

UK Advisory Forums - Scotland

Agenda and papers for meeting
on
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UK Advisory Forums - Scotland

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13:30 – 16:00

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Agenda

Welcome and introductions

Clare Marx

Review of actions from previous meeting

Nicola Cotter

Chief Executive's update

Charlie Massey

Medical workforce, quality and safety

Paul Reynolds

An overview of the key themes emerging from Supporting a Profession under Pressure programme, focussing on the main findings and key recommendations of the reports

We will set out how the GMC will review the themes emerging from our programme of work to support a profession under pressure (wellbeing, fairness and a just culture).

Systems and collective assurance

Colin Melville

Working together to improve the environment in which doctors work. Overview of key activities being undertaken in-country relating to Workforce and Workplaces

We will provide an overview of the key activities the GMC is undertaking on workforce and workplace and where our collective priorities lie. We will invite Dr Kirsten Woolley to provide an overview of RCGP Scotland's work on wellbeing in the primary care workforce.

Kirsten Woolley

Upstream regulation: preventing harm and supporting professionalism

Transition to the new Corporate Strategy

Una Lane

Una will set out the approach we are taking as we develop our new corporate strategy which will run from 2021 -2025. We will continue to put patient safety at the centre of our purpose, recognising that supporting doctors is key to this, and work with our regulatory partners across the UK to build a shared view of the context in which we operate. We will use this session to get feedback on our ideas and identify opportunities for future collaboration to address the collective challenges and opportunities we face.

Review of actions and AOB

Clare Marx

Close

Report title: GMC Update for UK Advisory Forum meetings in autumn 2019

Report by: Robert Khan, Assistant Director of Public Affairs and Devolved Offices, Robert.Khan1@gmc-uk.org

Executive summary

This paper provides an update on progress against a number of our priorities and key projects for 2019 for Advisory Forum Members:

- We are prepared for a 'no deal' Brexit. Legislation ready to be enacted to allow us to register doctors who qualified in the European Economic Area (EEA) in a timely and streamlined way without compromising standards.
- *Supporting a Profession Under Pressure*. Work continues with the health and wellbeing review, led by Michael West. It is the third, and final, independently-led project under the work programme. The report is due to be published in October. Key items from this and other reviews are now being used to plan future work.
- All four countries are at different stages of developing or implementing their workforce strategies. We are already taking action across the UK in the areas of attracting and retaining medical staff; promoting the wellbeing of the workforce; and driving improvements in working environments and organisational cultures.
- The UK Government announced in the summer that they will legislate for the GMC to be the regulator for Physician Associates and Anaesthesia Associates. We are working with Department of Health and Social Care to determine timescales. We are keen to engage devolved nations to ensure our approach works for all parts of the UK

Medical Workforce, Quality and Safety

Update on the *Supporting a Profession Under Pressure (SaPUP)* programme

- 1 We continue to progress this [programme of work](#) which was established to address the issues that have been raised with us about the environments in which doctors work, and the impact of systems pressures on medical practice.

SaPUP reports

- 2 We have published two of the independent reports as part of our SaPUP programme, including: a review into [gross negligence manslaughter and culpable homicide](#), led by Dr Leslie Hamilton; [Fair to Refer research](#) by Roger Kline and Dr Doyin Atewologun, which looked at why certain groups of doctors are referred to us by employers more than others; and finally the Health and Wellbeing Review by Professor Michael West is expected to be published in November.
- 3 The issues that have been raised in these reports can be summarised under three themes – wellbeing, fairness, and a just culture.
- 4 We therefore want to engage with partners to understand how a programme of work can be co-led, how their pre-existing work can contribute, and the most effective external governance process. This programme will form the basis for discussion under Agenda Items 1 and 2; more information can be found in the enclosed cover paper on how we can support a profession under pressure.

Reflective Practice

- 5 The reflective practitioner guidance was launched in September 2018. This guidance has been jointly published by the Academy of Medical Royal Colleges, the Conference of Postgraduate Medical Deans, and the Medical School Council. All healthcare regulators published a joint statement on team reflection across the healthcare professions in June 2019.
- 6 On 3 September, we jointly published with the Medical Schools Council [new guidance for medical students on how to be a reflective practitioner](#). Work to implement and embed principles will continue over the coming year particularly through our Liaison Advisers' outreach work.

Raising and acting on concerns

- 7 In England, we are working with other regulators to embed the joint Emerging Concerns Protocol. We are partnering with Freedom to Speak Up and Safer Working Guardians, through our outreach teams, to raise awareness about their roles and the support they can offer.

