



Agenda AMRCW Council Meeting – Monday 5 June 2023 14:00 – 17:00

Microsoft Teams Meeting

Welcome & Apologies

Change of officers at the RCPCH - Nick Wilkinson taking over from David Tuthill and Gethin Matthews-Jones has moved to the GMC. Lisa Roberts is currently holding the fort until Gethin is replaced.

Apologies: Philip Kloer (FMLM)
Llion Davies (FPH)
Clifford Jones (AFCP)
Simon Ford (RCoA)
Chris Jones (DCMO)
Chris Jones (HEIW)
Ceri Davies (RCSE)
Alka Ahuja (RCPsych)
Jo Mower (Unscheduled Care)

Present: Abrie Theron (Chair / RCoA)
Olwen Williams (VC / RCP)
Rowena Christmas (VC / RCGP)
Frank Atherton (CMO)
Phillip Wardle (RCR)
Suresh Pillai (RCEM)
Angharad Jones (RCOG)
Anu Gunavardhan (RCPath)
Nicola Davis-Job (RCN)
Push Mangat (HEIW)
Tom Lawson (HEIW)
Nicolas Webb (RCGP)
Lowri Jackson (RCP)
Katie Laugharne (GMC)
Joshua Lovell (GMC)
Jamie Read (RCP / SAS)
Ian Collings (HEIW)
Iona Collins (BMA)

External Stakeholders

1. CMO Update - Frank Atherton

- Change in management - Richard Evans MD in Swansea Bay to become CEO to replace Mark Hackett
- Judith Paget now substantive Director General of Health & Social Services and the CEO of NHS Wales
 - Pleased / Good for continuation

- COVID Public Inquiry time consuming as oral hearing is starting next week in London
 - Vaughan Gething, Mark Drakeford, and Andrew Goodall to join Frank
 - Turn around time for rule 9 request is very tight
 - Module 2b has lots of submissions
 - To conclude middle of 2026
- Pressure in the system is less than over winter but still significant
 - Planning for winter has started, accelerating the 6 goals programme
- Industrial action in the year the NHS turns 75
 - Renewed interest and concern about how sustainable the NHS is
 - Bevan Commission is looking into this during 2 day conference
- NHS finances is not in a good place - Nearly all HB / Trust are overspent
- CMO Annual Report due in July, looking into corporate determinants of health

Abrie T: Highlighted constraints Richard Evans could face being regulated by the GMC

Olwen W: Reminded group of the HEIW course preparing prospective CEOs

Jack P-J: Raised concerns regarding plans for ECMO in Wales despite the tight financial climate

Abrie T: Highlighted substantial time lapse for the COVID Enquiry to conclude

Frank A: We are likely to have interim reports

Important to learn from the lessons as identified

People / family want justice

There is also a special Senedd group looking into COVID

2. HEIW Update - Push Mangat / Tom Lawson

- ETP being developed with input from colleges, HB and everyone that wishes to contribute
- LTFT (as updates in last meeting)
- The desire to train in GP practices has gone down post COVID
- The second annual commissioning meeting - becoming more multidisciplinary
- FP allocation to become more random following Friday's announcement
- Pilot appraisals for PA are being developed - Likely to mimic the RO/MD for medics
- Number of workforce plans being developed:
 - Mental Health,
 - Maternity / Neonatal and
 - Pharmacy (with prescribing on qualification)
- Simulation suite to open for Ophthalmology and Cardiology

Rowena C: Some GPs are increasing training capacity, but suitable estate is needed

Olwen W: Asked about HEIW view on retired and returned doctors helping with training

Action: Olwen to share presentation from John Banks

Abrie T: How are the changes in FP allocation likely to affect Wales

Push M: Posts in Wales are stable with good foundation retention

Tom L: At present we don't know exactly what the changes means for Wales

Likely to be more beneficial for us compared to for example London

We have more posts, but more trainees will apply for London

Wales is one big programme and we will need to do some realigning with HBs

There may be some unintended consequences

James R: University of Cardiff explain to medical students that it would be beneficial to stay

Phillip W: With extended roles for PAs, has the process of non medical requests for radiological investigation been developed?

