

3 – Chief Executive’s Report – Annex A

Progress against the 2010 Business Plan

Strategic Aim 1: To continue to register only those doctors that are properly qualified and fit to practise and to increase the utility of the medical register.	
Activity	Progress Update
1.1 We will operate robust, fair, transparent and effective registration, certification and licensing processes.	<ul style="list-style-type: none"> • We continue to monitor our performance against our service targets. This is discussed in detail at Annex B. • The Registration Directorate continued with its audit and business improvement activities throughout May and June, with a particular focus on improvement activities within the Certification processes.
1.2 We will review the registration policy framework in the areas of fitness to practise at the point of registration, registration and certification appeals, and the assessment of primary medical qualifications awarded overseas.	<ul style="list-style-type: none"> • The review of fitness to practise at the point of registration is progressing well, with a paper presented to the Registration Reference Group (RRG) on 15 June 2010. A paper on overseas primary medical qualifications was also presented to the RRG, and is item 8a on the Council agenda for 13 July 2010. • We have also started to develop the terms of reference for the review of application and certification appeals. Once completed, we will begin the analysis phase of the project. • We have put in place the necessary arrangements to increase the acceptable IELTS scores for IMGs to a minimum of 7.0 in all elements. This will take effect on 1 October 2010.
1.3 We will work with our key interest groups to develop the medical register.	<ul style="list-style-type: none"> • Based on the data items agreed by members on 20 May 2010, a draft survey for collection has been developed. Work is continuing to refine the survey to ensure it is fit for purpose. A focus group comprising doctors from the Reference Community is being held on 21 July 2010 to test the proposed form/questions and to test the communications campaign being developed to support the introduction of the data collection exercise later in the year.

Strategic Aim 2: To give all our key interest groups confidence that doctors are fit to practise.

Activity	Progress Update
<p>2.1 We will deal firmly and fairly with all fitness to practise concerns raised about individual doctors.</p>	<ul style="list-style-type: none"> • We continue to monitor our performance against service targets. This is discussed in detail at Annex C. • In terms of specific continuous improvement projects: <ul style="list-style-type: none"> ○ The design phase of the Fitness to Practise: Preparing the Future project is largely complete, following process analysis workshops covering cases referred to panel, undertakings, warnings, triage and further investigation workstreams. Work is continuing to develop proposals for Health and Performance Assessments. We intend to pilot some of the proposed new processes towards the end of June 2010. Work is now commencing on structural options which will be explored further during the pilots. ○ We are currently looking at case studies to establish the precise case types which will fall within the new categories of conduct cases included in the amended guidance on Voluntary Erasure. These were discussed by the Fitness to Practise Reference Group on 4 May 2010, followed by a consultation workshop with the Reference Community. This issue will be discussed further by members in July 2010. ○ We have reviewed our publication and disclosure policy in relation to warnings, which is discussed further in the main report. In May 2010, members agreed that interim orders where the substantive case has been closed with no fitness to practise findings against the doctor should no longer be published or disclosed. This policy will now be implemented. ○ A project is underway to develop a business process for seeking undertakings prior to a hearing when the sanction submission is identified as conditions.
<p>2.2 We will develop policy and guidance to support the introduction of revalidation. [Please note the wording of this activity has been updated since the publication of the 2010 Business Plan]</p>	<ul style="list-style-type: none"> • We are currently analysing responses to the revalidation consultation which closed on 4 June 2010. The outcomes will inform the further development of our revalidation policies. • Throughout May and June 2010, we held a series of workshops to inform the development of our policies for doctors working in non-clinical areas. We also engaged with partner organisations to continue our scoping work on revalidating doctors in non-mainstream roles. • Work on quality assurance continues. We attended the Academy Revalidation Steering Group on 18 May 2010 to discuss quality assurance and the potential role of the AoMRC and Colleges. We also continued our regular meetings with systems regulators and quality improvement bodies. A paper on quality assurance will be presented to the Continued Practice Board on 29 July 2010.

