

**UK Advisory Forums – Wales**

**9<sup>th</sup> November 2017**

**13:30 -16:00**

**GMC Wales office**

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

**Caspian 2**

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**CF10 4DQ**

## **Agenda**

13:30 Welcome and Chair's introduction

13:40 Review of actions from previous meeting

### **Systems and collective assurance**

13:45 The importance of collective assurance and GMC's commitment

13:55 GMC data and its contribution

14:05 Collective assurance and the implications of the White Paper 'Services Fit for the Future'

### **Medical workforce, quality and safety**

14:25 The quality of education and training

14:40 Working collaboratively to assure the ongoing quality and safety of a medical workforce fit for purpose

14:55 Health Education and Improvement Wales – opportunities and implications

### **Upstream regulation: preventing harm and supporting professionalism**

15:30 GMC Strategy 2018-2021 overview

15:50 Review of actions and AOB

16:00 Close

<b>Report title:</b>	<b>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. Elements of the paper will form a basis for discussion at the Forum. Key points for Advisory Forum members to note:

- Through the launch of our new data tools - the *Designated Body Dashboard* and *GMC Data Explorer* - we continue to develop our approach to providing the healthcare systems and partners with valuable data on the medical profession and the environments in which they work and train.
- We are considering our response to the Department of Health (England) consultation on *The Regulation of Medical Associate Professionals*. Additionally we continue to explore with the Department of Health (England) and others, options for wider legislative reform which would support our aspirations for increasingly agile, targeted and proportionate regulation and look forward to the anticipated public consultation on this.
- We have reviewed all responses to our consultation on the Medical Licensing Assessment (MLA), which broadly support the aim of the MLA but also raise some practical concerns including the common clinical and professional skills assessment. We continue to engage with our stakeholders across the UK to inform our proposals. Concurrently, we are consulting on our *Outcomes for graduates* so that these are up to date and can appropriately inform the development of the MLA.

## 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

### Systems and collective assurance

#### Sharing GMC Data

- 1** We are responsible for a wealth of information about the medical profession and medical practise, as well as the environments in which doctors' train and work. In doing so we have unique data which we currently share with relevant organisations so they can use this alongside their own data to identify and respond to patterns of both risk and good practice at individual, organisation and system level.
- 2** We are developing our approach to sharing this data, including increasing the provision of four-country data and analysis in our publications, and developing new tools for our stakeholders and the public to understand our data. The latest of these tools are the Designated Body dashboard and [GMC Data Explorer](#). We will be providing an update on these tools and GMC data more broadly, including how it might be used by partners to support safety and quality.
- 3** An update on our NTS data and analysis is provided later in this paper.

#### Collective Assurance

- 4** We continue to build on our relationships with other regulators and patient safety bodies across the UK for the purposes of collective assurance. In England we are now members of the Joint Strategic Oversight Group which brings together partners including the Care Quality Commission (CQC), NHS Improvement (NHSI) and Health Education England (HEE) to share data and insights on the wider health system.
- 5** This reflects our work on Risk Summits with Healthcare Inspectorate Wales (HIW), and our contribution to the National Information Sharing Group in Scotland led by Healthcare Improvement Scotland (HIS) and NHS Education Scotland (NES). We are keen to develop our contribution to these important initiatives and are also in the process of developing our information sharing agreement with the Regulation and Quality Improvement Authority (RQIA) in Northern Ireland.
- 6** We will provide further updates on this work and how it will be reflected in our new Corporate Strategy at the Forum.

#### State of Medical Education and Practice (SoMEP)

- 7** Currently we are in the process of preparing our annual report on the state of medical education and practice. The report will provide an analysis of the medical profession

today, emerging trends and issues in practise and some of the wider challenges and opportunities facing the healthcare systems across the UK.

**8** We aim to publish this in December 2017.

### Fitness to Practise reforms

**9** There have been a number of recent developments to reduce the impact of our fitness to practise process for all involved:

- Improving the way we work with doctors with health concerns.
- Changing the information we publish about fitness to practise sanctions.
- Enhancing our [patient liaison service](#).

**10** In June 2017, we started a new series of communications to help doctors and other key audiences better understand our fitness to practise procedures, using #GMCexplained. This was prompted by intelligence from our regional and devolved office liaison teams and the 2016 Tracking Survey, which identified a number of misconceptions about the way we work.

