General Medical Council

Summary note of the meeting on 16 October 2019

Attendees

Clare Marx, Chair, GMC

Paul Buckley, GMC

Steve Burnett, GMC

Josie Cheetham, BMA Cymru Wales Junior Doctors' Committee

Kamila Hawthorne, Swansea University Medical School

Chris Jones, Welsh Government

Robert Khan, GMC

Phil Kloer, Hywel Dda University Health Board

Nesta Lloyd-Jones, Welsh NHS Confederation

Katie Laugharne, GMC

Push Mangat, Health Education and Improvement Wales

Charlie Massey, GMC

Paul Reynolds, GMC

Keshav Singhal, British Association of Physicians of Indian Origin Wales

Brendan Spooner, GMC

Manel Tippett, GMC

Mike Usher, Wales Audit Office

Catherine Walton, GMC

Kate Watkins, GMC

Esther Youd, Academy of Medical Royal Colleges Wales

Huw Anslow, GMC

Welcome and Chair's Introduction

1 The Chair welcomed attendees to her second UKAF meeting in Wales as Chair of the GMC. She welcomed Kamila Hawthorne and Nesta Lloyd-Jones to their first UKAF.

2 Members were reminded that these fora are to share information and discuss opportunities for collaboration, and for us as a four-country regulator to hear the views of our stakeholders across the UK.

Review of Previous Actions

3 Forum members noted progress on the actions agreed at the previous meeting on 27 March 2019. These included the following:

- We will shortly publish a report on doctors with an EEA PMQ joining the medical register, which shows a continued trend of no significant change to the number of EEA graduates on our register, despite the uncertainty of Brexit
- We engaged HEIW in our discussions on reforming routes to registration, particularly for international medical graduates
- In May, we published a blog by HEIW highlighting the importance of the National Training Survey's findings to their own quality assurance processes
- We took part in workshops around the workforce strategy, met with Royal Colleges to discuss their concerns around vacancies and other issues, and responded to the HEIW/SCW consultation
- We continue to review our communication channels, particularly with Responsible Officers/Health Boards and how we might involve them more actively, and would welcome any further feedback on this Chief Executive's Update

4 The Forum was given an update on our work streams under our *Supporting a profession under pressure* (SaPUP) programme and other key areas, with reference to the *GMC Update Paper*. These included the following:

- Themes emerging from our SaPUP programme have helped us focus on influencing two key areas – workforce and workplace. HEIW and SCW's draft workforce strategy presents a good platform to work collaboratively on these issues
- We will shortly publish a suite of reports using our data to highlight the growing internationalisation of the workforce, the nature of the retention challenge in the UK, and the aspects that drive wellbeing to improve the working environment
- We have received positive feedback from HEIW and the medical schools on our Quality Assurance pilot of medical education. The future process should be more efficient and streamlined

- There has been progress around legislative reform, but we need to improve the current CESR/CEGPR route for international doctors to join the UK medical register

- We are pleased to regulate Physician Associates (PA's) and Anaesthesia Associates (AA's). This will enable us to grow the workforce, strengthen support for clinicians, and redesign the medical model to reflect the evolution of current roles.

- We are prepared for a 'no deal' exit from the EU and have ensured that there is regulation that will allow us to continue to recognise EEA doctors. Just over 5% of trainees in each of the four countries are EEA nationals and there is still a lack of clarity regarding whether their primary medical qualification (PMQ) gained in the UK will be recognised in EEA countries

5 Members welcomed the decision for the GMC to regulate PA's and AA's. They were reassured that we will not be using doctors' fees to fund the additional cost of regulating these groups.

6 Members highlighted the benefits that Medical Associate Professionals (MAPs) can provide in reducing the pressure on doctors; however, there is concern that there aren't enough placements for students across Wales. HEIW plan to focus on better coordination of the roles of MAPs and doctors and provide clarity of their respective roles, and the forum recognised that curricula need to take account of the potential overlap of their responsibilities.

7 Members suggested the GMC work with other bodies to explore running a pilot in Wales to develop the role of Anaesthetic Associates.

8 Members queried whether the GMC is expected to regulate the remaining MAPs in due course. Our goal is to future proof regulation to allow it to incorporate such roles in the future.

9 Members discussed the need for stronger career progression routes and better advocacy for MAPs within Health Boards to ensure that funding opportunities and workforce benefits are maximised.

Medical Workforce, Quality and Safety

An overview of the key themes emerging from *Supporting a profession under pressure* (SaPUP)

10 The Forum was updated on the key themes of the SaPUP reports that we commissioned in response to increasing concerns over systems pressures, work place cultures, wellbeing, and fairness.

11 The *Gross Negligence Manslaughter and Culpable Homicide* report looked at the application of the existing law. The recommendations for the GMC focussed on enhancing inclusive cultures and to rebuild trust and confidence in the profession.

