UK Advisory Forums - Scotland

Agenda and papers for meeting on 3 November 2021

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### UK Advisory Forum - Scotland

**3 November 2021**

**13:30-15:00**

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<td>The NHS Workforce: Key pandemic priorities and how the GMC and others can support.</td>
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This paper provides an update on our work and key priorities since the last UK Advisory Forum meeting for Scotland held virtually on 20 May 2021.

At the end of July, Dame Clare Marx stepped down as Chair of the GMC due to a diagnosis of pancreatic cancer. Her message to the profession resulted in many letters of condolence, kindness, and support from colleagues and stakeholders. We are grateful to Dame Clare for her dedication and service over the past three years, and for embodying the values of compassionate leadership that she promoted throughout her career.

Professor Dame Carrie MacEwen, member of our Council and former Chair of the Academy of Medical Royal Colleges, began her role as acting Chair on 27 July 2021. Carrie will lead our UKAF meetings this Autumn as we begin the process of recruitment for a substantive Chair.

**Pandemic recovery**

*Temporary Emergency Registration*

At the start of the pandemic, we gave temporary emergency registration (TER) to over 30,000 doctors across the UK to enable them to support the workforce and play a valuable role in delivering patient care. As of 6 October 2021, there were 2,291 on the emergency register in Scotland.

We enabled the Scottish Government to contact doctors with temporary emergency registration to encourage them to consider taking up roles in the NHS. We also shared our online guide about temporary emergency registration, and the types of roles and activities doctors can carry out with it. It explains how to restore routine
registration or licence to practise to return to work permanently or in areas that aren’t related to the pandemic.

**PLAB**

6 Where possible we have expanded capacity for our Professional and Linguistic Assessment Board (PLAB) 1 exams to accommodate doctors who have been impacted by recent cancellations. We are also offering 14,500 places for PLAB 1 in 2022 - a record number of places. This will help to meet increasing demand and redress some of the disruption candidates may have experienced.

7 Our new temporary PLAB 2 exam circuit opened on 10 June 2021 and our testing capacity will soon be back to pre-COVID levels. Next year, with social distancing removed, we plan to offer around 16,000 places. From 19 November, we will ease social distancing rules for our PLAB 2 tests in accordance with the UK Government’s guidance. This will enable us to open an extra test circuit at 3 Hardman Square so that we can offer a record number of PLAB 2 places in 2022.

**Derogations**

8 We have worked closely with NHS Education for Scotland (NES) and the other Statutory Education Bodies (SEB) of the UK, medical royal colleges, faculties, and trainee representatives, to consider if and when derogations are required to postgraduate education and training. In September, we issued a joint, four-country statement stating our intentions to continue with temporary derogations while medical education and training continue to be disrupted by the COVID-19 pandemic.

**Education and training**

**Education Reform**

9 Throughout the pandemic we have considered what actions can be taken to improve the education and training of future doctors in both the short and long-term. We will need to think differently in future about how training is organised, how doctors are assessed, and how we manage the balance between service and training, and we will continue discussions with our stakeholders around this.

10 We are working with partners in four key areas to meet this objective:

- Preparedness - how the GMC, medical schools and the UK Foundation Programme Office improve the transition from medical school to the Foundation Programme.
Progression - how to embed positive lessons we have learned from the changes as a result of the pandemic on curricula and assessments, taking into account equality, diversity, and inclusion

Generalism - investigating an approach that allows doctors to work in a more flexible and creative way as part of a multidisciplinary team who together have the generalist skills to care for the breadth of patient needs

Leadership - ways to develop and support doctors and other healthcare professionals to become compassionate leaders.

Education Round Table

In September, we held our annual Education Round Table event in Scotland. We provided updates on our equality and diversity targets, education reform, GMC regulated credentials and the National training survey results. We invited NES to speak about their work on advancing equity in medicine. Discussion focused on what participants were doing to address ED&I targets and fair training pathways, and what more could be prioritised collectively.

National Training Survey

In July, we published the 2021 national training survey results with responses from over 4,927 doctors (69% of trainees and 20% of trainers) in Scotland. The survey found that good quality training has been maintained in Scotland with 75% of trainees rating the quality of teaching as ‘good’ or ‘very good’ (UK average 76%), and 83% described their clinical supervision as ‘good’ or ‘very good’ (UK average 88%). Eight in ten trainees said they were on course to meet their curriculum outcomes for the year (83%), although one in ten were concerned about progressing through their training.

