

Summary note of the meeting on 27 March 2019

Attendees

Clare Marx, Chair

David Bailey, Chair, BMA Cymru Wales

Steve Burnett, GMC

Josie Cheetham, BMA Welsh Junior Doctors Committee

Susan Goldsmith, GMC

Chris Jones, Welsh Government

Alun Jones, Healthcare Inspectorate Wales

Stephanie Jordan, GMC

Philip Kloer, Hywel Dda University Health Board and FMLM Wales

Una Lane, GMC

Katie Laugharne, GMC

Push Mangat, Health Education and Improvement Wales (HEIW)

Charlie Massey, GMC

Paul Reynolds, GMC

Stephen Riley, Cardiff Medical School

Keshav Singhal, British Association of Physicians of Indian Origin (BAPIO) Wales

Alyson Thomas, Board of Community Health Councils

Manel Tippett, GMC

Richard Tompkins, NHS Wales Employers

Mike Usher, Wales Audit Office

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 first UKAF meeting in Wales as Chair of the GMC. She welcomed Mike Usher, Stephanie Jordan and Alan Jones to their first UKAF.
- 2 Members were reminded that these fora are opportunities to share information and discuss opportunities for collaboration. She said it was important for us as a four country regulator to hear the views of our stakeholders across the UK, and was looking forward to hearing the discussions.

Review of actions from the previous UKAF meeting

- 3 Forum members noted the actions agreed at the previous meeting on 17 October 2018. These included:
 - Communicating our fitness to practice processes, and how we discourage defensive medicine. We have since fed this back to our communications teams.
 - Presenting our data to allow it to be used more effectively in relation to the development of the joint workforce strategy by HEIW and Social Care Wales (SCW). We have since met with the data team in HEIW and plan to hold a Data Round Table in Wales later in the year.
 - Ensure that our plans to develop and introduce a Medical Licensing Assessment (MLA) takes into account the nature of the environment medical students in Wales and working in. This message has been conveyed to our MLA team.

Chief Executive's Update

- 4 The Forum was provided with an update on our work streams under our *Supporting a profession under pressure* work programme and other key areas, with reference to the *GMC Update Paper*.
 - The Fairness review report into fitness to practice referrals will be published in the summer, and the Wellbeing review report is expected to be published in early autumn. Stakeholders will be sent notifications prior to publication.
 - We continue to review how we undertake fitness to practice investigations. It was noted that efforts to avoid unnecessary investigations have led to an estimated 500 fewer investigations, particularly in situations where there has been a single clinical incident. Our long-term goal is to employ a 'local first' approach.
 - Our work on human factors will consider how to draw on more experts in this field and bringing human factors techniques for our outreach teams, such as our Employer Liaison Advisers (ELAs). This is to ensure that we can play a positive role in influencing the medical environment and supporting our workforce.

- We have consulted a wide range of stakeholders on our work on Credentialing. We will address the question of what areas are relevant to be considered as a credential from a regulatory perspective. We will aim to provide further clarity on our views after Council has met in April.
- We are working closely with stakeholders to identify how we can make post-graduate medical training more flexible so that doctors face fewer barriers when they choose to change specialty.
- We will be launching our Professional Behaviours Programme at our annual Conference on Wednesday, 4 April. This programme is designed to help doctors to challenge unprofessional behaviours that affect patient safety and outcomes. Forum members were asked to contact Katie Laugharne if they were interested in working with us to take this forward in Wales.

Medical workforce, quality and safety

Supporting the delivery of Wales' workforce strategy including an update on Brexit

- 5 The Forum was updated on our preparations in advance of Brexit. If the UK Government's Withdrawal Agreement is accepted, then the current arrangements for registering European Economic Area (EEA) doctors will remain in place until 31 December 2020. We are preparing for a timeline of continuing with current processes for a period of two-years, and reviewing systems for potential reforms. A 'no deal' situation would be more disruptive to registration, but the GMC is as prepared as it can be for dealing with the potential implications. We have cooperated with our regulatory partners across Europe and emphasised the importance of information sharing.
- 6 It was noted that the number of EEA doctors joining the UK medical register has remained stable at around 2,000 per year. Wales is less dependent on the supply of EEA doctors than other parts of the UK and is more dependent on the supply of International Medical Graduate (IMG) doctors, particularly in the north and west.
- 7 We want to ensure that our processes for IMG doctors do not act as a barrier to registration. We are also working on enhancing our capacity to accommodate the increasing numbers of IMG doctors seeking to practice in the UK.
- 8 The Chair invited Push Mangat, Medical Director at Health Education and Improvement Wales (HEIW), to provide an overview of HEIW and Social Care Wales's plans for developing a joint health and social care workforce strategy for Wales. The strategy is overarching to cover both professional and non-professional roles in health and social care, with a focus on identifying the skills needed to meet patient need and a greater emphasis on multidisciplinary teams.

