

UK Advisory Forums – Scotland

Tuesday 21 March 2017

13:30-16:00

**GMC Scotland office
The Tun, 4 Jacksons Entry
Holyrood Road
Edinburgh, EH8 8AE**

Agenda

Meeting

- 1 13:30-13:35 Welcome and Chair's introduction
- 2 13:35-13:40 Actions and feedback from October 2016 meeting
- 3 13:40-14:20 Update on local priorities/areas of concern from Forum members
- 4 14:20-14:55 GMC update
- 5 14:55-15:25 External agenda item – Complaints Standards Authority: *The new NHS Scotland Model Complaints Handling Procedure and relevance to the medical profession and patients*
- 6 15:25-15:55 Securing the licence to practise: Introducing a Medical Licensing Assessment
- 7 15:55-16:00 Any other business

Agenda item:	4
Report title:	Discussion Paper: GMC update
Report by:	Shane Carmichael , Assistant Director, Strategy and Communication Directorate shane.carmichael@gmc-uk.org , 020 7189 5259
Action:	To consider

Executive summary

This paper provides an update on progress against a number of our priorities and key projects for 2017. Key points for Advisory Forum members to note:

- We launched a [public consultation](#) on establishing a Medical Licensing Assessment (MLA) on Tuesday 31 January 2017. The consultation is open until 30 April 2017 and follows extensive preparatory work over several years with key stakeholders to get our plans to this point.
- Sir Keith Pearson's independent report [Taking Revalidation Forward](#) was published on 13 January 2017. We are currently working with key stakeholders and the Revalidation Delivery Board Scotland to explore the recommendations and to design an implementation plan.
- It is our understanding that the Department of Health (England) will imminently launch their consultation on plans for the UK-wide reform of professional regulation. We continue to work closely with officials to seek reform to our legislative framework.
- We are committed to delivering a set of actionable recommendations that will meaningfully improve the experience of doctors in training across the UK who wish to change specialties. The report, commissioned by the Secretary of State for Health in England, will be delivered to Ministers in the four countries by the end of March 2017.

Recommendation

Members are asked to consider this update ahead of discussion at the Advisory Forum meeting. In particular, we are keen to hear suggestions as to how this programme of work can best be delivered as well as any queries, advice or concerns members may have.

Updates

Medical Licensing Assessment

- 1 A [public consultation](#) on establishing a Medical Licensing Assessment (MLA) was launched on Tuesday 31 January 2017. The consultation is open until 30 April 2017 and follows extensive preparatory work over several years with key stakeholders.
- 2 Although the quality of undergraduate medical education remains high and our processes to admit entry to the register are robust, we believe our current arrangements could be made simpler, stronger and fairer with the introduction of the MLA.
- 3 The MLA would create a single objective demonstration that doctors entering UK practice have met a common threshold for safe practice. This consultation is an opportunity to hear views on a series of fundamental questions; including how the MLA should be structured, what it should test, when it should be introduced and how it should be delivered.
- 4 A number of organisations issued statements on the launch of the consultation welcoming our approach and the opportunity for further engagement. These organisations included the Medical Schools Council, the Academy of Medical Royal Colleges, the Royal College of Physicians (London) and NHS Employers (England).
- 5 We intend to work closely with organisations responsible for healthcare and medical education and training across the four countries of the UK in the years ahead, in order to refine our plans, develop an assessment blueprint, pilot thoroughly and decide how best to implement the MLA in practice.

Taking revalidation forward

- 6 Sir Keith Pearson's independent report [Taking Revalidation Forward](#) was published on Friday 13 January 2017. We asked Sir Keith to review the impact of revalidation since it was launched in December 2012 and to make recommendations about how the process could be improved.
- 7 We welcomed the report and committed to taking forward the recommendations in collaboration with other stakeholders. Alongside the report, we published the [GMC response](#) setting out our five key priorities to improve revalidation. We are now working with key stakeholders and the Revalidation Delivery Board Scotland to explore the recommendations and to design an implementation plan.

