

*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 5-93 and Annexes A-E).
  - b. To agree the updated membership of the Boards, Committees, Reference Groups and other groups (paragraph 86 and Annex F).

**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 7 May 2009. It is mapped against the key aims in the 2009 Business Plan. Where appropriate, there are cross references to other papers on the agenda. We have adopted an exception reporting approach – except where explained otherwise, progress is on track.

## 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.*

Develop and promote basic medical education

5. Placements are increasingly important for medical students to experience clinical environments outside the classroom. We issued an invitation to tender for a literature review on the relationship between medical education providers and organisations, such as NHS Trusts, where medical students and postgraduate trainees undertake part of their clinical training. The review will inform a research proposal on the relationship between such providers. By identifying best practice and areas for improvement, this research will further our aim to protect, promote and maintain the health and safety of the public by promoting high standards of medical education.

6. On 25 June 2009 the Undergraduate Board discussed proposals for developing a programme of work to enhance the regulation of the first year of the Foundation Programme, which is a doctor's first year in clinical practice following graduation, including a working group to consider issues relating to student fitness to practise. The Postgraduate Board will be invited to endorse the work programme on 29 July 2009.

Quality Assurance of Basic Medical Education

7. The 2009 QABME programme continued. Visits to medical schools took place in June 2009 and wrap up visits are planned for July 2009.

Quality Assurance of the Foundation Programme

8. The 2009 QAFP programme continued. The visit to the Severn Deanery will take place between 22 and 26 June 2009 and the wrap up visit to the Northern Deanery on 6 July 2009.

*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.*

Prepare for the transfer of functions from PMETB

9. On 4 June 2009, the Department of Health (England) launched a consultation on the Section 60 Order that will transfer PMETB's functions to the GMC (paper 7a on the agenda).

Prepare for the physical integration of PMETB

10. DH(E) approved our outline business case, including the costs of co-locating the two organisations at 350 Euston Road. This is in line with the position agreed by the Joint Implementation Group – that we should seek to achieve co-location as soon as practicable. In light of this, we have written to PMETB seeking the Board's early approval to terminate the lease on Hercules House by giving the required 12 months notice to minimise additional rent costs incurred beyond the point of merger.

11. We hosted a successful joint open forum for all PMETB staff and relevant GMC staff on 18 May 2009, at which we set out the high level milestones leading to the formal transfer of functions, planned for April 2010. In line with this plan, we have given PMETB an early indication of where functions are likely to be located within our organisational structure.

Take forward joint development work

12. The Joint Co-ordination Group met for the first time on 1 June 2009. A number of areas of joint work were discussed (paper 7b on the agenda).

13. We continue to discuss with PMETB the areas of joint work agreed by the Joint Implementation Group.

*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.*

14. We continued to make progress on revalidation, including implementation of the licence to practise (papers 6a and 9 on the agenda). On 8 June 2009 we announced that we will introduce the licence to practice on 16 November 2009.

15. On 20 April 2009, we began our campaign, *Licensing: it's time to decide*, supported by a communications programme to help doctors decide. The campaign built in feedback and evaluation from an earlier pilot of 20,000 registered doctors.

16. By the end of the first phase on 5 June 2009, we had written to all 225,000 registered doctors asking them to tell us their licensing decision and to provide information about their current practice and indemnity insurance arrangements.

17. Some 128,000 doctors (approximately 58%) have told us their decision in response to this first phase. Early statistics indicate a high take-up of registration with a licence (around 96%), with only around 4% deciding to take registration without a licence.

18. On 29 June 2009 we began the next phase of the campaign by writing to the doctors who have not told us their decision.

19. On 3 June 2009, we published a comprehensive set of frequently asked questions on revalidation for doctors. These are on the website and cover a wide range of issues including: the timetable for implementing revalidation; the information that doctors will have to collect as part of the process; how revalidation will work for doctors in different types of medical practice; and the role of the Responsible Officer. The information was developed in partnership with a wide range of organisations, including the Academy of Medical Royal Colleges and a number of the medical Royal Colleges.

*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.*

Update and reissue guidance, focussing on end of life care, confidentiality and research

20. The reviews of our guidance on end of life care, confidentiality and research continued. On 23 June 2009, the Standards and Ethics Reference Group approved the draft revised guidance on research and audio and visual recording for consultation, which will be launched during the week commencing 6 July 2009.

