

Summary note of meeting - 20th March 2019

Attendees

Clare Marx (Chair)
Susan Goldsmith, GMC Chief Operating Officer and Deputy Chief Executive
Nicola Cotter, GMC Head of Scotland Office
Catherine Calderwood, Chief Medical Officer
Vipin Zamvar, British Association of Physicians of Indian Origin (Scotland)
Jill Vickerman, British Medical Association (Scotland)
Lewis Hughes, BMA Scotland Junior Doctors Committee
Willie Paxton, GMC Employer Liaison Adviser - Scotland
Alison Smith, Scottish Independent Hospitals Association
Tracey Gillies, Scottish Association of Medical Directors
Donna O'Boyle, Scottish Government
Dave McLeod, Scottish Government
Stewart Irvine, NHS Education for Scotland
Colin Melville, GMC Director of Standards and Education
Jenny Duncan, GMC Policy and External Affairs Manager
Ian Jackson, General Dental Council (observer)
Matthew Walters, Board for Academic Medicine
Edith Macintosh, Care Inspectorate
Lynne Meekison, NHS Education for Scotland
Rosemary Agnew, Scottish Public Services Ombudsman
Sarah Ramsay, Academy of Medical Royal Colleges and Faculties in Scotland
Carey Lunan, Royal College of GPs Scotland
Paul Reynolds, GMC Director of Strategic Communications and Engagement
Paul Knight, GMC Council
Shaben Begum, Scottish Independent Advocacy Alliance
Gordon McDavid, Medical Protection Scotland
Paul Buckley, GMC Director of Strategy and Policy
Hugh Stewart, Medical Defence Union
Barry Parker, Medical and Dental Defence Union of Scotland
Eilidh Carmichael, GMC Policy and External Affairs Officer (notes)
Grace Cousins, GMC Regional Liaison Service Administrator (observer)

Welcome and Chair's Introduction

- 1 The Chair welcomed attendees to the March 2019 meeting of the UK Advisory Forum in Scotland. She noted it was great to be back in Scotland following her first meetings as Chair at the start of the year and looked forward to opportunities to get out into the field and meet with registrants, before asking those present to introduce themselves.

Review of Actions from Previous Meeting

- 2 The Head of Scotland Office offered a short update on actions from the Autumn 2018 meeting. She covered:
 - The feedback from forum members who had requested that positive examples were included in the case studies on reflective practice. She highlighted that learning materials had been produced and would be published shortly.
 - The request for GMC workforce data to include WTE, which she said the GMC was continuing to explore.
 - The update to Welcome to UK Practice Programme in Scotland in light of the upcoming GNM/CH review findings and national legislative variations. She highlighted that BAPIO would be supporting the upcoming events by sharing details and possibly attending.

Medical Workforce, Quality and Safety

Responding to Workforce Challenges in Scotland – the GMC perspective

- 3 The Director of Strategy and Policy set out a dual focus for the session: the GMC's contingency planning for Brexit and the organisation's wider workforce offer from SOMEF 2018. He stressed that the purpose was then to listen to feedback and understand what others feel would be most helpful.
- 4 He outlined the two main Brexit scenarios for which the GMC had prepared. Firstly, that the UK would leave with a withdrawal agreement and a set implementation period and, secondly, the no deal option. The work undertaken had been done in conjunction with other countries, with a focus on minimising any risk to the supply of doctors. He updated on the Medical Act revisions, work to ensure the GMC's website and IT systems were prepared for no deal, and the plans to maintain communication without access to the Internal Market Information (IMI) system. The lower reliance on EEA graduates in Scotland's workforce overall, when compared to the UK, was raised but the significant contribution made by EEA graduates, particularly in rural areas, was noted. He said current applications from EEA graduates were holding steady, as were departures.

- 5 On broader workforce issues, he set out the overlaps between Scotland's workforce plans and the GMC's work. The three key areas for collaboration set out in SOMEPEP were: improving supply; support for retaining and attracting doctors; and a more strategic approach to maintaining and improving standards. He covered:
- The restrictions the Medical Act put on the ability of the GMC to amend the process for entering the register. Within the constrictions, he highlighted work to increase the availability of PLAB, work to better support SAS doctors, create more flexibility in training and change the Performers List. On physician associates, he reminded those gathered of the commitment to bring them into regulation and the GMC's willingness, if asked, to take on the task, subject to certain criteria.
 - On retaining and attracting doctors, he raised the GMC's wellbeing work, the expansion of Welcome to UK Practice and the framework for credentialing. He acknowledged the desire for action on the latter and updated on the timetable.