- 8 Sir Keith's work will be complemented by the independent evaluation being conducted by the [UK medical revalidation collaboration](#) (UMbRELLA) whose final report will be available in early 2018.

Future shape of professional regulation

- 9 We understand that the Department of Health (England) will soon launch their consultation, in collaboration with the devolved governments, on plans for the UK-wide reform of professional regulation. Reform of our legislative framework is long overdue; the Medical Act is now over 30 years old and, as the Chair said in his message to the profession in January, it frequently slows us down and places unnecessary stress on doctors and patients.
- 10 We continue to work closely with officials to seek reform to our legislative framework and are also in discussions about the possibility of Section 60 orders (a form of secondary legislation that doesn't require parliamentary time) to secure further much needed reforms.

GMC review on making training pathways more flexible

- 11 It has emerged that there are deep-seated concerns amongst doctors in training about the inflexibility of current pathways in postgraduate training. These concerns resonate with themes raised across all four countries of the UK and in successive reports, most recently the independent [Shape of Training Review](#).
- 12 As part of the agreement reached between the two parties we agreed to undertake a review into making training pathways for doctors in training across the UK more flexible. As part of that review we sought views and advice from doctors in training and key stakeholders from across all four countries of the UK.
- 13 The report is likely to emphasise the need for four-country, system-wide oversight to help coordinate and lead the changes.
- 14 The powers to improve the flexibility of training do not all lie with the GMC, but through our discussions with doctors in training and others, we have identified ways in which the system could be improved and, where appropriate, we will be seeking commitments from other bodies.
- 15 The review is now in the final stages and we will deliver our report to Ministers in the four countries by the end of March 2017.

Confidentiality guidance

- 16 After much consultation with patient groups and others in Scotland, we issued new confidentiality guidance in January this year which will come into effect from 25 April 2017.
- 17 The guidance was last published in 2009 and while the principles of the current guidance remain unchanged, the three key changes are:
 - Restructured to more clearly reflect the ways doctors use patients' information in their everyday practice.
 - The framework for considering disclosures has been simplified, with a decision making flowchart and a new set of principles closely aligned with the Caldicott principles for health and social care.
 - It clarifies the public protection responsibilities of doctors, including when to make disclosures in the public interest.
- 18 Once the guidance comes into force we will provide additional resources to support doctors in applying the guidance in practice, and for patients in understanding what they can expect from their doctor.

Consent guidance

- 19 We are currently reviewing our [Consent](#) guidance last published in 2008. While the fundamental principles remain sound, since the earlier publication there have been shifts in the legal, policy and workplace environments and therefore it is necessary to ensure the guidance is updated to better cater for doctors' needs.
- 20 We have completed an initial survey with the profession and interested groups across the UK, and are currently surveying patients. An expert task and finish group, including representatives from the four countries, will support us to develop updated guidance which we plan to consult on towards the end of 2017. We welcome the Scottish Chief Medical Officer's 'Realistic Medicine' vision for consent; we look forward to working with her to realise this vision, and are pleased that her adviser, Terry O'Kelly, agreed to join our task and finish group.

Credentialing

- 21 **On 23** February 2017, Council agreed to test our proposed model for approving credentials and recognising doctors who met the requirements. During 2017, we will work with an initial pilot to test our proposed processes and identify the impact of the model on external systems. We also need to consider some outstanding questions as

part of this work. This includes the extent to which we develop this approach within our current legislative framework, and the implications of the work by the UK Shape of Training Steering Group. We will report on the outcome in early 2018.

