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**Subject:** Council Members' Newsletter - September 2013

## Members' Newsletter

September 2013 |

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## GMC news

### Regional Liaison Service – one year on

A year ago last week, our Regional Liaison Service (RLS) was formed, and it's gone from strength to strength ever since. The RLS was set up to work with our partners across England to make sure that what we do is understood and meets their needs.

The RLS has been focused in its first year on engaging with doctors. So far in 2013, they have met around 10,000 doctors across England and provided sessions on our guidance, from a general introduction to the specifics of doctor's use of social media or consent. Talking to doctors about revalidation has been one of their regular requests and they provide sessions to doctors who are often hard to reach, such as locums and staff grade doctors.

Further information about the RLS can be found on our website – [Regional Liaison Service](#)

### The first UK Advisory Forum meetings

The first UK Advisory Forums took place in Edinburgh, Belfast and Cardiff in September. A range of key local interest groups/partners attended the meetings in each country. It provided an opportunity to get insight into issues affecting the health services and matters related to the work of the GMC in each country. Attendees expressed support for the GMC's approach to promoting professionalism and our consultation on the proposed changes to support the introduction of English language testing. We will be collecting feedback from attendees which we will use to inform our future approach to these fora.

### Revalidation news

We wrote to 54,000 doctors last year as part of our [Make your connection](#) campaign, asking them to confirm their designated body - the organisation that will help them to revalidate. Last week we wrote to the remaining 7,818 doctors who have not yet responded, advising them that they have 28 days to either confirm their designated body or tell us they do not have one.

[Read the full story](#)

### Make the leap: medical student to foundation doctor

Doctors across the UK have recently started their first foundation posts. In our blog, our clinical fellow Dr Muj Hussain reflects on how to handle the anxious and exciting moment when you finally put all your learning into practice.

[Read the blog](#)

## **Caring for patients at the end of their lives**

End of life care is one of the most challenging areas of medical practice. Baroness Neuberger's review of the Liverpool Care Pathway once again puts the spotlight on this issue.

[Read more](#)

## **Consultations**

Making sure that all licensed doctors have the necessary knowledge of English to practise safely in the UK

We have launched a consultation on changes that would enable us to carry out further checks if we believe the safety of patients might be at risk because a doctor cannot speak English.

At the moment, we can only check the English language skills of doctors who qualified outside Europe, and can refuse to grant those doctors registration with a licence to practise if they do not meet our standards. However, current UK law stops us from checking the English language skills of European doctors.

The proposed changes will give us new powers to:

- Ask for evidence of a European doctor's English language skills where we have identified a concern and before we issue a licence to practise in the UK.
- Take action in relation to doctors who are registered with us but do not have the necessary knowledge of English to practise safely.
- Direct a doctor to undergo a language assessment where there are serious concerns about their ability to communicate in English.
- Indefinitely suspend doctors from the medical register who fail over time to develop sufficient English language skills to treat patients safely.

This consultation follows, and is linked to, a consultation which the Department of Health has recently launched on amendments to the Medical Act 1983 which will give us the additional powers that we need.

The consultation will last for three months, closing on 10 December.

- GMC consultation - [Making sure that all licensed doctors have the necessary knowledge of English to practise safely in the UK \(website\)](#)
- Department of Health consultation - [Ensuring doctors have sufficient English language capability \(website\)](#)

## **External news**

### **UK News**

#### **GMC in UK Parliaments and Assemblies**

##### Meeting with MPs

After the House of Commons' summer break, MPs returned to Parliament for two weeks prior to the Party Conference recess. During this period, Niall met with the Shadow Secretary of State, Rt Hon Andy Burnham MP, to update him on our work.

Dr Sarah Wollaston MP took part in a Brown Bag Lunch discussion for staff; she discussed her work as a doctor, an MP and a member of the Health Select Committee.

We will keep you updated on our forthcoming meetings and events in Parliament. Of particular note is the date for our accountability hearing with the Health Select Committee on 10 December.

### **Party Conferences**

Over recent weeks we have been attending the Liberal Democrat Party Conference in Glasgow, the Labour Party Conference in Brighton and this week, the Conservative Party Conference in Manchester.

At each conference we will host a dinner for key parliamentarians as well as a joint 'fringe event' with the BMA and the RCP about the role of a doctor after Mid Staffs.