- 8 We are in early discussions with the Sharing Intelligence Health and Care Group, to consider how an emerging concerns protocol might work in Scotland.
- 9 Our Liaison Advisers continue to deliver sessions to doctors on how to raise and act on concerns in the devolved countries, delivering 27 sessions and reaching over 450 doctors in total.

Support for SAS doctors

- 10 Recognising the important role that speciality associate specialist (SAS) and locally employed (LE) doctors have within the wider workforce, on 1 May 2019 we launched our first dedicated survey on their practice and wellbeing. We are currently reviewing the data and will be publishing our findings in mid-November.

Induction and returners

- 11 We have developed a UK-wide induction and returners programme of work with a focus on the wellbeing of the profession, addressing workforce issues and maximising patient safety.
- 12 We've recently appointed independent researchers to help us better understand issues associated with doctors' induction. This will enable us to improve how we support those joining or returning to practice, and how we improve induction programmes. We are continuing work to improve the consistency of induction offered to doctors in training and to those returning to practice.
- 13 In July we published the independent research about the Welcome to UK practice (WtUKP) programme. It showed that overseas doctors benefit from the programme. We announced that we are expanding our WtUKP workshops to support employers and provide greater access. In Northern Ireland there is agreement that WtUKP should be a mandatory part of induction, and we are working towards a similar approach in the other countries.

Systems and Collective Effect

National Training Survey (NTS)

- 14 In July, we launched the results of the 2019 national training surveys in our online reporting tool and a short report highlighting initial findings.
- 15 Over 75,000 doctors in training and trainers completed this year's surveys. Trainees continue to highly rate the quality of their clinical supervision, experience and the teaching they receive. Nine in ten trainers told us they enjoy their role. Fewer trainees are working beyond their rostered hours.

- 16** However, the findings highlight a range of issues affecting doctors' wellbeing, which could impact on patient care. These include high rates of burnout, lack of awareness how to raise concerns about their own health and wellbeing, and losing training opportunities due to rota gaps.

State of Medical Education and Practice (SOMEPE) report and Workforce report 2019

- 17** We will publish our ninth annual report into the State of Medical Education and Practice later this year. It sets out some of the key challenges for our health systems and workforce. This will also be supported by a separate Workforce paper to be published later this month.
- 18** Our data show the increasing number of international doctors working in the UK and the need to maximise the flow of new non-UK doctors. The number of IMGs joining each year has doubled between 2017 and 2019. For the first time this year more doctors joined our workforce from outside the UK than were UK-trained.
- 19** However, despite a general increase in doctors joining the register overall, our figures also highlight areas of concern in the number of doctors leaving UK practice. Large numbers of IMG doctors under 55 also leave. About a third of doctors with a UK PMQ who leave permanently, go abroad. Addressing workplace issues may address the number of doctors leaving.
- 20** We are happy to share our data with governments and other bodies to support workforce planning.

Workforce

- 21** At our spring UKAF meetings, we presented our offers to help tackle the problems the medical workforce faces and how we can contribute to workforce initiatives across the UK. Each of the four countries is at different stages in developing or delivering their workforce strategies and we are keen to influence them positively.
- 22** We plan to influence and support the various workforce strategies in three ways:
- **Supply** – ensuring a flow of doctors into the medical workforce, for example through streamlining our registration processes.
 - **Support** – ensuring the workplace culture is supportive and fair, with compassionate, collective leadership and a focus on staff wellbeing.
 - **Strategic change** – ensuring the workforce is equipped to treat patients of the future, through appropriate education and use of new professions and using our data to understand the workforce.

- 23** We are keen to drive changes to behaviour and practice at all levels through our approach to professional regulation. Recognising that each country is at a different stage of developing or implementing their workforce strategies, we will continue to report and share our workforce data with insights to inform workforce planning and development discussions.

Brexit

- 24** The GMC has prepared for a 'no deal' Brexit and we are confident that we are fully prepared to face whatever situation we find ourselves in. We have amended our policy, guidance and operations and are ready to launch on our website at 11pm on 31 October if needed. Additional information is provided at Appendix A.
- 25** We will be publishing our annual update to our recently published report on the data we hold on doctors with an EEA primary medical qualification. This shows that there has not been a reduction, but in fact a small and consistent increase in the number of EEA doctors holding a UK license to practise following the June 2016 referendum.

