3 December 2014

Strategy and Policy Board

To note

**UK Advisory Forums report**

**Issue**

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

**Recommendation**

2. The Strategy and Policy Board is asked to note the report and associated actions detailed in the notes of the meetings, at Annex A.
UK Advisory Forums report

Issue

3 The UK Advisory Forums (UKAF) 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. The UKAF meetings take place twice a year. The second round of 2014 meetings were held in Edinburgh on 28 October 2014, Belfast on 5 November 2014, and Cardiff on 13 November 2014. The summary notes of each meeting are at Annex A and will be published on our website once approved.

4 The meetings had similar agendas with the GMC providing updates on our priority programmes of work, discussion with UKAF members on their priorities, and a discussion on the State of medical education and practice in the UK 2014 (SoMEP) – showcasing key findings and GMC data.

5 Each Forum then discussed areas of country specific interest.

Common issues in Scotland, Northern Ireland and Wales

6 The Forums received an update and discussed a number of our key areas of work including:

a Revalidation.

b Recent changes made to the GMC’s Stream 2 complaints process.

c Planned meetings with complainants.

d Feasibility of developing a UK national licensing exam.

e National Training Survey.

State of medical education and practice in the UK 2014 – showcasing key findings and GMC data

7 The Forums received an update on the 2014 report and noted our new Sharing data for safer care leaflet, which highlighted the wealth of information that the GMC holds on medical education and practice. It was noted that SoMEP was increasingly being used by partner organisations and others.

8 Members expressed their support for SoMEP and the GMC’s data strategy, with examples given of how GMC information can be used to inform policy, make comparisons between medical schools, and for workforce planning.
Country specific issues

9 In Scotland, Dr Aileen Keel, Chief Medical Officer, presented the background to the Scottish Government’s Professionalism and Excellence in Medicine Group (PEMG), and updated on key areas of work. Dr Keel outlined GMC work streams that contributed to the PEMG agenda including the introduction of a Clinical Leadership Fellow in the Scotland Office, our work in promoting Good medical practice amongst medical students and ongoing work to imbed professionalism into the medical curricula. In Scotland, the Forum noted that the GMC takes its responsibilities as a UK-wide regulator very seriously, and Forum members expressed a consensus in favour of UK wide regulation including on the basis that it facilitates cross-border workforce mobility.

10 In Northern Ireland, Forum members were reminded of the key themes covered in the Indicative Sanctions Guidance (ISG) consultation and were encouraged to respond ahead of the closing date on 14 November 2014.

11 In Northern Ireland, the Forum received an update on the professionalism event in December, and pilots undertaken throughout 2014. Forum members highlighted their support for professionalism events and hoped that this was something that the GMC can continue to work on with Forum members in the future.

12 In Wales, Forum members considered the impact the use of the Welsh Language in healthcare, education and training; and discussed recent reports published in Wales, such as Trusted to Care and Using the Gift of Complaints, noting that these contained lessons for the wider NHS workforce in Wales.

Feedback

13 The Forums agreed that the meetings were useful for engaging on a range of subjects. Subsequent informal feedback to the Heads of our Devolved Offices about the value of the Forums has been consistently positive with one attendee from the Scottish meeting tweeting positively about their experience. The value of the Forums to members is most clearly evident in the strong attendance in each country with the number and range of attendees increasing. We will collect more formal feedback from attendees at the end of the spring 2015 meetings.

14 The next meetings are currently scheduled to occur in March 2015 and we invite the Strategy and Policy Board to consider issues and projects which will be live and may be suitable for inclusion for discussion at these meetings.
Supporting information

How this issue relates to the corporate strategy and business plan

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

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

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

18 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 Directory - 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 5 November 2014

