General Medical Council

25 September 2013

GMC response to the National Assembly for Wales' Health and Social Care Committee consultation into the work of Healthcare Inspectorate Wales (HIW)

About the GMC

The General Medical Council (GMC) is the independent regulator for the ~250,000 doctors in the UK including 11,000 in Wales. Our role is to protect patients by ensuring proper standards in the practice of medicine.

We do this by:

- controlling entry to and maintaining the list of registered and licensed doctors
- setting standards for all stages of medical education and training and ensuring that those standards are met
- determining the principles and values that underpin Good Medical Practice
- taking firm but fair action against doctors' registration where standards of Good Medical Practice have not been met.

We have a long standing presence in Wales and now operate three services to protect patients and promote high standards of medical practice.

The GMC's Welsh Office, Cardiff
Established in 2005, the office is responsible for:

- Raising awareness of the role and functions of the GMC within Wales
- Ensuring the views of Welsh key interest groups are considered in the development of GMC policy and guidance
- Monitoring developments in health policy, legislation and structures in Wales and assisting the GMC's response where appropriate

- Liaising with the Welsh Assembly and other decision makers regarding changes in medical regulation

- Providing a point of contact for doctors and their representatives, patients and the public, politicians, policy makers, academics and employers in Wales.

The GMC's Employer Liaison Service
Our Employer Liaison Service (ELS) was introduced in Wales in 2012; the Employment Liaison Advisor for Wales is Kate Watkins.

The ELS creates closer working relationships between the GMC and employers. It works to:

- establish good links with Medical Directors/Responsible Officers and their teams to support two way exchange of information about doctors with concerns , therefore improving patient safety and the quality of referrals

- support Medical Directors/Responsible Officers and their teams to understand GMC thresholds and procedures

- provide support to Medical Directors/Responsible Officers and employers in relation to revalidation

- share our data about concerns about doctors

Education Regional Quality Assurance Team
Our Education Regional Quality Assurance Team team is responsible for ensuring proper standards in undergraduate and postgraduate medical education and training.

There are four core elements to our quality assurance activity:

- Approvals against standards

- Shared evidence

- Visits including checks

- Responses to concerns

The Visits and Monitoring Team is divided into four sub teams, with one responsible for liaison with Wales. The Regional Team is responsible for visiting the Wales Deanery and Cardiff and Swansea medical schools and for responding to any concerns that arise in the training programmes (whether undergraduate, foundation and specialty, including GP training) or the training environments.

The medical schools provide an annual return and the Wales Deanery provides a biannual report to the GMC which is reviewed by the Regional Team.

External environment

Before we comment on the work of HIW, we thought it would be helpful to briefly summarise the external environment within which professional and system regulators like we, and HIW, currently work:

- *Reconfiguration of Health Services in Wales* – Increased demand for services, coupled with reduced resources place a greater strain on the system and staff who work within it. Consultations on the future of healthcare provision in Wales have closed, but the process is still on-going.

- *Welsh Government response to Francis report* – We note the Welsh Government response, *Delivering Safe Care, Compassionate Care,* and look forward to working with HIW to address some of its recommendations. We believe that professional regulation on its own cannot prevent another Mid-Staffs, but by working with patients, employers and other organisations, we can play a part in helping to create a culture which encourages openness, which learns from mistakes and which supports front-line staff to deliver high quality safe care. Our own initial response to the Mid Staffordshire Inquiry can be found online: http://www.gmc-uk.org/news/14380.asp

- *Patient/public expectation* – The number of complaints received by the GMC has increased by 104% between 2007 and 2012. Last year, approximately 400 complaints originated in Wales, this equates to around 10 complaints per 100,000 population. Although still very small relative to the number of interactions between doctors and patients, this may indicate that expectations about healthcare are rising and that patients are increasingly willing to complain about poor care they, a friend or relative, might have received.

- *Systems regulators across the UK* – As a UK wide regulator, we have similar relationships with systems regulators across the UK. Whilst acknowledging the varying roles/remits, we work with the Care Quality Commission, Healthcare Improvement Scotland and the Regulation and Quality Improvement Agency The committee may find it helpful to research these organisations – both their range of responsibilities, functions and resourcing as part of the Inquiry.

Consultation Questions

We have noted the full terms of the inquiry, however taking into our role and remit into account, our response focuses on the following areas:

- *The effectiveness of working relationships, focusing on collaboration and*

information sharing between HIW, key stakeholders and other review bodies

- *Safeguarding arrangements, specifically the handling of whistleblowing and complaints information.*

Collaboration and information sharing

The GMC has a long standing, positive and collaborative working relationship with Healthcare Inspectorate Wales (HIW). As the regulator of the medical profession and medical training, it is essential that we work closely with HIW to promote patient safety through professional practice and high quality training. Doctors work within systems and the system environment therefore can have a direct impact on a doctor's professional practice and on the quality and safety of students' and doctors' training. Our national survey of doctors in training has shown that these doctors play an important role in the identification of risks to patient safety.
Likewise, poor professional practice will affect the quality of a system environment. As a result, we are pleased to able to share with you some recent and on-going examples of our work with HIW:

The Wales Concordat
www.walesconcordat.org.uk

The Concordat was established in 2004 as an agreement between 'bodies inspecting, regulating, auditing and advising on health and social care' in Wales. The stated aim of the Concordat was to support service improvement through external review while minimising the burden on front-line staff. HIW was an original member of the group, the GMC joined in 2009.