Action Katie L: Will find out the GMC position and feed it back

Email from GMC (MAPS team): Registered healthcare professionals can request ionising radiation for patients as 'non-medical referrers' (NMRs) providing their employer has entitled them as an NMR and have undergone the appropriate training. So, it's expected that PAs and AAs will be able to do this once they are registered with us. The [position statement from the British Institute of Radiology](#) provides further detail on the training and governance requirements for NMRs and the different types of NMR entitlement. The [FPA encourages PAs to take IR\(ME\)R training](#) as part of their professional development, in anticipation of future regulation.

Push M: Not sure if this has been looked at. Governance may fall on the HBs

Phillip W: Difficult to sort this in each HB, all Wales would be better

Push M: The Associate Dean for PAs may be able to help with this

Action: Dean and National Imagine Programme to work together on this

3. GMC Update - Katie Laugharne & Joshua Lovell

- Welcome to our new Head of GMC Wales, Gethin Matthews-Jones, to the GMC Wales team. Gethin joins us today from the Royal College of Paediatrics and Child Health, where he was Head of Policy and Public Affairs (Devolved Nations). We are delighted to have Gethin on board and will be in touch over the coming weeks to set up introductory meetings. I'm sure you'll join me in wishing Gethin all the best in his new role. Until the end of June, our interim head Dan Wynn will be providing transitional support.
- **Fairness and EDI**, we continue our work towards our ED&I targets: We set targets to eliminate disproportionate complaints from employers about ethnic minority doctors, by 2026, and to eradicate disadvantage and discrimination in medical education and training by 2031. We also pledged to increase its own diversity, and progression for its ethnic minority staff, across all levels including leadership roles. In particular for my work as ELA... fairer referrals, working with ROs re impartiality checks. We are set to publish our GMC ED&I progress report w/c 5 June and will update on our ED&I targets.
- **Outreach:** Our rolling programme of [Outreach](#) support for doctors, trainees, medical students, and health boards continues. Maria Chatters and Ian Jones are our Regional Liaison Advisers Wales... highlight work to support overseas drs, Ian and I sessions BCUHB, Maria and I F2R and CTM raising and acting on concerns / prof behaviours / GMP. All prepping for GMP roll out n
- **UKAF:** Our [Wales UK Advisory Forum](#) helps us make sure our regulatory approach takes into account the needs and the characteristics of the Welsh healthcare system. The forum offers us an extra channel to engage with our partners and key interest groups in the country. Our UK Advisory Forum meeting took place on the 20 April, with a theme of 'Good medical practice: leadership in multidisciplinary teams'. Some of you here attended that meeting and your contributions were most welcome. We also met with the Wales MDs to contribute to this theme and discussion. Rich discussion – agreed a number of actions to help take these areas forward in partnership - :
- **MDs Session:** We will work with MDs to consider the fairness and impartiality of their processes for managing fitness to practice concerns. We want to consider how the revised version of Good Medical Practice can be embedded in appraisal and revalidation processes in Wales. Explore how the GMC might 'amplify' the collective voice and influence of the Medical Directors. We will work with Medical Directors to foster integration and inclusion, including via induction programmes, to ensure all medical professionals are welcomed and included in multi-disciplinary teams.

- **Summary of UKAF** – very common themes ran through the UKAF meeting, and we welcomed the contributions from those of you who attended. In addition to the areas agreed with the MDs we are also taking forward actions to:
 - Continue to work with UKAF members, including universities, HEIW, and the All Wales Medical Directors Group, to develop and embed leadership skills in teaching and training throughout doctors' careers.
 - Share what we are learning about compassionate leadership, including examples of where things have been done well and yielded results.
 - Work with Medical Directors to foster integration and inclusion, including via induction programmes, to ensure all medical professionals are welcomed and feel included in multi-disciplinary teams.
 - Continue to promote the importance of wellbeing and compassionate leadership within a highly pressured workforce.
 - Engage with UKAF members on revisions to GMP, linking these discussions to the interplays between leadership, standards, outcomes, and quality assurance.
 - We have identified the need for a broader overarching piece of work explaining the work of the GMC in Wales and also more broadly. We plan to run introductory type information sessions with stakeholders. We will use these to myth bust and share an overview of our work. The next Wales UKAF meeting will be held in person on 17 October 2023.
- **PAs/AAs Bilateral & Regulatory reform:** *We also held a bilateral meeting on the morning of UKAF around PAs/AAs.* This was a great opportunity to meet practising PAs in Wales and course providers, and to hear from them about challenges they are facing. We noted a need to make sure PAs feel valued – Autonomy, Belonging and Competence, and that we have a role in tackling misconceptions. We heard that there is variance/inconsistency in the take-up, use, training and support for PAs across Wales.