Strategic Aim 2: To give all our key interest groups confidence that doctors are fit to practise.

Activity	Progress Update
<p>2.3 We will consult and agree on the policy and guidance to support the introduction of revalidation.</p>	<ul style="list-style-type: none"> • The revalidation consultation concluded on 4 June 2010. We received over 940 completed consultation responses, the highest number for any GMC consultation to date. • During the consultation period we attended 132 engagement events involving direct contact with over 4,600 people. The consultation document was downloaded from the website over 1,200 times and 6,000 printed versions were distributed at events. • We are currently analysing consultation responses. More detailed reports on revalidation are at 5a and 5b on the Council agenda for 13 July 2010.
<p>2.4 We will work with the Office of the Health Professions Adjudicator to prepare for the transfer of the GMC's adjudication functions.</p>	<ul style="list-style-type: none"> • We continue to work with OHPA to develop the programme plan and detailed plans for each of the workstreams. Specifically: <ul style="list-style-type: none"> ○ Accommodation: We continue to work with OHPA to explore accommodation options in London and agree arrangements for the transfer of the lease for the St James's Buildings. ○ Business preparation: We commissioned a change consultancy, WCL, to help us understand what our fitness to practise operating model will look like after the transfer of adjudication. They have completed their analysis and the next step is to develop this into a detailed implementation and engagement plan. ○ Finance: We are working with DH(E) and OHPA to develop the draft fees regulations for OHPA, for consultation in August 2010. At this stage, the key issue facing the programme is whether funding for the transition will be made available by DH(E). ○ HR: We delivered a series of briefing sessions for adjudication staff in the week commencing 7 June 2010. The sessions explained the transfer process and sought nominees for a staff consultation forum which will consider a wide range of transfer issues. ○ IS: We met with the OHPA IS team in June 2010 to discuss OHPA's IT ambitions and to inform our own IT planning. ○ Rules: We have issued policy instructions to the DH(E) drafting lawyer to prepare revised Fitness to Practise rules. • The Joint Coordination Group (JCG), which provides assurance to Council and the Programme Board that the programme is on schedule, held its first meeting on 24 June 2010. The JCG complements the work of the Joint Implementation Group, which has more of an operational focus. A more detailed report is at 6b on the Council agenda for 13 July 2010.

Strategic Aim 3: To provide an integrated approach to the regulation of medical education and training through all stages of a doctor's career.

Activity	Progress Update
<p>3.1 We will complete all work necessary to deliver the merger of PMETB with the GMC.</p>	<ul style="list-style-type: none"> • The merger of PMETB with the GMC took place on 1 April 2010. An update on the immediate post merger integration period was reported to the Postgraduate Board at its meeting on 17 June 2010. This is discussed further in the main report. • PMETB's Annual Report and Accounts have been completed – this is discussed further in the main report. DH(E), rather than the GMC, will sign off PMETB's accounts.
<p>3.2 We will respond to recommendations from the Patel review.</p>	<ul style="list-style-type: none"> • A paper outlining our formal response to the Patel review is item 4a on the Council agenda for 13 July 2010.
<p>3.3 We will implement the standards and outcomes in <i>Tomorrow's Doctors 2009</i>.</p>	<ul style="list-style-type: none"> • All <i>Tomorrow's Doctors 2009</i> implementation workshops were completed at the end of May 2010. Feedback on the events has been positive and discussions have confirmed a number of areas that schools are finding challenging. We are now summarising findings across the workshops and will report to the Undergraduate Board on 19 July 2010. • The QABME enhancement options survey closed at the end of May 2010 and the 60 responses, including from a number of the public members of the GMC Reference Community, are being analysed and will be considered by the Undergraduate Board in July 2010. • Sixteen schools attended the three Enhanced Annual Return feedback meetings in May 2010. The meetings were constructive and attendees appreciated the opportunity to talk about the Enhanced Annual Return and the implementation of <i>Tomorrow's Doctors 2009</i> face to face. We continue to analyse the responses and will present a report to the Undergraduate Board at its meeting in July 2010. Feedback to all schools will be provided later in the summer. • We are using information from the workshops and responses to the QABME enhancement options survey and Enhanced Annual Return to inform proposals for the QABME work programme for 2010/11.