12 The *Fair to Refer* report into the disproportionate number of referrals of Black, Asian and Minority Ethnic (BAME) doctors by employers to GMC Fitness to Practise processes, found that there is no single issue driving these referrals, but many interrelated issues including inadequate induction for IMG doctors undermining their ability to practice within a new medical context, doctors working in isolated roles lacking access to training, and doctors not receiving effective and timely feedback often as appraisers are seeking to avoid difficult conversations. Recommendations arising from this report include improving conditions for doctors new to UK practice, and addressing systemic issues including engendering a work place culture that prizes learning over blame.

13 The *Wellbeing Review* (to be published) focusses on understanding pressures on existing working conditions and areas of good practice. The findings will fall under three core areas: autonomy (doctors having control and influence over their work life); belonging (doctors being valued and respected and ensuring effective multidisciplinary working); and competence (finding effective solutions to the issues which doctors face).

14 Phase 1 of the work programmes focused on the delivery of the reviews. We are now moving to phase 2, which will focus on delivering practical solutions through collaborative approaches with our stakeholders, to provide sustainable solutions to these issues.

Systems and collective effect

Supporting a Profession Under Pressure – Workforce and Workplace

15 The Forum was updated on the work that we are undertaking to address issues specifically around workforce and workplace and discuss how we can collectively take forward these actions.

16 Under workforce, we are already progressing with several workstreams, including:

- Rolling out Welcome to UK Practice in Wales; the Forum welcomed the success of WtUKP in Wales, working with stakeholders including RO's, HEIW, BAPIO, NHS Employers and Welsh Government to roll this out widely throughout the country
- Increasing the supply of UK-trained doctors by supporting the rollout of increased medical school places across the UK with our quality assurance process

- Increasing capacity for the PLAB test doctors take to obtain registration to meet rising demand (a 42% increase over the last year) and rolling out PLAB 1 exams in Northern Ireland, Wales and Scotland

- Reviewing the CESR/CEGPR process for specialist/GP registration to include a wider range of evidence options into the process to make it more flexible and accessible for UK based SAS/LED doctors and international specialists

- Undertaking a survey of SAS doctors

- Supporting leaders with our leadership standards for doctors, undergraduate and postgraduate education outcome requirements, and supporting leadership schemes

- Working to make education and training more flexible to support less than full time training in both undergraduate and postgraduate education and non-traditional training pathways in postgraduate training

17 Under workplace, we are acting in several areas where it is within our remit to do so. A few examples include:

- Speaking to Responsible Officers about local safeguards, to ensure clinical governance arrangements for doctors are fair and free from bias and discrimination

- Working with partners to make sure doctors at all career stages know how to, and feel supported in, raising and acting on concerns

- Improving our understanding of how working conditions affect the wellbeing of doctors in training with new questions in our national training surveys

- We have developed a programme to help doctors develop the skills to speak up when they identify unprofessional behaviours, and to help organisations understand how best to address the issues identified

- Enabling doctors to engage in reflective practice and working closely with system regulators to embed team reflections

- Providing human factors training for our decision makers supported by a review of human factors in the FTP process

18 We are increasingly conscious of the need to enhance regulatory alignment in Wales. As the sector becomes more multidisciplinary in focus, we will be working closely with other regulators to change cultures and behaviours.

Promoting Professional Excellence and Leadership in the Healthcare System (Keshav Singhal)

19 The Chair invited Professor Keshav Singhal, Chair of BAPIO Wales to speak about BAPIO's role in supporting the growing number of IMG doctors in Wales. BAPIO have recognised that IMGs face additional barriers compared to their EEA and UK counterparts throughout their career. Many are unfamiliar with the UK medical and cultural context, and the local hospital environment, and will often feel isolated either through unconscious bias or passive exclusion. BAPIO are also concerned that the ethnic diversity of the general medical population is not mirrored in the make-up of senior leadership teams and at board level. Senior leaders often feel they may be seen as prejudiced if they raise issues of concern with IMG doctors.

20 Professor Singhal suggested that to address these issues we should consider having a dedicated colleague at a senior level in each health board to provide specific support to IMG doctors; that we should train RO's in how to have difficult conversations about performance; and to train everyone in compassionate leadership. He argued that we must provide an enhanced induction (including WtUKP) for IMGs that should start before arriving to the UK. Finally, he recommended that an IMG doctor should be involved as an observer in local investigations regarding another IMG doctor.