Systems and Collective Assurance

Sustainability of the medical workforce in Scotland – Scottish Government priorities and challenges

- 6 Following a short introduction from the Chair, Dave McLeod outlined four areas of Health Workforce strategic focus: sustainability; recruitment and retention; reform; and challenges, barriers and opportunities. He mentioned that he would head straight from the forum to a meeting with the Cabinet Secretary for Health & Sport where these issues would be at the heart of the discussion.
- On sustainability, he noted the options being considered as part of the upcoming integrated workforce plan. Improved modelling and analysis of workforce data would also be crucial to the pipeline approach. It was likely publication of the Plan would include some additional medical workforce numbers. He highlighted the importance of capacity and infrastructure to any plans. He spoke of the good examples of multidisciplinary teams already in existence, the desire to put them at the heart of the workforce plan and the challenge this created for change, noting funding pressures.
 - On recruitment and retention, Dave recognised there was debate over the best way to address the supply side deficit. He highlighted the expectation from doctors that they would have jobs which were fair, offering flexibility and with a positive, supportive culture, while trainees wanted quality education posts and more choice. He focused on the desire for improved flexibility, highlighting the role rota design would have to play in the answer as well as offering recruitment incentives where appropriate. He reflected on the relative successes of bursaries for those taking on jobs in less popular locations. Noting many of the similarities between Scotland's workforce plans and those of the other UK nations, he said

commitments for growth in medical numbers was challenging when they were all “fishing in the same pool”.

- Outlining the focus on reform, he highlighted a desire for interventions which would deliver results, with the civil service being challenged to be more ambitious and break down barriers to change.
- Lastly, he said the GMC and Scottish Government had a good working relationship at a Scottish and UK-level, but set down a challenge on the pace of reforms to the structure of medical training and credentialing. He urged those gathered not to shy away from these points but to work in partnership to deliver what patients and service providers actually need.

7 The Chair concluded the presentations by asking attendees to think innovatively during the following discussion.

Facilitated Discussion of Workforce Themes Raised

8 A wide-reaching discussion on workforce ensued.

- *Rotas:* The wide impact of rota problems on areas including family life and patient safety was highlighted by Forum members. Prompted for suggestions by the Chair, the ideas of co-produced guidance on rota design, increasing rest facilities and a discussion between NES, the Scottish Government and the BMA on educational offers for trainees were put forward. Others cautioned that the most attractive rota design could lead to a more fractured team dynamic.
- *Public engagement and multidisciplinary teams (MDTs):* There was a suggestion from forum members that work was needed to educate the public in the benefits of MDTs. The forum heard that the Scottish Government had committed to further public engagement. Catherine Calderwood commended the Citizen’s Jury report to those gathered, highlighting its desire for action to encourage patients to feel able to ask questions.
- *Medical associate professions (MAPs):* The Chair invited comments on MAPs. Some forum members raised concerns on the potential for competition between MAPs and junior doctors. It was suggested that if the GMC was chosen as the regulator, it could work to ensure balance was struck between these roles.
- *Valuing doctors and retention:* The importance of valuing doctors to support retention was raised. Forum members suggested the QC report in NHS Highland could be used as a catalyst to tackling poor cultures; others drew attention to the introduction of the Independent National Whistleblowing Officer, highlighting that the guidance and principles would reference the importance of culture and governance. Concerns were raised about the number of SAS doctors considering moving or retiring and further concerns highlighted that a new AS grade in

England could draw people from Scotland. Some forum members felt people taking career gaps needed to be better catered for. Members discussed wellbeing at length, including the potential for better supported doctors to avoid FTP cases and the reduced impact of timely FTP processes on wellbeing. GMC attendees pointed out the legislative changes required to altering FTP processes but also raised the Human Factors work in this area.

- *Appraisal:* The potential for appraisals to be viewed as a burden was discussed at length. It was suggested work was needed to understand why it is viewed as a burden by some and helpful by others. There was a question on whether the quality of the appraisal correlated to its perceived usefulness. There was a suggestion views might improve if people could choose their appraiser. Some felt there was little standardisation in technique. Carey Lunan stated 43% of GPs reported that appraisal was a major factor in whether they are going to stay in the profession – a point backed by data from the BMA. The opportunity for appraisals to discuss doctors' wellbeing, support mechanisms, understanding of how to escalate concerns and similar areas was discussed. The Chair drew attention to the Pearson Report's findings. In response, members suggested a wide partnership was needed to tackle this issue, noting it was a particular concern in Scotland. A specific suggestion was made that the format of the health section of the Scottish Online Appraisal Resource could be reviewed to ensure that it appropriately guided appraisers and appraisees to discuss health and wellbeing in a broader sense. The Chair stated that appraisals merited further consideration.
- *Education:* There was a discussion on how closely matched students' skills were with the skills required in the workforce. A number of attendees made the case for an expansion in undergraduate places and some members warned that moves to tie people to remain in Scotland could be met with opposition from young people. It was questioned what the Scottish offer was which would attract people to come, stay or return. Forum members cautioned of the drop in popularity of Scottish medical schools and suggested some of the rhetoric around the profession needed to change. Concern was raised about the lack of time for educational supervision by senior colleagues, while others noted students' welfare needed to be better supported. Stewart Irvine spoke of the role the National Training Surveys could play as a driver for change and the importance of increasing trainer responses.
- *Technology:* A number of members raised points relating to technology, including on the importance of digital transformation and addressing doctors' concerns about telehealth. Colin Melville detailed the work his department was doing in this area, expressing a desire to work with others. The Chair said this might be something that could be brought back to this group.

