To note

**UK Advisory Forums report**

**Issue**

1. This paper is a report from the UK Advisory Forums, which took place in March and April 2014 in Northern Ireland, Scotland and Wales.

**Recommendation**

2. The Strategy and Policy Board is asked to note the report and associated actions.
UK Advisory Forums report

Issue

3 The UK Advisory Forums were established in 2013 to support Council’s role in ensuring that we have effective engagement with our key interest groups, and that our policies are suited to the UK context. Meetings were held in Belfast on 25 March 2014, Edinburgh on 31 March 2014, and Cardiff on 8 April 2014. The summary notes of each meeting are at Annex A and will be published on our website once approved.

4 The meetings were based on similar agendas with the GMC providing updates on consultation range of our priority programmes of work, with a broader discussion on a number of matters of shared interest to Forum Members including the Shape of Training Review, moving the point of registration, and the response to the Francis report.

Common issues in Northern Ireland, Scotland and Wales

5 While it was recognised that there were a number of issues which were distinctive to each country, there were a number of common issues which were raised in response to our programme update at each of the meetings including:

a Forum members welcomed the Law Commission Bill, noting the importance of flexibility for regulators operating within the four diverging health systems, and an agreement that bringing all regulators under one piece of legislation should and must not reduce protection for patients.

b Forum members were content with our proposal to introduce our Stream 2 complaints changes in September 2014 and noted that it is of utmost importance that we ensure communication about the new process to patients, doctors and employers affected is both clear and appropriate. We committed that our Devolved Offices and Employer Liaison Service would work with local interest groups across the four UK countries to assure the final communication products. Anthony Omo, Director of Fitness to Practise, agreed to return to Northern Ireland for further engagement on the specific matters raised there on the proposed Stream 2 changes. He will be supported by the Employer Liaison Adviser for Northern Ireland, our Head of Northern Ireland Affairs, and relevant Fitness to Practise assistant directors in progressing this engagement.

c Forum members welcomed the Indicative Sanctions Guidance consultation expected later this year and supported a discussion about apologies from doctors, while recognising the sensitivities which surround this, which will be included in the consultation.
Forum members were also consistently supportive of our work and updates on revalidation, English language competence changes and increased publication of our data.

**Shape of Training update**

6 The Forums considered the key recommendations in the Shape of Training review and noted that:

- **a** It was essential to keep momentum, although there was concern of possible loss of momentum with Westminster elections and the upcoming referendum on Scottish independence.

- **b** All Forum members reiterated that the work must be taken forward on a four country basis and there was consistent agreement with the GMC when it was pointed out that we, as the UK wide regulator for the medical profession, should play a key role.

- **c** Timing of the introduction of any recommendations would be important, as these could affect medical students, trainees and doctors at every level. Concern was raised at how any transitional arrangements would be managed.

**Point of registration**

7 The Forums considered proposals by Health Education England to move the point of registration for doctors and noted that:

- **a** There was relatively little support among Forum members as most could not see any obvious benefits, including any related to patient safety, except it may assist medical schools with supervision arrangements in year 6/Foundation Year 1.

- **b** As any change would mean that the Foundation Programme would be open to anyone with a full registration, there could be a negative impact on UK graduates from international applicants. There were also concerns about the negative impact the change could have on graduate entry courses which would become non-compliant under European law.

- **c** There was general agreement that wider conversations were needed on the introduction of a national licensing exam which could be required if the point of registration was to move.

**Response to Mid Staffordshire report and other inquiries**

8 The Forums considered a progress update on how the GMC was taking forward recommendations from the Francis Report and noted that:
a Although the Report related to England, the principles were UK wide with members sharing how lessons have been taken forward in each country and noted forthcoming reports in Northern Ireland (Hyponatremia) and Scotland (Vale of Leven) which may result in further comparison with the Mid Staffordshire NHS Foundation Trust Inquiry.

b There was agreement that system regulation must recognise the necessity for change and acknowledge the requirements for a better system for sharing information between regulators, which may be easier outside of England due to smaller size of devolved countries. In this context we confirmed progress toward establishing memoranda of understanding with each of the system regulators in each country building on our work with the Care Quality Commission in England last year.

Country specific issues

9 In Northern Ireland, Forum members supported the idea of and agreed to work with the GMC Northern Ireland Office to deliver a professionalism event in autumn 2014. Our Head of Northern Ireland Affairs would establish a working group with interested partners once an agreed approach was in place within the GMC.

10 In Wales, we agreed to meeting the British Medical Association to discuss the issue of access to training for associate specialist or specialty (SAS) doctors working in Welsh hospitals that no longer provide postgraduate training environments.

Feedback

11 Forum members agreed that meetings were useful for engaging on a range of subjects. The next meetings are currently scheduled to occur in October 2014.

