UK Advisory Forum - Scotland

Summary note of meeting - 3 November 2021

Attendees
- Carrie MacEwen, GMC Acting Chair (Chair)
- Nicola Cotter, Head of GMC Scotland
- Ken Donaldson, Scottish Association of Medical Directors
- Justine Duncan, Health and Social Care Alliance
- Andrew Elder, Royal College of Physicians of Edinburgh
- Graham Ellis, Deputy Chief Medical Officer, Scottish Government
- Ian Finlay, Scottish Government
- Helen Freeman, Directors of Medical Education Group
- Miles Mack, Scottish Academy of Medical Royal Colleges
- Robert Khan, GMC Assistant Director of Public Affairs and National Offices
- Charlie Massey, GMC Chief Executive
- Anthony Omo, GMC Director of Fitness to Practise
- Rowan Parks, NHS Education for Scotland
- Willie Paxton, GMC Employer Liaison Adviser
- Donna O’Boyle, Scottish Government
- John Paul Leach, Scottish Deans Medical Education Group
- Robbie Pearson, Healthcare Improvement Scotland
- Lailah Peel, BMA Scotland Junior Doctors Committee
- Ian Somerville, GMC Interim Policy and External Affairs Manager (Notes)
- Jackie Taylor, Royal College of Physicians and Surgeons of Glasgow
- Jill Vickerman, BMA Scotland
- Simon Watson, Healthcare Improvement Scotland
- Chris Williams, Royal College of General Practitioners Scotland

Welcome and Acting Chair’s introduction
1. Carrie MacEwen, Acting Chair of the GMC welcomed attendees and explained that we shortened the meeting in recognition of external pressures faced by Members. She explained that we are keen to use the meeting to discuss pressures on NHS Scotland, and to consider how we can all support the wider health system during this difficult time.
Review of previous actions

Nicola Cotter, Head of GMC Scotland, provided an update on actions from the last meeting held on 20 May 2021. The first action was using our data to inform collaboration, and we have established regular data sharing meetings with the Scottish Government’s workforce team on themes including ED&I, culture and workforce retention. We are also meeting with ED&I Leads to discuss how we can support their work and our ELA is meeting with Responsible Officers to help support local processes.

We are also broadening out our engagement with other groups and discussing both the recommendations of Fair to Refer? and our own targets. As part of this we have offered to work with the BMA’s Race Equality Forum and are also hoping to work with both the British Association of Physicians of Indian Origin and education leads.

We are working to support the quality of induction, with our Liaison Advisers highlighting the importance of this in their Outreach sessions. We are also highlighting the importance of feedback within our enhanced sessions on reflective practice. We are delivering bespoke sessions to education supervisors, with these now part of our standard offer. We have invited the Nursing and Midwifery Council to collaborate with us and aim to work with other regulators where the opportunity arises.

Chief Executive’s opening remarks

Charlie Massey, GMC Chief Executive provided a brief update on our work. He reflected on our continued stewardship of the temporary emergency register and how we can work with the service to consider how doctors can be deployable. We also need to consider how we reassure existing registrants about how we take pressure on the service into account when considering FtP concerns, and how we support their psychological safety.

Charlie outlined that workforce continues to be a big priority. We are seeing worrying data on pressure and burnout, and we have previously discussed the importance of good working environments and ensuring people have a sense of being valued. He also highlighted our work to enable doctors to come to work in the UK, for example by opening a new Clinical Assessment Centre. We are also doing a lot of work with NHS Education for Scotland to enable progression, particularly via derogations.

Regulatory reform is another important mechanism for meeting ongoing workforce challenges. It is the mechanism in which Medical Associate Professionals will be brought into regulation by the GMC, and will give us greater autonomy on routes to the register. It will also give us more autonomy on fitness to practise, enabling us to be upstream and keep doctors in the service and not in our processes longer than necessary. In the meantime, we are doing what we can, for example through regulatory alignment where our biggest offer is around how we can use our data and
insight to get ahead of the curve on emerging problems. We are pleased that the Emerging Concerns Protocol for Scotland will be operational soon.

Charlie reminded Members that questions around diversity and inclusion are very important to us. We have set ambitious targets, but are conscious that we don’t have full control over meeting them which means working with others. If we are to make improvements, we will have a workforce more protected, empowered, and better able to protect patients.

Discussion

The Acting Chair invited the Forum to discuss the ongoing pressure on the service under three themes: pressure in the system, pressure in education and training, and workforce retention. The detailed areas that were discussed were:

- **Impact on primary care and elsewhere**: Whilst there has been sustained pressures across the system, particular mention was made of general practice. Throughout the pandemic, GPs have had a hard time, working harder than ever. However there has been a public perception that they are not, given difficulties that patients have in getting face to face appointments. The Forum also heard about the challenge of getting accurate workforce data in Scotland. Pressures are not unique to primary care however. There is also pressure in acute settings, which are operating above capacity. There is pressure on the front door with patient backlogs, and difficulties with delayed discharges.