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Activity	Progress Update
<p>3.4 We will carry out quality assurance reviews of basic medical education at two medical schools, foundation training at eight postgraduate deaneries, three of which will be combined pilot reviews of both foundation and specialty training, and specialty training at four postgraduate deaneries.</p>	<ul style="list-style-type: none"> • Our quality assurance programme remains on track. Since the last report: <ul style="list-style-type: none"> ○ Reports for the South West Peninsula Deanery and Mersey Deanery QAFP visits, and the West of Scotland Deanery combined QAFP/VTD, were all agreed by the Postgraduate Board on 17 June 2010. ○ We have made visits to NuMED, East Midlands Deanery, Yorkshire and Humber Deanery, and East of Scotland Deanery. We have also held a planning meeting for the visit to Severn Deanery, and a wrap-up meeting regarding our visits to Keele Medical School. ○ Meetings regarding the evaluation of the combined QAFP/VTD visits have been undertaken in conjunction with West of Scotland Deanery, South East of Scotland Deanery, and NES.
<p>3.5 The Basic Medical Education Fitness to Practise working group will examine specific fitness to practise issues in undergraduate medical education and foundation year one, and provide advice to the GMC through its Boards.</p>	<ul style="list-style-type: none"> • A Fitness to Practise Training Conference organised by the Medical Schools Council took place on 21 May 2010. The conference focussed on developing consistency in student fitness to practise procedures. We provided two speakers for the event and gave presentations on 'Getting Fitness to Practise Procedures Right' and 'Student fitness to Practise and the Enhanced Annual Return'. • We have sought feedback from those who attended the conference on the development of further guidance on sanctions, and the development of a pool of trained panellists for use by medical schools in their decision making. • The working group met for the third time on 28 June 2010. Among the issues considered were papers on each of the four workstreams, feedback from those who attended the Fitness to Practise Training Conference, and a paper on the further development of the Enhanced Annual Return. The working group will have its final meeting on 23 September 2010.

Strategic Aim 4: To provide doctors with relevant, up-to-date guidance on professional standards and ethics.

Activity	Progress Update
<p>4.1 We will publish new guidance on end of life care and on research; issue revised guidance on video and audio recordings of patients; continue to review our <i>Management for Doctors</i> guidance; and begin a review of our core guidance on <i>Good Medical Practice (GMP)</i>.</p>	<ul style="list-style-type: none"> • New guidance on end of life care was published on 20 May 2010, the result of a two-year review conducted by the Standards and Ethics Team. • We are seeking further legal advice on making and using visual and audio recordings of patients who lack capacity. We will then be in a position to seek final approval from the Standards and Ethics Reference Group and Council, and publish on the website. • We are taking forward the development of the Management guidance, following the first meeting of the Working Group. • We are assembling issues for the review of GMP, and whether planning should be brought forward. • We are setting up an Expert Group to develop further guidance for doctors working in child protection. The Group will be chaired by Lord Justice Thorpe. The first meeting will be held in July 2010.
<p>4.2 We will broaden and develop the scope and style of our online learning materials, including publishing new case studies in the <i>GMP in Action</i> format, and supporting doctors to apply the principles of <i>Good Medical Practice</i> to patients with learning disabilities.</p>	<ul style="list-style-type: none"> • We are working on the fifth set of scenarios for <i>GMP in Action</i>. These will cover issues relating to end of life care, amongst other issues and will be launched in June 2010. Following the publication of <i>GMP in Action 5</i> we will review the format and its strengths and weaknesses, with a view to deciding whether to change the style of the materials in 2011. • We have published a decision-making flow chart supported by 'vignettes' to bring to life the issues in the end of life guidance relating to patients who lack capacity. • We are in the early stages of developing the materials for the new website on working with patients with learning disabilities. The material will include video footage from forum theatre events, and a range of other inter-active materials.
<p>4.3 We will evaluate the effectiveness of different means of promoting and embedding our guidance in doctors' practice.</p>	<ul style="list-style-type: none"> • IPSOS MORI have provided top line results of the on-line questionnaire for 1,000 doctors on their awareness of GMC guidance, whether they find it useful, and formats and styles in which they would like to receive guidance in the future has been launched. We expect to receive the full report in early July 2010. We are also developing the framework we created in 2009 to provide a robust basis for evaluation of specific projects, including existing work such as <i>GMP in Action</i> and future work relating to patients with learning disabilities.