List of Registered Medical Practitioners

- 22 On 5 July 2016 we launched a formal public consultation on our proposals to develop the LRMP. We received 7,741 responses to the consultation, the largest response rate to any consultation the organisation has ever run.
- 23 The vast majority of responses were from doctors and medical students, with a small number representing organisations, members of the public and other individuals. However, we engaged directly with a number of stakeholders including employers and patient organisations across the four countries.
- 24 On 23 February 2017, Council discussed the key findings from all of the responses. The majority of responses did not support the proposals to enable doctors to add voluntary information to the medical register. Some of the reasons for this included the view that doctors might feel pressured to add extra information, so as not to be adversely judged by the public. There were also views that additional information could pose a risk to the safety and privacy of doctors, particularly those working in sensitive areas such as forensics and psychiatry.
- 25 We have listened to these views and will not be taking forward these proposals at this time.
- 26 We are also working with the Academy of Medical Royal Colleges to explore the desirability and practicalities of collecting and possibly recording information about doctors' scope of practice.

My GMP App

- 27 The My GMP app was launched in December 2016 and is available free from app stores. The app gives quick access to [Good medical practice](#) and all our ethical guidance for doctors.
- 28 The initial response from doctors to the app has been very positive and we continue to make improvements based on user feedback, as well as adding more resources to it.

Agenda item:	5
Agenda title:	External Agenda Item: <i>The new NHS Scotland Model Complaints Handling Procedure and relevance to the medical profession and patients</i>
Report by:	Victoria Carson , Head of Scottish Affairs, Strategy and Communication Directorate Victoria.carson@gmc-uk.org , 0131 525 8706
Action:	To consider

Executive summary

John Stevenson is Head of the Complaints Standards Authority (CSA), part of the office of the Scottish Public Services Ombudsman (SPSO). The purpose of the CSA is to 'support continuous improvement in complaints handling by guiding public service providers towards a simplified, standardised complaints procedure, which puts the service user at the heart of the process. It focuses on early resolution and values complaints as tools for feedback, learning and improvement.'

Under the Patient Rights (Scotland) Act 2011 the CSA was charged with developing a new model Complaints Handling Procedure (CHP) for NHS Scotland. The finalised procedure was published by the Scottish Government in October 2016. The GMC provided input to the development of the CHP with information on our role in fitness to practise, advice on referrals and how healthcare providers can seek advice from us.

The presentation will provide an overview of the new CHP and its relevance to the medical profession and patients. This includes covering the status of the procedure, the flexibility that it affords providers, the role of the SPSO in ensuring that procedures are in place and followed, and the new emphasis in the CHP on complaints handling in the primary care sector.

Recommendation

To provide an overview and encourage discussion.

Securing the licence to practise: Introducing a Medical Licencing Assessment

Consultation: 31 January - 30 April 2017

Agenda item 6

Medical Licensing Assessment - aim

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.

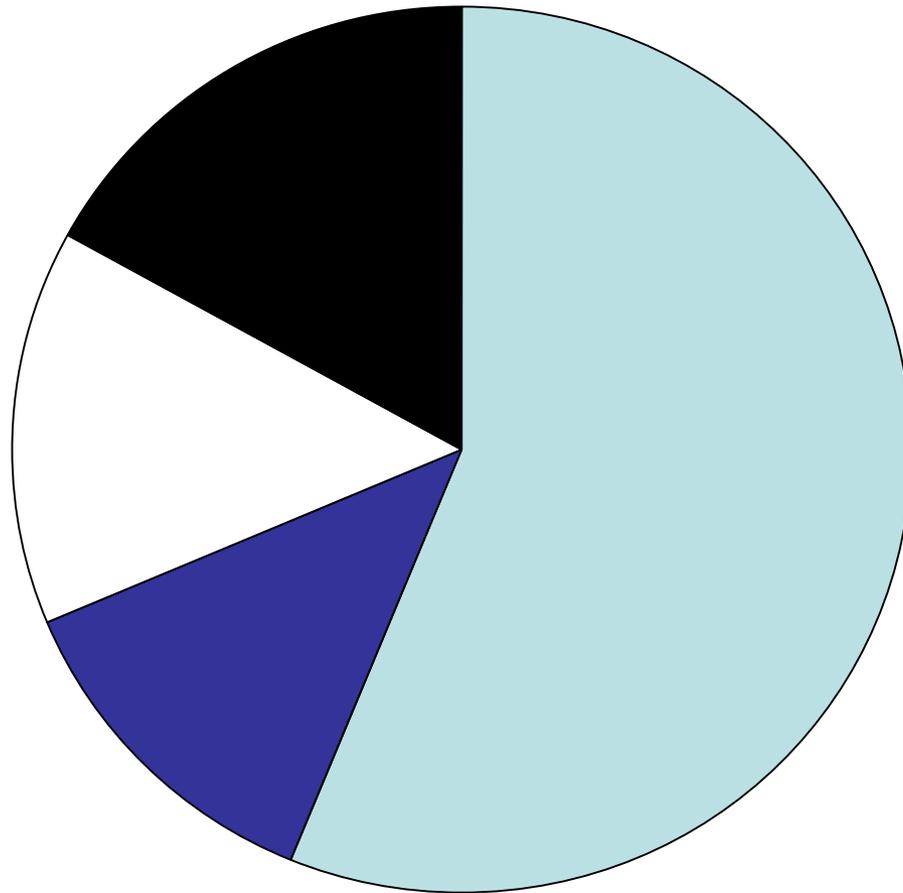
Routes to a licence to practise in the UK

