

Sensitivities to Devolution

General
Medical
Council

Regulating doctors
Ensuring good medical practice

Sensitivities to Devolution

CHRE Good Practice Seminar

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The GMC's devolved country offices

- Established
 - Edinburgh March 2004
 - Cardiff June 2005
 - Belfast October 2006
- Total of eight staff
- Managed as part of the GMC's Communications Directorate's External Relations team

Aims

- Supporting the delivery of the GMC's commitment to working within the framework of devolved government and differing UK health regulatory and delivery structures
- Provide accurate assessment of political risks and contribute to the development of appropriate responses
- Provide intelligence and advice about local implementation of GMC policies
- Provide an enhanced local profile for the GMC in Northern Ireland, Scotland and Wales
- Contribute to the delivery of a UK-wide communications strategy including media, stakeholder relations and public affairs.

Case study 1 – Confidentiality consultation

- **Scotland** – Targeted engagement with previously vocal critics: Information Services Division of NHS Scotland and CMOs office
- **Wales** – Held round table discussion with MEWN (Minority Ethnic Women’s Network)
- **Northern Ireland** – Former NI CMO Dr Henrietta Campbell led GMC Working Group, local work targeted ex-offenders groups

Case study 2 – Confidentiality launch

- **Wales** – due to be launched with community groups in November, training seminars on guidance for doctors (planned for Dec and 2010), Dai Lloyd AM wrote piece in Western Mail highlighting the benefit of guidance
- **NI** – Sold in to Northern Ireland media on basis of local involvement (Dr Campbell), will be distributed directly to all 360 GP practices in Northern Ireland as part of a Doctor engagement project
- **Scotland** – launched in October with wide range of consultees, strong third party endorsement of the guidance from sensitive groups e.g. HIV Scotland, NHS Complaints Personnel Association Scotland is holding a meeting themed on the guidance in October

Case study 3 – Tomorrow's Doctors

- **Northern Ireland** – Pre-consultation meeting with University academic team, roundtable event involving medical school, medical students, BMA, health service, postgraduate deanery and patient interests
- **Scotland** – Three stakeholder meetings, including with students, with also promoted short consultation at pre-registration events for final year undergraduates, guidance sent to MSPs with medical schools in their constituencies
- **Wales** – series of round table discussion with key interests

Case study 4 – Licensing

- **Common**
 - Agreement of date with all devolved administrations
 - Licensing seminars for employers
 - Briefings with patient groups
- **England and Wales** – Electronic Staff Record
- **Northern Ireland** – work with DHSSPS and NI Health Service on electronic exchange of information with GMC Register
- **Scotland** – Scottish Workforce Information Standards System

Case study 5 – Parliamentary/Assembly relations

- **Northern Ireland** – has devolved responsibility for healthcare regulation, e.g. Responsible Officer legislation being taken forward in NI assembly, not Westminster.
- **Scotland** – Active member of three cross party groups on health, Consent guidance launched in Scottish Parliament.
- **Wales** – Patients' Rights Cross-border Healthcare Directive – briefing for AMs on GMC position in advance of debate on 7 October, number of AM's made reference to GMC position.
- **Common** – stands/promotion work at party conferences, briefing meetings with MLAs, MSPs, AMs, networking events.

Top 10 tips (1)

- Demonstrate a consistent and genuine commitment.
- Recognise differences – culture, working relationships, language, equality laws, health and other legislation, health structures, holidays, political systems and parties.
- Local staff/presence with authority to represent/ engage gives increased credibility.
- Senior staff presence at events demonstrates commitment/understanding.
- Devolved countries also have North/South, East/West, urban/rural splits – Belfast, Cardiff and Edinburgh does not equal NI, Wales and Scotland.

Top 10 tips (2)

- Recognise the potential for piloting e.g. NI has 6500 doctors, a specific geographical area and a contained health service.
- Build enduring relationships, always reciprocate, always be generous, small communities have short communication lines and long memories.
- Find friends outside the health sector – wider policy community, local professional regulators.
- Avoid consultitis – multiple consultations which go to different individuals bodies in England may land on one single person's desk.
- Try not to make devolution too much of an issue – part of the natural process of the organisation not a bolt on.