Summary note of meeting - 20 October 2021

Attendees

- Carrie MacEwen, GMC Acting Chair (Chair)
- David Bailey, BMA Cymru
- Steve Burnett, GMC Council Member
- Chris Jones, Welsh Government
- Kamila Hawthorne, Swansea Medical School
- Robert Khan, GMC Assistant Director of Public Affairs and National Offices
- Phil Kloer, Hywel Dda Health Board
- Blanche Lumb, Clinical Fellow
- Push Mangat, Health Education Improvement Wales (HEIW)
- Charlie Massey, GMC Chief Executive
- Sara Moseley, GMC Wales National Head
- Angela Mutlow, Board of Community Health Council (CHCs)
- Stephen Riley, Cardiff Medical School
- Neil Roberts, GMC Director of Resources
- Keshav Singhal, British Association of Physicians of Indian Origin (BAPIO) Wales
- Evan Sun, Co-Chair, BMA Cymru, Welsh Junior Doctors Committee (WJDC)
- Abrie Theron, Academy of Medical Royal Colleges Wales
- Manel Tippett, GMC Policy and External Affairs Manager (notes)

Welcome and Acting Chair’s introduction

1 Carrie MacEwen, Acting Chair of the GMC welcomed attendees and explained that we shortened the meeting from two hours to one and a quarter hours, in recognition of external pressures faced by our Members. She explained that we are keen to use the meeting to discuss workforce and other issues specific to Wales, and to consider how we all can support the wider health system during this difficult time.

Review of previous actions

2 Sara Moseley, Head of GMC Wales provided an update on actions from the last meeting held on 19 May 2021. She said that in June, we shared with Members our response to Welsh government’s Race Equality Action Plan consultation welcoming the plan and setting out the role the GMC can play through collecting and sharing data, supporting others in tackling differential attainment, and dealing early with
concerns raised about international medical graduates (IMGs) and minority ethnic doctors as well as extending support to them, particularly during their induction period.

3 We have built further awareness and understanding of the issues facing IMGs and minority ethnic doctors and of their immense value and importance in Wales. In particular, we focused on what we know about the experiences of Specialty and Associate Specialist (SAS) doctors, through meetings with key stakeholders including the BMA Cymru, the Welsh Government and the All-Wales Medical Directors Group.

4 We continue our work to meet our equality and diversity targets, including ongoing discussions with Responsible Officers (RO) at Health Boards around our thresholds for referrals to our Fitness to Practice (FtP) processes. We invited HEIW to speak at our Education Roundtable event in September 2021 on their work around differential attainment.

5 We continue to work collaboratively with HEIW and Health Boards to deliver and expand localised Welcome to UK Practice (WtUKP) sessions across Wales through ongoing discussions and offers of support.

**Chief Executive opening remarks**

6 Charlie Massey, GMC Chief Executive provided a brief update on our work. He said that supporting NHS workforce recruitment and retention are the key priorities. He reflected on our role in setting up the temporary emergency register, stating that employers across the UK have been unable to utilise this measure in full.

7 Charlie highlighted our work to continue with PLAB and how this is helping to maintain international recruitment. But he stated that burnout and exhaustion are worse than a year ago and our recent *Completing the Picture Survey Report* shows this is a key factor in doctors leaving the register. We are hopeful, however, that Regulatory Reform will help with recruitment and retention, particularly around Physician Associates (PAs) and their employability.

8 He said that doctors are working under immense pressure in difficult environments and therefore, must be provided psychological safety in work and not fear reprisals if things go wrong. He referenced the BBC article on the Grange Hospital, which stated that doctors were concerned that any mistakes could affect their registration. He reiterated that if a doctor worked with integrity within the standards, they have nothing to fear.

9 Regulatory alignment is progressing at pace in Wales as we are now working more closely with Healthcare Inspectorate Wales (HIW) to align our data and escalate concerns when they happen. This will provide assurance that working environments are safe for both the profession and for patients.
10 We are setting our target to eliminate FtP referrals and Differential Attainment. We have taken this approach to shift the debate to “what do we need to do”. Over 60% of doctors that joined last year identify as an ethnic minority. He said that the Race Equality Action Plan resonates with the GMCs ambitions and we want to build on the work that we have undertaken to demonstrate what good looks like.