Medical graduates across the UK: curricula and assessments managed by each medical school.

International medical graduates: GMC Professional and Linguistic Assessments Board test; acceptable postgraduate qualifications; sponsorship by a recognised organisation; etc.

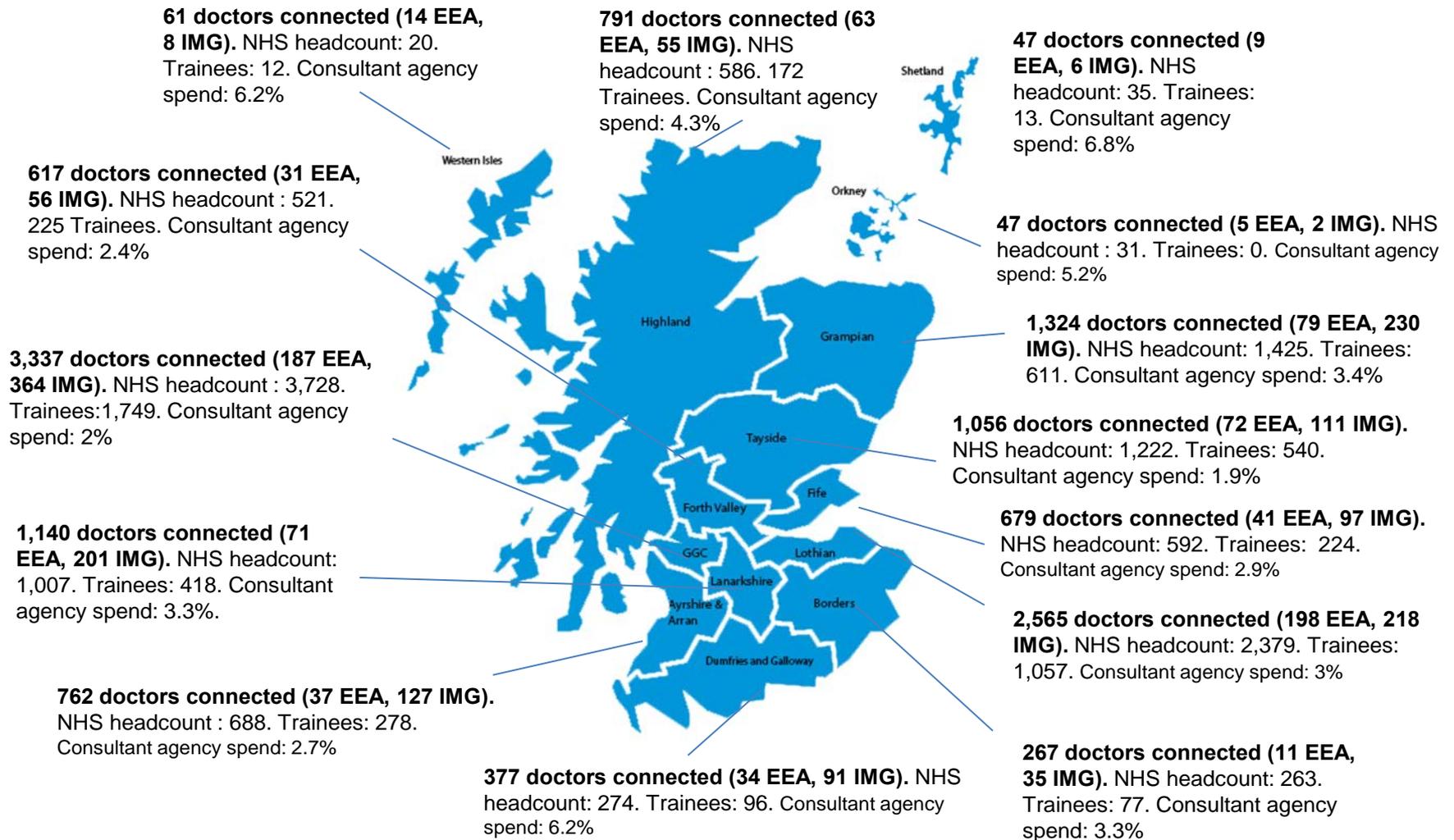
EEA graduates: currently entitled to have qualifications recognised without any test.