12 Our Devolved Offices would follow up with Forum members in the coming weeks to secure more formal feedback on both the recent meetings and preferences on the regularity of meetings. This feedback would be discussed with the Chair of Council, Chief Executive and Directors, to confirm our approach to the proposed autumn round.
Supporting information

How this issue relates to the corporate strategy and business plan

14 Strategic aim 1: Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients.

15 Strategic aim 3: Improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety.

16 Strategic aim 5: Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions.

17 This report summarises Forum members views and provides us with feedback to inform our policy making, decision making and evaluation. This helps us ensure that our policy development commands the confidence of our key interest groups across the UK.

If you have any questions about this paper please contact:
Shane Carmichael, Assistant Director - Strategy and Communication, scarmichael@gmc-uk.org, 020 7189 5259.
Summary notes from UK Advisory Forum meetings in Northern Ireland, Scotland and Wales
Summary note of the meeting on 25 March 2014

Attendees present

Peter Rubin, Chair
Niall Dickson, GMC
Paul Darragh, Chair, BMA Northern Ireland
Christine Eames, GMC Council member
Glenn Houston, Chief Executive, Regulation and Quality Improvement Authority
Maeve Hully, Chief Executive, Patient and Client Council
Charlie Martyn, South Eastern Health and Social Care Trust
Pascal McKeown, Director for Medical Education, Queen’s University Belfast (on behalf of Stuart Elborn)
Margaret O’Brien, Deputy Director of Integrated Care, Health and Social Care Board
John O’Kelly, Chair, Royal College of General Practitioners Northern Ireland
Anthony Omo, GMC
Ian Steele, Associate Dean, Northern Ireland Medical and Dental Training Agency (on behalf of Keith Gardiner)

Others present

Rebecca Smyth, Northern Ireland office administrator
Alan Walker, Head of Northern Ireland Affairs
Shane Carmichael, Assistant Director, Strategy and Communication
Chair’s Introduction

1 The Chair welcomed attendees to the second meeting of the Advisory Forum in Northern Ireland, including Mr Charlie Martyn, Dr Margaret O’Brien and Dr Ian Steele who attended for the first time. The Chair explained Professor Pascal McKeown was representing Professor Stuart Elborn.

2 The Chair informed the Forum that he would demit office at the end of 2014, and briefly outlined the planned appointments process which would follow to appoint his successor.

General update and discussion including Law Commission Bill

3 The Forum received an update on the proposed Law Commission Bill to bring all UK health professional regulators under a single piece of legislation. It was expected that the Bill would be published in early April but it seemed unlikely that it would be taken through the 2014 parliamentary session. The Forum noted the importance of the Bill, and that the GMC had established a team to support this important work and to engage as the Bill progressed. It was noted that the Bill needed to be flexible to fit in with the divergence in healthcare systems across all four UK countries.

4 The Forum noted that there had been a review of the GMC’s requirements for Approved Practice Settings (APS). The Francis Inquiry recommended that the GMC should review its APS policy. Currently, doctors who are either new to UK practice or returning to UK practice after a significant break can only practise in an organisation which is recognised by the GMC as offering appropriate supervision and appraisal arrangements (i.e. an Approved Practice Setting), until they revalidate for the first time. It was noted that the requirements would change in spring 2014. From this date, organisations will only have to comply with the requirements of being a designated body under the responsible regulations in order to meet the requirements of being an Approved Practice Setting. For a doctor this will mean that they won’t be tied to practising in a specific physical setting. All they will have to do is maintain a prescribed connection to a Designated Body.

5 The Forum welcomed forthcoming changes for medical professionals on English language competence, and noted that after a number of years the government had agreed legislative change. A new Section 60 Order introducing a new category of impairment relating to competence in English would be in place by June 2014. It will also enable the GMC to ask doctors, where a concern exists, to demonstrate their competence in English. In addition to this, the GMC will increase the score required in the International English Language Testing System (IELTs) for overseas doctors to 7.5. It was noted that this was also the score required for overseas students studying medicine at Queen’s University.
6 The Forum received an update on the GMC’s plans for a Data Strategy relating to the range of information that we hold, including work already undertaken on the National Training Survey and plans to publish fitness to practise data, revalidation data and enhanced monitoring data in education. Forum members were advised that the GMC had engaged on how this data is published to ensure that it provided data for reflection rather than to cause unnecessary concern.

7 The Forum discussed the GMC’s proposals for changing the way we manage Stream 2 complaints, the least serious complaints which do not reach our thresholds for investigation. The Forum noted that at present the GMC writes to the doctor and their employers asking them if there are any further concerns about the doctor. In 98% of these cases there was no serious concern for the GMC to investigate. However, it was noted that a high degree of anxiety can be created for doctors, while patients have an erroneous assumption that something is being investigated when it is not.