Attendees present
Kathryn Booth, Health and Social Care Board  
Paul Buckley, GMC Director of Strategy and Communication  
Paul Darragh, British Medical Association  
Niall Dickson, GMC Chief Executive  
Christine Eames, GMC, Council member  
Susan Goldsmith, GMC Chief Operating Office  
Keith Gardiner, Northern Ireland Medical and Dental Training Agency  
Glenn Houston, Regulation and Quality Improvement Authority  
Maeve Hully, Patient and Client Council  
Gavin Lavery, Health and Social Care Safety Forum  
Charlie Martyn, South Eastern Health and Social Care Trust  
Heather Monteverde, Northern Ireland Long-Term Conditions Alliance  
Heather Moorhead, Northern Ireland Confederation for Health & Social Care  
Paddy Woods, Department of Health, Social Services and Public Safety

Others present
Shane Carmichael, Assistant Director, Strategy and Communication, GMC  
Joanne Donnelly, Employer Liaison Adviser for Northern Ireland, GMC  
Rebecca Smyth, Northern Ireland office administrator, GMC  
Alan Walker, Head of Northern Ireland Affairs, GMC
Welcome

1. Niall Dickson, GMC Chief Executive, chaired the meeting in the absence of Professor Peter Rubin.

2. The Chair welcomed attendees to the third meeting of the Advisory Forum in Northern Ireland, including Heather Monteverde and Dr Gavin Lavery who attended for the first time.

3. The Chair welcomed Susan Goldsmith, new GMC Chief Operating Officer and Deputy Chief Executive, to her first UKAF meeting in Northern Ireland. The Chair briefly outlined Susan’s experience in managing complex, safety critical, and customer facing organisations.

4. The Forum noted that Professor Terence Stephenson had been appointed by the Privy Council to serve as Chair of the GMC Council for a four year period from 1 January 2015 – 31 December 2018.

GMC update and discussion

Revalidation

5. The Forum received an update on the progress of revalidation and noted:

   a. That to date, nearly 1800 doctors had been revalidated in Northern Ireland and 270 have been deferred up until the end of September 2014. Appraisal rates across the UK had increased considerably.

   b. That feedback from Responsible Officers regarding the process had been exceptionally positive, and it was noted that their new powers gave them a level of traction and focus in developing their relationship with their doctors. Doctors were responding very positively on the whole, with 26% of doctors stating that they felt more part of a governed system than they did the year before. 30% of doctors said that revalidation has caused them to reflect more on their medical practice.

   c. That evidence gathered on appraisal rates was encouraging, with an usually very low number of deferrals due to a limited range of circumstances such as ill-health or leave of absence. It was reiterated that revalidation was not the process through which to raise fitness to practise issues, and Forum members were reminded of the systems in place to address fitness to practise concerns. It was acknowledged that although doctors may have issues with their practice, this would not necessarily amount to an impairment.

   d. The benefits of appraisal including improved communication and better insight available to doctors in training who need support. It was highlighted that
revalidation provides assurance that a licensed doctor is up to date and fit to practice.

We’re committed to evaluating revalidation, and have agreed with a team led by Julian Archer, from Peninsula Medical School with collaborators across the UK including the Belfast Trust, to undertake a long-term evaluation of revalidation. The Department of Health (England) will also conduct a separate study on it.

**Review of the Professional and Linguistic Assessments Board (PLAB) test**

6 The Forum received an update on the independent review, led by Ian Cummings Chief Executive of Health Education England, of the Professional and Linguistic Assessments Board (PLAB) test through which International Medical Graduates (IMGs) demonstrate that they have the necessary skills and knowledge to practise medicine in the UK. A range of issues including the fact that those who did not do well at PLAB were less likely to get a specialist qualifications were considered as part of the review.

7 It was noted that the review recommended that we should raise the standards for PLAB, limit test attempts and reduce the time for which passes remain current. These recommendations are being taken forward by the GMC.

**A National Licensing Exam**

8 The Forum was advised that the GMC Council had agreed that we could begin to explore the feasibility of developing a UK national licensing exam. Further work would now be undertaken to consider all of the issues involved with the introduction of such an exam in the UK.

9 Forum members agreed that one of the options that should be explored would be to link the licensing exam with medical school finals in order to avoid the risks of undergraduates being over-assessed, over examined and the potential for duplication between the two assessment systems. It was agreed that the introduction of a national licensing exam would be a significant step for UK medical education and it would be vital to ensure that any changes were given robust and careful consideration.

