To note

**UK Advisory Forums report**

**Issue**

1. This paper is a report from the UK Advisory Forums, which took place in March 2015 in Scotland, Northern Ireland and Wales.

2. The summary report also outlines feedback from UK Advisory Forum members and our plans to continue to build on the success of the Forums as a mechanism for formal engagement.

**Recommendation**

3. The Strategy and Policy Board is asked to note the summary report which details the areas of interest or concern raised by UK Advisory Forum members; a note of the GMC update on our priority programmes; a note of the local reviews discussed at each meeting; and the advice of the Forums in relation to our work on the case for a licensing examination.
UK Advisory Forums report

Issue

5 The UKAF meetings were held in Edinburgh on 5 March, in Belfast on 11 March, and in Cardiff on 18 March 2015.

Chair’s introduction

6 Each meeting began with an introduction from the Chair of Council, who attended for the first time. The Chair outlined Council priorities for the next four years, including positioning the GMC as a patient safety organisation; changing the perception of the GMC by improving understanding of all of our four core functions - not just our Fitness to Practise work which is what we are often best known for; developing a more informative register; ensuring that our guidance and standards are practical, relevant and easily accessible; exploring the idea of a single licensing exam; and improving our fitness to practise processes.

Updates on local priorities/areas of interest or concern from Forum members

7 The Forums considered local priorities and areas of concern or interest.

8 In Scotland, the Forum’s discussion focused on the delivery of training; the importance of data gathered via the National Training Survey (NTS); the process of reducing the number of deaneries in Scotland from four to one, and the planned 2017 GMC Education visit to Scotland. There was also a discussion about the challenges surrounding 9/1 consultant contracts and an acknowledgement that the GMC was becoming an increasingly important part of the system, and that through our relationships with relevant bodies in Scotland we are and will continue to contribute towards improvements within the system.

9 In Northern Ireland, the Forum discussed the benefit and importance of having a local GMC presence in Northern Ireland; the value of the NTS as a tool to improve understanding of what doctors in training think about their training programmes and the environment in which they work and how we could make the best use of the information and intelligence gathered. It was noted that the GMC’s recently published report on the findings from a series of undermining and bullying check visits to obstetrics, gynaecology and surgical sites across the UK had been prompted by the NTS. There was also discussion around the need for clarity around our fitness to practise investigations and outcomes, although recognising that some of our reforms to modernise our approach would require legislative change.

10 In Wales, the Forum discussed the progress of revalidation noting that there was still more work to do with regard to secondary care appraisal rates; the ongoing training and service reconfiguration linked to wider challenges for the Welsh healthcare system, including problems with recruitment and retention of doctors in rural areas;
and the Shape of Training Review noting that there was a risk that it may appear to have lost momentum. The Forum also noted that the Welsh NHS Confederation had published *The 2015 Challenge for NHS Wales*, which outlined the challenges faced by the NHS in Wales, and that a new All-Wales Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) protocol had been launched which would be of interest to the GMC and its responsibilities for professional standards.

**GMC update**

11 The Forums received updates on key areas of our work, including information sharing; the Law Commissions’ Bill; promoting professionalism; revalidation implementation; Section 60 Order; meetings with patients as part of our Fitness to Practise process; the consultation on education standards; and the Shape of Training Review and the debate around the point of registration.

12 The emerging theme from the discussions was the importance of information sharing, which we fully support through our Memoranda of Understanding (MoUs) with the Regulation and Quality Improvement Authority (RQIA), Healthcare Inspectorate Wales (HIW) and Healthcare Improvement Scotland (HIS). It was noted that the MoUs would be supplemented by a more detailed set of Information Sharing Agreements/protocols being developed in 2015.

13 The Forums noted the commitment from the GMC and other partners for the progression of the Law Commissions’ Bill and the Shape of Training Review, noting the support for our work in this regard from the governments in the devolved nations.

**Country specific reviews**

14 The Forums considered recent reviews in their respective countries.

15 In Scotland, the Forum discussed *NHS Grampian – review of the quality of care at Aberdeen Royal Infirmary by HIS*. It was noted that:

a The report’s findings including, failure of the Board or Management to note or act upon GMC training survey flags; concerns regarding local complaints management; systemic weaknesses in governance and leadership; and shortages of staff in specialties such as emergency medicine.

b Following discussion, the Forum noted lessons learnt, including a consideration of what future triggers might be; and how to support better sharing of information across the healthcare system to which all members are committed.