8 Following engagement with Responsible Officers and patient organisations across the UK, the GMC planned to change the process in September 2014. From September 2014 these complaints will be shared with doctors and their Responsible Officers with the expectation that doctors bring these complaints for reflection during their annual appraisal and revalidation processes. This new timetable would enable further discussions on points of outstanding concern/interest.

9 Patient and employer organisations welcomed the new timetable following the concerns and issues raised locally. They restated their commitment to the overall principle of such complaints being dealt with locally and said that the delay was only of value if consultation now took place on addressing the concerns and ensuring that communication to patients was clear and adequate.

10 The Forum agreed that the letters to doctors, Responsible Officers and patients were of the utmost importance in order to ensure clarity on any revised process. It was acknowledged that patients could perceive that their complaint would become lost or overlooked and that this would need to be addressed.

11 Anthony Omo agreed that the letters were important and thanked the Forum members who had agreed to review the content. A commitment was also made to undertake further engagement on the Stream 2 process in Northern Ireland. **ACTION:** Alan Walker to work with NI ELA and Forum members to ensure proposed letters are revised by those who expressed an interest. **ACTION:** Alan Walker to work with NI ELA, Stream 2 project team and Anthony Omo to coordinate an appropriate follow up to address concerns expressed in NI by Forum members.

12 The Forum welcomed the progress on revalidation and noted that:
a In Northern Ireland 924 doctors had revalidated since the process began. 88% of all revalidation recommendations were approved and 11% were deferred, in line with other parts of the UK.

b Clinical governance had benefitted from the introduction of revalidation with very significant increases in appraisal across the UK.

13 During the discussion, the Forum noted:

a That moving Certificate of Completion of Training (CCT) dates, to accommodate training breaks and other factors that delay the award of a CCT, had resulted in higher than average rates of deferral among trainees.

b That we were continuing to work with deaneries to agree the best way of managing this. An update on the current position would be provided to members in due course. **ACTION:** Alan Walker to follow up with Revalidation colleagues.

14 The Forum received an update on discussions on the duty of candour. It was noted that the duty already exists for medical professionals as the GMC’s guidance already requires doctors to be open and honest. The UK government had asked for more clarity and the GMC was working with the Nursing Midwifery Council (NMC) to agree joint wording to cover the professional obligations of both doctors and nurses to be open and honest with patients. The Forum noted that the GMC would consult later this year on a proposal to allow us to require doctors to apologise, as this power was not currently available to Medical Practitioners Tribunal Service (MPTS) panels or within our current sanctions.

15 The Forum agreed with the GMC’s position on the duty of candour and that every doctor has a responsibility to be professional. Our proposal for apologies was welcomed. However, it was acknowledged that some professionals had expressed concern about difficulties with raising concerns. It was noted that since its introduction the GMC’s confidential helpline had received just over 1,000 calls. While many of the calls were from professionals seeking reassurance on how they can take concerns forward, 73 had resulted in serious investigations.

16 The Forum noted the GMC’s plans to consult on its Indicative Sanctions Guidance later this year. This guidance outlines the sanctions available to the GMC and the MPTS through our fitness to practise processes.

17 The Forum welcomed the consultation. However, some concerns were raised over the practicality of GMC sanctions, undertakings and conditions and how they apply to local systems, including the potential to lead to stress on GP partnerships. It was agreed that further discussion of some of these specific
concerns should take place at the same time as the engagement on the GMC’s Stream 2 proposals.

**Professionalism**

18 The Forum received an update on the GMC’s professionalism work carried out in Northern Ireland over the last year and proposals for developing pilot professionalism days with Northern Ireland Medical and Dental Training Agency (NIMDTA) and Health and Social Care Trusts later in 2014. Views were also sought on a proposal for the GMC to hold a professionalism event in autumn 2014.

19 The Forum noted:

- **a** Support for our proposals on taking forward a ‘promoting professionalism’ programme.

- **b** Agreement from a number of organisations to work with the Northern Ireland team on delivering a professionalism event in NI in autumn 2014.

- **c** That the GMC would establish a working group with interested partners; members were encouraged to share any views or ideas on the event with Alan Walker. **ACTION:** Alan Walker to work with Paul Buckley, Shane Carmichael and Elizabeth McGrath to manage the design and development of a NI professionalism event for autumn – engaging Forum members as appropriate.

**Shape of Training update**

20 The Forum considered a paper outlining the key recommendations in the Shape of Training review.

21 The Forum supported the broad thrust of the proposals but acknowledged that the recommendations remained high level principles and that more detail would be needed on how these changes could be taken forward in a planned and managed way.