**National Training Survey**

10 The Forum received an update on the national training survey results, which had been published in June, and in particular how the GMC was working with the deanery to identify and manage issues identified. Associated reports on patient safety and on bullying and undermining would be published in late November. The reports would provide a narrative on the kind of issues raised about patient safety and bullying, and how problem areas have been addressed in healthcare training settings.
Complaints

11 The Forum noted that the GMC is continuing to see an increase in the number of complaints about doctors and that we are continuing to reform our systems to improve how these are handled, ensuring that they are dealt with in the most appropriate way. Recent changes made to the GMC’s Stream 2 complaints process will result in lower-level complaints that do not meet our threshold for investigation, being closed and referred to the employer and Responsible Officer.

12 An update was provided on our planned meetings with doctors to accept proposed sanctions at the end of investigations rather than proceed to a panel hearing. It was emphasised that such cases would be audited and the decisions would be made public. Some Forum members noted the importance of making decisions public to provide assurance to patients and show transparency.

13 It was also explained that there are arrangements for planned meetings with complainants at the beginning and end of our fitness to practise procedures. It was noted that complainants would be able to bring advocates to these meetings.

Section 60 Order

14 The Forum noted that the Department of Health (England) were currently consulting on a Section 60 Order, which would establish the Medical Practitioners Tribunal Service (MPTS) in statute and allow the GMC a right of appeal on MPTS panel judgements we do not believe to be adequate in protecting the public.

15 The Law Commission Bill would give all regulators the same broad framework. It would give regulators flexibility to develop processes to suit their needs. Forum members were advised that we strongly support the Bill and that Forum members would be updated on developments, as required.

Updates on priorities for discussion from UKAF members

16 Forum members were invited to share updates on their priorities or issues for consideration. During discussion, the Forum noted:

a Ongoing pressures on workforce planning and how this can meet the future needs of the population and the health and social care sector in Northern Ireland, particularly in light of significant change through the Transforming Your Care to drive more community led delivery of services and an increasingly challenging financial backdrop in the health service.

b The review of clinical governance being undertaken by Sir Liam Donaldson which will report to the Health Minister in December 2014.

c Support for the work of the GMC and other regulators on the Duty of Candour for professionals and the joint consultation between the GMC and the NMC.
d How the service was trying to engage doctors more in the area of safety and improvement of service, which had traditionally been difficult to do. It was agreed that it was important for doctors to be involved in this area and that it should be seen as part of their wider clinical leadership role and commitment to their patients and colleagues in the health service.

e That the RQIA are currently developing their new corporate strategy and three-year review programme. A key part of the process had been to clarify what quality improvement means as opposed to quality assurance.

f Support for the GMC’s ongoing engagement on education issues working closely with the deanery and others on quality assurance issues, including issues relating to undermining and bullying that the NTS survey had identified across the UK and promoting professionalism.

g Concerns expressed that doctors feared that credentialing was being used to create a sub-consultant grade of doctor as part of the development of the Shape of Training agenda. It was noted that this was not the intention of the GMC’s work on credentialing, on which we would consult further next year.

17 As part of wider discussion on it was highlighted that medical training in the UK was already among the longest in the developed world, and it was emphasised that time is a resource which is also needed to deliver care and meet the changing nature of patient needs.

**The state of medical education and practice in the UK 2014 - showcasing key findings and GMC data**

18 The Forum received an overview of key findings of the 4th edition of *The state of medical education and practice in the UK 2014* which included comparative data across the four UK countries.

19 The Forum was given an overview of the *Sharing data for safer care leaflet*, which highlighted the range of information about medical education and practice held and shared by the GMC and how it may be of use to those that we work with across the UK. The Forum was also advised of plans to develop the information held on the list of registered medical practitioners to make it more valuable and informative for the public and healthcare organisations in the future.

