UK Advisory Forum - Wales

Summary note of UKAF - 2 October 2024

Attendees:

- Professor Dame Carrie MacEwen, Chair of the GMC **(Chair)**
- Dr Aishvarya (Ash) Gupta, Clinical Fellow, GMC
- Charlie Massey, Chief Executive, GMC
- Professor Colin Melville, Medical Director and Director of Education and Standards, GMC
- Darren Hughes, Director, Welsh NHS Confederation
- Professor Ffion Williams, Head of Graduate Entry Medicine, Swansea University
- Sir Frank Atherton, Chief Medical Officer, Welsh Government
- Gethin Matthews-Jones, Head of GMC Wales, GMC
- Hannah Watts, Education Quality Assurance Manager, GMC (Observer)
- Dr Jacinta (Jaz) Abraham, Medical Director, Velindre University NHS Trust, and FMLM Wales lead
- Dr James Calvert, Medical Director, All Wales Medical Director Group
- Joshua Lovell, Policy and External Affairs Officer, GMC **(Notes)**
- Professor Keshav Singhal, Chair, BAPIO Wales
- Kirsty White, Medical and Dental Programme Manager, NHS Wales Employers
- Marged Wiliam, Welsh Language Standards Manager, GMC (Observer)
- Dr Martin Edwards, Deputy Medical Director, NWSSP
- Natasha Wynne, Policy and External Affairs Manager (Wales) (Observer)
- Neil Roberts, Director of Resources, GMC
- Dr Nia Jones, Programme Lead for Medicine, Bangor University
- Dr Oba Babs-Osibodu, Chair, BMA Welsh Resident Doctors Committee (WRDC)
- Dr Olwen Williams, Chair, Academy of Medical Royal Colleges in Wales (AMRCW)
- Dr Phil White, Deputy Chair, BMA Wales Council
- Professor Rhian Goodfellow, Personal Chair and C21 Director, School of Medicine, Cardiff University
- Robert Khan, Assistant Director of Public Affairs and National Offices, GMC
- Steve Burnett, Council Member, GMC
- Professor Tom Lawson, Interim Medical Director, Health Education and Improvement Wales (HEIW)

Welcome and Chair's introduction – Carrie MacEwen

1. The Chair welcomed attendees to the meeting and a round of introductions followed.

Actions from previous UKAF meeting

2. Gethin Matthews-Jones, Head of GMC Wales, provided an update on actions from the last meeting, held on 15 May 2024. He outlined GMC Wales work around:

- Ensuring fitness to practise (FTP) information and processes are present within all enhanced induction sessions and the delivery of fairness and management of concerns sessions with clinical leaders.

- Early developments working with NHS Shared Services Partnership to incorporate the work of our outreach team and clinical fellow on the coordination of overseas recruitment in Wales and induction.

- Outreach sessions for students focussing on the role of the GMC, Good Medical Practice, professionalism, and FTP statistics.

- Actively offering our 'Developing Positive Cultures' sessions to Health Boards and promoting the NHS Wales Speaking up Safely Framework through sessions, workshops, and meetings as appropriate.

- Responding to queries around the physician associate (PA)/ anaesthesia associate (AA) reference number and sharing our future regulation of PA/AAs hub on the GMC Website with stakeholders.

Update from Chief Executive

3. Charlie Massey began by thanking Members for attending. He noted that GMC Council was in Cardiff and had attended a seminar the previous evening hosted by the GMC Wales team before going to dinner. Charlie noted that Jonathan Morgan, Chair of Welsh NHS Confederation and Chair of Cwm Taf Morgannwg University Health Board was the after-dinner speaker.

4. Charlie then went on to discuss the review of the Medical Licensing Assessment (MLA). He noted the review will ensure the content map continues to reflect the core knowledge, skills and behaviours, required for day-to-day medical practice in the UK and the diverse needs of the UK population.

5. Charlie raised awareness of our upcoming annual update report on progress towards our equality, diversity and inclusion targets that will be published in the coming weeks.

6. Charlie also raised awareness of our first annual report on our compliance with the Welsh Language Standards which was published on the 27 September 2024.