Speakers include the Secretary of State, Rt Hon Jeremy Hunt MP, as well as Liberal Democrat Care Minister, Norman Lamb MP.

The Northern Ireland Assembly, Welsh Assembly and Scottish Parliament have all returned after summer recess. Our devolved offices are preparing for the autumn party conferences in the respective countries.

### **Inquiries and Reports**

#### Berwick Report

The Berwick Report, published during the summer recess, highlights problems affecting patient safety in the NHS and makes recommendations to address them. Professor Don Berwick, was asked by the Prime Minister to carry out the review following the publication of the Francis Report. The report includes two commitments for professional regulators around transparency and capacity as well as a large number of recommendations which apply to us and other healthcare organisations.

The report says that the health system must recognise the need for wide systemic change; reassert the primacy of working with patients and carers to achieve health care goals; recognise that transparency is essential; and ensure that responsibility for functions related to safety and improvement are established clearly and simply.

The Government's response to the Berwick Report will be incorporated into their next response to the Francis Report which is due this autumn.

#### RCP Response to the Francis Report

The RCP has committed to a series of wide-ranging actions to help realise the recommendations of the Mid-Staffordshire NHS Foundation Trust Public Inquiry, and has called on other healthcare organisations to rise to the challenge set by Robert Francis. The RCP has set a challenge to individuals in the healthcare system such as consultants, doctors in training, other members of the healthcare team, NHS managers and politicians to "contribute to a culture change in the NHS by putting patient safety, patient experience and quality improvement at the heart of all they do."

#### After Francis

The Health Select Committee has published a report After Francis, which explores how the tendency to focus on the need for candour when things go wrong is only part of the story.

#### Hyponatraemia and Vale of Leven Inquiries

We continue to monitor the Hyponatraemia and Vale of Leven inquiries in Northern Ireland and Scotland respectively for matters relevant to our work.

### **Registration and Revalidation**

#### Government consultation on language controls for doctors

The Department of Health has launched a consultation which seeks views on proposals to change the Medical Act 1983 to give us more power to take action where concerns arise about a doctor's English language capability.

This consultation is linked to, our consultation which proposes changes to our regulations. These

proposals would allow us to ask European doctors for evidence, where we have concerns, that they have the necessary knowledge of the English language before we grant them a licence to practise. Our consultation also includes proposals dealing with concerns or complaints that we receive about any doctor's language skills in the future.

The proposals are designed to complement and strengthen the existing language controls imposed through the responsible officer regulations, performers list regulations and other checks undertaken at a local level.

#### Welsh Assembly Public Accounts Committee reports on the consultant contract

The Welsh Assembly's Public Accounts Committee has published a report on their inquiry into the consultant contract in Wales. The report found that while recruitment and retention of consultants has improved since the introduction of the contract 2003, many of its other key intended benefits have not been realised. The inquiry found that a significant proportion of consultants regularly breach the EU working time directive and that many view job planning as a 'tick-box' exercise.

The GMC is mentioned within the report in the context of revalidation, which is said to have driven improvement in appraisal rates.

### **Education and Standards**

#### Accident and Emergency services

Accident and emergency services continues to be the subject of heated debate in Westminster. The Secretary of State, Jeremy Hunt published a statement on 10 September about plans for the winter, including £250 million extra funding for NHS England to distribute to A&E services that need it most.

During a debate in the Commons on the same day, Jeremy Hunt explained that longer term solutions to relieving pressures on A&E will include improving the plan of vulnerable people, introducing a named accountable GP and better out of hours services of GPs and ambulance services.

Dr Sarah Wollaston MP questioned the Secretary of State about how the government is going to attract doctors in training to A&E and GP jobs. Jeremy Hunt replied that Bruce Keogh is currently looking at why we have an emergency medicine speciality, when other countries ask all doctors to do work in A&E.

During Prime Minister's Questions on 11 September, Health Select Committee member Virendra Sharma also asked the Prime Minister whether he thought the A&E crisis has anything to do with the fact that the number of nursing staff has been cut. David Cameron responded that since the election the Government has protected health spending and the number of clinical staff including doctors has increased.

#### Mental Capacity Act 2005

A Committee of Peers established to scrutinise the Mental Capacity Act has continued to question witnesses about the effectiveness of the Act. During the most recent evidence sessions, the Committee heard from the National Family Carer Network and Carers UK.