**GMC Indicative Sanctions Guidance consultation**

20 The Forum was reminded of the key themes covered in the Indicative Sanctions Guidance consultation and areas discussed in the consultation workshop on 1 October 2014, and were encouraged to respond ahead of the consultation closing on 14 November 2014.
Northern Ireland Professionalism Event, December 2014

21 The Forum received an update on the arrangements for the forthcoming Professionalism event. Over 80 delegates had registered to attend the event on Thursday 18 December at Riddel Hall in Belfast. The Health Minister, Jim Wells MLA, and other senior representatives of the health and social care sector in Northern Ireland, including a number of Forum members had already agreed to participate in the event.

22 The Forum noted that the Professionalism Conference builds on a number of successful pilot professionalism events that the GMC team in Northern Ireland had undertaken earlier in the year with the Northern Ireland Medical and Dental Training Agency (NIMDTA) and the Western Health and Social Care Trust. These sessions showed that a high proportion of doctors would reflect and change their practice as a result. NIMDTA highlighted their support for the professionalism events and said that they hoped this would be something that the GMC would continue to work with them on in the future.

Chair’s closing comments

23 The Chair thanked Forum members for their contribution and commented that he looked forward to seeing them all on 18 December 2014 at the Professionalism Conference.
Draft as of: as of 26 November 2014

Summary note of the meeting on 28 October 2014

Attendees

Peter Rubin, Chair
Shaben Begum, Scottish Independent Advocacy Alliance
Audrey Birt, Health and Social Care Alliance, Scotland
David Carter, Scottish Board for Academic Medicine
Niall Dickson, GMC Chief Executive
Frances Elliot, Scottish Government Health & Social Care Directorates
Susan Goldsmith, GMC Chief Operating Officer
Judith Hulf, GMC Director of Education and Standards
Stewart Irvine, NHS Education for Scotland
Aileen Keel, Scottish Government Health & Social Care Directorates
Una Lane, GMC Director of Registration and Revalidation
Jim McKillop, GMC Council member
Rowan Parks, The Royal College of Surgeons of Edinburgh
Nigel Robinson, Scottish Government Health & Social Care Directorates
Jill Vickerman, BMA Scotland
Hamish Wilson, GMC Council member
Sally Winning, BMA Scotland

Others present

Shane Carmichael, GMC Assistant Director, Strategy and Communication Directorate
Victoria Carson, GMC Head of Scottish Affairs
Willie Paxton, GMC Employer Liaison Advisor
Achyut Valluri, Clinical Leadership Fellow
Dan Wynn, GMC Scottish Affairs Officer
**Chair’s introduction**

1. The Chair welcomed attendees to the meeting of the Advisory Forum in Scotland.

2. Apologies for absence were noted from Dr Anthea Martin, Joint Head of Medical Division, Medical and Dental Defence Union of Scotland.

**GMC update and discussion**

3. The Forum received updates on key areas of our work, including revalidation, our fitness to practise procedures and the implications of a National Licensing Exam.

4. During the discussion, the Forum noted:

   a. That revalidation is well embedded in Scotland. While we cannot currently assess outcomes, revalidation processes are robust. The GMC has not had to withdraw its acceptance of revalidation results from any Scottish institutions. Appraisal rates in Scotland are high at 92% and this has been driven by revalidation. However, the quality of appraisal is a separate issue and it was suggested that, in future, we should consider stakeholder views on this. Reports from Responsible Officers are encouraging and it was suggested that appraisal can now be used to raise quality more effectively.

   b. An update on reforms of our Fitness to Practise procedures. This included information about our consultation on changes to our Indicative Sanctions Guidance and the role of apologies and warnings in our procedures; and plans for legislation which would give the Medical Practitioners Tribunal Service (MPTS) statutory underpinning and provide the GMC a right of appeal against MPTS panel decisions.

   c. Our new system of referring lower-level complaints which don’t meet our thresholds to local procedures. These reforms were intended to speed up the process of dealing with fitness to practise concerns, to the benefit of all concerned.