### Medical workforce, quality and safety

#### Brexit

**11** In June 2017, the UK Government published its [policy paper](#) on the status of European Economic Area (EEA) nationals after the UK's withdrawal from the European Union (EU). It has confirmed an intention to recognise existing professional qualifications after Brexit and to preserve the ability of these professionals to practise. The legal framework for qualifications obtained post-2019 is yet to be determined.

**12** In that light, we continue to make our longstanding case for reform to the Recognition of Professional Qualifications (RPQ) framework, including reforms to enable us to assess the competency of EEA doctors and to ensure a single route to the medical register for all doctors in the future, regardless of where they qualified.

**13** The Department of Health England is currently exploring what amendments would be needed to the Medical Act in the event of the various EU exit scenarios. We are working with the Department to identify which pieces of primary and secondary legislation impact on our work and may need re-drafting. Officials hope to introduce the necessary legislative changes via the special powers in the proposed EU Withdrawal Bill rather than via Section 60 Orders.

- 14** The legal framework for qualifications obtained post-2019 is yet to be determined. In the event that no deal is reached on Brexit, EEA doctors may fall into the International Medical Graduates (IMG) category. This would have a significant operational impact, with an increased number of doctors required to take the Professional and Linguistic Assessments Board (PLAB) test and may have implications on medical workforce supply, given that current legislation which governs these processes, particularly specialist applications, is outdated and cumbersome.
- 15** In Northern Ireland we are working on a project to identify a range of regulatory issues that require further consideration as the Northern Ireland Executive's [policy](#) to increase the cross border delivery of healthcare is implemented.

### GP expansion (England)

- 16** We are contributing to a NHS England led programme to recruit approximately 2000 GPs from overseas in the next few years. We will be working with colleagues from RCGP, Department of Health (England) and HEE to ensure the success of this programme while assuring that only doctors who are fit and safe to practise can join the medical register.

### Legislative Reform

- 17** We understand that a consultation on the reform of professional regulation has been signed off by Department of Health (England) Ministers. We anticipate publication in the near future and are preparing for this. With the Department we are continuing to explore options for legislation that would support our aspirations for greater autonomy to deliver our functions, in a more targeted and proportionate way, befitting a 21<sup>st</sup> century regulator working in a fast changing professional and system environment.
- 18** We have recently met with Philip Dunne, Minister for Health (England) and Vaughan Gething, Cabinet Secretary for Health, Wellbeing and Sport (Wales) to discuss the urgent need for reform in the interests of workforce expansion and flexibility, reducing regulatory burden and patient safety. We ask Forum members to respond to the upcoming consultation positively to help us secure these much needed reforms and are happy to discuss this further with you.
- 19** The Secretary of State for Health (England) has announced a consultation on the future regulation of Physician Associates.
- 20** It is our view that Physician Associates should be subject to statutory regulation in order to enable them to fulfil their proposed function most effectively, in the interests of patients and the public. If asked by the four UK Governments we would carefully

consider any request made for us to take on the role, noting the potentially significant operational and policy implications which would need to be addressed first.

### Supporting medical students and trainees with disabilities

- 21** We have established a Health and Disability Review Steering Group, chaired by Professor Bill Reid, to look at how disabled students and doctors are supported throughout medical education to improve access to the profession.
- 22** The steering group met for the first time on 16 June 2017, and we plan to hold roundtable events across the UK this autumn bringing together students, doctors, educators and employers to discuss their experiences, current challenges, examples of good practice and possible solutions. The work of the group will lead to a revision of our [Gateways to the professions](#) guidance aimed at educators.

### Outcome for Graduates review

- 23** We are currently reviewing our [Outcomes for graduates](#), first published in 2009. We now need to review these to ensure they take account of changes in medicine and medical education and training over recent years. A consultation detailing our proposals in this area was published on 4 October.
- 24** We will consider the consultation responses in early 2018 and hope to publish a new version of the outcomes in summer 2018.

### Medical Licensing Assessment

- 25** The Medical Licensing Assessment (MLA) consultation ran from January to April 2017. More than 400 responses were received, with over 100 from organisations, including 32 medical schools. Thank you to all Forum members who contributed.
- 26** Overall, about two thirds of responses supported the aim of demonstrating that those who obtain registration with a licence to practise can meet a common threshold for safe practice; and 45% said our proposals would meet the aim. But many responses, from medical schools in particular, raised practical concerns: especially about the feasibility of delivering a common clinical and professional skills assessment (CPSA) by 2022.
- 27** We are now considering the best way to deliver the aim and benefits of the MLA, while taking on board the views expressed in the consultation. Over the coming months we will be discuss with stakeholders and delivery partners, including the Medical Schools Council, our own MLA Expert Reference Group and local workshops across the UK, and will develop detailed proposals for submission to GMC Council in December 2017.