Perspectives on improving the workplace (Phil Kloer)

21 The Chair invited Dr Phil Kloer to speak on his perspective as a Responsible Officer on just cultures and how the health board is addressing workplace issues. Dr Kloer said that RO's want a clear awareness of concerns on the ground and must have trust in the processes in place to address them. There is widespread fear that mistakes often lead to sanctions or removal from the register. He argued that the GMC must convey to all doctors, particularly IMG doctors, that our Fitness to Practise processes are robust, fair and firm.

22 He said that Hywel Dda UHB is actively encouraging staff to raise concerns when mistakes happen directly to the Chair of the Board. Hywel Dda has also been working to provide targeted support to groups which often feel isolated, such as assisting those going through the CESR route to registration. They have also established a peer mentorship system in collaboration with the BMA and Royal College of Physicians (which has seen greater take up from SAS doctors than consultants), and a range of leadership programmes to allow effective multi-professional working.

23 Dr Kloer agreed that inductions for all medical staff must be strengthened to address the anxiety many face due to a lack of consistency of formal training. He suggested that the GMC and Faculty of Medical Leadership and Management develop a joint document setting out clear expectations to Responsible Officers of what needs to be provided for trainees in terms of induction. It was agreed that our WtUKP has a specific Welsh component and some suggested rebranding the course *Welcome to Wales Practice*.

Discussion – General Comments

24 Forum members agreed with the points raised regarding induction, supporting doctors to return to work, and appropriately supporting international doctors working in a new environment. The work highlighted as ongoing in Hywel Dda around leadership development was praised as especially impactful, as it is being provided for doctors at different levels of their career.

25 It was noted that the issues raised are long-standing issues and it is worrying that doctors, particularly IMG doctors, continue to feel undervalued, not heard, and not respected. The NTS showcases areas where Wales is doing well but also highlights issues of concern in many areas, particularly around not being able to raise concerns.

26 It was noted that Welsh Government is currently drafting a Quality and Safety Plan to establish a national approach to addressing and hearing complaints from doctors, students, and patients. There is a recognition that this plan needs to reflect recent experience of failing services.

27 Welsh Government highlighted the research conducted by Professor Aled Jones from Cardiff University around the role of the freedom to speak up guardians in England. They will be working with Aled to enhance their understanding of this role as the research progresses to understand the effectiveness of different models.

28 It was suggested that the GMC must include primary care when considering our SaPUP programme, highlighting unique issues facing GP's including pension concerns and a rising trend in taking early retirement. There are some pockets of good practice around the country which could be easily replicated.

29 It was noted that our frontline visit to Hywel Dda the previous day was an opportunity for the health board to showcase good practice in Wales, particularly around multidisciplinary working. The medical workforce also had an opportunity to raise concerns directly with the us.

Upstream regulation – preventing harm and supporting professionalism

Our Corporate Strategy for 2021-2015

30 The Forum was informed of our plans to develop our next Corporate Strategy and members were asked to contribute to the discussions on the type of regulator we should be, how we can better support our stakeholders, and what a four-country regulator should look like. Suggestions included:

- The GMC must gain the respect it deserves as a regulator. We are placing greater emphasis on our role in supporting doctors and are taking steps to educate

employers and the public on our thresholds and how they can deal with concerns locally.

- We must change our processes to provide enough support to IMGs. This is as important as how we change education and training processes. We must also look beyond IMG recruitment to "global engagement". This means enhancing Wales' international relations, expanding international educational opportunities both for IMG doctors in Wales but also for Welsh doctors in other countries.

- We must recognise the up-skilling of other professions, the role of multi-disciplinary teams, and the move to generalisation of medicine. Members argued that increasing specialisation is costly and has led to fragmented care. There must be synergy between regulators to ensure effective learning and training to respond to multidisciplinary working that can meet the needs of the patient.

- Members noted the difficulty of getting doctors and medical leaders focusing on issues outside of their immediate healthcare concerns, and that the GMC has an important role in ensuring this happens. There were requests that all the learning that the GMC has accumulated around investigating concerns, in a whole systems approach, should be shared with RO's to enhance these approaches within Health Boards.

- We need to shift the focus from evidence-base to patient experience. It is important to de-medicalise treatment, have greater shared decision-making and do less than we normally do. Members argued the importance of ensuring that our Strategy accounts for patient preferences and seeks their views.

- There were assertions that medicine is still perceived as an elitist career, and that there needs to be a renewed effort to value other achievements other than academic perfection. The GMC does not control, or seek to control, entry to medical education, but that we could consider increasing our involvement in these processes. Medical schools' success should be judged in terms of whether they deliver more widely for the community in which they are based, rather than purely in terms of academic success.

31 The Chair said that the discussions today provided us with many ideas to consider. She announced that we would like to hold a summit in the winter around our SaPUP work and how we collaboratively move forward with the recommendations of the report. She thanked Forum members for attending the meeting and reminded everyone of the date for the next UKAF meeting on 17 March 2020.