The membership and role of the Concordat has evolved over time, but still has an important role in bringing regulatory and inspection bodies together to share good practice and encourage collaboration and information sharing.

It was most recently referenced in the Welsh Government's response to the Francis report:

'The sharing of information between inspection and regulatory bodies

HIW, CSSIW, Estyn and the Wales Audit Office work closely under a Heads of Inspectorates Group and jointly fund work to focus on improved information sharing and collaborative working. In addition there is a well-established Concordat group of all health related review, audit and inspection bodies, including the General Medical Council, Nursing and Midwifery Council, Medical Royal Colleges, Care Quality Commission, Health and Safety Executive and HMI Probation. Various Memoranda of Understanding and information sharing protocols are in place.

There are currently overlaps in the roles and responsibilities of a number of bodies. This has the potential for there to be grey areas when action is needed. So, greater

clarity is needed in relation to which bodies' statutory powers take precedent and when. The Francis report highlighted this as a particular issue between the health and social care regulator and the Health and Safety Executive in England. In Wales, work will be progressed to develop clear protocols across the various bodies so that accountabilities and joint working arrangements are clearly defined.

HIW will lead work to agree a plan, through the Concordat and Heads of Inspectorates Group, to develop an external assurance framework for NHS Wales by autumn 2013.[1]

We can confirm that have already met with HIW to discuss the report and will continue to work with HIW to define the future direction for the Concordat in Wales.

Recommendation: HIW continues to lead the concordat and works with members to address the recommendations of the Welsh Government's response to the Francis report

Medical Revalidation
www.gmc-uk.org/doctors/revalidation.asp

The UK Secretary of State for Health, Jeremy Hunt MP, after consulting with Lesley Griffiths AM, former Minister for Health & Social Services and ministerial colleagues in the other devolved Governments, confirmed that the legislation to enable medical revalidation would take effect on 3 December 2012. As a result, every doctor with a licence to practise in the UK is legally required to take part in revalidation. Revalidation means that all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise if they wish to retain their licence.

This, along with the implementation of the related Responsible Officer regulations in 2010, reflects a significant change in both how doctors are regulated and how employers performance manage their doctors.

All healthcare organisations are now required to appoint a 'Responsible Officer' whose responsibilities are set out in statute. These include making revalidation recommendations, ensuring that the organisation carries out annual appraisals of its doctors and implementing procedures for investigating concerns about doctors. Compliance with the Responsible Officer Regulations is an important metric of leadership and governance and we recommend that HIW considers including a formal assessment of this when reviewing healthcare providers.

Since April 2009, the Wales Revalidation Delivery Board (WRDB) has worked hard to ensure that Wales has been prepared for the introduction of revalidation. The Board is comprised of representatives from Welsh Government, the NHS, the independent sector, HIW, the British Medical Association, Wales Deanery, Community Health

[1] 'Delivering Safe Care, Compassionate Care' Welsh Government response to the Francis report http://wales.gov.uk/docs/dhss/report/130710safecarefen.pdf

Councils and the GMC. It continues to exist to provide a steer during the early days of revalidation in Wales.

To date, over 600 doctors have been revalidated in Wales. Based on implementation plans developed by the four UK countries, we expect to revalidate the majority of licensed doctors by the end of March 2016.

In addition to the partnership working at the WRDB, we have also produced *Effective governance to support medical revalidation - A handbook for boards and governing bodies*[2] in collaboration with HIW. This document sets out a view of the core elements of effective local governance of the systems that support revalidation.

Medical revalidation reinforces the duty of healthcare organisations to create an environment where doctors can meet their professional obligations. It also requires doctors to take part in organisational quality assurance processes such as annual appraisal and clinical governance.

Although as regulatory authorities we each operate within different legal and methodological frameworks, we share similar objectives and values. These centre on the prime importance of paying continuous attention to the issues that underpin quality and safety for patients. Medical revalidation can be expected to feature in our future regulatory programmes, and we will each use the handbook to support our statutory roles.

We will continue to work with HIW to monitor the implementation of revalidation and review the contents of the Handbook as medical revalidation and systems regulation policies develop.

Recommendation: Following the introduction of medical revalidation, NHS organisations should strengthen the monitoring and development of doctors, and create systems for assessing the performance of all clinical staff and multi-disciplinary teams. This should include providing them with the data and information they need to assess their results and performance. This should be overseen by HIW.

