



## **AMRCW Council Meeting – Thursday 1 December 2022**

**13:30 – 16:00**

### **Microsoft Teams Meeting**

#### **Welcome and apologies**

Prof J Barry and Ceri Davies (RCS Eng) Meeting  
Suresh Pillai (RCEM) Diplomates Day  
David Tuthill (RCCPH) Clinical  
Clifford Jones (EOL) Clinical  
Sara Mosley (GMC) Unwell  
Llion Davies (FPH) A/L  
Chris Jones (CMO)

#### **External Stakeholders**

##### **1. Welsh Government Update - Baroness Eluned Morgan**

- Difficulty with the pressure the NHS is facing acknowledged – Priorities were set out to HBS
- Colleges plays a key part and give perspective to the government
- Thank you, passed on for the dedication during the pandemic that is still with us - it has been a very difficult 2 years
- Going forward we need to adopt and look at doing things differently. There is commitment to support, but we need to look at transformation. There needs to be a concerted effort to evaluate how we deliver our services. New ways of working should be embraced: Virtual / Regional Services / MDT working / Working at top of skillset / Digital transformation
- If services are ringfenced there needs to be increased performance throughput
- Economic picture is extremely difficult with additional energy bills. Additional funding will be eaten up by inflation. We need to be prudent in every aspect. We owe it to the public to use money wisely. With cost of living crisis, we need to make every contact count, have better access, signpost and use prudent healthcare principles.
- Workforce – record investments have been made into training. HEIW provided a workforce strategy for health and social care
- There is too much variation in Wales. We should look at outcomes. Why have some got no waits while others have significant waits.
- We need to balance recovery [elective] with our urgent priorities. There is a significant risk to patients in the community. Clinicians need to consider the needs of the population and not just the those in front of them. We all need to play our part
- We need to get the public to take more responsibility for their own health (NHS App), which is difficult as we have been telling the public what to do during the pandemic. The preventative message may get lost due to the acute pressures (Obesity and DM)

- The NHS Executive plans are progressing and it will form an essential part of making the health care system fit for the future. Get involve in the networks, we need a closer relationship with clinicians who work on the front line.

## 2. NHS Executive Update - Allan Wardhaugh

From a clinical perspective 3 main areas to update on:

- 1) **Clinical networks:** finalising paper on function, purpose and structure  
Implementation and operational delivery of services  
To develop a consistent approach across Wales  
Proposed list of networks may provoke discussion
  - 2) **National Clinical Programmes** with a National Clinical Lead  
Working towards better alignment  
Expression of interest for Lead roles - colleges can help with appointments as we can assist in reaching the clinicians  
Also lead for diagnostics
  - 3) **Digital:** data to knowledge function  
What data is required, access to this data, collection  
Timeframes  
Put more behind the dashboard
- The NHS executives are currently working in shadow form, this will cease in the new financial year when becoming fully operational
  - Olwen W – The National Clinical Leads should have a tenure, job description and the necessary governance behind it.
  - Allan W – the post will be service specific and will be hosted by Public Health Wales. They will need proper leadership support.
  - Jo M – co-dependency between networks should be appreciated
  - Jack P-J – Will they have a budget? Allan W – No, they should not be confused with commissioning. Jack P-J – What will then be different from current arrangements? Allan W – They will be much more strategic than in the past.
  - Phil W – The diagnostic programme is lagging behind
  - Lowri B – Can the position be shared with the colleges before going out – Yes.

## 3. CMO Update – Sir Frank Atherton

- COVID-19: Community prevalence is bottoming out. COVID will be ongoing during the winter but no significant harm expected. No concerns about new variants and vaccines are holding the line
- Flu is surging and antivirals have been introduced. Strain H3N2 Influenza A – vaccines are covering it well. Vaccines should therefore be pushed as far as possible. There are concerns about the uptake in health and social care. (This may be due to data capture)
- RSV is nasty with high levels in the community. We also need to keep an eye on Meningococcal B and Strep A.
- COVID Enquiry Module 2B keeping CMO busy. Attended preliminary hearing with another planned for spring time. There will be no separate enquiry for Wales, but the enquiry will incorporate and address Welsh issues and the Family for Justice is represented. The Welsh hearing will be in the Autumn. There was a small amount of variation between UK and Welsh governments with similar trajectories. WG will also be involved in module 3. There

will be a further module for children and young people. The enquiry is going to run for a while.