Strategic Aim 5: To develop more effective relationships with delivery partners in order to achieve an integrated approach to medical regulation in the UK.

Activity	Progress Update
<p>5.1 We will work with our four key interest groups to help them prepare for the introduction of revalidation.</p>	<ul style="list-style-type: none"> • During the consultation period, we attended 132 events to help increase awareness and understanding of revalidation. Through the engagement events we estimate we have had direct contact with over 4,600 people, including 3,400 doctors, as well as employers, patients and members of the public, public sector and political representatives, and other regulators. • We met with PR company Blue Rubicon on 11 June 2010 to discuss how they may be able to work with us to further strengthen our engagement with key interest groups. • Media analysis shows there were 107 pieces of media coverage about revalidation during the consultation. 93% of the print and online media coverage was positive or neutral. We are continuing to work with the medical trade press to support the development and implementation of revalidation, as well as promoting revalidation through our website.
<p>5.2 We will manage the work of the UK Revalidation Programme Board and support the Delivery Boards in overseeing and delivering the changes that need to be made to support revalidation.</p>	<ul style="list-style-type: none"> • The Revalidation Project Executive Group met on 10 June 2010. The Group agreed to engage in the work on revalidation for non-mainstream doctors. The Group welcomed the papers on Readiness and Quality Assurance and the GMC's commitment to continuing to work with partner organisations in taking these workstreams forward. • The Communications Forum also met on 10 June 2010. The Forum continued work on a joint communications plan and discussed the status of Responsible Officers. A more detailed update on Responsible Officers was given at the UK Revalidation Programme Board meeting on 5 July 2010. The Board also considered a Readiness Progress Report, and updates on the revalidation projects and pilots, and the emerging communications strategy. • We attended Delivery Board meetings in Northern Ireland on 19 May 2010, England on 26 May 2010 and Wales on 14 June 2010.
<p>5.3 We will respond to the findings of the evaluation of the GMC Affiliates pilot studies.</p>	<ul style="list-style-type: none"> • There are two further pilots with which the affiliates are engaged. These have been set up by DH(E) to assess the systems in place to support appraisal and revalidation. • The pilots are being evaluated by an organisation called Frontline and a mid-term report is expected in the autumn. This will be presented to Council when a further discussion about rolling out affiliates across the UK will take place. • We are proactively working with Northern Ireland and Wales to establish strong links with affiliates, as we have with Scotland.

