the importance of shared decision making.
 - An Education Summit in November on topics including the impact of the pandemic on rotations, exams, and undergraduate and postgraduate curricula.
 - Publication of the results of this year's National Training survey and barometer survey providing useful insight for medical leaders throughout Wales.
 - Development of our regional outreach teams; we offer training for doctors to help them acclimatise to UK practice and we want to work with Boards and share the data and insights we have developed.
- 13** He outlined that the GMC doesn't want to create more work in these areas for our partners, instead we are keen to play our part in making progress in these area through our outreach teams, data sharing, intelligence analysis and our guidance.

Discussion

- 14** The Chair invited members to share their experiences, concerns and lessons learned thus far during the pandemic. Members heard:
 - That health boards have seen remarkable achievements, including innovation and creativity and positive changes through practice. After decades of debate and discussion, the pandemic has forced services to make decisions and quickly.
 - The difficulties of dealing with the pandemic as services are returning to normal. Staff wellbeing is more important than ever. Doctors are concerned that the initial support they received won't be there during the second wave, and new ways of working, especially around remote consultations, haven't been fully evidence-based.
 - Some health boards in Wales have a greater than average proportion of BAME doctors and International Medical Graduates, and the important work carried

out by the Welsh Government's Advisory Group, and ethical advisory groups in health boards, to support doctors who are at greater risk.

- Work is underway regarding grievance and dignity in work procedures and setting an approach on how to deal with conflict. BAME doctors are more likely to be bullied and less likely to seek support and the introduction of Freedom to Speak Up Guardians could help address this.
- That valuable work is already underway, including the new Workforce Strategy. Compassionate leadership and good inductions can support staff wellbeing, despite the pandemic challenges.
- COVID impacted on all patients who are increasingly restless and nervous about the winter months ahead. Doctors are concerned that they will be unable to meet expectations around waiting times and to ensure that hospitals are safe for patients to be treated.
- Audits and inspections of the health service have continued virtually to enable organisations to meet their statutory functions. Organisations are reflecting on what's happened and what can be learned from agile working.
- Work around early graduation and the provisional register was helpful. Issues around gaining the clinical experience needed, and concerns that some feel they may not be prepared for practice was noted. The National Training Survey continues to highlight the poor results around induction, and raising and acting on concerns.

Chair's Summary

15 The Chair provided a short summary of the discussion, noting:

- The challenges facing the NHS putting pressure on services and those working within them. It is difficult to deliver compassionate leadership, and the need to be inclusive and supportive of all people, during a time of crisis.
- We must ensure that staff are properly inducted and supported, so that they know where they can get help, access services, and where to make a complaint. She noted the absence of a Freedom to Speak Up Guardian in Wales.
- We need assurance as regulators that we can share knowledge to ensure patient safety. This is particularly important as we rely on multi-disciplinary working and with our new role in regulating Medical Associate Professionals.

AOB

16 The Chair thanked members for their contributions and requested any further comments or questions be submitted to her, the GMC's Chief Executive or the GMC Wales National head.

17 Date of next Wales UKAF meeting: 17 March 2021.