- The system is under extraordinary pressure. There are concerns about winter, bed blocking and minimal patient flow, workforce and strikes.
- There is recognition that investment is needed, but as the finance teams are trying to make the books balance transformation is going to be key with regional working and HBs working together. The NHS Executive will help with this.
- We as leaders should remain realistically optimistic faced with all the challenges.
- Jack P-J – Vaccination on-site improves uptake. Vaccinators have moved out of acute sites. Iona C – Morriston vaccinates in the canteen.
- Iona C – 45% of acute medicine admissions are for loss of independence. Frank A – There will be a big focus on frailty and what we can do about it.
- Abrie T- thanked the CMO for the letter he wrote with other CMOs and the GMC. Although well received there are still concerns that the proposals have not yet been tested. Frank A suggested that we work with Sara M and the GMC on how we can reassure the medical profession with the “Test of a Reasonable Doctor”

#### **4. IMG Induction Programme – Maria Chatters**

- Slides and report to be circulated
- EDI is a concern for the GMC – Fair to refer
- The need for enhanced induction identified – HB’s support has made it successful
- Alka A – to contact Maria C to help
- Abrie T – this should also be considered for other healthcare professionals i.e. Midwives.

#### **5. NHS Wales App - Joanna Dundon**

- Slides to be circulated
- At present focussed in 10 settings in primary care
- About Me data used
- Decrease number of letters improves sustainability
- Iona C – Funding for infrastructure needed to make this work.
- Abrie T – When entering secondary care all colleges will be able to help

#### **6. HEIW Update - Push Mangat**

- ETP: financial difficulties with a delay in funding allocations have left medical recruitment up in the air. Timelines are different for different specialties. Most are in mid-December, but unable to give numbers to CAMS. For some specialties ranges were provided, but this does not attract applications or is a disincentive to apply. Board decided to go at risk to appoint in some cases while continuing discussions with WG. May need to prioritise for example ICM, Cancer and Psychiatry. Both HEIW and HBs needs to know the outcome to plan. All the funding may come through as well
- There are 15 new streamline PA posts and 6 new AA post studying through UCL. Plans for surgical practitioners to be assessed similarly to the AA task & finish group involving all hospitals. ACCPs (not part of MAPS group anymore as part of advanced practitioners group) also had increased training appointments
- Foundation training was in the past uncoupled, now coupled after pressure from FTs
- GP educators increased to get more GP trainee through the system

- Significant increase in LTFT training resulting in 16yrs of extra training
- There is going to be a review into single lead employers
- Expansion of WARD programme noted – assistance given to asylum doctors and dentists to pass language test and to obtain GMC registration and to shadow in the NHS. More than 100 have now gone through this programme
- Working towards a training scheme for SAS doctors in Anaesthesia in Cardiff. Learn and scale this to other specialties and areas
- Iona C – We need data on the workforce gaps in Wales and invited HEIW to the BMA council to discuss this. RCP also asked WG about this. As the group in WG responsible for this was disbanded nobody seems to hold this data. It is essential knowledge for a workforce plan. WG (Helen Arthur) is to publish a draft workforce plan before the end of the year. Abrie T - the AMRCW do not have the resource and suggested this should sit with HEIW. Push M – this should not necessarily sit with HEIW and if asked will need significant resource to be provided. Jack P-J and Phil W also warned that this is a significant piece of work. Although some colleges have workforce census data this is difficult to compare as different questions and methodology is followed
- Plan: Wait for the workforce plan to which we can respond. Each college with census data specific for Wales can summarise this for us to potentially include in correspondence to WG
- Jack P-J – does HEIW hold data on CESR applications? Push M – No, but HEIW wants to be in a position to advise what is needed

## **7. GMC Update – Dan Edwards**

### **UKAF**

We held our UK Advisory Forum on 5 October, where we received presentations from: Dr Jacinta Abraham, MD of Velindre NHS Trust and chair of All Wales Medical Directors Group, Prof Phil Kloer, Executive MD at Hywel Dda UHB and Dr Olwen Williams, Deputy Chair of the Academy

- The UKAF meeting itself focussed on leadership and workforce. Members highlighted the importance of compassionate, realistic leadership, and supportive cultures. After the meeting we agreed to feed back to the system any lessons learned on compassionate leadership, including sharing good practice. We will also continue to share our data and findings regarding the changing medical workforce, and actively engage with stakeholders on implications for workforce planning.
- On the day of UKAF, our Chief Executive, Charlie Massey, and Chair, Dame Carrie McEwen, also met with Baroness Morgan to discuss our work in Wales. We discussed our workforce report and how workforce planners can integrate our data into their work.
- Carrie and Charlie met bilingual medical educators and students to hear about the development of bilingual medical education in Wales.
- Since the event, our work on compassionate leadership has progressed at pace:
  - Our Clinical Fellow, Astrid Etherington, is progressing Wales-wide discussions on leadership via her project on compassionate leadership. Astrid is examining how regulators can support compassionate leadership in Wales within a pressurised healthcare environment.

