Code A

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From: Alan Walker Code A
Sent: 18 February 2010 16:14
To: Ben Jones Code A
Cc: Code A Tyrieana Long Code A
Subject: Briefing for Niall Dickson's visit to Belfast on Friday 5 March 2010
Attachments: Briefing for Niall Dickson's visit to Belfast 5.3.10.doc

Hi Ben

Please find attached briefing for Niall's visit to Belfast on Friday 5 March.

It can be located in Livelink at <http://livelink/edrms/llisapi.dll?func=doc.ViewDoc&nodeId=30423681>

Please feel free to contact me if you have any queries.

Alan

Alan Walker
Head of Northern Ireland Affairs
General Medical Council
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Memorandum

General Medical Council

Regulating doctors
Ensuring good medical practice

To: Niall Dickson

From: Alan Walker Code A

Copy: Code A
Ben Jones
Code A
Ty Long

Date: **17 February 2010**

Briefing for meetings in Belfast on Friday 5 March 2010

Overview

1. You are coming to Northern Ireland to lead the Revalidation Consultation briefing session on 5 March.

2. In addition to this meeting, three further meetings have been arranged at the GMC's request:

   i. With Dr Michael McBride, Chief Medical Officer for Northern Ireland, and Dr Paddy Woods, Deputy Chief Medical Officer (Quality & Safety) at Castle Buildings, Stormont.

   ii. With the Regulation and Quality Improvement Authority, the Northern Ireland health and social care systems regulator at RQIA offices.

   iii. Following the Revalidation Briefing we will meet with representatives of the BMA Northern Ireland office and Council at BMA offices.

3. You will be accompanied by Ben Jones and Alan Walker. The latter will take notes, record actions and handle logistical arrangements during your visit.

4. This briefing note includes information on:

   a. Timetable and logistics

   b. Details of key contacts

   c. Meetings, biographies of participants and background information

a) Timetable and logistics

Thursday 4 March	
Time	**Action and detail**
	20:05 flight from London Heathrow to Belfast City with BMI British Midland (BMI*BD LOCATOR 32XJB8) followed by Taxi to Malmaison Hotel, Victoria Street, Belfast.
Friday 5 March	
Time	**Action and detail**
08:20	Alan Walker will meet you and Ben Jones at Malmaison Hotel for travel to Castle Buildings, Stormont.
09:00	Meeting Dr Michael McBride, Chief Medical Officer and Dr Paddy Woods, Acting Deputy Chief Medical Officer (Quality, Safety & Standards)
10:05	Taxi from Castle Building to BT Tower, Belfast
10:30	Meeting with RQIA
11:20	Taxi to GMC Northern Ireland office
11:45	Revalidation Consultation Briefing
13:45	Walk to BMA (Northern Ireland), Cromac Wood
14:00	Meeting with BMA (Northern Ireland)
15:15	Walk back to GMC Northern Ireland office
15:45	Depart for airport (Northern Ireland office to arrange taxi)
17.35	Flight from Belfast City to London Gatwick with Flybe (FLYBE*BE LOCATOR F2Q6YJ)

b) Details of key contacts

Alan Walker	028 9031 9944 (or Code A
Fonacab (GMC account code – [redacted]	028 9033 3333
GMC Northern Ireland office	028 9031 9945

c) Meetings, biographies of participants and background information

Meeting with Chief Medical Officer

Dr Michael McBride has been Chief Medical Officer since August 2006. He is an advocate of the GMC and has been public in his praise for how we have developed our working relationships with the service locally. Dr McBride's background is a Consultant with specialist interest in HIV medicine and he has a longstanding interest in continuing medical education, having served Director of Education in the Royal Hospitals. From 2002-2006 he was Medical Director for the Royal Hospitals.

Dr Paddy Woods is Acting Deputy CMO (Quality, Safety & Standards) having previously been a Senior Medical Officer. He has had responsibility for liaison with the GMC in both these roles and is also the DHSSPS link with PMETB. He was a GP prior to joining the Department. Paddy is the NI administration representative on the UK Revalidation Programme Board. He leads the Confidence in Care Tackling

Concerns Workstream and is also a member of the Revalidation Workstream (NI Delivery Board), chaired by Diane Taylor, Acting Director of HR.

