

**UK Advisory Forums – Wales**

**Tuesday 14 March 2017**

**13:30-16:00**

**GMC Wales office**

**4<sup>th</sup> Floor**

**2 Caspian Point**

**Caspian Way**

**Cardiff Bay**

**CF10 4DQ**

## 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 13:40-14:10 Update on local priorities/areas of concern from Forum members
- 4 14:10-14:50 GMC update
- 5 14:50-15:20 External agenda item – NHS Wales Confederation:  
*NHS Leadership Challenges and Brexit*
- 6 15:20-15:55 Securing the licence to practise: Introducing a Medical Licencing Assessment
- 7 15:55-16:00 Any other business

<b>Agenda item:</b>	<b>4</b>
<b>Report title:</b>	<b>Discussion Paper: GMC update</b>
<b>Report by:</b>	<b>Shane Carmichael</b> , Assistant Director, Strategy and Communication Directorate <a href="mailto:shane.carmichael@gmc-uk.org">shane.carmichael@gmc-uk.org</a> , 020 7189 5259
<b>Action:</b>	<b>To consider</b>

## 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 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, 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.
- 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 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 Following the industrial dispute between doctors in training in England and the UK Government it 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 In January we issued new confidentiality guidance 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.

## 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.

<b>Agenda item:</b>	<b>5</b>
<b>Report title:</b>	<b>Welsh NHS Confederation: <i>NHS Leadership Challenges and Brexit</i></b>
<b>Report by:</b>	<b>Katie Laugharne</b> , Head of Welsh Affairs, Strategy and Communication, <a href="mailto:Katie.laugharne@gmc-uk.org">Katie.laugharne@gmc-uk.org</a> , 0207 189 5104
<b>Action:</b>	<b>To consider</b>

## Executive summary

Vanessa Young, Director of the Welsh NHS Confederation, will lead a stimulating session based on the Welsh NHS Confederation's work in this area.

She will present insights from her work across Wales with Responsible Officers, Chairs, Chief Executives and others, focussing on challenges facing NHS Leaders in the context of Brexit planning and implications.

The facilitated discussion will enable the GMC and other UKAF members to explore and consider these and other challenges facing NHS Leadership.

## Recommendations

- a** To enable facilitated discussion of these themes and issues.
- b** To consider risks and opportunities perceived by members and member organisations in this context.

## Welsh NHS Confederation

- 1 The Welsh NHS Confederation is a membership body representing the NHS in Wales: seven Local Health Boards and three NHS Trusts.
- 2 The Confederation supports its members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers' money. The Confederation acts as a driving force for positive change through strong representation and its policy, influencing and engagement work.

## Exploring NHS Leadership challenges

- 3 The Welsh NHS Confederation's recent overview of the potential implications of [BREXIT](#) for Wales sets out key leadership challenges in a number of areas including **B**udget, **R**esearch, **E**mployment, **X**-border healthcare, **I**nnovation and **T**rials.
- 4 The Confederation recently shared the views of NHS Leaders in Wales regarding their [leadership](#) role in relation to delivering for their teams and for the people of Wales; building consensus and a common sense of purpose; and the importance of recognising leadership at all levels in the NHS.
- 5 In January 2017 the Welsh NHS Confederation published results of the [Medical Engagement Survey](#). The results demonstrate a mixed picture across Wales, with some examples of good medical engagement, involvement and participation and others where there is a need for significant improvement. NHS organisations are committed to working closely with BMA Cymru Wales to develop strategies for improving engagement between doctors and NHS organisations over the next three years.
- 6 On 1 February 2017 the Welsh NHS Confederation hosted their Annual Conference and Exhibition. The conference theme '*Shifting the Balance*' reflects the direction of travel towards primary and community care, ill-health prevention, integration with non-NHS service and changing the relationship between the health service and individuals, making them equal partners in their health and well-being.
- 7 The Welsh NHS Confederation continues to support Board engagement and development and the next Board development session will be jointly delivered with Academi Wales, on 13 March 2017.

# Securing the licence to practise: Introducing a Medical Licencing Assessment

Consultation: 31 January - 30 April 2017

Agenda item 6

## Medical Licensing Assessment - aim

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**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 practice in the UK

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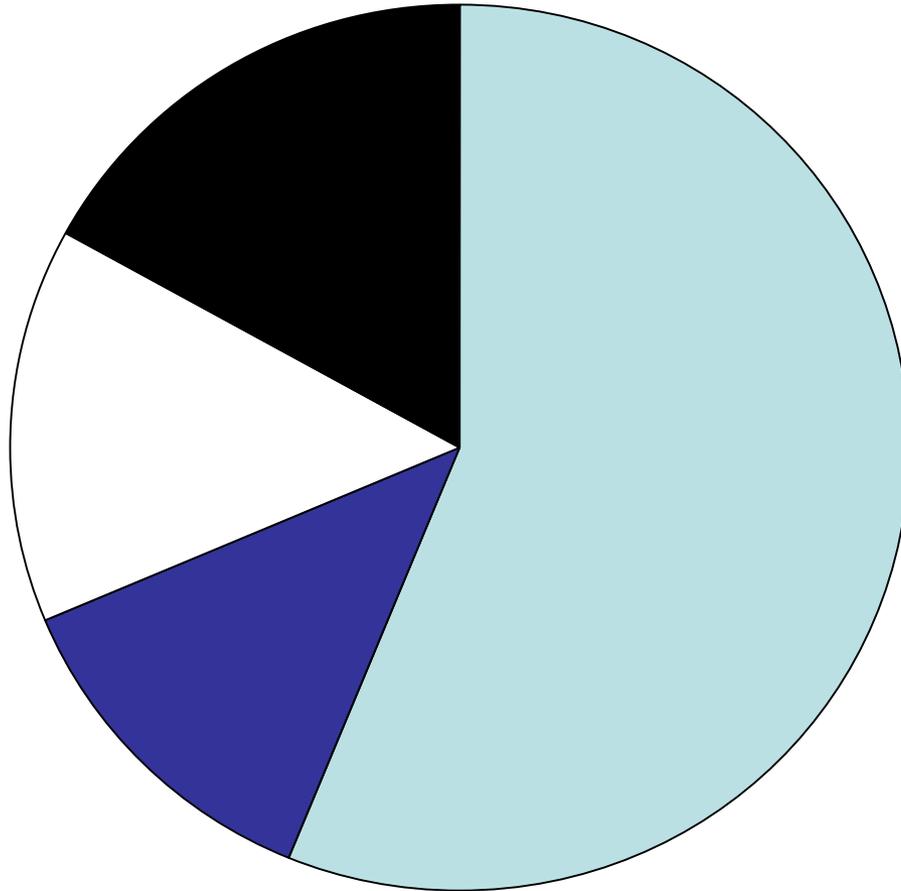
**Medical graduates across the UK:** curricula and assessments managed by each medical school.