- **Moral injury and psychological safety**: The pressure described above has led to a sustained sense of helplessness amongst many decision makers. Members heard about the sense of moral injury caused to leaders who have to constantly chose what the least bad option is, compounded by a feeling that there is no end in sight and the difficulty in doing any strategic forward planning. There was a challenge to the system and to the GMC to offer clinicians a greater sense of psychological safety, including communications outlining that the context of ongoing pressure on the system will be taken into account when considering possible action.

- **Temporary Emergency Registration**: Members discussed how best to support doctors willing to return to work, including those with temporary emergency registration. This included discussion on the development of roles that are more attractive to recent retirees, or better pairing of those who have indicated they want to return to available opportunities. There is also a possible challenge in overcoming the perceived bureaucratic challenges that many expect when considering a return to service.

- **Recruitment inequities**: It was commented that issues such as geography can make it more difficult to recruit in some areas than others, with an example being
inequities between rural and urban areas. This is not a new problem, and something that the medical schools have tried to address via changes to intake.

- **Clinical care vs. training opportunities**: Members discussed the mismatch of the challenge between keeping the service going, and ensuring training opportunities continue to be prioritised - particularly at key progression points. The pressure on this can be especially acute within the craft specialties. Difficulties include trainers being pulled in multiple directions, physical capacity when social distancing is factored in, the work taken to ensure adequate assessment, and difficulties in providing teaching for simulation. There was a call for training to be prioritised/protected, with workforce planners thinking innovatively. There is also a need to consider how we retain valued trainers in the system, and if there is anything that can be done to reduce any pressures on them through appraisal or revalidation to evidence reflections on training.

- It was also noted that Directors of Medical Education have good insight into where there is capacity in the system, so should be consulted on workforce planning. It was also noted that the GMC and the statutory education bodies had worked collaboratively to agree derogations, and that going forward there could be a call to make these more embedded to enable safe progression.

- **Trainee retention**: It was noted that there is fatigue and burnout across the system, and anecdotal reports that there could be a future exodus from the profession. It was reported that Foundation Year 2s have only seen the system under pressure, and that the toll this is having could mean more going abroad or leaving the profession than is normal. Others in Scotland are not getting some of the same things that counterparts in other parts of the UK get, including protected training time and exception reporting. More could be done to make remaining in the service more appealing, like ensuring Foundation Year 1s are well prepared or have a softer landing, providing professional psychological support, providing protected time for peer support, and considering options like returner or exchange schemes.

- **Retention of doctors reaching the end of their careers**: It was also noted that some doctors are leaving the profession before they otherwise might, as they don’t have the opportunity to change the way in which they work. Many feel they would like to have more flexibility at the end of their careers, for example by doing portfolio working. Giving more flexibility could be a way to retain more doctors, albeit workforce needs still need to be considered.

- **Championing the good aspects of being a doctor**: it was noted that most doctors are rightly proud of the work they are doing. Whilst it is particularly challenging at this time, it is also rewarding. This can be reflected in providing care during a crisis, but also through comradeship and team working. It was suggested that organisations, including scrutiny ones, could do more to support
the message that those working in medicine aren’t wrong to do so. That instead, they are doing a great job, and one that matters.

Chief Executive’s Summary

Charlie Massey provided a short summary of the discussion. He noted:

- The importance on reflecting on psychological safety, and how this can be supported through the messages we send out. Relatedly that the GMC and others can do more to champion the positive aspects of working in medicine.

- How we can make it easier for those with Temporary Emergency Registration to contribute to the service, including ensuring that the information we share is more granular and useful.

- That we are ready to do what we can to support training and trainers. He was struck on the point about not being the architects of our own demise by leaning too much on these trainers, and also on the balance between protecting service provision and ensuring trainees have adequate learning opportunities. We are also ready to support the National Treatment Centres, particularly around training approval.

- There remains a lot of work to do on medical wellbeing, and in Scotland we will use our Outreach team to support this, including through conversations around appraisal and revalidation which can hopefully lead to a better and more consistent approach.

- There also needs to be collective consideration about the role of doctors at the end of their careers, what they can and would like to offer and how we can support this.

The Acting Chair offered her thanks to all Forum members for giving up their time and for their contributions.

Actions agreed for the GMC to:

- Continue to provide reassurance to the profession and that we understand the pressure on them and the service and are taking this into account in the way we regulate.

- Continue to engage with the Scottish Government to ensure that it is easier for the service to employ those with Temporary Emergency Registration.

- Collate and champion messaging on the good aspects of being a doctor and the value they are providing.
Support the establishment of National Treatment Centres and their ability to provide training, as they progress through the GMC’s approvals process.

Continue to support conversations on appraisal and revalidation, and how we can contribute to greater consistency of approach in Scotland.

Discuss with the statutory education bodies whether training derogations can be embedded more permanently, to enable safe progression.

12 Date of next meeting: TBC.