Legislative Reform

- 26** We continue to seek reform of the legislative framework governing healthcare professional regulation to ensure it is fit for purpose and that it meets the needs of the public, professions, employers and the wider health and care system. We believe this is achievable with secondary legislation.
- 27** The UK Government published its response to the consultation on *Promoting Professionalism, Reforming Regulation* (2017) in July 2019. The Government's response recognises that the legislation underpinning regulation is bureaucratic and inflexible. It states that the UK and Devolved Governments will now develop secondary legislation to modernise fitness to practise processes and enable regulators to better support professionals to deliver more responsible and accountable regulation. In the meantime, we continue to seek alignment with the other professional regulators across key areas such as CPD, leadership, just cultures, responding to changes in healthcare delivery and workforce developments.
- 28** The UK Government's consultation response also reiterates their commitment to two legislative changes recommended by the Williams Review. These changes are: the removal of the GMC's right to appeal MPTS decisions to the High Court; and, a modification of the GMC's and General Optical Council's powers to require information from registrants for fitness to practise purposes exclude reflective practice material.

- 29** There is also a new duty on the GMC to report to the legislatures of the devolved countries and we will begin to develop this.

The regulation of Physician Associates and Anaesthesia Associates

- 30** In July 2019 the UK Government, in agreement with the devolved administrations, announced its plans to make the GMC regulator of physician associates and anaesthesia associates. This is a significant development for the GMC as we move towards being a multi-professional regulator and we are determining timescales and costs. We are clear that the costs of regulating these two professional groups should not be borne by doctors.

Local First

- 31** We continue to develop our “Local First” programme of work. This aims to ensure that all complaints and concerns about doctors are dealt with in the right place and at the right time. We are exploring the feasibility of pilots with partner organisations across the UK.

Better signposting of concerns

- 32** We commissioned research into the concerns we receive from the public, especially why many concerns do not meet our investigatory threshold and how we could better direct their concerns appropriately. The key findings show that most individuals aren't aware of how to make a complaint and bad experiences raising concerns locally leads to individuals approaching other organisations. The report recommends we improve patient and public understanding and signposting about complaints.

Upstream regulation: preventing harm and supporting professionalism

Corporate Strategy

- 33** We are in the early stages of developing our next Corporate Strategy (2021-2025) and our ten-year vision. Our next Corporate Strategy will continue to put patient safety at the centre of our purpose and will recognise that the best way we can protect patients is to support doctors to deliver high quality care.
- 34** We are in the process of gathering views about what kind of regulator we want to be by 2030. As we continue through this listening phase, we're keen to work with our external partners across the four countries of the UK to develop this corporate strategy and identify areas where we can collaborate.

Workplace Cultures

- 35** We continue to collaborate and develop our programme of work around Professional Behaviours and Patient Safety. Harm may stem from multiple issues both individual and systematic. Regulators may be well-placed to help ensure compassionate leadership and just cultures.
- 36** In all four UK countries we aim to discuss strategies and policies aimed at improving professional behaviours. We will signpost to useful resources, collate good practice and offer training.
- 37** We commissioned Dr Suzanne Shale, a leading researcher in organisational ethics and leadership, to conduct research to understand how issues facing senior medical leaders can impact on patient care. Her report [*How doctors in senior leadership roles establish and maintain a positive patient-centred culture*](#), highlights doctors' pathways into leadership and provides insight into the challenges of embedding a positive working culture.

Revised Consent Guidance

- 38** The *Decision making and Consent* guidance is being restructured with the aim of making it clearer and easier for doctors to apply in practice. We aim to publish this guidance in early 2020 with a range of resources to accompany it to support doctors to embed the guidance into their practice.

Revalidation

- 39** We have consulted on changes to our patient feedback requirements for revalidation. Changes may include the format of feedback, GMC advice on the feedback and whether there will be more local discretion on how feedback is collected and used. We expect the guidance to be finalised in early 2020 after which we will be deciding on a plan for implementation.

Outreach Review

- 40** At our last UKAF meetings, we updated members on our plans to establish a new internal structure to improve the support our outreach teams already provide to doctors, healthcare providers, patients, and medical education, as well as other regulators.
- 41** These teams play a key role in supporting local healthcare economies, engaging on national developments and priorities, and ensuring that the work we take forward is appropriate across the four nations. We are exploring how we can improve existing relationships with partners so that we can meet the needs across the four countries of the UK. The first phase of implementation, including establishing regional GMC

teams in England, which will be based on the models in the devolved countries, will take effect from 1 January 2020.