We heard there is a need for Welsh speaking PAs. There is a drive to recruit within Wales. PAs/AAs are looking forward to revalidation with a direct line to ROs in Wales, and are also looking forward to prescribing rights - though we've noted this is outside our reg remit.

At the last meeting, we spoke about the UK Government's consultation on the Anaesthesia Associate/ Physician Associate (AA/PA) Order. The consultation closed on 16 May. [Our response](#) called for four key changes to be made to the Order to ensure it provides a workable and complete legislative framework that properly underpins our regulatory activities.

We particularly welcomed the consultation as a key milestone in the statutory regulation of AAs and PAs. We are committed to the regulation of these important medical professionals, and we believe they will bring great benefits to the wider workforce. The Order will also pave the way for a wider package of reforms to the way we are currently required to regulate doctors under the Medical Act.

- **SoMEP (State of medical education and practice):** We'd like to draw your attention to two reports we'll release in the coming months that may be of interest to you. **We'll be sure to share the reports with the Academy and we can update on them at the next meeting:**
 - Firstly, our **State of medical education and practice: Workplace experiences** report will be published in July. This will be based on findings from 2022's SoMEP Barometer survey, which was undertaken with a representative sample of doctors. The report will set out the external context and focus on doctors' experiences. It will be clear on the evidence showing the system is under extreme pressure, the impact of this on doctors' feelings and experiences and the implications for patient care. The report will also highlight the importance of teamwork and belonging. It will cover reporting on risk of burnout, their satisfaction, and other analysis of their wellbeing, highlighting distinct differences between groups of doctors.

deanery to investigate but only pass on the training level and speciality of the trainee initially. Should more information be required to further investigate the issue, we may share their name. However, the trainee would be informed of this in advance and it would be the deanery's responsibility to ensure the concern is investigated sensitively. In the NTS survey we do make sure that trainees are aware of this prior to raising a concern with us via the free text comment questions. Please also see the GMC's user guides which explain in more detail - [Your privacy and confidentiality - doctors in training - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/your-privacy-and-confidentiality-doctors-in-training)

4. **SAS Doctor Strategy** - James Read & Ian Collings

Jamie R: RCP SAS Lead and Dean for Medical Education at Cardiff University

Recently moved to Wales and surprised by the forward thinking in Wales regarding SAS

We are already ahead of the game

RCP: SAS Strategy - How to support SAS doctors to have equity parity of esteem

Significant mindset change needed: not a second choice job / not able to cope

Nowadays more positive reasons for people to pick up SAS roles

The RCP strategy is to promote SAS and other colleges are following

Utilise links to increase training and support to the SAS group

Develop more bespoke offers:

- CPD & Revalidation
- Support to go through CESR
- Supervised and autonomous practice

Use a CT approach working with HEIW

Ask individual hospitals to ID a person that would help with training and support for SAS doctors

Best chance to succeed in Wales, but the challenge is to develop role models

Ian C: Heterogenous group - not one size fits all

Different career aspirations, with only small group interested in CESR

There are opportunities for others

Wales has a strong tradition to support SAS

We have a dean and a network of tutors with a SAS in both north and south Wales

Plus £1000 study budget

Ensuring parity is key component since 2021

CESR support line

Network of mentors to pair up with

But a lot more to do... Develop SAS generic curriculum based on needs

Pilot CESR pathway in Anaesthetics in Cardiff and Swansea

Will evaluate before scaling up

Iona C: Enquired about disproportioned rate of GMC referrals for SAS

Katie L: Lots of GMC work is outside FTP. GMC would like to support all doctors to flourish.

GMP help with this

SAS survey did show that opportunities are not the same

Jack P-J: Increasing number in FICM CESR, not tracked by HEIW with a formal register.

Not aware of mentor programme.