The survey also highlights that burnout was at its highest level since we started tracking it in 2018. UK-wide 33% of trainees, 25% of secondary care trainers and 22% of GP trainers told us they felt burnt out to a high or very high degree because of their work. The Scotland figure of 32% of trainees feeling burnt out to a high or very high degree because of work was consistent with the other UK countries. 29% of trainers told us they weren’t always able to use time allocated to them to train.

Later this year, we will provide a more in-depth analysis in The state of medical education and practice in the UK report.

Given the increasing levels of burnout we are actively considering our role, and how we can work with stakeholders to provide support. In Scotland we were pleased to feed into the Scottish Government’s recovery plan using the recommendations of

www.gmc-uk.org
Caring for Doctors Caring for Patients. We were pleased that these have been incorporated and will be used to support doctors, but we are also considering our own role in promoting wellbeing interventions. Sessions with doctors delivered by our Outreach team cover issues including the Fair to Refer? review and our ED&I strategy, support for both raising concerns and reflective practice (including Team Based Reflective Practice), Welcome to UK Practice (WtUKP) and Caring for doctors caring for patients. Sessions promote the need for good induction, ongoing support and the importance of culture. In recent pilots of more in-depth sessions on ED&I we have highlighted the report Good conversations fairer feedback. Our offer to health boards now includes our online version of our Professional Behaviours and Patient Safety programme.

In partnership with NES and the other SEBs we have also published the Completing the picture report. This research aimed to gain insight into doctors who were previously practising in the UK but who are not currently doing so. It found that the reasons for leaving UK practice are varied, often without a single driving factor. While many doctors leave for personal reasons such as retirement, or returning to their home country, others leave for more negative reasons including bullying, dissatisfaction or burnout.

38% of doctors surveyed and who last worked in Scotland wanted to return to practise, but only 28% thought it likely that they would. For the majority (58%) we can be confident that they will not return, as they said they were both unlikely and unwilling to return. The UK country where doctors last practised doesn’t seem to have had an impact, with our model suggesting that the likelihood was no different across countries.

Equality, Diversity and Inclusion

In May, we launched our ED&I targets, to eliminate disproportionate fitness to practise referrals from employers (in relation to ethnicity and primary medical qualification) by 2026, and to eliminate discrimination, disadvantage and unfairness in undergraduate and postgraduate medical education and training, by 2031.

In September, we launched additional commitments, including an independent review of fitness to practise audits and a commitment to regularly publish more data about how we consider fairness across everything we do, to assure ourselves and others that our processes are fair. We also published the latest independent audit of the fairness of our fitness to practise decisions.

We discussed our ambitions at our last UKAF meeting and have made progress in identifying areas for collaboration with partners, and to make tangible improvements in the experiences of ethnic minority doctors.
For example, we met Scottish Government officials to discuss their newly formed National Ethnic Minority Forum, and we have also extended our engagement to include BMA Scotland’s new Race Equality Forum. We have offered to deliver workshops on ED&I to these fora as a first step in collaborating with them.

We have piloted an extended, half day workshop on *Fair to Refer?* with Educational Supervisors at Scottish health boards. This was a joint workshop with the board ED&I Lead and used case studies to highlight actions that could be taken within the board. We are currently planning further workshops at the board and are in discussions regarding workshops at other boards. These proposals have been met very favourably.

We are working with health boards in two NES regions to run regional WtUKP sessions. This is a key offer in our current discussions with boards regarding the programme of sessions for 2022.

Our Employer Liaison Advisers (ELA) continue to support Responsible Officers (RO) in managing concerns at a local level. This includes advising on thresholds for the referral of doctors into our processes, reviewing our data on the number of referrals, and discussing ways to address situations early on. The pilot of the new RO referral form finished on 18 October 2021. It contains specific questions to confirm steps have been taken to ensure the referral to the GMC is appropriate. We have also developed a detailed set of questions for ELAs to discuss with ROs to assess progress on the recommendations in the *Fair to refer?* report.

### Changes to regulation and recognition of qualifications

#### Regulatory Reform

We submitted our response to the Department of Health and Social Care (DHSC)’s consultation, *Regulating healthcare professionals, protecting the public*, in June 2021 and we are now working closely with them on the draft legislation. Reform will help give more flexibility in fitness to practise and more streamlined routes to the register. It will also enable us to begin to regulate Medical Associate Professionals (Physician Associates (PAs) and Anaesthesia Associates (AAs) (in Scotland ‘Physicians’ Assistant (Anaesthesia)).