Education Reforms

Quality Assurance

- 42** We are piloting a new education and training Quality Assurance model in Wales and in the West Midlands. They are designed to enable us to gain more continuous assurance of compliance with our standards and outcomes.
- 43** The feedback we have received from our stakeholders shows that the new approach to QA is fairer and more proportionate. Once embedded the new process will be more efficient and will reduce workload.

Flexibility

- 44** We have met a number of the commitments laid out in our report to UK Governments in March 2017 '*Adapting for the Future: a plan for improving the flexibility of UK postgraduate medical training*', including most recently the publication of [Welcomed and valued](#), our revised guidance on health and disability for medical students and doctors in training.
- 45** We are exploring how we can promote greater training flexibility within the current legal framework. We are working with the Academy of Medical Royal Colleges to develop updated guidance for doctors in training who wish to change specialities, without having to re-start training. We have also been working with education bodies across the UK on proposals to account for doctors skills that are accrued having stepped out of UK training.

Credentialing

- 46** We continue to work to develop our credentialing proposals to formally recognise a doctor's knowledge and skills in a specific area of practice. Credentials will help the profession to adapt to the current and future needs of patients and maintain consistent standards across the UK.
- 47** Our framework for GMC-regulated credentials was approved by our Council in June. We are setting up task and finish groups to review submissions for credentials in a constructive manner and to allow input into our processes from key stakeholders across the UK.

- 48** Early adopters have been approved (these include Liaison Psychiatry, Interventional neuroradiology, Pain medicine, Cosmetic surgery, and Rural and remote health) and we will evaluate processes and the impact in late 2020/early 2021, before accepting any further submissions for credentialing.

Medical Licensing Assessment (MLA)

- 49** The MLA will enable us to assess UK medical graduates and international medical graduates (IMGs) together. This will ensure that they meet a common threshold for safe practise before registering for a licence to practise. In June, we agreed that we will continue to appoint an exam board to set test papers for UK students and IMGs as well as mark and return the Applied Knowledge Test (AKT) results. However, we will allow medical schools to deliver the AKT at a time that suits their curricula and assessment cycle.
- 50** We will use a phased approach to implementation. Extensive piloting will take place into 2022, before full implementation from 2023 for UK medical schools and students, and international candidates. From 2024 onwards, UK graduates will have to pass the MLA to achieve a degree recognised by us as a primary medical qualification.
- 51** We have added pages to our website to assist medical schools, medical students and international medical graduates to access the information they need to prepare for the MLA's introduction.

Differential Attainment

- 52** Over the past few years, we have been working with the postgraduate deaneries to develop our quality assurance framework focussed on fairness. This has now been embedded into our quality assurance functions, and we are meeting quality teams across the UK to discuss how the work is progressing.
- 53** We continue to develop a hub of differential attainment resources (research and case studies) to build an evidence base. These can be found at www.gmc-uk.org/differentials.
- 54** Deanery presentations on Differential Attainment were a key element of our Education Policy Roundtables held earlier this year in each of the devolved nations. We received positive feedback around the structure of these meetings, as well as some constructive comments about how they can be improved, suggesting that delegates would like us to repeat them in future years.

Appendix A

Brexit

The 'no deal' amendments to the Medical Act were adopted in March and will come into force on 31 October (or later if the exit date is postponed). We have worked very closely with DHSC officials and lawyers to make sure that the amended Act allows us to register doctors who qualified in the European Economic Area in a timely and streamlined way without compromising standards. We have also engaged closely with officials in devolved governments to ensure we are considering things appropriately from a four-country perspective.

We have agreed a communication plan so that we can alert EEA qualified doctors to the changes to the registration process in the event of a 'no deal'. We currently have an FAQ page on the GMC website and have drafted amended guidance for areas where we believe doctors may be impacted such as the supply of medicines.

The 'no deal' arrangements to continue to recognise the majority of EEA medical qualifications will not be reciprocated by European medical regulators for UK qualifications. This loss of recognition of UK qualifications does have potential implications for undergraduate and postgraduate medical education in the UK bearing in mind that around 5% and 4% respectively of participants in those programmes are from the EEA – it remains to be seen whether UK medical education will continue to attract applications at this level when the qualifications conferred no longer benefit from automatic recognition throughout Europe.

We have contacted European medical regulators to find out how they will register UK graduates in the event of a 'no deal' Brexit. We have shared these results with DHSC officials. With the notable exceptions of Ireland, France and Spain, it appears that the majority of regulators will not replicate our preferential treatment and will treat UK graduates (regardless of their nationality) as international medical graduates. Ireland will put in place a similar arrangement to our 'no deal' amendments and France will continue to apply the RPQ Directive to UK nationals for a period of five years.