Strategic Aim 6: To help shape the local, UK, European and international regulatory environment through effective engagement with decision makers, other regulators and key interest groups.	
Activity	Progress Update
<p>6.1 We will engage with UK and European decision makers and healthcare regulators to influence the development of healthcare policy and legislation, including the draft EU directive on <i>The application of patients' rights in cross-border healthcare</i> and the upcoming revision of the EU directive on <i>The recognition of professional qualifications</i>.</p>	<ul style="list-style-type: none"> • We have continued to engage on the upcoming revision of Directive on the mutual recognition of professional qualifications. Specifically: <ul style="list-style-type: none"> ○ On 28 April 2010, we gave short presentation to the BMA European Forum to outline our concerns with the Directive. ○ On 7 May 2010, we participated in a first meeting of competent authorities for doctors in Paris to discuss the implementation of the Directive. We hosted a second meeting of competent authorities for doctors in London on 2 July 2010. This is discussed further in the main report. ○ On 28 May 2010, we met representatives from the European Commission Directorate-General for the Internal Market to discuss our plans to evaluate the language proficiency of EEA graduates. • Council agreed the European and International Strategy at its meeting on 20 May 2010. • Our programme of international visits is ongoing. Key visits since the last report were from the Norwegian Board of Health Supervision, the Under Secretary for Food and Health from the Hong Kong Special Administrative Region, the Australian Medical Council, the Tasmanian Medical Council, and the Health Professions Council of South Africa. • We are continuing to monitor the progress of negotiations in the patients' rights Directive in the Council of Ministers.
<p>6.2 We will continue to lead the Healthcare Professionals Crossing Borders initiative, including the implementation of the Portugal Agreement and obtaining agreement to the Memorandum of Understanding on <i>Case by case and proactive information sharing</i>.</p>	<ul style="list-style-type: none"> • We are preparing the July edition of the Health Professionals Crossing Borders (HPCB) Update. • We are planning to convene a HPCB policy working group to discuss future work for HPCB and the next HPCB event, which is likely to take place in Hungary in the autumn.

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Activity	Progress Update
<p>6.3 We will support a joined-up approach to healthcare regulation through our participation in the Alliance of UK Health Regulators on Europe and the International Association of Medical Regulatory Authorities.</p>	<ul style="list-style-type: none"> • On 14 June 2010, we submitted a bid to the International Association of Medical Regulatory Authorities (IAMRA) Management Committee to host the 11th International Conference on Medical Regulation in September 2014. The outcome will be publicly announced at the September 2010 IAMRA Conference in Philadelphia. • On 27 April and 28 May 2010, Niall Dickson took part in IAMRA Management Committee meetings. Discussions focused on the outcomes of the Exam Review Working Group, the Physicians Information Exchange Working Group, the CHRE Observatory of healthcare regulation, and the preparations for the 2010 IAMRA conference in Philadelphia. • On 10 June 2010, Niall Dickson chaired the second meeting of the IAMRA Nominating Committee. • On 18 June 2010, we convened an AURE meeting to discuss language testing and the European Commission's experience reports on Directive 2005/36/EC.
<p>6.4 We will play a leading role in participating in initiatives to share best practice, including with the Council for Healthcare Regulatory Excellence, between the regulatory bodies and other organisations with a common interest.</p>	<ul style="list-style-type: none"> • On 11 May 2010, the Chief Executives of the GMC and the Care Quality Commission formally signed a new MoU between the two organisations. Work is ongoing to consider whether our existing 16 MoUs should be retained, retained with revisions, or ended, and we are also considering further organisations with whom we may wish to develop MoUs. • We participated in a meeting of the Regulators Governance Group on 27 May 2010, and exchanged information about various aspects of our governance procedures. • The Deputy Chief Executive participated in CHRE's seminar on Regulating for Compassion on 28 May 2010, and opened discussion on the regulators' role in promoting the concept. • We have responded to a request from CHRE for feedback on possible follow-up work to their Fitness to Practise Audit Report on whether handling concerns about temporary registrants is an issue for the regulators. • We have received CHRE's Performance Review Report 2009/10, Enhancing <i>Public Protection through Improved Regulation</i>, published on 1 July 2010. This reports in positive terms on our work during 2009/10, including citing examples of excellent/good practice in a number of areas.

Strategic Aim 7: To continue to use our resources efficiently and effectively.