Proposed meeting objectives

5. The main objective for the all of the meetings are:

a. To introduce you as Chief Executive of the GMC

b. To highlight the current priorities of the GMC and in particular Revalidation.

c. To demonstrate our ongoing commitment to working closely with the devolved administrations in the delivery of UK-wide medical regulation.

6. While healthcare regulation is a devolved matter in Northern Ireland, the Minister and officials continue to support UK-wide regulation that takes account of local needs. There are no plans to legislate separately but some subsidiary legislation, such as the proposed RO regulations, has to be taken through the NI Assembly.

7. DHSSPS is taking forward healthcare regulatory reform under the banner of its Confidence in Care programme. This is the framework is led by the Chief Medical Officer (Dr Michael McBride) and Chief Nursing Officer (Martin Bradley).

8. DHSSPS and the GMC, working with all five secondary care trusts, have recently completed a pilot project on testing the GMP appraisal framework against the existing secondary care appraisal system in Northern Ireland. This involved ten different specialities across NI.

9. In relation to our forthcoming consultation, the GMC is working with DHSSPS, RCGP (NI), NIMDTA (Postgraduate Deanery) and BMA on five primary care revalidation roadshows targeting GPs.

10. Key issue for those delivering revalidation in Northern Ireland include:

- concerns about costs of revalidation (both cash and resource), particularly relating to IT infrastructure, in midst of pressure on the health budget;
- DHSSPS have only one member of support staff on revalidation who also covers another Confidence in Care Workstream;
- Concern at cost of affiliates mean the Scottish model is currently being explored for appropriateness. Paul Philip will be attending the Tackling Concerns workstream on 22 March; and
- Primary Care and NI Trainees are the most revalidation ready. The RQIA appraisal systems review will assess the state of readiness of secondary care.

Meeting with Regulation and Quality Improvement Authority

Glenn Houston joined RQIA as Chief Executive in March 2009. Glenn had been Director of Women's and Children's Services and Executive Director of Social Work in the Northern Health and Social Care Trust. He was also previously Chief Executive of the former Craigavon and Banbridge Community Trust.

Dr David Stewart is Director of Service Improvement and Medical Director. He joined RQIA in November 2007 having previously been Director of Public Health at the Eastern Health and Social Services Board since 1995.

Hall Graham Hall is Primary Care adviser for RQIA. He chairs the joint regulators sub group on Revalidation and is working with GMC Revalidation colleagues on the review of NI appraisal systems. Hall is a dentist by profession.

Phelim Quinn is RQIA's Director of Operations and Chief Nurse Advisor. His career background in nursing includes working within mental health, general adult nursing, health visiting, professional trade unionism, management and commissioning.

Proposed meeting objectives

11. The main objective for the all of the meetings are:

    a. To introduce you as Chief Executive of the GMC

    b. To highlight the current priorities of the GMC and in particular Revalidation.

    c. To demonstrate our ongoing commitment to working closely with the devolved administrations in the delivery of UK-wide medical regulation.

12. The Regulation and Quality Improvement Authority have worked closely with the GMC over the past four years and were helpful with the introduction of the New Registration Framework in 2008.

13. RQIA are particularly supportive of revalidation and will be working with us on a pilot assessing the state of readiness of NI secondary care appraisal systems in June 2010, reporting in Autumn. They will be working closely with NQIS and HIW in that project. They have played a leadership and co-ordinating role with all four systems regulators in the UK to seek consistency of approach in quality assuring systems that will be used for revalidation purposes.

14. A draft Memorandum of Understanding was developed with RQIA, however, this has not yet been finalised as we are reviewing our approach to MOUs. It is anticipated that the RQIA MOU will be completed well in advance of the Council meeting in September.

Revalidation Consultation Briefing

15. There are currently 11 external attendees at this lunchtime briefing session with DHSSPS, BMA, RQIA, RCGP all having confirmed attendance thus far, along with one of the medical directors. The attendees are currently being finalised and a revised list and any additional biographies will be provided ahead of the visit.

Proposed meeting objectives

16. The main objective for the all of the meetings are:

a. To highlight the key elements of the revalidation consultation and address any misconceptions

b. To demonstrate our ongoing commitment to working closely with the devolved administrations in the delivery of UK-wide medical regulation.

17. All attendees are clear that it is a briefing session but they are likely to raise issues about costs and timings for the implementation, particularly with departmental representatives in attendance.