22 During the discussion, the Forum noted:

- **a** That a loss of momentum was possible, especially with an election in Westminster next year.

- **b** Concerns over how any transitional arrangements would be managed and the potential impact on Royal College of General Practitioners (RCGP)’s plans to move to a four year GP training programme.

- **c** Concerns over how we can support development in medical practice if specialty training is shortened.
23 The Chair stated that the discussion had been very useful and highlighted the range of issues that needed to be considered. The Forum noted that the four UK CMOs planned to develop a framework to take forward the high level recommendations.

**Point of registration**

24 The Forum considered a paper on proposals by Health Education England (HEE) to move the point of registration for doctors to the point of graduation from Medical School. It was noted that while the GMC Council had not yet reached a firm view, central to its considerations would be that any change must enhance patient safety.

25 During the discussion, the Forum noted that:

   **a** It could not see any real benefit – including any improvements for patient safety – in the proposed change.

   **b** There may be some benefit if the F1 Year was part of the undergraduate curriculum as it may assist medical schools with supervision arrangements in Years 6/F1.

   **c** The changes would not solve medical unemployment and that this should not be the driver for change. Such a change would mean that the Foundation Programme would be open to anyone with a primary medical qualification including some doctors qualifying outside the UK. This would be a major shift and could cause issues for medical graduates and possibly for the health service. Such a change needed to be considered further and managed in a phased way and taken forward on a four country basis; it should not be rushed and should potentially be considered as part of a wider conversation about a national licensing exam.

**Response to Mid Staffordshire report and other inquiries**

26 The Forum received an overview of the GMC’s progress against the recommendations for our work contained in the Mid Staffordshire report published last year. It was acknowledged that while it had not changed the direction of travel, the report had pushed regulators and the service further into making a more active contribution.

27 During the discussion, the Forum noted:

   **a** Concerns that the public had become sanitised by the language of the Mid Staffordshire report. It was highlighted that part of the problem had been a target driven culture where compassion was lost and we needed to ensure the focus remained on the person receiving the care.
b That while the Mid Staffordshire report related to England, the principles were relevant across the UK.

c That the work to reflect/respond in Northern Ireland was being taken forward under the Quality 2020 strategy but that some specific aspects may be taken forward once the Hyponatraemia Inquiry report is published later in 2014. While much work was going on, there was limited awareness of it in the public arena, but efforts were now being made to address this issue.

d That it is about taking the correct steps in correct time and that all regulators need to make use of the data and influence they have.

Next steps and any other business

28 The Chair thanked the attendees for their contribution and asked for feedback on whether the meetings continued to be useful. It was agreed that the Forum was proving a very useful means by which to engage with the GMC and others locally on a range of relevant subjects. The Chair encouraged members to give any further feedback to Alan Walker for future consideration. **ACTION:** Northern Ireland Office to collate feedback from members on the meeting and suggestions for frequency.
Summary note of the meeting on 31 March 2014

Attendees present

Peter Rubin, Chair
Paul Buckley, GMC
Niall Dickson, Chief Executive
Christine Eames, GMC Council member
Frances Elliot, Deputy Chief Medical Officer, Scottish Government
Stewart Irvine, Director of Medicine, NHS Education for Scotland
Brian Keighley, Chair, BMA Scotland
Suzi Leather, GMC Council member
Anthea Martin, Medical and Dental Defence Union of Scotland (on behalf of Gordon Dickson)
Angelique Mastihi, Medical Protection Society (on behalf of Robert Hendry)
Jim McKillop, GMC Council member
David Reid, Head of School of Medicine & Dentistry, University of Aberdeen (for The Board for Academic Medicine)
Andrew Russell, Co-Chair, Scottish Association of Medical Directors (SAMD)
Jill Vickerman, Scottish Secretary, BMA Scotland
Hamish Wilson, GMC Council member

Others present

Willie Paxton, Employer Liaison Adviser, Scotland
Dan Wynn, Scottish Affairs Officer
Shane Carmichael, Assistant Director, Strategy and Communication
Chair’s Introduction

1 The Chair welcomed attendees to the second meeting of the Advisory Forum in Scotland. It was noted that Hamish Wilson attended in his capacity as a GMC Council member but also as Vice Chair of Healthcare Improvement Scotland.

2 The Chair informed the Forum that he would demit office at the end of 2014, and that Dr Hamish Wilson had also decided to stand down from the GMC Council. He briefly explained the planned appointments process which would follow to appoint their successors.

General update and discussion including Law Commission Bill

3 The Forum received an update on the proposed Law Commission Bill to bring all UK health professional regulators under a single piece of legislation. It was expected that the Bill would be published in early April but it seemed unlikely that the Bill would be taken through the 2014 parliamentary session. The Forum noted the importance of the Bill, and that the GMC had established a team to support this important work and to engage as the Bill progressed.