16 In Northern Ireland, the Forum discussed the *Donaldson review of Health and Social Care governance arrangements for ensuring the quality of care provision*, and noted:
a The consensus among attendees who welcomed the general approach of the Donaldson report.

b The importance of working between government, providers, professionals, patients and regulators to take the recommendations of the review forward.

c The need for information sharing between professional and system regulators and that consideration should be given to how this might be integrated with information coming from the healthcare system.

In Wales, the Forum discussed the Independent Review of Healthcare Inspectorate Wales, and noted:

a The review’s suggestion that HIW should become an improvement body.

b That annual reports for all seven Health Boards were currently being prepared.

c That a collaborative role between the Health Boards and the Community Health Council’s was important.

d The positive relationship between the GMC and HIW with regard to collaboration and information sharing.

The case for a licensing examination

The Forums received an update on the case for a single licensing examination. It was noted that the business case would be considered by Council in June 2015.

During the discussions, the Forums noted:

a That the GMC and other sources had highlighted differential attainment between graduates of UK medical schools, International Medical Graduates and European Economic Area (EEA) Graduates and that this range of outcomes seemed to reflect the shortcomings and risks of the current system/approach.

b That there were challenges with making a licensing examination a requirement for EEA doctors. The GMC would continue to work through the legal issues around this point.

c That there were concerns over whether the licensing examination would address issues around the inability to communicate with patients and colleagues. Forum members were assured that the GMC had already secured the power to check language competency of doctors coming to work in the UK and that there would be consideration given to assuring generic professional skills and capabilities in the design of any licensing examination.
A query regarding whether there would be an assessment of communication skills in particular situations, including listing medical history; displaying empathy and breaking bad news.

The suggestion of a hybrid model questionnaire with a standardised bank of questions, but with the ability for individual medical schools to develop a tailored section; and the need to build on progress made by medical schools in this area.

The need to assess existing assessment models from across the world.

That consideration should be given to the type of examination; it should improve quality not just set the baseline.

Feedback

Formal feedback was gathered from members across the three meetings with 19 responses in total (from a possible total of 29).

The analysis of the feedback showed that:

1. 100% of those that responded strongly agreed/agreed that the meetings were a useful addition to existing arrangements for engagement.
2. 100% strongly agreed/agreed that the agenda topics were relevant and timely.
3. 74% strongly agreed/agreed that they had an opportunity to influence the agenda (26% neither agree/or disagreed with this statement).
4. 100% strongly agreed/agreed that they were able to contribute to the discussion.

Feedback on how the meetings could be improved showed that:

1. 53% of those that responded felt that there was no improvement necessary to the meeting format.
2. 18% requested increased advanced notification of meeting dates.
3. 12% requested more input from attendees on agenda topics.

We plan to make changes to the autumn meetings in response to the feedback received, including providing increased notification of meeting dates and circulating a list of attendees in advance of the meeting.

A number of attendees provided further suggestions on how to improve future meetings. These included:

1. Presentations from attendees about their work.
b Sharing more information between members between meetings.

c Informing attendees how the Forums contribute to the wider work of the GMC and how they can canvass views of colleagues/members in advance of the meeting to help shape policy.

d A standard agenda topic on how the patients’ voice could inform and influence other members.

e In Scotland, with the implementation of Health & Social Care integration, more consideration to be given to wider implications for doctors in all areas of care, not just acute care.

25 We will discuss these suggestions with the Chair, Chief Executive, Heads of the Devolved Offices, Governance and other colleagues on how we might address these comments and improve future meetings.

Council members

26 A further change that has been implemented during this round of meetings has been to enhance the level of engagement between the Devolved Offices and the Council members based in the devolved nations, so that they are fully briefed on country specific issues in advance of the meetings and are able to contribute to the discussion, as required. This change has been welcomed by Council members and staff.

Next meeting

27 The next meeting of UK Advisory Forums will take place in Edinburgh on 1 October 2015, in Cardiff on 8 October 2015, and in Belfast on 13 October 2015.
Supporting information

How this issue relates to the corporate strategy and business plan

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

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

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

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

Other relevant background information

32 The notes of each UKAF meeting will be published on our website.

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