- On Monday, we met with Dr Jamie Read to discuss facilitating collaboration with stakeholders to embed medical leadership in the curriculum.
- We will meet with Dr Olwen Williams, Dr Jaz Abraham, and Prof Phil Kloer on 13 December to reflect and build on the material they presented at UKAF.

### **Outreach**

Last Wednesday, some of the Wales team visited Ysbyty Glan Clwyd to speak with Betsi Cadwaladr UHB's senior medical leadership team. We were joined by Prof Colin Melville, our Medical Director and Director of Education and Standards. We also met with doctors, trainees, and medical students. We delivered interactive presentations which were well-attended and well-received across the board. Staff were keen to speak to us and we heard about some of the issues facing the health board.

### **Engagement with stakeholders**

- On 18 November we chaired the first formalised Welsh Joint Regulators' Forum. The meeting was well attended, with representatives from the NMC, GDC, HCPC, GPhC and HIW. At the meeting, Welsh Government presented on the Duty of Candour consultation, and this was followed by a robust discussion. Our next meeting will be in January.
- A few weeks ago we attend the BAPIO national conference in Cardiff. We received fantastic engagement on our stall, speaking to dozens of consultants and GPs and responding to questions on the Good Medical Practice review and our workforce report.

### **Patient safety**

- We attended the HIW Healthcare Summit in November where we presented the findings of our workforce report to attendees. Our contributions focused on enhanced monitoring cases and data from the medical register.
- We also fed back on HIW's Extraordinary Summit Process to ensure that this key patient safety function prioritises timeliness and enables regulators and other stakeholders to respond effectively to the most urgent emerging concerns.
- We are currently working on our responses to the Welsh Government's consultations on the duties of candour and quality, and look forward to the establishment of the Citizen Voice Body with whom we hope to foster a strong working relationship.

### **ED&I**

- On 14 November, Katie Laugharne, our Employer Liaison Adviser, delivered a presentation on Fitness to Practise at the HEIW SAS Doctors' and Dentists' Conference.
- We also met with HEIW to discuss differential attainment and our approach to equality, diversity and inclusion in medical education.
- You may be aware that the independent learning review of the case of Dr Manjula Arora has been published. The report found no clear or conclusive evidence to suggest that biased thinking affected Dr Arora's case, but emphasised it is vital the GMC continues to proactively seek out bias, rather than simply looking for reassurance that it does not exist.

## **Welsh language**

- Since the last Academy meeting, we've met with the Welsh Language Commissioner's Standards Officers to discuss the Welsh Language Standards in more detail and consider our Draft Compliance Notice. We learnt that the draft compliance notice will not be issued until December.
- On 20 November, we held joint regulators' meeting specifically focused on the Welsh Language Standards. We and the other regulators shared feedback from our individual meetings with the Welsh Language Commissioner's office. Our next meeting will be in January.
- We attended the annual conference of Y Gymdeithas Feddygol where we enjoyed meeting doctors to discuss our plans for bilingual medical education.
- We've furthered these discussions in our consideration of the North Wales Medical School's application, which is progressing very well due to good engagement from Cardiff and Bangor universities.
- Overall, it's been a busy few months at the GMC Wales office. We are very grateful for the engagement we've had with many of you on this call and are keen to hear from anyone who sees an opportunity for collaborative working.

## **Internal Meeting**

### **8. Minutes from previous meeting - Abrie Theron**

- Alex Gorton to email a more detailed summary regarding his proposal for Domestic Abuse and VAWG
- Other than this amendment the minutes we accepted as a true reflection of the September meeting

### **9. Chair report - Abrie Theron**

- Change of officers Jonathan Kell is replaced by Anu Gunavardhan for the RCPATH
- Kamila Hawthorne is new chair of the RCGP
- Meetings attended:
  - UK Advisory Forum 5 October 2022
  - BMA Dinner 13 October 2022 – Farewell to David Bailey
  - HEIW Stakeholders meeting 21 November 2022 – Olwen Williams attended
  - AoMRC Council 23 November 2022
- Notes of meetings were circulated if applicable

### **10. Updates**

- a. Domestic Abuse and VAWG - Alex Gorton to provide a proper update next time
  - b. COVID Enquiry - Jack Parry-Jones as in CMO update section and link has been circulated again this morning to give personal feedback
  - c. Healthy Weight Healthy Wales Update - David Tuthill not present
  - d. Advanced & Future Care Planning - Clifford Jones not present but send an update:
    - i. No real progress regarding the IT solution for AFCP
    - ii. Shared the draft competency framework for DNACPR and feedback from the AMRCW was passed on to the individuals developing the framework
    - iii. There has been change in governance with the establishment of the National programme for palliative and end of life care – a PEOLC programme board has been established and the AFCP will continue as one of the workstreams
11. **AOB:** Alerts for notification of imaging reports – to get a proper slot during next meeting
12. **Confirm date of next meeting** – First Tuesday in March