4 During discussion, the Forum noted the BMA’s concerns that a ‘one size fits all’ approach might weaken medical regulation, and the suggestion that the UK Government should speak to stakeholders to ensure that any measures coming through the Bill are appropriate. The issue of the importance of the GMC’s independence from government was also noted as something which must be maintained.

5 The Forum noted that there had been a review of the GMC’s requirements for Approved Practice Settings (APS). The Francis Inquiry recommended that the GMC should review its APS policy. Currently, doctors who are either new to UK practice or returning to UK practice after a significant break can only practise in an organisation which is recognised by the GMC as offering appropriate supervision and appraisal arrangements (i.e. an Approved Practice Setting), until they revalidate for the first time. It was noted that the requirements would change in spring 2014. From this date, organisations will only have to comply with the requirements of being a designated body under the responsible regulations in order to meet the requirements of being an Approved Practice Setting. For a doctor this will mean that they won’t be tied to practising in a specific physical setting. All they will have to do is maintain a prescribed connection to a Designated Body.

6 The Forum noted that after a number of years the UK Government had agreed legislative change for the English language competence of medical professionals. A new Section 60 Order introducing a new category of impairment relating to competence in English would be in place by June 2014. It will also enable the GMC to ask doctors, where a concern exists, to demonstrate their competence in English. In addition to this, the GMC will
increase the score required in the International English Language Testing System (IELTs) for overseas doctors to 7.5.

7 The Forum received an update on the GMC's plans for a Data Strategy relating to the range of information that we hold, including work already undertaken on the National Training Survey and plans to publish fitness to practise data, revalidation data and enhanced monitoring data in education. Forum members were advised that the GMC had engaged on how this data is published to ensure that it provided data for reflection rather than to cause unnecessary concern.

8 The Forum discussed the GMC's proposals for changing the way we manage Stream 2 complaints, the least serious complaints which do not reach our thresholds for investigation. The Forum noted that at present the GMC writes to the doctor and their employers asking them if they there are any further concerns about the doctor. In 98% of these cases there is no serious concern for the GMC to investigate. However, it was noted that a high degree of anxiety can be created for doctors, while patients have an erroneous assumption that something is being investigated when it is not.

9 Following engagement with Responsible Officers and patient organisations across the UK, the GMC planned to change the process in September 2014. From September 2014 these complaints will be shared with doctors and their Responsible Officers with the expectation that doctors bring these complaints for reflection during their annual appraisal and revalidation processes. This new timetable would enable further discussions on points of outstanding concern/interest.

10 The Forum welcomed the progress on revalidation and noted that:

a Clinical governance had benefitted from the introduction of revalidation, with very significant increases in appraisal rates across the UK.

b Deferral due to moving Certificate of Completion of Training (CCT) dates had been an issue but was largely a technical matter, and that we were continuing to work with deaneries to agree the best way of managing this. An update on the current position would be provided to members in due course. ACTION: Scottish Office to liaise with GMC Education colleagues and supply an update on the current position to UKAF members.

c The Scottish approach of selecting the first tranches of doctors for revalidation through a random selection procedure had worked just as well as other methods employed in the other UK countries.

11 During discussion, the Forum noted:
a  Issues to be resolved around the revalidation of doctors who were retired, who were doing more esoteric jobs, and those travelling or working abroad; the possibility of certain roles requiring registration but not a licence to practise.

b  A suggestion that the Revalidation Delivery Board continue to operate.

c  That clinical governance systems in the secondary care sector were still behind systems for revalidation and that the links between the systems required improvement.

12  The Forum received an update on discussions on the duty of candour. It was noted that the duty already exists for medical professionals as the GMC’s guidance already requires doctors to be open and honest. The UK Government had asked for more clarity and the GMC was working with the Nursing and Midwifery Council (NMC) to agree joint wording to cover the professional obligations of both doctors and nurses to be open and honest with patients.

13  The Forum noted that since its introduction, the GMC’s confidential helpline had received just over 1,000 calls. While many of the calls were from professionals seeking reassurance on how they could take concerns forward, 73 had resulted in serious investigations.

14  The Forum noted the GMC’s plans to consult on its Indicative Sanctions Guidance later this year. This guidance outlines the sanctions available to the GMC, including the Medical Practitioners Tribunal Service (MPTS), through our fitness to practise processes.

15  In addition, the GMC would consult on a proposal to allow us to require doctors to apologise, as this power was not currently available to MPTS panels or within our current sanctions.

16  During discussion, the Forum noted the relationship between Health Education England (HEE) and NHS Education Scotland (NES), including the importance of HEE and others remaining aware of, and committed to, recognition of the role of NES in Scotland, and for clear communication between NES and HEE.

