

UK Advisory Forums - Scotland

Agenda and papers for meeting
on
7 October 2020

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13:30 – 15.00

**General
Medical
Council**

Agenda

Welcome and Chair's introduction	Clare Marx
Review of actions from previous meeting	Nicola Cotter
Chief Executive's update	Charlie Massey
COVID-19 recovery, and opportunities to promote professionalism and wellbeing	Dave Caesar (Scottish Government) & Anthony Omo
Chair's Summary	Clare Marx
AOB and summary of action points	Clare Marx
Close	

Report title: GMC Update for UK Advisory Fora - Autumn 2020

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Executive Summary

This paper provides an update on progress against our priorities and key projects for 2020:

Post-COVID-19 Recovery – As the four UK health and social care systems move towards recovery and renewal, we are refocussing our work to respond to the challenges ahead. We will be proportionate in our regulation and responsive to workforce needs.

Corporate Strategy - Our new strategy for 2021-25 aims for us to be a relevant, effective and compassionate multi-professional regulator focusing more on working in partnership with others to support professionals in the places they work. We will be engaging with stakeholders over the next few months with an aim to publishing it towards the end of this year.

Supporting a Profession Under Pressure – We know that the pandemic is adding to the pressures on doctors. Now more than ever they need supportive workplace environments, not least given the risks to retention and the impact of inequality on BAME healthcare workers. We are therefore pleased that supporting the profession in all four countries of the UK is seen as critically important and we want to support partners in continuing to address these issues, as well as embedding those positive changes that have occurred during the pandemic.

Medical Associate Professionals (MAPs) – We have been working with the four governments and stakeholders to prepare to implement regulation of Physician Associates and Anaesthesia Associates (in Scotland 'Physicians' Assistant (Anaesthesia)'). We are expecting regulations to be introduced by the UK Government in the second half of 2021. This is an

important development; regulation will ensure future MAP roles can be developed accordingly, allowing the workforce to develop at pace, whilst alleviating workload pressures on doctors.

Legislative Reform – we continue to pursue reform of the Medical Act 1983 which would enable us to make positive changes to fitness to practice, registration and medical education, including the regulation of MAPs. We understand that UK government ministers are sympathetic, and are anticipating developments in this regard next year.

Corporate Strategy

- 1 We are working towards the publication of our next corporate strategy (2021–2025) towards the end of 2020. The four themes of the Strategy are:
 - Enabling professionals to provide safe care: We will work with the system to make sure working environments and culture are supportive, inclusive and fair.
 - Sustainable medical workforce: We will support the system to build and support a diverse medical workforce with the right skills to lead and deliver good patient care.
 - Every interaction matters: We will ensure our functions, processes and systems are effective, empathetic and accessible for patients, the public, professions and partners.
 - Investing in our people to deliver: We will make sure our organisation delivers our ambitions by developing our people’s capabilities, building leadership skills for all colleagues, and creating an inclusive, diverse and sustainable culture.
- 2 To ensure our strategy remains relevant, we are inviting further collaboration to understand what challenges our stakeholders expect to face in a post-pandemic world.
- 3 In light of the disproportionate impact of the pandemic on BME communities and healthcare professionals we’re also embedding our equality, diversity and inclusion goals throughout the strategy. By doing so we hope to give them greater visibility so that this is engrained in all areas of our work.

Post-COVID-19 Recovery

- 4 Like all organisations, the GMC has changed how we work in response to the pandemic. We did this in a number of ways including:

- carrying out virtual fitness to practise hearings;
 - deferring revalidation dates;
 - giving temporary registration to over 30,000 doctors and enabling final year medical students to gain provisional registration at an earlier point than normal;
 - and providing the profession with information and advice about practising during challenging times.
- 5 We are considering the impact of these changes we want to keep or adapt going forward, particularly in relation to medical education.
 - 6 We revised our business plan for this year, pausing a range of projects to limit the impact they might have on stakeholders. We continued other areas of priority work, including introducing the Medical Licencing Assessment, and supporting research to help us understand the impact of the pandemic on the medical workforce, particularly in relation to the impact on BAME doctors, and the earlier provisional registration of medical students.
 - 7 After engagement with Responsible Officers across the UK, we have resumed some of our operational fitness to practise processes. We continue to engage with medical leaders across the UK to understand the impact of this work on them and their organisations and want to remain supportive and flexible to avoid over-burdening them at this time. Meanwhile the Medical Practitioners Tribunal Service has recommenced face to face fitness to practise hearings, having moved to virtual hearings in mid-March.
 - 8 We also worked with partners in the UK and abroad to restart PLAB 1 and 2 examinations.
 - 9 Our Outreach teams (incorporating our Employer Liaison Adviser and our Liaison Advisers) continue to provide their services virtually throughout lockdown. We are considering the impacts of these changes as we plan for 2021 and will be working in partnership with ROs and organisations to understand how best we continue our liaison functions moving forward.
 - 10 We ran a shorter, tailored national training survey this summer, with an emphasis on how doctors were affected by the pandemic and how their working practices and training changed. We plan to publish the results towards the end of October. Meanwhile our annual Barometer survey, sent to a representative sample of approximately 36,000 doctors across the UK, has captured insights from doctors across the UK about their experience of the pandemic, as well as wider questions on doctors' experience and wellbeing. We will report on the findings this autumn in our *annual The state of medical education and practice report.*

Supporting a Profession Under Pressure

- 11** In February we held a series of events across the four countries of the UK where we explored how to build on the good work already taking place to support a profession under pressure. A number of common themes were identified:
- equality, diversity and inclusion;
 - leadership and culture;
 - induction, support and ongoing development;
 - and regulatory alignment.
- 12** While the pandemic has prompted us to pause some of our external engagement, we remain committed to this important programme of work.
- 13** The meetings followed on from the publication of the three independent reviews in 2019, *Caring for doctors, caring for patients; Fair to refer?*, and *Gross negligence manslaughter and culpable homicide in medical practice*. We've started to take forward the recommendations directed at us, for example we are providing feedback to Responsible Officers through our Employer Liaison Advisers on employer referrals that close with no investigation, and we are expanding the reach of our Welcome to UK Practice Programme via virtual delivery.

Medical Associate Professionals

- 14** In July 2019 the UK government asked the GMC to take on the regulation of two additional professions: physician associates and anaesthesia associates (in Scotland Physicians' Assistant (Anaesthesia)'). Our MAPs Programme has established an external stakeholder advisory group with representatives from devolved administrations to ensure our approach is proportionate and future proofed.
- 15** Our regulatory framework will be developed in two phases. Phase 1 contains priority processes essential for the start of regulation, depending on legislative timeframes that could be as soon as mid-to-late 2021. These include UK registration arrangements, core professional standards, a fitness to practise process and defined educational standards and outcomes. Further developments will follow in Phase 2.

Legislative reform

- 16** We continue to work with the Department of Health and Social Care as we seek reform of the legislative framework governing healthcare professional regulation to ensure it is fit for purpose and that it meets the needs of the public, professions,

employers and the wider health and care systems on a four-country basis. We are anticipating positive moves in 2021.

- 17** We are asking that reform will enable us to make vital changes to the way we regulate. These include: ensuring fitness to practise cases are faster, fairer and fewer; allowing us to register GP and specialist international medical graduates in a more flexible way, without lowering standards; and reforming the National Performers List to support a more flexible workforce, including the creation of a new SAS level grade of doctor.

EU Exit Plans

- 18** We are prepared for there to be no trade deal between the UK and EU, and are ready to revive our 'no deal' plans, if needed, following the end of the transition period on 31 December 2020.
- 19** Throughout this year we have been working to influence the negotiations to make sure that the future relationship between the UK and EU allows us to continue to register EEA qualified doctors in a timely and streamlined way. In our messaging, we are stressing the important contribution that these doctors make to our health services, and how we will do all we can to support the retention and flow of doctors into the UK.
- 20** During the transition period we remain bound by the recognition of professional qualifications Directive which underpins our registration and medical education system. Changes to how we register EEA doctors, or the length of medical education cannot take place during this period. The situation after the end of the transition period is dependent on whether the UK Government and EU agree to include a framework for the mutual recognition of professional qualifications in any trade agreement between the UK and EU.
- 21** We are also continuing to work with officials and our international medical regulatory counterparts to ensure that patient safety is recognised and protected in any future trade agreements signed between the UK and third countries.

I hope you have found this update helpful. We look forward to welcoming you to our virtual UK Advisory Fora over the next month and discussing some of these matters in more detail.