Routes to a licence to practise in the UK



- 7177 students passing finals at medical schools across UK
- 1589 international medical graduates taking the PLAB test
- 1839 international medical graduates not taking the PLAB test
- 2166 EEA graduates - no test to register

Doctors in Scotland



Engagement in 2016

Local engagement

- Visits to medical schools.
- Discussions with governments.
- Conversations with students and doctors in training.

Key themes

- Acceptability and avoiding duplication.
- Practicality and cost.
- Building on progress and not reinventing the wheel.
- Proportionality and recognising constraints.
- Impact on curricula and current assessments.

Main issues for the consultation

- Aim and case for change
- Scope and blueprint
- Framework: the two tests
- Level and status
- Who will take the MLA?
- Resource implications
- Governance and review
- Implementation
- Impact

The scope of the MLA

- The MLA should test a wide range of competencies necessary for good doctors, for example:
 - **Ethical and professional practice**
 - Understanding the behaviours and systems that contribute to **patient safety**
 - Safe and effective **prescribing**
 - **Clinical practice**, including cultural, legal and organisational factors.
- GMC's curricular requirements *Outcomes for graduates* under review – consultation to follow.

The framework for the MLA

We propose an MLA of two parts:

- Testing applied knowledge through a computer based test.
- Testing clinical and professional skills.

We propose that the MLA tests would provide the core content for finals at universities across the UK.

Universities could include further material to reflect the diversity of their curricula.

Who would take the MLA?

- Medical students across the UK
- We want EEA doctors to take the MLA...
- ... subject to the outcome of negotiations on the UK leaving the EU
- International medical graduates...
- ... replacing the GMC's PLAB test.

Governance

- MLA must be developed and run in collaboration with partner organisations, for example
 - Medical schools
 - Foundation schools
 - Employers
 - Four UK governments
 - Bodies representing the profession
 - Bodies representing patients and the public
- Consultation, expert reference group and subgroups, and wide reference community.
- Propose a programme board at arm's length from but accountable to the GMC.

Timescale for introducing the MLA

When...	What...
2017	<p>GMC...</p> <p>consults on the principles underlying the MLA</p> <p>consults on the <i>Outcomes for graduates</i></p> <p>considers responses and decides the way forward.</p>
2017-2021	<p>GMC, working with the four UK governments, medical schools and other key partners, develops, pilots and implements the MLA.</p>
2022	<p>First 'live' assessment of the MLA.</p>

The consultation

The consultation is open until **30 April 2017**

You can find the consultation document and background information at: www.gmc-uk.org/mla

In Scotland we are aiming to engage with patient groups through the Health & Social Care Alliance, and plan to engage with approximately 700 students at forthcoming events.