

UK Advisory Forum - Wales

Summary note of the meeting on 9 November 2017

Attendees

Terence Stephenson, Chair

Stephen Burnett, GMC - Council Member for Wales

David Bailey, BMA Cymru Wales

Kate Chamberlain, Healthcare Inspectorate Wales

Jane Dale, Healthcare Inspectorate Wales

Andrew Davies, Welsh NHS Confederation

Susan Goldsmith, GMC - Chief Operating Officer and Deputy Chief Executive

Andrew Grant, Swansea University Medical School

Chris Jones, Welsh Government

Chris DV Jones, Health Education and Improvement Wales

Clare Jenkins, Board of Community Health Councils

Oliver John, Academy of Medical Royal Colleges

Philip Kloer, Hywel Dda UHB

Katie Laugharne, GMC - Head of Wales Office

Charlie Massey, GMC - Chief Executive

Colin Melville, GMC - Director of Education & Standards

Stephen Riley, Cardiff University Medical School

Bethan Roberts, BMA Cymru Wales

Alyson Thomas, Board of Community Health Councils

Others present

Huw Anslow, GMC - Welsh Affairs Officer

Ina Perry, GMC - Executive Assistant to the Chair and Chief Executive

Welcome and Chair's Introduction

- 1 The Chair welcomed attendees to the ninth meeting of the UK Advisory Forum in Wales.
- 2 Apologies for absence were received from: Ilori Finlay, House of Lords; Andrew Goodall, Welsh Government; Vanessa Young, Welsh NHS Confederation and Peter Donnelly, Wales Deanery.
- 3 The Chair congratulated Dr David Bailey on his appointment as Chair of BMA Cymru Wales and welcomed him to his first meeting as a member of the Advisory Forum.
- 4 The Chair acknowledged that this was the last Forum that Dr Bethan Roberts would attend in her capacity as Chair of the BMA's Junior Doctor Committee. He thanked her for her input.

Actions from March 2017 Meeting

- 5 Forum members noted that actions from the meeting on 14 March 2017 had been completed. Key activities were:
 - a Collaborative work had been undertaken on rota monitoring processes and would result in a letter from the GMC in support of the patient safety benefits of rota monitoring.
 - b Representatives of NHS Employers and Responsible Officers were invited to the meeting and thanks for their attendance noted.
 - c Responses to the MLA from a number of members were welcomed.
 - d The GMC had carried out collaborative work with BMA Cymru Wales and the Welsh NHS Confederation on Prudent Healthcare, NHS Values and professionalism which resulted in a joint event scheduled for 6 December, 2017 *Improvement through Medical Engagement*.

Systems and Collective Assurance

- 6 This section was introduced to the Forum through a reflection on the potential contribution of the GMC, and an overview of our work to continue to build on our relationships with other regulators and patient safety bodies across the UK.
- 7 Forum members were informed of the GMC's work to make more data available to organisations and partners in Wales, as well as making already available data more accessible. Specific attention was paid to the launching of two new products: the Designated Bodies Dashboard (being rolled out to Responsible Officers and HIW); and the GMC Data Explorer, which will have its second release in December providing additional information on FtP and education. Also highlighted were the GMC's

existing reports and publications including the annual National Training Survey report, our recent report on EEA doctors and our State of Medical Education and Practice (SoMEP) report. Forum members were asked to provide feedback on the utility of this for their work, and suggestions on how this could be improved.

- 8** Concerns were raised regarding the identifiability of responses to the NTS, although it was clarified that any identifiable data is not published. The GMC agrees that protecting the anonymity of trainees is vital if we are to receive candid feedback and so in units where there are only a small number of trainees who might be identified, these data are not published. The need for trainees to respond to the NTS was also emphasised, as it ensures the NTS is authoritative and cannot be ignored by decision-makers.
- 9** Forum members discussed whether it would be useful to seek feedback from those who are not in training, and from trainers who had not responded.