   d. The arrangements for planned meetings with complainants at the beginning and end of our fitness to practise procedures, starting in 2015. Meetings would take place at the GMC’s office in Edinburgh, as required, and complainants would be able to bring advocates to these meetings. It was agreed that our letters to complainants should include information about relevant patient advice and advocacy organisations, and state that complainants may bring advocates or advisors with them to meetings.

   e. An update on our planned meetings with doctors and piloting of reforms to allow doctors to accept proposed sanctions at the end of investigations rather than
proceed to a panel hearing. It was emphasised that such cases would be audited and the decisions would be made public.

f An update on education and registration matters, including:

i The review of the Professional & Linguistic Assessments Board (PLAB) test.

ii Raising the pass mark we require on the International English Language Testing System (IELTS) and new powers to assure a doctor's competence to speak English where we have doubts.

iii The National Training Survey. More doctors than ever completed the NTS in 2014 – 98.2% - and results suggest improvement across a range of indicators in all countries. The overall satisfaction with training score in Scotland was 81.5 out of a possible 100 compared with 81.3 in 2013. We will be working with employers, educators and other partners to look at the lessons from the results.

5 The Forum also considered the implications of a possible National Licensing Exam (NLE) which we believe could provide assurance that those on the medical register had reached a common standard. The Forum noted the possible scenario of doctors from the EU being able to join the medical register without having to sit an NLE, while UK graduates would be required to do so, and International Medical Graduates would be required to sit the Professional and Linguistic Assessments Board (PLAB) test. The Forum discussed possible solutions to the challenge of making an NLE a requirement for EEA doctors, including ways to encourage employers to make passing the NLE a condition of employment, and recording on the medical register whether a doctor had passed the NLE. The Forum also discussed how a National Licensing Exam might work if the point of registration (the point in doctors’ education/training when they apply for registration) were to be moved. The GMC is committed to consulting widely as it develops its thinking in this area.

Updates on priorities for discussion from Forum members

6 The Forum discussed the difficulty in setting the number of intake medical students because of underlying difficulties in workforce planning. This included a discussion of the profile of the Scottish medical student cohort and the implications for workforce planning.

7 The Forum considered a range of suggestions for ways to encourage students to become generalists and to work in remote and rural areas. These included more teaching blocks in remote and rural areas, and short taster sampling blocks which are currently being developed.

8 The Forum discussed the sharp rise in complaints over the last few years. The Forum considered various contributing factors to the increase and the profile of complaints in
Scotland, including where the issues occurred, who raised the concerns and the risk factors for fitness to practise problems.

**Professionalism and Excellence in Medicine Group - update from Scottish Government**

9 Dr Aileen Keel, CMO, presented the background to the Scottish Government’s Professionalism and Excellence in Medicine Group (PEMG). Several UKAF member organisations are also members of PEMG. Dr Keel updated the Forum on key areas of work for PEMG including paired learning. She outlined GMC work streams that contributed to the PEMG agenda including the GMC’s clinical fellows’ scheme, an agreement to sign a Memorandum of Understanding with Healthcare Improvement Scotland to facilitate sharing of information, and student engagement activity to promote GMC standards at the start of doctors’ careers.

10 The Forum noted related work by other UKAF members which might be useful to the PEMG agenda, including research by the BMA and a more extensive project by the GMC to promote professionalism and embed our standards into doctors’ practice through working with partners such as the BMA.

11 The Forum considered a range of issues which affected professionalism, including uncertainty around the changing role of doctors including with regard to leadership and team-working; tightening budgets; lack of time for workforce planning; and systemic pressures which mitigate against a more holistic view of patient care (which the integration of health and social care may address).

**Referendum and the Scotland Bill - Forum member discussion and reflections**

12 The Forum noted that the GMC takes its responsibilities as a UK-wide regulator very seriously and that we have had an office in Scotland for 11 years. The Chair relayed the policy stated publicly by the Scottish Cabinet Secretary for Health & Wellbeing that the Scottish Government is committed to UK-wide regulation.

13 Forum members expressed a consensus in favour of UK-wide regulation including on the basis that it facilitates cross-border workforce mobility.