## Postgraduate Education Reforms and Reviews

- 28** In August 2017, the UK Shape of Training Steering Group published its [report](#) on the implementation of recommendations from Professor David Greenaway's [Shape of Training review](#). We welcome the report, which was supported by Ministers in the four countries, and will study its recommendations carefully.
- 29** New standards and guidance to reform postgraduate medical curricula, [Excellence by design](#), launched in May 2017. It puts an emphasis on generic professional skills and greater choice in further training throughout the development of doctor's careers, building on our review of the flexibility of training.
- 30** Supporting more flexible training is an important consideration in promoting the health and wellbeing of doctors in training. We are working to implement the commitments outlined in our [plan for improving the flexibility of training](#), published in March 2017.
- 31** In July 2017 we published the initial findings of our [National Training Surveys](#), annual UK-wide surveys of more than 53,000 doctors in training and 24,577 trainers. The findings showed that workload pressure remains high with over half of those surveyed saying they work beyond their rostered hours at least weekly, and more than a fifth claiming working patterns regularly leave them short of sleep. Our data also shows that increasing numbers of doctors in training are taking career breaks after Foundation Year Two. It is our intention to publish more detailed analysis later this autumn.
- 32** We recognise that an improved work-life balance is a concern for many doctors in training, and we have prepared revised guidance on less than full-time training which we intend to publish in the autumn. The guidance will underline the flexibility that Deans have to approve less than full-time training, subject to safeguards around service need and continuity of training.
- 33** More broadly, but related, we continue to be concerned about the health and welfare of all doctors because of the impact on doctors themselves, the potential impact on patients and the risk that, unaddressed, good doctors can end up leaving the profession altogether.
- 34** We are committed to taking a leadership role in reflecting, with our partners across the UK, on what more we should and could be doing to address these issues for Doctors in Training and hope to convene a group to reflect on all current and possible future initiatives later this year.

## Upstream regulation: preventing harm and supporting professionalism

### Taking Revalidation Forward

**35** Following the publication of Sir Keith Pearson’s review of revalidation *Taking Revalidation Forward* in January 2017, and his recommendations to improve some aspects of revalidation, we published our [action plan for the Taking Revalidation Forward Programme](#) on 20 July 2017. Work is currently underway against all GMC commitments and progress is being monitored by the cross-UK Revalidation Oversight Group.

### Consent

**36** We are currently working to review our Consent guidance with a planned consultation in spring 2018 following feedback from our partners and key interest groups. During the first stage of our review, we have appreciated the invaluable support of partners around the UK who have supported our Task and Finish Group.

### Promoting Professionalism

- 37** We continue to support doctors, educators and patients in understanding and adopting our professional guidance in delivering good medical practice. Our Regional Liaison Service (England) and offices across the four countries of the UK work with over 40,000 doctors each year on the application of our guidance to their work.
- 38** We are in the process of expanding our Welcome to UK Practice (WtUKP) Programme for new registrants. The programme is a free half-day learning session designed to help doctors who are new to UK practice, or new to the country, to understand the ethical issues that will affect them and their patients on a day to day basis.

### Corporate Strategy 2018 - 2020

- 39** We are in the final stages of developing our Corporate Strategy for 2018 – 2020. It is our ambition to become a more agile, confident and connected regulator. We are committed to making a positive, relevant and evidence based contribution to the four healthcare systems in which we work, ensuring we are proportionate in all we do during a period of continuing pressure.
- 40** It is our intention to formally launch the Corporate Strategy in March 2018. We will provide a fuller update at the Forum.

<b>Agenda item:</b>	3
<b>Title:</b>	Collective assurance and the implications of the White Paper 'Services Fit for the Future'
<b>Action:</b>	To discuss

## Executive summary

The recent White Paper *Services Fit for the Future* consulted on proposals to:

- Strengthen leadership in NHS organisations.
- Introduce new duties of quality and openness.
- Strengthen the voice of citizens in the way health and social care is planned and provided.
- Design a clearer process for service change plans.
- Improve the legal framework for the inspection and regulation of health services.
- Abolish current Community Health Councils and establish a new independent national body for patient voice and regulation and inspection.

A summary of the proposals is appended. The Forum will consider the implications of the proposals in relation to:

- How organisations could to work together, and with citizens, to implement them.
- How doctors can be appropriately supported through any changes, e.g. in understanding the proposed duty of candour.
- How complaints and concerns could best be jointly managed.