We have provided the Committee with written evidence and Paul Buckley will be appearing before the Committee to provide oral evidence on 29 October. In the meantime, the Committee will continue to take evidence from organisations such as the BMA and the RCP.

#### Health Select Committee's report on the Mental Health Act 2007

Following the Health Select Committee's inquiry into the effectiveness of the Mental Health Act 2007, the Committee has published a report of its findings. Overall, the report concludes that the mental health legislation is designed to protect extremely vulnerable patients but that many vital safeguards are not working effectively. The report makes a number of recommendations to address this including around the guidance for clinicians. We will be responding to the Committee to highlight our guidance in this area.

#### Scottish Mental Health Bill

The Scottish Government has announced that it will introduce a Mental Health Bill in 2013-14 to "remove unnecessary procedures and make existing processes more efficient for both patients and health professionals". The Bill will cover Advance Statements, detention, notification of compulsory measures and advocacy.

#### Human Transplantation (Wales) Bill receives Royal Assent

The final stage of passing the legislation to change the organ donation system in Wales has been enacted by First Minister Carwyn Jones AM. The bill received Royal assent after passing through scrutiny by the Welsh Assembly, which culminated in a historic vote by AMs in July. The changes to the law will take effect from 2015 and will see the introduction of a system of presumed consent, whereby people who do not wish to donate their organs upon death must opt out.

### **Fitness to Practise**

#### Gender based abortions

The doctors who agreed to arrange illegal abortions based on the sex of an unborn baby were told they will not face criminal charges by the CPS. The CPS statement on this matter stated 'we have concluded that these specific cases would be better dealt with by the GMC rather than by prosecution'.

Secretary of State, Jeremy Hunt said "we are clear that gender selection abortion is against the law and completely unacceptable. This is a concerning development and I have written to the Attorney General to ask for urgent clarification on the grounds for this decision."

During Prime Minister's Questions, Nadine Dorries MP (Conservative MP for Mid Bedfordshire) criticised the decision by the CPS. Rt Hon David Cameron responded that the UK has independent prosecuting authorities, that he shared her concerns and that "it is absolutely right that professional action should be considered as well."

#### Gosport War Memorial hospital

Following the publication of an audit into deaths at Gosport War Memorial hospital completed 10 years ago by Richard Baker OBE (but only published last month by the Department of Health), Health Minister Norman Lamb MP said "the events at Gosport War Memorial hospital have caused enormous concern and immense distress to families and many others. But we are determined to get to the bottom of this, which is why we published the Baker Report and why I am now meeting with the families of those who died at the hospital. We are carefully considering how to deal with the families' concerns and hope to be in a position to announce more shortly."

The Baker report refers to the GMC twice and features discussion on end of life care, care of vulnerable older people and closer monitoring of data.

#### University Hospitals Morecambe Bay

Jeremy Hunt has announced an independent investigation into the University Hospitals of Morecambe Bay. The investigation will look into the management, delivery and outcomes of care provided by the maternity and neonatal services of the hospital between January 2004 and June 2013. It is not an investigation into the regulatory and supervisory systems of the NHS. The report will be submitted to the Secretary of State in the summer of 2014.

#### Number of Scottish doctors referred to the GMC

Scottish Deputy Health Minister, Michael Matheson, answered a written Parliamentary Question from Mary Scanlon MSP (Conservative, Highlands & Islands) on the number of doctors referred to us in the last seven years, broken down by territorial health board area, and action we took. Mr Matheson answered the question using information that we supplied.

### **Other interesting developments**

#### Government response to the Caldicott review of information sharing

The Department of Health has published its response to the Caldicott review of information sharing. The Government has said it is commissioning the Professional Standards Authority to ensure that all health and social care professional regulators publish consistent guidance that reflects the messages in the Health and Social Care Information Centre's forthcoming Confidentiality Code of Practice. This

will mean that there is no conflict between the guidance on implied consent that professionals receive from their regulator and their employing organisation. The Department also note that the GMC and the Academy of Medical Royal Colleges have offered to help in this work, building on work already under way in the Royal Colleges.

#### Scottish Patient Safety Initiative

The Scottish Health Secretary, Alex Neil, announced that the 10 most successful elements of the Scottish Patient Safety Initiative will be made compulsory for staff across NHS Scotland. The elements include communication and procedures. The Health Secretary stated that "this will ensure that patient safety is the top priority for every member of staff, and that every patient receives the best possible care."