We are also beginning to explore how we will share fitness to practise information with European medical regulators once we no longer have access to the Internal Market Information (IMI) system. In the event of a 'no deal', we plan to contact EEA regulators to request that they work with us to find a way of continuing to share their fitness to practise information with us, outside of the IMI system. We are already working with the Medical Council of Ireland to draft an MOU to ensure that they can continue to share their FtP information with us. Whilst we will continue to proactively share information with regulators, we are concerned that they will not want/be able to share their information with us due to GDPR concerns.

Our aim is to mitigate the impact of the loss of access to the EC's Internal Market Information (IMI) system through:

- Other means already in place to share fitness to practise and registration information with non-EEA countries. Before the European Commission introduced and mandated the use of IMI, we used these same processes in our interactions with EEA countries. We plan to revert to these should the Commission decide not to give IMI access to the UK post-EU exit.
- Existing strong bilateral and multilateral relationships through our joint leadership of the European Network of Medical Competent Authorities (ENMCA).

Agenda item:	1 and 2
Title:	Supporting a profession under pressure
Action:	To discuss

Executive summary

- 1** Whilst delivering our important statutory functions, we are actively supporting professionals to maintain and improve standards of good medical practice. To achieve this aim, we have created a programme of work called 'Supporting a profession under pressure'. This piece of work seeks to understand how we, working with our partners, can address the issues that have been raised with us about the environments in which doctors work, and the impact of systems pressures on medical practice.
- 2** We will give an update on the developments of these programmes including the publication of three reviews: Leslie Hamilton's review of gross negligence and culpable homicide; Dr Doyin Atewologun and Roger Kline's Fair to Refer review; and Michael West's review of mental health and wellbeing which will be published soon.
- 3** The recommendations from these reviews fall into three distinct categories: wellbeing, fairness and a just culture. We will be considering these recommendations under our usual UKAF themes of 'workforce' and 'workplace'. External speakers at each UKAF meeting will support the discussion by providing an update of their activity in these areas.
- 4** Attendees will be asked to consider what their organisation is currently doing that overlaps with the recommendations of these reports, and how we can work together as partners to implement them successfully across the UK.

Recommendations:

- 5** Forum members to discuss what they are already doing in these areas so that we can consider the cross-cutting themes.
- 6** Forum members to consider their ability and availability to partner with us to ensure these recommendations are implemented across the UK.

Independent review of gross negligence manslaughter and culpable homicide

- 7 Leslie Hamilton's [independent review of gross negligence manslaughter](#) and culpable homicide was published in June 2019.
- 8 The review considered gross negligence manslaughter and culpable homicide in relation to the perceived vulnerability of the medical profession to these criminal charges.
- 9 The aims of the review's recommendations are to encourage a renewed focus on a just culture, reflective practice, and individual systemic learning.
- 10 A number of the recommendations are directed at the GMC, which we have fully accepted. We consider that if these and recommendations relevant to other organisations are addressed, the report can be a catalyst for achieving a just culture in healthcare, leading to improvements to the care that patients and their families expect and deserve.

Fair to Refer?

- 11 Published in June 2019, Dr Doyin Atewologun and Roger Kline's [report](#) investigated why there is a disproportionate proportion of referrals of black, Asian and minority ethnic (BAME) doctors from employers to fitness to practise processes. They considered that contributory factors could include poor induction and support, working patterns which leave them isolated and poor feedback by managers.
- 12 Recommendations focus on four key areas: support, working environments, inclusive leadership and delivery. They include:
 - Improving support for doctors new to the UK or the NHS or whose role is likely to isolate them
 - Addressing the systemic issues that prevent a focus on learning, rather than blame, when something goes wrong
 - Ensuring engaged, positive and inclusive leadership is more consistent across the NHS
 - Developing UK-wide mechanisms to ensure delivery of the recommendations.

Supporting medical students' and doctors' wellbeing

- 13 Professor Michael West's [soon-to-be published review](#) will identify factors that impact on the wellbeing of medical students and doctors across the four countries of the UK.
- 14 The findings of this review, due to be published this autumn, will enable us to work together with organisations across the UK to agree priority areas for collaborative action that can help tackle the causes of poor wellbeing.
- 15 Emerging themes of this work include:
 - Autonomy and control – with the aim of providing individuals with more control over their lives
 - Belonging – with the aims to make individuals feel more connected to, cared for and caring of others around them; valued, respected and supported
 - Competence – with the aim to improve individuals' ability to experience effectiveness and deliver valued outcomes, such as quality care.