Safeguarding, whistle blowing and complaints

There is a need for patients and/or their representatives to be properly informed about events when things go wrong. We expect doctors to be open and honest with patients, explaining how treatment has progressed, and whether anything has not gone according to plan. We see such communication as part of normal clinical care. Where a patient has suffered harm or distress, a doctor must put matters right (if that is possible); offer an apology; and explain fully and promptly what has happened and the likely short-term and long-term effects[3].

[2] Effective governance to support medical revalidation http://www.gmc-uk.org/GMC_revalidation_governance_handbook_51305205.pdf

[3] Good Medical Practice, paragraph 55 - http://www.gmc-uk.org/guidance/good_medical_practice.asp

In 2012 we published guidance for all doctors on *Raising and acting on concerns about patient safety*[4].

All doctors have a duty to act when they believe patients' safety is at risk, or that patients' care or dignity is being compromised. This guidance sets out doctors' responsibilities and gives advice on how to raise and act on concerns. We hope that this and other guidance ensures that doctors are aware of their responsibilities. There may be occasions where we need to take action under our fitness to practise procedures when doctors fail to raise and act on concerns.

Following this publication, we also launched a confidential helpline, which we hope will enable doctors to seek advice on any issues they may be dealing with and to raise serious concerns about patient safety when they feel unable to do this at local level. As of 28 May, we had received 438 calls. Of the 57 complaints which were subsequently brought into our fitness to practise procedures, two complaints were from Wales. The helpline is complemented by a new online decision aid (http://www.gmc-uk.org/guidance/ethical_guidance/decision_tool.asp) to help doctors report patient safety concerns.

In 2012, for the first time, we included a question in the national training survey asking trainees if they had any concerns about patient safety and if they had raised these locally. Overall, 4.7% of trainees shared a concern with us and of these 24% had not raised their concerns with their deanery or their workplace. We share trainees' comments with their local deanery so that their concerns can be investigated and acted on. Of the comments made by trainees, 29.6% raised issues that were not already known to their local deanery. These issues may have been identified by the workplace but it does underline the importance of securing a positive environment that encourages trainees (and all staff) to raise concerns and respond constructively.

The new services are part of the our on-going commitment to support doctors who raise concerns around patient safety and to foster a more open and transparent working culture in which all staff feel empowered to speak up.

However, we acknowledge that on some occasions complaints or concerns may not be raised with us directly and that we rely on other organisations sharing that information appropriately. Below are some steps we are taking with HIW to ensure that both organisations share information appropriately and in a timely manner:

Memorandum of Understanding
We are currently establishing a Memorandum of Understanding with HIW which will provide a framework to support our working relationship and underpin the sharing of relevant regulatory information between our organisations in the interests of patient safety.
This relationship is part of the maintenance of a regulatory system which promotes patient safety and high quality healthcare in Wales.

[4] Raising and acting on concerns about patient safety - http://www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp

We foresee that the MOU will cover:

- Principles of cooperation
- Areas of cooperation
- Exchange of Information
- Resolution of disagreement.

Recommendation: A MOU is agreed at the earliest convenience.

HIW Healthcare Summits

HIW has, for several years, facilitated a programme of annual Healthcare Summits involving health and social care review bodies and improvement agencies working across Wales. This summit programme provides a valuable opportunity to share intelligence and identify key challenges and priorities for each health board, whilst resulting in the development of an overarching, cohesive assessment of NHS bodies in Wales.

To date, the GMC has held observer status at these meetings, as discussed with HIW, we hope to have full member status in future and increase our contribution to these important summits. This would build on our positive experience in England where we sit on the four Regional Quality Surveillance Groups – groups which bring the relevant regulators and other partners together to share information and drive co-ordinated action where there is concern about a provider.

We also attend provider specific risk summits, contributing information and, when necessary, undertaking regulatory intervention. The data available from revalidation, our annual survey of doctors in training, education quality assurance visits and our fitness to practise work, would make a useful contribution to the HIW approach, as it does elsewhere. We look forward to seeing how the summits evolve over the next few years and would recommend that they move from an annual occurrence, to a more regular gathering to ensure that there is a joined up and on-going approach to cross-regulatory information sharing, as opposed to an annual snapshot.

Recommendation: HIW undertakes a review of the current Healthcare Summits, clarifying the purpose, membership and terms of reference.

As noted in the Francis Review of the failings at Mid Staffordshire in England, to protect, the public effectively, regulators must work more closely together - including better links between system and professional regulators.

It is also important, however, that the various organisations are clear about their role, remit and the internal and external expectations placed on them. Clarity will

help to ensure that they have the resources and expertise required in order to meet requirements.

With a new Chief Executive in place, who has publicly voiced her wish to work in partnership with other regulators operating in Wales, this is a timely opportunity to review the work of HIW and seek to ensure a clear vision for the future.

Please address any queries to: Rachel Podolak, Head of Welsh Affairs - rpodolak@gmc-uk.org