

*To consider*

**Chief Executive's Report**

**Issue**

1. Progress on performance against the key aims in the 2009 Business Plan.

**Recommendations**

2.
  - a. To consider the Chief Executive's report (paragraphs 4-49).
  - b. To agree to delegate to the Registrar the power to designate Approved Practice Settings under Section 44D of the Medical Act 1983 (paragraphs 51-53).

**Further information**

3. If you require further information about this paper, please contact us by email: [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org) or tel. 0161 923 6602

## Background

4. This report brings members up to date on progress since the meeting on 27 January 2009. It is mapped against the key aims in the 2009 Business Plan, which we launched on 9 February 2009.

## Discussion

*Key Aim 1: To develop, promote and assure the quality of all aspects of basic medical education in the UK up to the point of full registration.*

5. In 2009, we will undertake quality assurance for eight medical schools and four deaneries. The 2008-2009 cycle of visits to medical schools began in October 2008 and will continue until July 2009.

6. Jointly with PMETB, we facilitated an annual training event for deanery visit teams on 10 and 11 February 2009. We have begun preparatory analysis of documentation in advance of visits to deaneries between May and November 2009.

7. We met key interests, including Foundation School Directors, the Health Foundation, the Medical Workforce Forum of NHS Employers, the Association for the Study of Medical Education and the Academy Specialty Training Committee, to discuss the draft of *Tomorrow's Doctors*.

*Key Aim 2: To promote and develop postgraduate medical education and training in the UK, through joint work with PMETB as the competent authority, in preparation for the merger of PMETB with the GMC.*

8. We continued to make progress across the four high level workstreams: legislation, mechanics of merger (incorporating accommodation, human resources, finance and information systems), communications and post-merger benefits.

9. Legislation and co-location are critical path activities: both have external dependencies not wholly controlled by PMETB or by us.

10. We continued to work with the Department of Health (England) on a draft Section 60 Order to achieve the transfer of functions from PMETB to the GMC by April 2010. The draft has been submitted to Parliamentary Counsel, prior to being issued for formal consultation. We will have the opportunity to comment before, during and after the consultation.

11. We have analysed a range of options for achieving co-location within our Regent's Place office. With PMETB, we are discussing with DH(E) the funding arrangements necessary to make early co-location possible. We will take this forward through the Resources Committee.

12. We continue to make progress on joint working in a number of important areas that will yield post-merger benefits. They include quality assurance, credentialing, partner and associate integration, and equality and diversity.

13. We have agreed with PMETB that we should establish a Joint Co-ordination Group with eight members – four drawn from the Council members on the Postgraduate Board and four drawn from PMETB.

14. The JCG will help to identify future areas for joint working in the period before the formal transfer of responsibilities, in order that the benefits of merger are realised and a seamless transition achieved. In addition, the JCG's purpose would include the responsibility for oversight and assurance discharged by the former Joint Oversight Group.

15. We will take this forward with Council members on the Postgraduate Board

16. We participated in the PMETB Partners Conference on 18 February 2009.

17. PMETB have contributed to initial work on the development of an enhanced equality and diversity strategy.

*Key Aim 3: To enhance assurance that licensed doctors are up to date and fit to practise by introducing the licence to practise and preparing for revalidation.*

18. We have continued to work toward the introduction of licences to practise. This included cooperating with DH(E) to ensure the necessary legislation is in place.

19. We launched a formal consultation on draft licence to practise regulations and guidance on 21 January 2009.

20. We continued to participate in a wide range of external events to communicate our plans for revalidation, including the Royal College of Surgeons of Edinburgh's Annual Conference and a workshop at the Royal Society of Medicine.

21. We presented our emerging proposals for recertification to NHS representatives in Scotland and England. This followed similar events in Wales and Northern Ireland at the end of 2008. The aim was to test our developing thinking against the needs of the NHS.

22. The UK Revalidation Programme Board met on 10 February 2009. The meeting papers have been published on our website.

*Key Aim 4: To encourage and support doctors in the delivery of high quality healthcare by providing accessible up to date guidance on standards and ethics.*

23. We launched a poster informing young people of their rights when visiting a doctor. The poster was designed by a group of young people aged 13-15, as part of a project we have commissioned that is run by the National Children's Bureau.

24. On 16 January 2009, we hosted a seminar in Edinburgh as part of wider work to encourage consistency across medical schools' fitness to practise policies and procedures. Representatives from universities in England, Northern Ireland and Scotland attended.

25. We continued the review of our guidance on end of life issues (paper 4 on the agenda).

*Key Aim 5: To support high quality healthcare by ensuring a co-ordinated approach to education and training across all phases of a doctor's career.*

26. Lord Patel held a wide range of productive discussions with key interests, as part of his review of the medium and long-term options for developing the regulatory framework for medical education and training. The discussions will inform the development of terms of reference of the review.

*Key Aim 6: To safeguard patients by ensuring the integrity and accessibility of the List of Registered Medical Practitioners.*

27. We analysed the responses to the consultation on the proposed scheme for the existing specialists route to the Specialist Register (paper 5 on the agenda).

28. Key Registration operational statistics are at Annex A.

*Key Aim 7: To enhance patient safety by dealing fairly and effectively with doctors whose fitness to practise may be impaired.*

29. We completed training for investigation staff and case examiners on the implications of the Cohen judgment. This has increased the significance of remediation, and the likelihood of repetition of misconduct, at the impairment stage of Fitness to Practise hearings. We revised the case examiner guidance and sent the revised guidance, which is available on our website, to defence organisations.