Professionalism

17  Frances Elliot, DCMO, updated the Forum on the work of the Professionalism and Excellence in Medicine Group (PEMG), focusing on the group’s progress report.

18  The Forum noted:

   a  That the professionalism agenda must be taken forward in line with the implementation of the Shape of Training review.
b An update on the programme of Senior Clinical Leadership Fellows. Two fellows were working on how rotas interact with professionalism, and on issues of recruitment and retention at point of CCT. DCMO stated that the Scottish Government considered the programme of fellows with the GMC to be very important and welcomed GMC support.

c Other specific areas of work under the professionalism agenda which the GMC had undertaken, including student engagement, agreeing a Memorandum of Understanding with Healthcare Improvement Scotland and our work on generic capabilities and curricula. The Scottish Government indicated that it would like explicit reference to professionalism to be included in curricula.

19 The DCMO asked for views on the membership of the PEMG and invited members to provide comment to her at any time.

20 During a wide-ranging discussion covering managerial culture, resources, public expectations and the role of GMC guidance, the Forum noted that:

a The BMA would like to be involved in the fellows programme, and in any future joint events on professionalism.

b ‘Managerialism’ had been identified as a barrier to professionalism a long with 9:1 contracts.

c Doctors, including medical managers, were becoming more comfortable with clinical governance.

d There is a general hope that politicians would move towards a quality agenda and away from target-driven policy. This would support professionalism.

21 The Forum agreed that the GMC had a role to play in supporting the wider professional agenda.

Shape of Training update

22 The Forum considered a paper outlining the key recommendations in the Shape of Training review. It was noted that the four CMOs planned to develop a framework to take forward the high level recommendations, led by Ian Finlay. The Chair reiterated the importance of GMC involvement in any work to take the recommendations forward.

23 Forum members generally supported the broad thrust of the proposals but noted that the recommendations remained high level principles and that more details would be needed on how these changes could be taken forward in a planned and managed way.
During discussion, the Forum noted:

a. Support for the recommendations being implemented on a UK basis.

b. Concerns over credentialing and a ‘dilution’ of the CCT.

c. That while more generalism was required, specialism remained important.

d. That a loss of momentum was possible, especially with the referendum on Scottish independence in September and the elections to Westminster next year.

Point of Registration update

The Forum considered a paper on proposals by HEE to move the point of registration for doctors to the point of graduation from Medical School. It was noted that while the GMC Council had not yet reached a firm view, patient safety would be central to its considerations.

The Forum agreed that there was relatively little support for changing the point of registration (POR), except in some quarters of the medical educational establishment where it might be seen as assisting medical schools with supervision arrangements in Years 6/F1, and relieving some of the pressure on students. The issue of oversupply of students into the Foundation Programme was identified as an issue to be resolved and it was acknowledged that moving POR may not be the solution.

The Forum also considered the impact that moving POR would have on competition for Foundation places. It was recognised that this could be to the detriment of British medical graduates, and possibly health services.

During discussion, the Forum noted a number of related points, including the possible option of a national licensing exam and whether Foundation doctors who had completed basic medical education abroad were more or less likely to encounter FtP problems.

Response to Mid Staffordshire report and other inquiries

The Forum received an overview of the GMC’s progress against the recommendations for our work contained in the Mid Staffordshire report. It was acknowledged that while it had not changed the direction of travel, the report had pushed regulators and the service further in the right direction, and into making a more active contribution. For the GMC this included a greater emphasis on local engagement evidenced by our Devolved Offices, Employment Liaison Service and Regional Liaison Service.

The relevance of the forthcoming reports from the Vale of Leven Hospital and Penrose inquiries were noted.
During discussion, the Forum noted:

a  The issue of whistleblowers themselves being complained about for whistleblowing, and the work being taken forward by the BMA on supporting whistleblowers.

b  That the smaller scale of Scotland allowed for easier communication, coordination and sharing of information between relevant organisations that can help to prevent or address similar issues. Many of those organisations involved were members of UKAF.

c  And welcomed the increased publication and sharing of data within a UK-wide system of benchmarking the quality of medical education, as a means of helping to ensure patient safety.

d  That since the Mid-Staffs and Vale of Leven tragedies, non-executive board members were asking more questions about how data on systems can be used to measure performance and patient safety. There was also more engagement from clinicians with clinical governance. All agreed these are positive developments.

Next steps and any other business

The Chair thanked the attendees for their contribution and asked for feedback on whether the meetings continued to be useful. It was agreed that the Forum was proving useful for engagement with the GMC and others locally on a range of subjects. There were several constructive comments on how attendees might prepare themselves to have more – and coordinated – input to the next UKAF meeting. The Chair encouraged members to give any further feedback for future consideration, including on the format and frequency of meetings.