**The state of medical education and practice in the UK 2014 - showcasing key findings and GMC data**

14 Niall Dickson explained the purpose and evolving nature of our *State of medical education and practice in the UK* (SoMEP) report in using data to ‘hold a mirror to the service’ and identifying risk factors for fitness to practise issues. The Forum noted that SoMEP was increasingly being used by partner organisations and others, and was becoming a more sophisticated analysis, providing a scientific basis for our work as part of a wider data strategy.
15 The Forum considered one example of GMC work arising from SoMEP; our Welcome to UK Practice pilot events were designed to familiarise doctors new to UK practice (whether they have graduated from UK schools or abroad) with the standards expected of doctors in the UK.

16 Members expressed their support for SoMEP and the GMC’s data strategy, with examples given of how GMC information can be used to inform policy, make comparisons between medical schools, and for workforce planning.

Any other business

17 The Forum discussed the issue of complaints in some detail, including reasons for the rise in complaints, our thresholds for complaints, the nature of complaints and their relationship to fitness to practise issues. Information about our research into complaints would be sent to interested members.

18 The Forum considered the arguments for and against the GMC sending information about complaints that fall well below our thresholds to doctors in order to facilitate discussion of such complaints as part of their appraisal. It was suggested that this might reveal patterns of behaviour which should trigger a referral. Forum members also felt that it may assist doctors in reflecting on their practise. The Chair undertook for the GMC to reconsider the matter.

Chair’s closing comments

19 The Chair thanked attendees for their contributions and reiterated the GMC’s commitment to the Forum as a mechanism for engagement.
Draft as of: 26 November 2014

Summary note of the meeting on 13 November 2014

Attendees

Niall Dickson, Chair, GMC Chief Executive
Philip Banfield, BMA Welsh Council
Helen Birtwhistle, Welsh NHS Confederation
Kate Chamberlain, Healthcare Inspectorate Wales
Derek Gallen, Wales Deanery
Susan Goldsmith, GMC Chief Operating Officer
Judith Hulf, GMC Director of Education and Standards
Chris Jones, Welsh Government
Paul Jones, Swansea University
Anthony Omo, GMC Director of Fitness to Practise
Denise Platt, GMC Council member
Enid Rowlands, GMC Council member
Helen Sweetland, Cardiff University Medical School

Others present

Andrew Lewis, GMC Assistant Director, Employer Liaison Service
Rachel Podolak, GMC Head of Welsh Affairs
Sarah Rowntree, GMC Wales Office Administrator
Kate Watkins GMC, Employer Liaison Adviser – Wales
Chair's introduction

1 Niall Dickson, GMC Chief Executive, chaired the meeting in the absence of Professor Peter Rubin.

2 The Chair welcomed attendees to the third meeting of the Advisory Forum in Wales and gave a warm welcome to Paul Jones who was attending his first meeting on behalf of Judy McKimm.

3 Apologies for absence were noted from Peter Meredith-Smith and Simon Emery.

4 The Chair informed the Forum that Professor Terence Stephenson had been appointed by the Privy Council to serve as Chair of the GMC Council for four years, from 1 January 2015 – 31 December 2018. He would attend the UK Advisory Forum meetings in 2015.

5 The Chair welcomed Susan Goldsmith, Chief Operating Officer and Deputy Chief Executive of the GMC to her first UKAF meeting. The Chair reported that Susan was appointed on 6 October 2014 and noted her extensive experience in managing complex, safety critical and customer facing organisations.

6 The Chair explained the objective of the meeting, and noted it was intended to provide a structured setting for the GMC to engage on medium and long-term priorities, and to share and discuss any early stage views on policy development.

GMC update and discussion

7 The Forum received updates on key areas of our work, including revalidation, fitness to practise procedures and the implications of a National Licensing Exam.