In September, we shared our draft pre-qualification education framework for PAs and AAs. Developed with colleagues from the Royal College of Physicians, the Faculty of Physician Associates, the Royal College of Anaesthetists, and universities with PA or AA courses, it is currently out for feedback. We have also launched our future
professional standards for PAs and AAs - Good medical practice for physician associates and anaesthesia associates.

27 The UK DHSC intends to publish its response to submissions later this year. We continue to meet regularly with officials as they draft the new section 60 legislation, which they expect to consult publicly on also later this year. Our planning for key milestones on the reforms which affect us, is heavily dependent upon what is within the legislation and the approach that the UK Government takes to commencement dates.

KPMG Review

28 The UK Government has commissioned KPMG to deliver an independent review to explore whether the number of regulators should be reduced and provide options for how this might be achieved. This will inform the DHSC’s long-term timetable for introducing reforms to the rest of professional regulators after the GMC. All UK healthcare professional regulators (excluding the Pharmaceutical Society of Northern Ireland) and the Professional Standards Authority are in the scope of the review. Their final report is likely to be submitted to DHSC, the Scottish Government and the other devolved administrations in early December.

Professional Qualifications Bill

29 A Professional Qualifications Bill was introduced to the House of Lords on 12 May 2021. This Bill will create powers to revoke the interim system which is in place for the recognition of qualifications from the EEA and Switzerland and end the systematic disparity in the treatment of professional qualification holders from the EEA compared to those from other overseas countries. We worked with our cohort of medically qualified peers to press the Minister responsible to address the concerns we raised. We believe that the Bill could cut across our existing international routes to recognition for overseas qualified doctors by preventing us from assuring ourselves of the knowledge, skills and experience of these doctors. In order to mitigate our concerns, the UK Government submitted a set of amendments which were subsequently adopted.

30 We have met with the Minister to raise the wider issue of UK Government negotiations in international trade agreements where we have similar concerns to the Professional Qualifications Bill. The Department of International Trade has now agreed to create a formal consultative group for regulators to provide input on the issue of professional qualifications in trade negotiations.
Review of Good medical practice (GMP)

31 We are currently reviewing our core ethical guidance for doctors, Good medical practice (GMP) and its related explanatory guidance. The review is in its scoping phase, including intelligence gathering and stakeholder engagement. We have considered the implications of the early findings from the scoping and research for the future model, style, tone and scope of our professional standards, and how we can most effectively position the standards as empowering, enabling and being supportive of good practice.

32 We have set up an independent, external task and finish advisory group, chaired by Professor Emma Cave, which has representation from all four countries of the UK. We are delighted that Lucy Mulvagh is representing both Scottish and patient interests. We will engage closely with stakeholders for views on the guidance as we progress through the consultation phase. If you would like to join the Community of Interest to receive regular updates or to be actively involved in our review, please complete the survey here.

Work of the GMC Scotland team

33 As well as supporting much of the work outlined in this paper, our Scotland team has continued to work closely with partners in Scotland. We recognise the huge impact of the pandemic on the NHS, and the expectation that pressures will continue to get worse as we head into the winter months. Our overarching aim is to consider where we can be a supportive partner whilst not adding to workforce pressures.

34 Further to other examples provided in this paper, we have:

- Established a programme of political engagement including the Cabinet Secretary for Health and Social Care, opposition health spokespeople and the Health, Social Care and Sport Committee. Through these meetings we are exploring the support we can offer to the Scottish medical workforce, and how our data and insights can feed in.

- Established regular data sharing meetings with Scottish Government officials, to support their evidenced-based policy making process in areas including recovery planning, retention, wellbeing and workforce equality.

- Continued work with partners on regulatory alignment. We are providing feedback to Healthcare Improvement Scotland on an Emerging Concerns Protocol, and continuing conversations with partners on what good leadership looks like.

- We continue to work positively with BMA Scotland and the Scottish medical royal colleges to support doctors’ wellbeing. Over the last six months the Medical
Workforce Wellbeing Stakeholder Group has focused on wellbeing appraisals, the principles of the NHS Scotland Recovery Plan, and the establishment of the Workforce Specialist Service.

- Our Liaison Advisers are developing sessions for doctors on Fair to Refer and Fair Training Pathways, highlighting the recommendations and our responses to them. They include small group discussion and consideration of possible practical actions at the board or site in question. As well as trainees, we are also looking to do sessions with groups of decision makers, including education supervisors.