**ACTION:** Scottish Office to collate feedback from members on the meeting and suggestions for frequency.
Summary note of meeting on 8 April 2014

Attendees

Peter Rubin, Chair
Philip Banfield, BMA Welsh Council
Helen Birtwhistle, Welsh NHS Confederation
Kate Chamberlain, Health Inspectorate Wales
Niall Dickson, GMC
Shree Datta, GMC Council member
Simon Emery, Academy of Medical Colleges in Wales
Derek Gallen, Wales Deanery
Judith Hulf, GMC
Ruth Hussey, Welsh Government
Judy McKimm, Swansea University
Enid Rowlands, GMC Council member
Helen Sweetland, Cardiff University Medical School

Others present

Rachel Podolak, GMC Head of Welsh Affairs
Sarah Rowntree, GMC Welsh Office Coordinator
Kate Watkins GMC, Employer Liaison Adviser - Wales
Chair’s Introduction

1 The Chair welcomed attendees to the second meeting of the Advisory Forum in Wales and gave a warm welcome to Dr Ruth Hussey, Professor Helen Sweetland, Professor Judy McKimm and Professor Derek Gallen who attended for the first time.

2 Apologies for absence were noted from Cathy O’Sullivan Board of Community Health Councils.

3 The Chair notified the Forum of his intention to demit office at the end of 2014, and briefly outlined the planned appointment process to appoint his successor.

General update and discussion including Law Commission Bill

4 The Forum received a brief update on the following topics:

Law Commission

5 The Forum noted that the draft Bill, which amalgamated nine pieces of legislation into one, had been published on 2 April 2014. While the Bill was broadly welcomed by the GMC, there was some concern as it seemed unlikely that the Bill would be taken through the 2014 parliamentary session. If the Bill was delayed until 2015, pre-legislative scrutiny of the draft Bill might commence in 2014.

6 It was noted that the GMC had assigned a team to oversee and manage the vast volume of this important work.

Approved practice settings

7 The Forum noted that there had been a review of the GMC’s requirements for Approved Practice Settings (APS). The Francis Inquiry recommended that the GMC should review its APS policy. Currently, doctors who are either new to UK practice or returning to UK practice after a significant break can only practise in an organisation which is recognised by the GMC as offering appropriate supervision and appraisal arrangements (i.e. an Approved Practice Setting), until they revalidate for the first time. It was noted that the requirements would change in spring 2014. From this date, organisations will only have to comply with the requirements of being a designated body under the responsible regulations in order to meet the requirements of being an Approved Practice Setting. For a doctor this will mean that they won’t be tied to practising in a specific physical setting. All they will have to do is maintain a prescribed connection to a Designated Body.
The Forum noted that the Department of Health (England) had reported on its consultation to amend the Medical Act to give the GMC the power to require EEA doctors to provide evidence of their language skills before a licence to practise is granted, in circumstances where we have identified concerns during the registration process. The Act was also being amended to introduce a new category of impairment so that the GMC would be able to take action in relation to doctors already registered, where concerns about language competence were identified.

In addition, it was noted that the overall IELTS score would be raised to 7.5 from June 2014 and that this would be reviewed on an on-going basis.

GMC data strategy

The Forum noted that the GMC was developing a data strategy to outline how it might use the data that it holds as a regulator. This would build on the work that the GMC had already undertaken to improve transparency, such as the annual publication of the State of Medical Education and Practice report.

The Forum noted two recent examples of data sharing – the publication of fitness to practise data by secondary care location and enhanced monitoring data.

Stream 2 complaints

The Forum noted that the GMC was working towards introducing a change to the way it manages some of the complaints it receives about doctors that do not meet the threshold for investigation (‘Stream 2’ complaints in the current procedures).

The GMC intends, from September 2014, to change the process on handling stream 2 complaints. This change would streamline the process for everyone involved, reducing the burden on employers by cutting out unnecessary transactions, and providing Responsible Officers (ROs) with a source of useful intelligence.

It was reiterated that support from the Employer Liaison Service would be available to ROs.

Revalidation

The Forum noted that revalidation was working well and that to date, figures showed that 1439 doctors in Wales have been revalidated and that there had been 191 deferrals.

During discussion, the Forum noted that:
a The present model would be monitored over a five year cycle, and that an evaluation framework has been developed and was available on the GMC website. A formal tender was underway for the next stage of the evaluation process.

b Whilst the quality of appraisals could vary in the early stages, revalidation had been shown to positively influence the rate of appraisal across the UK.

c There were helpful FAQs available on the GMC website that covered a range of queries, including the revalidation requirements for retired doctors.