**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.

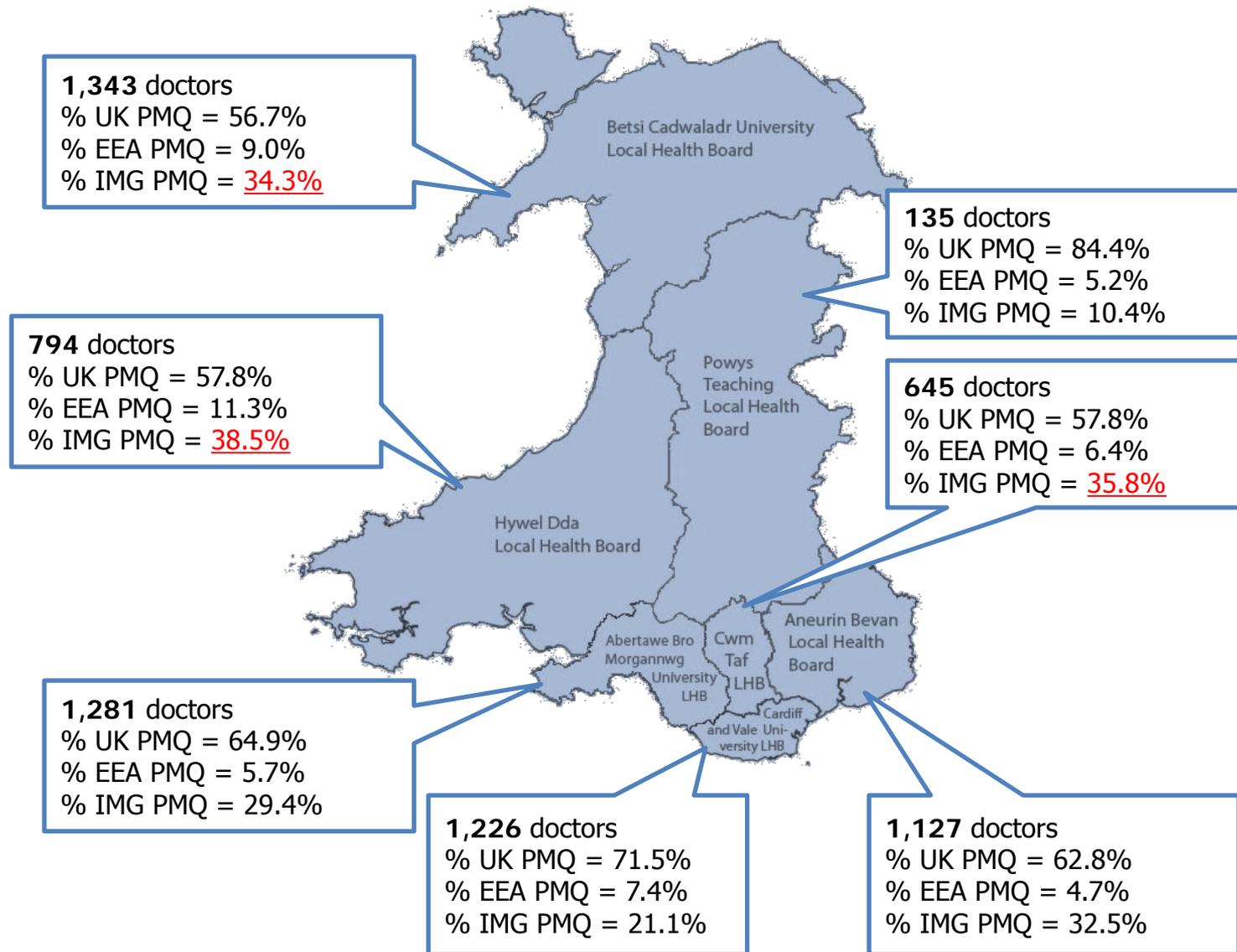
# Routes to a licence to practise in the UK

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- 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 NHS Wales



\*Data from Agora 15/08/16

# Engagement in 2016

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## 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

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- 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

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- 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

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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?

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- 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

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- 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

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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

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

You can find the consultation document and background information at: [www.gmc-uk.org/mla](http://www.gmc-uk.org/mla)

Wales MLA workshop to allow for more in depth discussion – **29<sup>th</sup> March in Cardiff** – contact Katie Laugharne [katie.laugharne@gmc-uk.org](mailto:katie.laugharne@gmc-uk.org)