Discussion

11 The Acting Chair invited Chris Jones, Deputy Chief Medical Officer (DCMO) at Welsh Government to provide his view of the challenges that Wales is facing. He outlined the severity of the situation and explained how they were inextricably linked and that the winter months would add to existing pressures.

12 The discussion that followed centred on the difficulties that doctors were facing due to the combination of staff vacancies, increase in workload and high levels of burnout. The detailed areas that were discussed were:

- **Temporary Emergency Register (TER):** throughout the pandemic the GMC has provided governments with updated lists, which are then shared with Health Boards. Health Boards can use these lists to contact retired doctors. It was noted that uptake from previous calls to re-join the workforce was low, but doctors may have since the start of the pandemic changed their minds so there is merit in reviewing the list. Phil Kloer, MD at Hywel Dda agreed to revisit the list and to encourage other Medical Directors to do the same.

- **Retention:** HEIW has prioritised workforce retention and meets regularly with Health Boards to review data on staff vacancies. Although the data shows who and how many are leaving the profession, it is unclear why they are leaving. The GMC’s Completing the Picture Survey Report gives the clearest indication that many doctors across the UK are leaving due to burnout, particularly in primary care. It was noted that the retention of nursing staff was of greater and more immediate concern in some areas in Wales.

- **Physician Associates:** It appears that there have been positive advances in Wales around the employability of PAs. For the first time this year there has been a streamlining of, Health Board processes for identifying posts for PAs. All PAs have been found roles on an interim basis for a year (however, it is unclear where they go after this). Hywel Dda is about to employ a PA Lead in their Health Board.

- **Supportive messaging to the profession:** Doctors must feel supported during this difficult time and Members agreed that a collective message was needed to reassure the profession and reduce stress and fear. There were several offers to collaborate on this. Dr Chris Jones suggested the development of communication, including a FAQ document that provided the facts for doctors on the front line.
- **Compassion from all working within the system:** Members acknowledged the growing tensions between primary and secondary care, and between the specialisms, particularly the impact that this will have on the views of medical students. No one part of the service is accountable for failures as the system must work as a collective. It was noted that some specialisms have tried to tackle negative perceptions of their profession. All Members recognised that what is needed is wider compassion.

- **Equality, Diversity and Inclusion (ED&I):** Members noted the actions from the previous UKAF and agreed that the good work must continue, especially sharing good practice and working closely with the new SAS roles in the Health Boards. Blanche Lumb, the GMC/HEIW Clinical Fellow is leading a project looking at compassionate leadership principles, and their link to ED&I and workforce, with a focus on SAS doctors experiences of the NHS in Wales. Members were keen to get involved in this project.

**Executive Summary**

13 The Acting Chair offered her thanks to all Forum members, stating that we must change the narrative to help support the entire profession, from medical students to those about to retire.

14 She closed the meeting with a short summary of the discussion. She noted:

- The importance of the Medical Associate Professionals (including PAs) to the wider workforce and the need to come together collectively to support them.

- The good work already undertaken in Health Boards to better support SAS doctors under the SAS Doctor contract and how the Clinical Fellowship project can feed into this.

- The need for better signposting and sharing good information to doctors, where people can go for help and support from the GMC, Welsh Government and medical directors.

*Actions agreed for the GMC to:*:

- Provide clearer picture of our Differential Attainment data with HEIW and partners, including the differences between Wales and other parts of the UK.

- Work with Welsh Government on guidance and communication for doctors that will both support and reassure them when working under pressure in different environments and, to consider the whole medical life-cycle – from university to retirement – in our engagements.
Consider widening Outreach educational sessions to doctors around our FtP processes to reassure them of our processes and dispel any misconceptions.

Take learnings from our *Completing the Picture Survey Report* on doctor retention and to share these with our partners including those responsible for workforce planning.

Work to support MAPs as part of workforce planning.

Work with Medical Directors on supporting leadership rooted in GMC standards.

Continue with our ED&I commitments including collaboration with partners, to understand the key issues and discuss how we can best support IMG and ethnic minority doctors.

Develop further links to support our Clinical Fellow’s work on positive cultures and pathways for SAS doctors.

15 Date of next meeting: TBC.