#### **Appointments and departures**

##### CQC's Chief Inspector of General Practice

Code A has been appointed as the CQC's Chief Inspector of General Practice. Steve is the Deputy National Medical Director at NHS England, a former Chair of the RCGP and led the NHS Future Forum consultation on the Health and Social Care Bill.

##### NHS Confederation

Mike Farrar is standing down as Chief Executive of NHS Confederation. Mike will continue to work in the coming months on a number of major projects including the bureaucracy review. Mike's Chief Executive responsibilities will be undertaken by Dean Royles, Chief Executive of NHS Employers, while the trustees recruit Mike's successor. Dean will continue to be Chief Executive of NHS Employers.

##### RCP

The RCP has appointed Patricia Wright to the post of Chief Executive. Patricia, who is currently Chief Executive of Queen Elizabeth Hospital Kings Lynn NHS Trust, is a senior healthcare specialist with 32 years in healthcare, working at Board level for the last 12 years.

##### Point of Care Foundation

The Point of Care Foundation has announced their new board of trustees, which will include Robert Francis QC. The organisation has been newly established to offer practical tools to help transform the culture of health and care organisations. It aims to become an expert resource, providing information on best practice and evidence of what works to improve patient experience and staff engagement. We met with its Chief Executive, Jocelyn Cornwell, last week to discuss possibilities for joint working on Promoting Professionalism. Jocelyn also chaired our Fringe event at the Labour Party Conference.

##### Betsi Cadwaladr Health Board

The Welsh Government has appointed Dr Peter Higson as the new Chair of Betsi Cadwaladr University Health Board. Dr Higson was formerly the Chief Executive of Healthcare Inspectorate Wales from 2004 until December 2012. The appointment follows the resignation of the previous Chair, Vice-chair and Chief Executive following the publication of a damning report by the Wales Audit Office and Healthcare Inspectorate Wales.

##### Northern Ireland SDLP Health Spokesperson

Conall McDevitt, the SDLP health spokesperson, resigned on 4 September. It was discovered that he had not declared in the Northern Ireland Assembly Register of Members' Interests a payment from his former employers, Weber Shandwick, for mentoring their senior management team after he left the company to become an MLA.

## European health news

### European Commission starts infraction proceedings against France

The European Commission has started infraction proceedings against France for non-compliance with the Working Time Directive after receiving a complaint about the hours and shifts worked by hospital doctors. The Commission was informed that doctors have been required to work over the 48 hour limit without doctors' individual consent, which is contrary to the Directive; and that they

were penalised if they refused to work the excess hours. France has two months to notify the Commission of measures taken to ensure compliance with EU law. If the Commission does not receive a satisfactory response it may decide to refer France to the EU's Court of Justice.

### Strike by Irish doctors deferred

The Irish Medical Organisation has agreed to defer a planned strike to allow time to consider Health Service Executive (HSE) proposals on working time. The IMO non-consultant hospital doctors committee will consider whether the proposals will be put to a ballot and have indicated that if the proposals are not acceptable, industrial action will take place on 2 October. The IMO is seeking an immediate end to shifts in excess of 24 hours and is also looking for the HSE to agree a detailed plan on achieving compliance with EU rules on working hours.

## Charity news

### **The Charity Commission publishes revised public benefit guidance**

The Charity Commission has issued revised public benefit guidance for all charities. The guidance has been split into three short high level guides that explain what is required to show that an organisation is a charity, what trustees' duties are in carrying out those purposes for the public benefit, and how trustees should report on the public benefit in their Annual Report. All three guides are available online here:

- [Public Benefit: the public benefit requirement](#)
- [Public Benefit: running a charity](#)
- [Public Benefit: reporting](#)

### **OSCR updates its monitoring policy**

The Office of the Scottish Charity Regulator has updated its monitoring policy, from 2 September, to say that where there are deficiencies or apparent errors in the submission of accounts they won't normally now ask for a resubmission, but rather advise how the accounts should be prepared for the following year.

Read more about the [Monitoring Programme](#)

## Meetings in October 2013

Wednesday 2 October, 14:00 – 16:30




GMC/MPTS Liaison Group




### **Save the date**

We are hosting the International Association of Medical Regulatory Authorities Conference in London between 9 and 12 September 2014 (programme to be confirmed).

Here is a [short film](#) promoting the event

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