## Recommendations

To discuss the implications of the proposals in the context of collective assurance.

To highlight any specific issues for the GMC, and ways in which the GMC can support organisations and doctors through these changes.

## Summary of White Paper proposals

### 1. Effective Governance

- 1.1 **Board membership and composition:** proposals include core key principles for NHS Boards and Trusts which include delivering in partnership to deliver person centred care; all Boards should have Vice Chairs; Ministers should have the authority to appoint additional Board members on time limited appointments if an NHS Health Board/Trust is under performing or under escalation procedures; Board Executive Officer membership for local health boards should probably include some key positions which are consistent across local health boards, but also allow some flexibility to appoint based on remit and priorities.
- 1.2 **Board secretary role:** the role of Board Secretary should be placed on a statutory basis and have statutory protection to allow the role to be independent with safeguards in place to challenge the Chief Executive of an NHS organisation or the Board more widely.

### 2. Duties to Promote Cultural Change

- 2.1 **Duty of Quality for the Population of Wales:** The Welsh Government believes that the duty of quality should be updated and enhanced to better reflect our integrated system. This duty should be sufficiently wide in scope to facilitate the needs of the population of Wales to facilitate and enable collaborative, regional and all-Wales solutions to service design and delivery.

NHS bodies should also be placed under a reciprocal duty with local authorities to co-operate and work in partnership to improve the quality of services provided.

Welsh Government also believes that strengthening the existing planning duty will make sure health boards work together on the needs of the population of Wales in the planning and delivery of quality healthcare services.

- 2.2 **Duty of candour:** The Welsh Government believes that the development of a statutory duty of candour across health and social services in Wales would consolidate existing duties and be in the interests of a person centred system.

### 3. Person-centred Health and Care

- 3.1 **Setting and meeting common standards:** The Welsh Government believes there should be a common set of high level standards applied to health and social care and that the standards should apply regardless of the location of care.

- 3.2 **Joint investigation of Health and Social Care Complaints:** The Welsh Government believes that requiring different organisations to work together to investigate complaints will make it easier for people to complain when their complaint is about both health and social services. We also believe it would encourage organisations to learn lessons to improve their services.

#### 4. Effective Citizen Voice, Co-production and Clear Inspection

- 4.1 **Representing the Citizen in Health and Social Care:** The Welsh Government believes that local health and social care organisations should be working with the public to co-design and co-create services and that the way they do this needs to be independently monitored. We propose replacing the current statutory Community Health Councils and their functions with a new national arrangement to represent the citizen voice in health and social care, to advise and provide independent assurance. The new body will work alongside Healthcare Inspectorate Wales (HIW) and Care and Social Services Inspectorate Wales (CSSIW) and have autonomy to decide how it will operate at local level.
- 4.2 **Co-producing Plans and Services with Citizens:** The Welsh Government believes that introducing an independent mechanism to provide clinical advice on substantial service change decisions, with advice from the proposed new citizen voice body, will encourage continuous engagement and increase the pace of strategic change through enabling a more evidence-based, transparent process and a more directive and guiding role on the part of Welsh Government.
- 4.3 **Inspection and Regulation and single body:** The Welsh Government believes that ensuring a clearer underpinning legislative framework for HIW will help to foster closer integration and joint working with CSSIW and at the very least this should be taken forward.

<b>Agenda item:</b>	6
<b>Title:</b>	Health Education and Improvement Wales – opportunities and implications
<b>Action:</b>	To discuss

## Executive summary

- In November 2016, following the recommendations made in the Health Professional Education Investment Review, Vaughan Gething (Cabinet Secretary for Health, Well-being and Sport) announced the establishment of Health Education Wales – a new body replacing the Wales Deanery and NHS Wales' Workforce, Education and Development Services (WEDS).
- In his latest [statement of July 2017](#), Vaughan Gething confirmed that the newly titled Health Education and Improvement Wales (HEIW) would be established by April 2018.
- HEIW will be a Special Health Authority, receiving direction and funding from Welsh Government but with an independent board overseeing its work. Its Chief Executive will sit alongside colleagues from health boards and trusts.
- The remit of this new body will include: education and training; workforce planning; leadership; careers; improvement and widening access.
- Dr Chris Jones took up post as Interim Chair of HEIW on 1<sup>st</sup> October 2017. At the meeting he will provide an overview of what he envisages HEIW's first 12 months will involve.

## Recommendations

To discuss opportunities and implications in the transition to HEIW.

To advise the GMC on any specific issues relating to our functions that we can address or inform.