Revalidation

8 The Chair reported that there had been positive progress with the process across the UK. He noted that to date 2,772 doctors had been revalidated in Wales, 445 had been deferred and 1 had been considered for non-engagement, and that progress in Wales was currently in line with other UK countries. The Chair also highlighted the results of a recent GMC tracking survey, which showed that, as a result of revalidation, 30% of doctors said that revalidation had caused them to reflect more on their practice.

9 During the discussion, the Forum noted:

   a That comparatively lower appraisal rates for secondary care in Wales were a cause for concern and had been raised by the Deputy Minister for Health with Local Health Boards. However, it was also noted that there had been dramatic improvements in appraisal rates in secondary care, for Staff and Associate
Specialist (SAS) doctors in particular, since the introduction of revalidation. It was suggested that this could be further improved if SAS doctors had better access to appraisal and data that could be used as supporting information.

b The GMC’s decision to appoint a team led by the Collaboration for the Advancement of Medical Research and Assessment (CAMERA), at Plymouth University, to undertake a long-term evaluation of revalidation and that a focus on parity for standards and thresholds across the UK would be welcomed.

Fitness to practise

10 The Forum noted that the GMC had recently changed its process for dealing with low level complaints, referred to as Stream 2 complaints. From 22 September 2014, these complaints, which do not merit a GMC investigation, have been handled at a local level, with the complaint being disclosed to the doctor and their Responsible Officer. The Forum was advised that the new approach was working well, but that the GMC would continue to monitor the impact of the change.

11 It was also noted that the GMC was piloting changes to its process for pre-triage enquiries, also known as Rule 4 (4). The intention was to speed up the process of dealing with fitness to practise concerns, to the benefit of all concerned.

12 The Forum was informed about the roll out of patient meetings in Wales from January 2015, which would be hosted in the GMC’s office in Cardiff. The purpose of the meetings was to engage with complainants both at the start and end of the fitness to practise procedure. The Director of Fitness to Practise noted that independent evaluation had reflected that complainants had welcomed the opportunity to have the role and purpose of the investigation process explained; this also enabled expectations to be managed more effectively.

13 The Forum suggested that other organisations could learn from this process, that it would be a good example for health boards to consider and that it reflected a spirit of openness and transparency.

14 It was also noted that the GMC’s Indicative Sanctions Guidance consultation, which considered the guidance for hearing panels of the Medical Practitioners Tribunal Service and the role of apologies and warnings in the fitness to practise process, had so far received a good response from across the UK. The Forum was informed that the consultation would close on Friday, 14 November 2014.

15 The Forum was informed that the GMC had commissioned Sir Anthony Hooper to undertake a review of how the GMC deals with doctors who raise concerns in the public interest and how they might be supported. It was noted that the report would be published by the end of 2014 and Forum members would be updated.
The Forum noted that, at its meeting on 25 September 2014, the GMC Council had agreed, that we could begin to explore the feasibility of developing a UK national licensing exam and to undertake research into the introduction of such an exam in the UK.

During discussion, the Forum noted:

a. That there were different models for assessment across the world, with varying components, which could be considered for comparison.

b. The needs of graduate entry students should be considered, with particular regard to examination timing within a tight curriculum.

c. That if introduced, students should be aware of the expectation from the beginning of their studies and that it should not be introduced mid-course.

d. The need to consider the issue in conjunction with any continuing discussions about moving the point of registration.

The Forum was informed of the results of the 2014 National Training Survey. The response rate was 98.2% with indicators showing a continuing upward trend and indicating an overall improvement in the quality of training across the UK. The Forum noted the imminent publication of narrative reports on patient safety and undermining and bullying.

It was also anticipated that a report from the Shape of Training Implementation Group would be submitted to Health Ministers in all four countries by December 2014.

During discussion, the Forum noted:

a. That significant time had passed since the release of the final report from the Shape of Training Review.

b. Concern that the four countries of the UK may not be aligned with regard to their implementation of the Shape of Training recommendations.

c. That students and trainees needed to be involved in ongoing discussions about the future of medical training.