30. Details of performance against the Standards and Fitness to Practise Directorate's service targets at the end of January 2009 are at Annex B.

31. The Interim Orders Panel sat for 24 days in January 2009. 413 interim orders were in place at the end of January 2009 (365 at the end of January 2008). A detailed breakdown of panel sitting days in January 2009, compared with January 2008, is at Annex C.

32. There have been no new applications in the High Court challenging IOP decisions. One application concluded and one remains outstanding.

33. Table 1 summarises appeals and judicial reviews at 6 February 2009. Additional information is at Annex D.

**Table 1:**

	Cases carried forward since last report	New cases	Concluded cases	Outstanding cases
Appeals	26	3	4	25
Judicial Reviews	9	0	1	8

34. There have been no new referrals by CHRE to the High Court under Section 29. One remains outstanding.

35. We continue to deal with a range of other litigation, including cases before the Employment Tribunal and the Employment Appeals Tribunal.

*Key Aim 8: To ensure that medical regulation is responsive, targeted and evidence-based by enhancing and developing a comprehensive research programme.*

36. Our research programme, commissioned in collaboration with the Economic and Social Research Council, is progressing as planned. All projects are underway and, when complete, will report to the ESRC. We expect all projects to have submitted final reports by the end of 2009.

37. Paul Philip spoke at a workshop on 13 January 2009, organised by Professor Mary Dixon-Woods, the ESRC Research Fellow for the 'Regulating doctors: between performance and practice' project.

38. RAND Europe submitted their draft final report for the 'An International Comparison of 10 Medical Regulatory Systems' (Egypt, Germany, Greece, India, Italy, Nigeria, Pakistan, Poland, South Africa and Spain) project. When complete, the report will be published on our website and on RAND's website.

39. Warwick University's project 'Exploring approaches towards ethical decision making among international medical graduates' is due to submit its draft report at the end of February 2009.

*Key Aim 9: To develop further and implement our strategy for valuing diversity and promoting equality in all aspects of our work.*

40. Shapiro Consulting Ltd continued their independent review of the current status of our policies, practices and attitudes to equality and diversity and how this compares with experience of good practice in other organisations.

41. In his 2007 Annual Report, the Chief Medical Officer for England recommended the establishment of an annual roundtable discussion for ethnic minority doctors. I will be attending the first meeting on 23 February 2009.

*Key Aim 10: To enhance our economy, efficiency and effectiveness.*

42. Following a security review and feedback from users, we have developed a new, secure, more user-friendly log in process for MyGMC. The improvements will take effect on 8 March 2009. We published information on the website for new and current users to explain the changes and the action they need to take.

43. Since the beginning of January 2009, we have been required to conduct procurement activity under the EC Procurement Regulations. This includes an obligation to advertise our procurement requirements more widely and to make them more accessible.

44. Procurement activity in January 2009 ran at a very high level, with the publication of contract notices for architectural services, mechanical and engineering services, and quantity surveyors. Those services are required in connection with the move to new offices in Manchester. We received a large number of expressions of interest, indicative of the current market.

45. We are preparing further tendering exercises for a main fit out contractor, our HR preferred supplier list, and the data Wide Area Network link required, also in connection with the Manchester office move.

46. We signed an 'agreement to lease' to take possession of the new Manchester offices on 1 April 2009; and are on track to move in the final quarter of this year.

47. We launched a new virtual learning centre, *Management Direct*. This will assist staff studying for the Diploma in Management and for the new Introduction to Management Certificate programme. In addition to e-learning modules, staff will be able to access information, including articles, research summaries, best practice guides, workbook materials and self-assessment tools. *Management Direct* also includes modules on equality and diversity.

48. On 17 February 2009, we hosted a roundtable discussion in Belfast on the European Commission's draft Directive on the application of patients' rights in cross-border healthcare and its impact on healthcare in Northern Ireland. Dr John Jenkins chaired the event.

49. Details of income and expenditure are at Annex E.

50. We will update members on the year to date Savings Log at the meeting on 26 March 2009.

**Recommendation:** To consider the Chief Executive's report.

#### *Delegation to the Registrar*

51. As part of our programme of reform since 2000, casework decisions have increasingly been delegated to the Registrar. For example, Council members no longer take casework decisions under our fitness to practise and registration procedures.

52. In October 2007 we introduced the New Registration Framework, with a single form of registration reached by different routes. An important component of this framework is the Approved Practice Setting. An APS is one that has systems for the effective management of doctors, systems for identifying and acting upon concerns about doctors' fitness to practise, systems to support the provision of relevant training or continuing professional development, and systems for providing regulatory assurance.

53. The power to approve practice settings is contained within Section 44D of the 1983 Act. The power lies with the Council and was previously delegated to the former Registration Committee. In line with our registration casework decisions it would be appropriate to delegate the Section 44D power to the Registrar.

**Recommendation:** To agree to delegate to the Registrar the power to designate Approved Practice Settings under Section 44D of the Medical Act 1983.

54. Work on the project to review Standing Orders and the Schedule of Delegated Authority is under way. Subject to Council's approval of this recommendation, the Schedule will be updated to reflect this change as part of the review, the outcome of which will be presented to Council to endorse later in 2009.

### **Resource implications**

55. None.

### **Equality implications**

56. None.