GMC presentation

7. Professor Colin Melville, Medical Director and Director of Education and Standards, presented on the Future of Career Development and Medical Education. Colin highlighted the following during his presentation:

- Colin drew attention to the global healthcare workforce crisis and shortfall of healthcare workers.
- He discussed pressures on Medical Educators highlighted by our 2023 SoMEP and NTS data and that trainers are more likely to be struggling with workload pressures than non-trainers.
- He noted changes in the UK medical workforce and that training and career paths are less linear, with the number of locally employed doctors increasing.
- Colin concluded by providing a high-level overview of the Future of Career Development and Medical Education project and its aims.

External presentation

8. Professor Tom Lawson, Interim Medical Director, HEIW, presented on Medical Education and provided a Wales context. Tom highlighted the following during his presentation:

- Tom highlighted that the UK population demographics are changing, patient needs are evolving, and the NHS is facing multiple challenges meeting growing demand with the current workforce and that there is a need for change.
- He highlighted that challenges in Wales around an ageing population, infrastructure, geography and service design are prominent.
- He discussed a changing medical workforce shape, working patterns, and the increase in foundation and secondary care trainees.
- Tom concluded by highlighting the upcoming launch of HEIW's CCT Projection Dashboard which aims to support Health Boards with consultant planning particularly following trainee expansion in priority areas.

Member Discussion

9. The Chair facilitated a discussion following the presentations. Themes of the discussion included:

- **Innovation in medical education:** Members highlighted innovation in medical education in Wales, particularly in responding to specific needs e.g., rural and remote medicine. Members highlighted the North Wales Medical School at Bangor University as a key example of innovation with a strategic focus on retaining doctors and responding to local needs. Bangor have launched Welsh language as a clinical skill and

all medical students will attend Welsh lessons. Members also noted that providing the best possible experience for students is essential to encourage them to stay.

- **Service pressures and education**: Members noted challenges of prioritising education and training when services are under extreme pressures and that this is a patient safety issue. The changing needs of trainees were discussed along with the competing pressures of exams and clinical workloads. It was noted that trainers often enjoy teaching however extreme service pressures have a negative impact on this. Members also noted that there are currently no professionalised training roles and that there may be a need to develop new career pathways. It was noted that there is a need to develop thinking around the role of late stage career doctors, with a view to encouraging doctors to extend their service within the workforce.
- **Multi-disciplinary training:** Members noted the importance of multi-disciplinary training and that multi-professional trainees all training together increases positive cultures and improves the patient experience. It was noted that doctors alone will not be able to meet students' and trainees' educational needs, particularly given the need to focus on meeting the needs of patients. Members noted questions raised by resident doctors around the skillsets of new staff groups. It was noted that doctors should also be invited into conversations about leadership early which would provide them more autonomy, and for leadership to be further embedded into the generic curriculum. Members also noted that there is a lot of work being undertaken by doctors which shouldn't be done by doctors.
- **Future workforce needs and collaboration**: Members noted that there is a need to look at the future needs of the population and demographic of the workforce. It was noted that Wales has significant demographic challenges and there is an increasing need for international medical graduates (IMGs) to enter the workforce to address these. Members noted questions around what the role of the GMC is in addressing these challenges and if there is a need to collaborate with other regulators in a shared mission.

10. Summarising the main themes discussed by the Forum, Charlie Massey highlighted:

- There is a consensus on what the challenges are and lots of energy in the room, but how we address these challenges, and the costs of doing so are less clear.
- The need to address how we get to a place with ongoing service pressures where we value education and to be more deliberate about how we value and cherish educators.
- The need to further consider end of career options as well as being deliberate about those in early careers who have an interest in education.
- The need to address issues around doctors and trainers experiencing burnout with work, including the impact that this has on the experiences of trainees and the implications for patient safety.
- The need to tap into sources of expertise when we think about medical education and understand how to incentivise change when resources are limited.

- There is a significant opportunity to build on this energy and deliver positive change over the coming years. This will require collaboration and consideration of how best to have these conversations to encourage innovative thinking.
- The Chair invited outgoing GMC Council member for Wales Steve Burnett to reflect on his role and his time at UKAF.

11. The Chair closed the meeting by thanking attendees for their participation.
12. The next Wales UK Advisory Forum meeting will take place on 2 April 2025.