Meeting with BMA NI

Dr Paul Darragh was elected Chairman of BMA NI Council in October 2009. He is an Associate Specialist in at Mid Ulster Hospital, and has a particular interest in how revalidation, and speciality standards, will apply to Staff Grade and Associate Specialists doctors. Paul is the BMA representative on the Confidence in Care Revalidation Workstream (NI Delivery Board).

Dr Steve Austin is Vice Chair of NI Council and Chair of NI Consultants Committee. He is an anaesthetist working in Belfast. Dr Austin led the motion at the 2009 BMA ARM opposing Responsible Officers also being medical directors due to the potential for conflict of interest. He is a GMC panellist, serving on Interim Orders Panels. Steve is the BMA representative on the Confidence in Care Revalidation Workstream (NI Delivery Board).

Danny Lambe has been Secretary to BMA NI Council for 18 months, having previously been Deputy Secretary for a number of years. Previously Danny worked at the Equality Commission in Northern Ireland.

Proposed meeting objectives

18. The main objective for the all of the meetings are:

a. To introduce you as Chief Executive of the GMC

b. To highlight the current priorities of the GMC and in particular Revalidation.

c. To demonstrate our ongoing commitment to working closely with the devolved administrations in the delivery of UK-wide medical regulation.

19. Relationships with BMA locally are positive. However, they always use the opportunity of such meetings to reiterate the BMA line on key issues, such as revalidation.

20. They believe there is a conflict of interest of having medical directors also acting as Responsible Officers. They will also highlight the costs and timing of implementation and suggest that supporting structures, such as IT and MSF, are not ready. They also remain concerned about the role of the colleges and their requirements.

21. They will highlight the uniqueness and smallness of Northern Ireland and may remind us that this is a devolved matter for the Northern Ireland Assembly. In the past they have lobbied for the Assembly to legislate separately from the rest of the UK.

22. While, at this stage, they have not advised of any GP attendees, we understand that some members of their local General Practice Committee are unhappy at our reaction to the recent FTP Panel ruling on Dr Jane Barton.

Key messages

Revalidation

What revalidation is and what it is not

a. Revalidation is about providing assurance that all doctors with a licence are competent and fit to practice

b. Doctors will be asked to collect evidence about their performance over five years, linked to their annual appraisal

c. It will be based on best practice in workplace appraisal

d. For most doctors it will not mean having to do new things or change the way they work.

e. Revalidation is a not punitive process aimed at 'weeding out' bad doctors

Consultation

a. We are consulting on an approach to revalidation – this is based on advice from many organisations, but it is not the last word. We will be involved in a number of events in Northern Ireland during the consultation period.

b. We want frontline doctors, patients and all those involved or affected to help shape the final product

c. Revalidation is being piloted to ensure that it works, is not a burden and is not bureaucratic or costly

d. We want to make sure doctors and employers are adequately supported

e. Revalidation is on its way, but we will introduce it gradually to ensure it is effective and enduring

23. We are making good progress towards the introduction of revalidation:

a. The introduction of the licence to practise in November, the first practical step towards revalidation went very smoothly. We had an excellent response to our campaign for doctors to tell us their licensing decision and 94.5% of doctors on the register chose to hold a licence to practise.

b. The UK Revalidation Programme Board, chaired by Keith Pearson (chair of East of England SHA) is making good progress in drawing together the principle stakeholders in revalidation and overseeing the programme of work required for revalidation readiness.

c. The pilots that we and others are undertaking will test the new system to make sure that we are ready to roll out revalidation from 2011. They must make sure that the system is not overly bureaucratic or a burden on doctors or the NHS.

d. We are launching a major consultation on revalidation in early March covering how revalidation will work, what doctors and employers will be required to do and the timetable for rolling out revalidation across the UK.

e. We will support the Department in promoting the role of responsible officers when the draft legislation is published and debated in Parliament.

24. The introduction of revalidation has been a long standing policy decision and its successful implementation requires continued support at all levels in the Department.

Merger of Postgraduate Medical Education and Training Board the with GMC

25. Work is now well developed to merge PMETB with the GMC on 1 April 2010 and the recent Order approved by Parliament was one of the final stages in the merger process. PMETB and the GMC are working closely together and have engaged widely with stakeholders on the development of rules and regulations to support the merger and ensure a smooth transition.