Ian C: About 30-40 SAS doctors asked for support

Action: Ian C to send link to Jack P-J

Olwen W: Recently major changes in specialist contract and several are still completely unaware

Internal Meeting

5. **Minutes** from previous meeting approved without correction (Olwen W)

6. Chair report - Abrie Theron

Meetings attended: 15/3/23 10:00 1:1 with Helen Stokes Lampard
Stepping down over the summer, Jeanette Dickson to take over
Suggested meeting with the new CEO NHS Wales Executive
Action: New chair to invite Judith Paget to a future meeting

23/3/23 12:30 Revalidation Oversight Group

27/3/23 10:00 1:1 Dan Wynn GMC

19/4/23 AoMRC Council, London

Action: Code of conduct for Committee chairs and members to be shared

England NHS Long-term workforce plan further delayed

Changes to the ACCIA process to be monitored over the coming months

The Academy Trainee Doctors Group is looking into exam costs

(Report Shared with Emma Coles in WG)

Action: Adult Social Care statement to be shared when available

Missed PRSB Stakeholders as on the same day

20/4/23 UK Advisory Forum (GMC), Cardiff - as above

22/5/23 11:00 Sally Lewis follow up meeting regarding VBH - see below

Meetings until Sept: 26/6/23 16:00 HEIW SRG
29/6/23 RCN Nurse of the Year Awards
6/7/7 Last AoMRC Council in London

7. Valued Based Healthcare - Abrie Theron

- Follow up meeting to discuss how the AMRCW can help with the VBH agenda
- Sally would like to work much closer with the Academy using us as a soundboard
- Our support, where we feel it is possible, will strengthen her hand
- Suggestion is that she become a co-opted member for an initial year and then review
- Rowena C: Working with Sally will be beneficial
- No objections were raised
- Olwen W: Suggested we ask Sally to present us with her objectives for the AMRCW

Action: Abrie T to contact Sally and inform her of the above

8. Reports / Correspondence - Abrie Theron / All

The people who care: **The Welsh health and care workforce at 75**

Circulated over the weekend

Request for endorsement - No objections raised

AoMRC ATDG **Cost of Examinations Report** and request for support

Informed that WG is already looking at this and that we have received request

Asked for permission to forward the report to Emma Coles, which AT did

Llais - Our first 100 days

Action: Invite new chair to come and talk to us

9. Updates

a. Radiology Reporting -

Phillip Wardle

Referrer Responsibility & NPSA 16:

- Red Flag
- Red Star
- Red Alert
- Unexpected Significant finding

RCR:

- Standards for interpretation and reporting of imaging investigations and the Standards for the communication of radiological reports and fail-safe alert notification.
- It is the responsibility of employing organisations to ensure appropriate reporting and fail-safe systems are in place and to audit regularly.
- It is the responsibility of employing organisations to ensure that reports can be communicated to other information technology (IT) systems using HL7 standards. HL7 is a set of international standards for the transfer of clinical and administrative data between software applications used by various healthcare providers.
- It is the responsibility of the requesting doctor and/or their clinical team to read and act upon the report findings and fail-safe alerts as quickly and efficiently as possible. This extends to ensuring robust mechanisms are in place and suitably resourced to cover leave within clinical teams or practices.
- Fail-safe systems should be IT-based to reduce error and increase efficiency, but if facilities are not available, alternative manual processes should be in place.
- If manual processes (for example, telephone calls and emails) are required, administrative staff should be available to support radiologists and reporting radiographers at all times of the day or night.

RCR & SCOR - The Quality Standard for Imaging

NOT MANDATORY, but akin to Pathology

A quality standard for managing unexpected diagnoses and potential medical emergencies (XR 510) which requires services to have processes in place for:

- Alerting referrers to unexpected findings.
- Ensuring acknowledgements of the alert are received by the service.
- Management of non-acknowledgement of receipt.
- Management of alerts when reporting out of hours.

CANCER:

- New cancer diagnosis or newly detected cancer recurrence suspected from imaging, expected or unexpected
- Examination: Chest radiograph with Clinical indication - Breathlessness / Heart failure?
- Report: A spiculated right upper lobe lesion concerning for an underlying malignancy
- Example of a newly detected cancer recurrence: Examination: CT chest, abdomen and pelvis
- Clinical indication: Lymphoma in remission for 12 months. Now tiredness and abdominal fullness. Relapse?

- Report: Splenomegaly, enlarged mediastinal and para-aortic lymph nodes in keeping with recurrent disease.