- 9 The session closed with Dave McLeod thanking those present for their contributions, and acknowledging it had provided him with many points to take away.

Upstream Regulation: Preventing Harm and Supporting Professionalism

Maximising the collective effect of our field forces

- 10** The Chief Operating Officer's presentation offered an update on work to realign the GMC's field forces across the four countries. She noted the value placed by stakeholders on the physical office in Scotland and the value the GMC received from the UKAF meetings. The desire was to mirror this engagement in England, particularly at the regional level. She hoped this would allow the GMC to better share the breadth of its work, speak with one voice and offer people a clear point of contact. Lastly she said these changes would not disturb the GMC's work in Scotland, but rather provide an opportunity to increase it.
- 11** The Head of Scotland Office offered an overview of the work the team undertook. She covered policy and communication, standards and guidance, Welcome to UK Practice and the Promoting Professionalism sessions. The increase in Welcome to UK Practice places and the introduction of sessions on professional behaviours and patient safety were particularly highlighted. She welcomed ongoing work on data with NES and HIS.
- 12** The Employer Liaison Adviser for Scotland then spoke about the employer support function, including on the new Local First Approach. This would see designated bodies supported by the GMC to investigate concerns at the local level before any escalation to the GMC's processes. He expressed his gratitude for the response this had received so far. He welcomed the engagement with Scotland's Responsible Officers (ROs) and highlighted work on induction training for ROs, which he tied in to the numbers due to retire in the near future.
- 13** Nicola Cotter then took those gathered through a perception survey of GMC stakeholders conducted the previous year. While 92% of stakeholders felt their organisation's overall working relationship with the GMC was good, only four in nine respondents in Scotland felt the GMC's approach to regulation anticipated and responded to the needs of individual parts of the UK.
- 14** The Director of Strategic Communications and Engagement summarised that in England the GMC wanted to get closer to the field, while in Scotland the focus was on strengthening collaboration. This led into the questions for discussion.

 - Broadly speaking, attendees spoke positively about their relationship with the GMC in Scotland. A number of people felt engagement at this level helped to make the GMC a more "friendly face". Carey Lunan said more needed to be done to make sure this view of the GMC made its way to frontline practitioners, suggesting appraisal and wellbeing work could help achieve this. Paul Reynolds thought that message could often be more effectively communicated in partnership and asked those gathered to work with the GMC on this. There was a call to ensure GMC staff viewed themselves as ambassadors for the whole organisation and a

suggestion the GMC look to foster a positive relationship with trainers and appraisers so they could pass on that positive view.

- Forum members reflected that having the Employer Liaison Adviser working with the independent sector had helped to evolve its procedures and create a softer approach.
- Some members highlighted concerns about the SAS doctors' survey and the merging of data on SAS and locally employed doctors. This was acknowledged by Colin Melville, who said he would work to make sure the concerns were taken into account in work with SAS doctors.
- Feedback was provided on a credentialing workshop one of the forum members had attended, noting the strength of feeling in the room at the time and concern the feedback from after the event did not accurately represent the session. Responding, Colin Melville offered reassurance that views had been taken into account and what was published following the next Council meeting would show this.
- Forum members highlighted that Scotland held 10% of the UK's medical workforce and said sometimes it felt Scotland therefore occupied 10% of the GMC's focus. However, it was recognised this was not always the case and sometimes it seemed that Scotland was afforded a 25% share, in keeping with its position as one of the four UK nations. Paul Knight explained that part of his role on the GMC's Council was to ensure there was a Scottish perspective, but felt there was awareness within the GMC of such concerns and a drive to address it.
- Asked how the GMC could better hear the patient voice, some forum members felt there was a long way to go. A challenge was issued for the GMC to get people involved not just by hearing their views but involving them in production.
- There was a suggestion the GMC could work more with other regulators and Susan Goldsmith acknowledged this was an area of huge opportunity but different organisational priorities and legislation made the process complicated.

Review of Key Points and AOB

15 The Chair closed the meeting by thanking those gathered for their input. She reflected that at times the meeting had discussed uncomfortable truths around resource, expectations and other areas. She felt there was work to be done to explain the GMC's primary role as a patient safety organisation but that patients were safer when doctors were well supported, well rested and well trained. Finally, she looked forward to joining members for the next meeting in October 2019.

16 Actions from the meeting were for:

- The GMC to explore how to further understand attitudes towards appraisals, including working in partnership to explore why they can be viewed as a burden.
- The GMC to consider how to improve patient involvement and explore further ways for co-production with patients and the public.
- The GMC to consider providing an update on its work on technology for a future UKAF.
- The GMC to explore how to continue to foster a positive relationship with trainers and appraisers to reach frontline practitioners, including through communicating positive work around wellbeing work.
- The GMC to review how SAS and Locally Employed Doctors data was treated in light of the SAS doctors' survey.