26. To maximise the benefits of the merger in the long-term, **Code A** was invited by the GMC and PMETB to lead a review on the future shape of all stages of medical education and training regulation. He has published his draft recommendations for consultation and the final report will be published in March 2010.

27. This is a great opportunity to create a system in which every stage of education and training is fit for purpose, successfully prepares the doctor for the next one, promotes constantly raising standards and treats all doctors fairly, wherever they come from and whatever stage they are at in their careers.

Office of Health Professions Adjudicator (OHPA)

28. The setting up of OHPA is in its early days. The organisation became a legal entity on 25 January 2010 and is due to become operational in April 2011. The next major step for OHPA will be a consultation around the procedural rules due to be conducted in the spring. We are working closely with OHPA chair Walter Merricks and will continue to do so during this transition phase.

29. The creation of OHPA will allow the GMC to have a clearer focus on maintaining high professional standards and supporting doctors throughout all stages of their careers.

30. The Government was careful to make clear when the White Paper was published that the creation of OHPA is not about 'punishing' the GMC. We ask for the Government's support to ensure that this message is also clear during the transition, so that there is no loss of confidence in the fitness to practice process either among doctors, patients and the public.

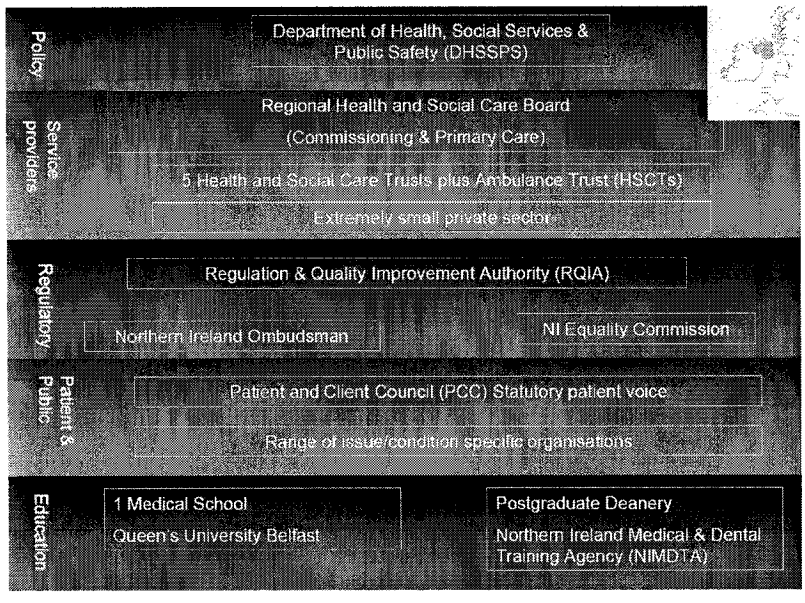
Language testing

31. We are committed to seeking change to enable us to test EEA doctors' language and clinical skills and knowledge, in the same way that we do for International Medical Graduates. We are keen to work with the UK Government to find a solution to this important patient safety issue.

Author: Alan Walker

Code A

Annex A
Health Structures in Northern Ireland



1. Department of Health, Social Services and Public Safety is responsible for around half of all Northern Ireland Executive spending with a budget of just over £4billion pa, plus £300m capital expenditure pa. Health spending in Northern Ireland is currently being subjected to reductions

2. The number of Health and Social Care organisations to service the 1.7 million population has more than halved in recent years. In 2007, five Health and Social Care Trusts replaced a total of eighteen previous Health and Social Services Trusts.

3. In April 2009, a single Health and Social Care Board for Northern Ireland replace four Health and Social Services Boards. Its focus is commissioning, resource management and performance management and improvement;

4. There is also a regional Public Health Agency responsible for health protection, health improvement and development and a regional Business Services Organisation to provide a range of support functions for the whole of health and social care system;

5. The Regulation and Quality Improvement Authority was established in April 2005 and is the health and social care systems regulator for Northern Ireland. We have only one medical school and one postgraduate deanery.

6. The single Patient and Client Council replaced the four Health and Social Services Councils with five local offices operating in the same geographical areas as the existing Trusts, to provide a strong voice for patients, clients and carers.

7. Approximately 6,100 doctors on the register have an address in Northern Ireland. There are approximately 1600 GPs, with approximately 3500 working in secondary care. Northern Ireland has a very small independent sector.