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

- 10** Forum members discussed the White Paper within the wider context of the Welsh Government's health agenda, underpinned by common principles including Prudent Healthcare, early intervention, and wider well-being. The challenges of engaging clinicians in the changes contained in the proposals were also underlined, while the crucial role of educators in changing the mind-set of new healthcare staff was argued.
- 11** Forum members highlighted that the proposals were flexible regarding the establishment of a new patient voice body. Effective engagement with communities was emphasised as a requirement for the proposal to increase co-production, while the argument was put forward that sector-based planning of health does not work.
- 12** The Duty of Quality was noted as a particular challenge as it entails reconciling local and regional interests and issues. Furthermore, it was noted that this Duty should not lead to a one size fits all approach.
- 13** Forum members suggested that the proposal for a new patient voice body could lead to an enhanced CHC-type model. It was also noted that one of the purposes of this body is to ensure that necessary dialogues take place to meet the objective of co-production.
- 14** Regarding the proposal for a new Duty of Candour, the importance of culture as a key factor in driving candour either at an individual or system level was discussed. Forum members contended that the White Paper does not recognise the need to change the culture from within the health and social care sectors.

Medical Workforce, Quality and Safety

- 15** Forum members were provided with an update on the Education Directorate's work in a number of areas as described in the GMC Update, including:
- A paper is being developed for GMC Council following the Medical Licensing Assessment (MLA) consultation responses, including the call for greater consistency in assessment of clinical performance.
 - We are reviewing outcomes for graduates, focusing on issues such as the extent to which specific outcomes should be weighted.
 - A number of more detailed thematic reports will shortly be published providing further detail on the results of the NTS.
- 16** The Forum was presented with an outline of the GMC's position on two UK Government consultations. Regarding regulatory reform, the case for the GMC seeking more autonomy over setting rules for investigations was explained. Regarding physician associates (PA's), the Forum was informed that the GMC's open mindedness towards regulating PA's is contingent on there being no cross-subsidising and that underpinning legislation is fit for purpose.
- 17** Forum members were also informed about GMC work regarding the Recognition of Professional Qualifications in the context of Brexit, where we are currently exploring a number of scenarios including the possibility that non-automatic recognition will increase in the future. It was also noted that this in turn raises questions regarding processes of application to the specialist register.
- 18** Forum members discussed the role of PA's, with the demand within the health service for these being noted. The driving force behind this demand was also discussed, with suggestions including a need to plug gaps in the workforce, and as reflecting a redesigning of how the workforce is used.

Health Education and Improvement Wales – opportunities and implications

- 19** The Forum was introduced to this section through an explanation of the importance of careers and making the perception of a career in the health service achievable, including changing the perception towards the debt implications of medical study. Workforce planning was presented as the real challenge, which was argued to constitute workforce transformation.
- 20** Forum members were informed that HEIW intends to have a close working relationship with the inspectorates and regulators, which will in turn shape the bodies commissioning role. Additionally, it was also explained that HEIW would be expected to work with other UK equivalents, and is open to international collaboration.

- 21** The Forum noted that workforce planning has important implications for both careers and how CPD is understood.
- 22** The issue of morale within the health profession was also noted, with the need to improve the workforce situation discussed as fundamental to addressing this.
- 23** The Forum discussed the impact of ineffective rota monitoring on patient safety, training opportunities, and the work-life balance. It was noted that there is a potential link with the Deanery's use of Education Contracts and the Education Contract Attendance System used to monitor access to training, which could be further explored.

Upstream regulation: preventing harm and supporting professionalism

[GMC Strategy 2018-2021 Overview](#)

- 24** The Forum was informed that the focus of the new strategy is to refocus away from the GMC's traditional policing role and place more emphasis on the agenda to improve patient care. The Forum was also provided with an overview of each strategic aim, and their relevance within a Welsh context.
- 25** The issue of rota monitoring, and recognition of this, was again highlighted in relation to the strategic aims of supporting doctors in maintaining good practice, and strengthening the GMC's relationship with the profession.
- 26** The challenge facing GPs to provide transgender services was also discussed, with concerns raised about GPs being expected to work outside their competence. It was noted that this issue had been discussed with RCGP Wales and GPC Wales, and that the GMC's guidance does state that services provided by GPs should be in line with their own competence.