CRITICAL:

- Critical imaging findings where clinical management is time critical, expected or unexpected

Thorax:

1. Tension pneumothorax
2. Central pulmonary embolism
3. Mediastinal emphysema
4. Large pericardial effusion with suspected tamponade

ADDITION:

- Significant addenda in imaging reports where clinical management may be altered
- Examination: CT liver

Clinical indication: Post radiofrequency ablation assessment

First report: High attenuation nodule in ablation site concerning for residual tumour

Addendum: The high attenuation area is also seen in the unenhanced series in keeping with a haematoma.

No features of residual tumour. Cancer disease progression does not fall into this category e.g. growing tumour or new nodules in a known cancer

b. **Domestic Abuse and VAWG** - Alex Gorton

Progressed stalled and Alex Gorton requested this is dropped from the agenda

c. **COVID Enquiry** -

Abrie Theron & Jack Parry-Jones

Last week, the Covid Inquiry announced three topics that the future modules will be exploring. As we already know the first three modules are already underway, these are:

Module 1: Exploring the UKs' preparedness for the pandemic.

Module 2: Political and administrative governance and decision-making for the UK

Module 2A: Political and administrative governance and decision-making of Scotland.

Module 2B: Political and administrative governance and decision-making of Wales.

Module 2C: Political and administrative governance and decision-making of Northern Ireland.

Module 3: Governmental and societal response to Covid-19 as well as dissecting the impact that the pandemic had on healthcare systems, patients and health care workers. This will include healthcare governance, primary care, NHS backlogs, the effects on healthcare provision by vaccination programmes as well as long covid diagnosis and support.

The three new modules will be:

Module 4: Will examine vaccines, therapeutics and anti-viral treatment across the UK. This will open on 5th June 2023. The Inquiry plans to hear evidence for this investigation in the summer of 2024. The scope for Module 4 will be published on the Inquiry website on 5 June and the Core Participant application window will be open from 5 June to 30 June 2023.

Module 5: Will examine Government Procurement across the UK. The Inquiry will open this investigation in October 2023, with evidence hearings scheduled for early 2025. The Core Participant application window will be open from 24 October 2023 to 17 November 2023.

Module 6: Will examine the care sector across the UK. This module will open December 2023. The Core Participant application window will be open from 12 December 2023 to 19 January 2024. Public hearings will begin in spring 2025.

Further modules (to be announced in 2024) will then investigate the impact and inequalities in the context of public services (including key workers) and in the context of businesses. They will also cover:

- testing and tracing,
- education, children and young persons,
- Governmental intervention by way of financial support for business, jobs, and the self employed,
- additional funding of public services and the voluntary/community sector,
- benefits and support for vulnerable people.
- The Inquiry's final modules will specifically.

The Inquiry is aiming to complete all its public hearings by the summer of 2026.

Module 3 Written Statement and Oral Hearing

The Academy has been told by the Inquiry that we are likely to receive the request for a written statement re M3 in the next couple of weeks. Once we have had the opportunity to review that request and draft an initial outline of a statement, we may then of course come to you for your input and comment because of the important role that you played during the pandemic. The Inquiry now expects the oral hearings for Module 3 to begin in Autumn 2024, a little pushed back from what we were told earlier this year.

Jack P-J: Rule 9 request allows only 6 weeks to get report in
Interim reports likely to be issued by Baroness Hallett
Lessons to be learnt is very important i.e. what can we do better next time
Population obesity area we can improve on

Abrie T : current corresponding member and this will have to be taken over by the new chair

Action: New chair to become corresponding member of the AoMRC group

d. **Advanced & Future Care Planning** - no update received.

e. **Healthy Weight Healthy Wales Update** - ? Nick Wilkinson to take this over for David Tuthill

10. AOB

- A. Phillip Wardle: Highlighted CESR Bottle neck with GMC very slow to respond
- Jack P-J: Number of assessors needs to be increased
- B. Iona C: Welsh BMA Council being elected with Iona standing again
- The meeting wished her good luck

11. Election of new Chair of the AMRCW

- Abrie T: Indicated his intention to step down as chair over summer
 - We therefore need to elect a new chair to take over in September 2023
 - Abrie T: happy to stay part of the Academy for another year, but without being in executive team
 - The suggestion that we open up for self nomination from now until 30/6/23
 - If we have multiple candidates Abrie T to run the election during July 2023
 - The group was happy that the election can be conducted without external help
- Action: Abrie T to send email requesting self nomination for chair position**

12. Date of next meeting: **Tuesday 5 September 2023**