Indicative Sanctions

17 The Forum noted that the indicative sanctions guidance, used by fitness to practise panels in cases that have been referred to the Medical Practitioners Tribunal Service for a hearing, would be subject to a public consultation from 1 August – 31 October 2014. As part of the consultation, the GMC would also explore the idea of apologies to patients as part of the formal process.

18 The Forum expressed its support for the use of apologies in healthcare, but noted doctors’ concerns about the legal implications of apologising. It was suggested that doctors could receive training in how to apologise in order to build confidence in this area. It was also noted that any apology made should be sincere.

National Training Survey (NTS)

19 The Forum noted that the NTS was open until mid-May and would engage over 50,000 trainees across the UK. The annual survey provided valuable information about educational settings and the opportunity to observe trends over time.

20 The Forum received an update on key changes to the patient safety questions within the survey, noting that improved guidance had been provided to trainees this year in order to ensure reports were accurate and focused. It was noted that this was already having a positive impact on responses.

21 During discussion, the Forum noted:

a A suggestion that reintroducing the trainers’ survey could be of benefit. Judith Hulf confirmed that the GMC would be piloting a trainer survey in three regions in the autumn of 2014, and would ensure that respondents were appropriately targeted.

b The importance of surveying medical students about their experiences in the Welsh NHS.
The Chief Medical Officer addressed the Forum on the Health Minister’s announcement for a prudent healthcare system in Wales. The CMO noted that the idea was based on research by the Bevan Commission and outlined the following principles:

a. Using the minimum appropriate intervention required, in order to avoid waste and harm.

b. Full involvement of patients. A partnership approach between practitioners and patients, with individuals taking greater ownership of their health and wellbeing.

c. Equity, in which the greatest resources are mobilised to meet the greatest need.

The CMO confirmed that workshops were scheduled to look at specific speciality areas such as Orthopaedics, ENT, prescribing and pain management.

The Forum noted that:

a. The communications about the project would need to be two dimensional – both doctor and public facing.

b. A significant culture change would be required to enable successful implementation.

Shape of Training update

The Forum considered a paper that outlined the outcomes of *Securing the future of excellent patient care: Final report of the independent review*, which was led by Professor David Greenaway. During discussion, the Forum noted a number of key points of particular importance, including:

a. That it was essential to keep the momentum going on this work as it was an important opportunity to modernise medical training.

b. That it was important to make sure that the relevant medical bodies were involved in order to ensure that the plans were relevant, appropriate, could be approved and implemented.

c. That the timing of the introduction of the changes would be important, as this could affect medical students, trainees and doctors at every level.

d. That there was a need to ensure that trainers understand the changes as communication filters down from the trainer to trainee. An element of expectation management may be required.
The success of the changes would rely upon buy-in from the profession and the leadership provided by the organisations and individuals involved in the work.

**Point of Registration**

26 The Forum considered a paper on proposals from Health Education England (HEE) to move the point of full registration with the GMC from the end of the Foundation Year 1 (F1) to the end of medical school (or equivalent). During the discussion the Forum noted:

a The negative impact the change could have on postgraduate entry courses.

b That a renewed discussion about the introduction of a licensing exam could be required.

c That any changes should be made for educational and patient safety reasons.

27 The Forum noted that a paper was due to be published in the British Medical Journal which would fully outline the GMC’s position.

**Response to Mid Staffordshire report and other inquiries**

28 The Forum considered a progress update on how the GMC was working with others to take forward recommendations of the Francis and Berwick reports. During discussion, the Forum noted a number of key points of particular importance, including:

a That although the report is focused on a case in England, the principles were relevant UK wide. The importance of generic lessons had been embraced in Wales, with particular regard to complaints handling and raising concerns.

b That colleagues in system regulation, across the four UK countries, recognise the necessity for change and acknowledge the requirement for a better system for sharing information between regulators. Mechanisms are in place in Wales, such as healthcare summits and the concordat, but a systematic approach to sharing data was required.

c A more proactive, transparent approach was required. Smarter, not necessarily more regulation was a necessity.

d Team working and cross-professional relationships were of the utmost importance.

e That one of the biggest challenges was to ensure cultural change.
29 The Forum noted that the GMC had received more than 1,000 calls to its confidential helpline since its inception, which had led to approximately 70 investigations.

Next steps and any other business

30 The GMC and BMA agreed to meet separately to discuss the issue of access to training for SAS doctors working in Welsh hospitals that no longer provide postgraduate training environments.

31 The Chair thanked attendees for contributing to the Forum and reiterated the importance of the Forum as a means to obtain views from our key interests throughout the UK. Attendees were asked to feedback their views on the value and frequency of the meetings to the Head of Welsh Affairs. **ACTION:** Welsh Office to collate feedback from members on the meeting and suggestions for frequency.