- 9 HEIW is keen to engage with all stakeholders, including individuals and carers, over the question of what the workforce should look like. They expect to publish the draft strategy in August for consultation, with the final strategy launched in November.
- 10 Members noted the concentration of EEA doctors within certain services and certain specialisms. Members also welcomed the GMC's *Welcome to UK Practice* (WtUKP) sessions, designed to address the cultural issues which IMG doctors often face. We noted our intent to work with employers to see whether these sessions can be made mandatory.
- 11 Members were informed of HEIW's plans to provide additional support to IMG and SAS doctors, mirroring existing support for foundation doctors. The GMC is working to find ways to reduce the bureaucratic burden of joining the register, and is willing to explore opportunities to do so with HEIW and other Members.
- 12 Many felt that there needs to be a focus on generalist as opposed to specialist skills. This will align with the Welsh Government's long-term plan *A Healthier Wales*. It was noted the GMC's resources on Generic Professional Capabilities need to be embedded in the curricula.
- 13 *A Healthier Wales* also focusses on multi-disciplinary teams. There was a discussion over the need to be more innovative in how the current workforce is being used, as opposed to seeking solutions through international recruitment drives. It was highlighted that there is some concern amongst the medical profession about the availability of places for training due to the upskilling of the non-medical workforce in the workforce strategy. The role of Physician Associates was welcomed but we now need to ensure that Governments agree as soon as possible who should regulate them.
- 14 Members noted that many UK domiciled doctors are leaving the country. Wales must be made a more attractive place to work, while also exploring the potential for allowing greater access to training opportunities abroad for UK doctors. Furthermore, Members highlighted the need for improving working conditions for junior doctors, including hours worked, the issue of rota gaps, the pressures resulting from a stretched workforce, and a better work/life balance.
- 15 There was further discussion over the need for greater development of leadership skills amongst doctors in the earlier stages of their careers, starting with medical students. Members highlighted the various initiatives to develop leadership skills, and raised the prospect of the GMC prescribing guidelines for organisations to ensure that training environments engender these skills. Members were also informed of Welsh Government's plans to develop a Clinical Leadership Plan under *A Healthier Wales*, which will pick up on Michael West's work around creating a healthier working environment.

- 16** Members stated the need for a greater focus on the non-clinical aspect of a doctor's responsibilities. Doctors must have protected time to focus on their development, including human factors development.
- 17** Members stated their interest in being involved in the development of the Workforce strategy and sought clarity on ways to do so and what their role would be. HEIW encouraged members to contact the Workforce strategy lead.

Systems and collective assurance

[Undergraduate Medical Education to prepare the doctors of the future: The Welsh approach \(Stephen Riley\)](#)

- 18** The Chair invited Stephen Riley, Dean of Medical Education at Cardiff University, to speak on the current initiatives in undergraduate medical education. He provided an overview of the changing landscape of medical education in Wales. A core theme throughout was the assertion that medical schools need to take local and regional issues into account in their own strategies.
- 19** Wales is now actively promoting medical careers as part of a community setting context, with the vision of community hubs that revolve around university towns to capitalise on existing resources and expertise. The Forum was updated on developments in education that allow greater flexibility and opportunities outside of Cardiff and Swansea. He gave examples from abroad of successful strategies that provide multi-model options in education that take into account cultural differences and the need for greater choice for students. The long-term goal of a common curriculum for Wales was highlighted.
- 20** Members discussed the prospect of potential financial incentives for Welsh students and the implications of doing so, and the challenges of University fees changing from government- to student-funded within a research-focused environment. The Forum also considered the implications of the expansion of medical school places both on future capacity and the role of regulation.
- 21** It was noted that with medical school guidance, more general medical practices are now feeling confident in delivering training, which is relieving pressure on hospitals to provide training opportunities.
- 22** There was discussion over the changing role of doctors within the context of increasing multidisciplinary working. It was asserted that Wales cannot solely focus on increasing the numbers of doctors graduating and training in Wales, but that there must be a holistic approach to addressing challenges taking into account healthcare demands and public expectations, population changes, and improving workplace conditions for doctors. It was noted that patients' biggest concern is problems in accessing their GP.

Upstream regulation: preventing harm and supporting professionalism

Improving our offer to you

- 23** Forum members were informed that we are currently undergoing an internal structural review to ensure better engagement with our stakeholders. We hope for greater influence on the ground, and strengthening the patient safety function by providing better intelligence and enhanced understanding of regional and national priorities.
- 24** The outcome to this review will not lead to fundamental changes to how we currently work and engage with stakeholders, the profession, and the health service in Wales. The focus will be on determining how we maximise our resources, staff, and procedures.
- 25** Members welcomed communications over our future work, both through direct emails and through medical channels. It was noted that early sight of these plans is helpful as it allows them to feed in and shape the GMC's work. Members felt that we could improve current communication channels when promoting initiatives and projects directly with the Health Boards.
- 26** Members listed areas that are working well, including the support provided by our Employer Liaison Adviser, our work on human factors, cooperation on Freedom to Speak up Guardians, and the accessibility of the Wales Team. It was also noted that in Wales, we offer promoting professionalism workshops, PLAB 1 assessments, and engagement on the Medical Licensing Assessment.
- 27** There was acknowledgement that the GMC can do more to promote the messages and actions which are driven by the NTS results. Many agreed that the NTS did provide valuable information and ease of access to data comparison. It was also noted that we could triangulate our data with others to better understand the increasing demands arising from an ageing population, and the upcoming issue of the retirement of a large proportion of the workforce as part of the wider issue of retention.
- 28** Members stressed the importance of the strength of the regulator voice. This led to a discussion over the increasing importance of leadership skills for doctors, not just in a clinical sense but also in providing leadership for the public through engagement over issues including public health.
- 29** The issue of whistleblowing was highlighted as a major area of concern for health organisations. The Chair highlighted the GMC's confidential helpline as an effective resource, and raised the prospect of ensuring more signposting.
- 30** Some Members inquired over the extent of the GMC providing more 'bespoke' support to the devolved nations in addition to fulfilling regulatory functions. Such support

could strengthen local initiatives driven by our stakeholders in Wales. The extent to which the GMC could provide this support rested on the nature of such initiatives, and prioritisation of resources within the national offices.

Closing remarks

- 31** The Chair thanked the Forum for their contributions and insight. The next meeting of the Forum was highlighted as Wednesday 16 October.