The Forum was informed about a pilot Trainer Survey that was underway in Wales, London and the West Midlands. Forum members were asked to encourage trainers in Wales to respond.
The Forum received an update on a consultation on the professional duty of candour, which had been launched in conjunction with the Nursing Midwifery Council (NMC). Forum members were encouraged to review the consultation and submit a response to the GMC by January 2015.

**Updates on priorities for discussion from Forum members**

Forum members were invited to provide updates on their priorities. During discussion, the Forum noted:

a. The positive response from students to the timing of final examinations at Swansea Medical School and the introduction of the new C21 curriculum at Cardiff University.

b. Student placements across Wales, with a particular emphasis on rural opportunities. The priority was to ensure that students receive a Wales-wide experience including rural placements, but this can be affected by the ability to access some remote areas and the cost of travel.

c. The GMC’s draft Educational Environments paper which had been distributed to all Health Boards for information and consideration with regard to training reconfiguration in Wales.

d. The funding for health professional education and training in Wales, which includes the Service Increment for Teaching (SIFT). The total funding was estimated at £350m, the allocation was under review by Welsh Government and a report would be submitted to the Health Minister by the end of 2014.

e. The Prudent Healthcare programme for Wales and Welsh Government’s work towards an NHS Quality Bill.

*The state of medical education and practice in the UK 2014 - showcasing key findings and GMC data*

The Forum received an update on the key findings of the fourth edition of *The State of medical education and practice in the UK 2014*. The Forum was advised of the improvements the GMC had made in reporting and sharing this data. It was noted that the fourth edition provided more Wales specific data, together with UK comparisons.

Members expressed their support for SoMEP and the GMC’s data strategy, sharing examples of how GMC information is and could be used to inform policy, make comparisons between medical schools, and for workforce planning.

The Forum received a brief overview of the GMC’s *Sharing data for safer care* leaflet, which highlighted the wealth of information that the GMC holds about medical
education and practice. Forum members were invited to review the data leaflet and to contact the GMC for further information, as required.

28 The Forum was advised that a Memorandum of Understanding with HIW had been signed in June 2014 and that work on an information sharing protocol was underway, highlighting an example of working together to share data.

29 A tabled paper on the promoting professionalism work of the Wales Office was also presented to the Forum. The Head of Welsh Affairs thanked Forum attendees for facilitating some of the events included in the paper.

**Welsh language in healthcare**

30 The Forum considered a paper outlining the increasing focus of the Welsh media on the use of the Welsh language.

31 The Forum was reminded of the Welsh Language Commissioner’s report into use of the Welsh language in primary care and its recommendations.

32 The Forum noted that the GMC would be subject to the most recent round of Welsh Language Standards investigations by the Welsh Language Commissioner.

33 During discussion, the Forum noted:

a That Wales had two official languages and that Welsh language provision of healthcare should be offered as far as practicably possible.

b That both Cardiff and Swansea Universities had employed Welsh Language Development Managers, funded by Coleg Cymraeg Cenedlaethol, to ensure Welsh language learning opportunities were available for medical students.

c The importance of first language speakers being able to express themselves in the language of their choice, with particular regard to vulnerable, younger and older patients.

**Trusted to care report and challenges for healthcare in Wales**

34 The Chair invited the Forum to reflect and comment on the recent report written by Professor June Andrews, with a particular focus on its relation to raising concerns and the professional duty of candour.

35 The Forum noted its appreciation for this item being included on the agenda and highlighted that whilst the report focused on nursing care; there were lessons to be learned by all healthcare professionals.

36 The Forum was advised that this review was one of three carried out this year by the Welsh Government. The *Using the Gift of Complaints* report by Keith Evans, a former
Chief Executive for Panasonic UK and the *Review of Risk Adjusted Mortality Data in Welsh Hospitals* by Professor Stephen Palmer had also been published.

37 The Chair stated that evaluating the content of these reports would be useful and could be used to inform the promoting professionalism event in Northern Ireland on 18 December 2014.

**Chair’s closing comments**

38 The Chair thanked attendees for their contributions and reiterated the GMC’s commitment to the Forum as a mechanism for engagement. He welcomed feedback from the Forum on the meeting and the agenda.