Activity	Progress Update
<p>7.1 We will continue to analyse and improve the efficiency and effectiveness of our business processes.</p>	<ul style="list-style-type: none"> • The Performance Board met on 10 June 2010 and agreed a year-on-year efficiency target of 3-5% between 2010 and 2013. An initial list of efficiency projects has been compiled and work is underway to prioritise proposals as a basis for developing a detailed action plan. The Performance Board will validate whether sufficient initiatives have been identified and what else might need to be done. • The Board also agreed a proposed framework for benchmarking our work against other comparable organisations. The Board will consider a high-level benchmarking programme, together with the initial findings from the Charity Finance Directors Group benchmarking study, at its next meeting on 8 July 2010. • The procurement savings log currently stands at £226K, which includes estimates for rail savings for April and May 2010. We anticipate that we will achieve the £1m target by year end. Key initiatives include the renegotiation of our London rental agreement which has generated net savings of £440K against budget, an expansion of our in-house legal team which will generate savings later in 2010, and changes to our travel policy which we expect to generate net savings of approximately £200K in 2010.
<p>7.2 We will engage with key interest groups on our fee structure following the merger of PMETB with the GMC. [Please note the wording of this activity has been updated since the publication of the 2010 Business Plan, as agreed by Council on 20 May 2010]</p>	<ul style="list-style-type: none"> • On 20 May 2010, members agreed to continue with the existing fees framework and to focus efforts on reducing the level of fees relating to postgraduate medical education. We will now engage with key interests on this approach.
<p>7.3 We will realise the economies of scale identified in the planning phase of the merger of PMETB with the GMC.</p>	<ul style="list-style-type: none"> • A benefits realisation plan was agreed by the Postgraduate Board on 7 April 2010. This includes details of how £4.4m savings committed to in the Full Business Case will be found. • A further plan will be presented later this year once the Patel review has been considered and the Postgraduate Board has considered its priorities for the year. • A number of projects have been identified for the early period of the merger. An update on the immediate post-merger integration period was reported to the Postgraduate Board on 17 June 2010.

Strategic Aim 8: To deliver evidence-based policies that demonstrate 'better regulation' principles, and promote and support equality and diversity.

Activity	Progress Update
<p>8.1 We will continue to support and monitor the Economic and Social Research Council's research programme, and commission a new programme of research informed by the development of our Research Strategy.</p>	<ul style="list-style-type: none"> • The ESRC programme has completed. An ESRC-led evaluation will begin in October 2010 to which we will contribute. Many of the 11 research teams are continuing to seek independent publications, and a joint publication by way of a special edition of the <i>Journal of Health Services Organisation and Management</i> is expected to be published in Q3 2010. • Our Research Strategy was agreed by Council on 20 May 2010, subject to one minor amendment which has been signed off by the Chair of Council and Convenor of the Research Reference Group. Work is under way across the organisation to generate potential project proposals which will then be prioritised into a research work programme. • In December 2009, we proposed that a standardised drug chart should be introduced across the NHS on the basis of findings from our commissioned research into prescribing errors in the hospital setting. From August 2010, DH(E) will be trialling this approach in the hospitals that took part in the original study – the first example of GMC research directly influencing DH(E) policy.
<p>8.2 We will develop an Equality and Diversity Strategy that delivers the GMC's vision and priorities for action.</p>	<ul style="list-style-type: none"> • Directorates are currently developing action plans to inform the themes and priorities in the emerging Equality and Diversity Strategy. An update on key headlines is being presented to members in July 2010. • The first meeting of the Equality Act Working Group took place on 19 May 2010. The Group will manage activities to ensure that we meet our legal obligations under the Act.
<p>8.3 We will engage with key interest groups to inform the GMC's approach to equality and diversity, including through our Equality and Diversity Research Forum and Reference Group.</p>	<ul style="list-style-type: none"> • We continue to engage with key interests, including through regional events with BME doctors, and roundtable discussions with other diversity organisations such as the Gay and Lesbian Association of Doctors and Dentists. • Diversity Partners met on 26 May 2010, hosted by the BMA. Discussion items included mentoring and <i>Women doctors: making a difference - Report of the Chair of the National Working Group on Women in Medicine</i>. • The Equality and Diversity Reference Group met on 23 June 2010 and discussed language testing, the diversity of Fitness to Practise Panels, proposed metrics for an HR dashboard, and the draft Equality and Diversity Strategy.