Develop further learning materials and new ways of promoting our guidance

21. We launched *GMP in Action 3*. The new scenarios include cases on when and how to raise a concern about patient safety (the character is a junior doctor), maintaining professional boundaries with patients and former patients, a doctor's duty to safeguard and protect the health and wellbeing of children and young people, when working with adults who care for, or may be a risk to, them, and the importance of a confidential sexual health service for young people

Engage with key interest groups in the development of guidance

22. As part of the consultation on revised guidance on end of life care, we launched a podcast calling on doctors, patients and the public to share their views.

23. We held events in all four UK countries for key interest to discuss the revised guidance on end of life care.

Set evaluation criteria to measure the effectiveness of our guidance

24. We are developing more detailed criteria, based on the framework, to evaluate specific aspects of our work in giving guidance to the profession, including our processes for consulting, drafting and disseminating the guidance.

*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.*

Support the review led by Lord Patel

25. The review of Regulating Medical Education and Training continued. Lord Patel has met the Chair of Council and PMETB's Board to discuss the direction of the review and key issues. The review working group will meet for the second time on 7 July 2009.

Engage effectively with key interests to ensure a strategic approach across the UK

26. The Medical Schools Council has been commissioned by DH(E) to lead an option appraisal on mechanisms to develop more reliable and valid methods for selection into the first year of the Foundation Programme. Jim McKillop (for the Scottish Medical School Deans) and Martin Hart (observing for the GMC) have attended a series of meetings of the Steering Group supporting this work.

27. On 16 June 2009, Sir Rodney Brooke, Sally Hawkins, Jim McKillop, and Stephen Whittle met with a group of medical students from the University of Birmingham Medical Society. The meeting provided an opportunity for the students to learn more about the role and functions of the GMC; and for these members of the Undergraduate Board to hear directly from students about the issues that affect them.

Develop the three boards themed around the main phases of a doctor's career

28. At their first meetings, each Board discussed and agreed its statement of purpose.

29. The Undergraduate Board and the Postgraduate Board also discussed and agreed proposals for external membership; and the Chairs have written inviting the agreed organisations to nominate external members and observers to join their Boards. The Continued Practice Board agreed to defer consideration of external membership pending further development of its remit and work programme.

30. The Undergraduate Board agreed its working arrangements on 25 June 2009. The Postgraduate and Continued Practice Boards will agree their working arrangements at their next meetings. The purpose statements and working arrangements for the Boards (and the Committees and Reference Groups) will be incorporated into the new Standing Orders (paragraph 87), which Council will be invited to agree on 10 September 2009, subject to the progress of the review group.

31. At that stage, it is possible that purpose statements and proposed working arrangements for each Board could be adjusted to ensure consistency of approach or in the light of changes which Council as a whole wishes to see.

32. The governance arrangements will be reviewed in 2010.

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

33. We launched a recruitment campaign for Professional Linguistic Assessment Board panel members to fill vacancies arising from existing panel members' terms of office coming to an end.

Ensure that we provide comprehensive LRMP information in an effective manner

34. We tested List of Registered Medical Practitioners screens currently in development with a group of medical staffing officers. Their feedback has prompted simple and effective changes to the way we will show registration details on the search results page in the future.

Develop the register to reflect the introduction of licensing

35. The system requirements have been signed off and development continues successfully. The LRMP will be updated to coincide with the introduction of the licence to practise on 16 November 2009.

Agree, with the profession and the departments of health in the four countries of the UK, additional information about doctors that we should hold and make available

36. In 2007, our report of the review of the fitness for purpose of the specialist register identified the development of credentialing as having the potential to add value to the specialist information held on our registers. In very broad terms, credentialing refers to the recognition of competences in a defined area of medical practice at a level that would allow the holder of the credential to work unsupervised in that area of practice.

37. On 12 May 2009, we and PMETB jointly hosted a workshop looking at credentialing and how it might be taken forward. A Credentialing Steering Group, chaired by John Jenkins in his capacity as Chairman of PMETB's Training Committee, will oversee the work. Malcolm Lewis and Trudie Roberts will represent the Council on the Steering Group.

38. The Steering Group will oversee two broad strands of work. PMETB will lead on the exploration of credentialing as part of doctors' progression through training. We will lead on credentialing as part of the processes leading to revalidation. The work stream will include a focus on the credentialing of specialty doctors. In view of the link with revalidation, the work will be led by the Continued Practice Board.

## Performance against targets

39. Key operational statistics are at Annex A.

40. Registration activity peaks in the summer months, as the new cohort of medical graduates apply for provisional registration. At the same time, foundation year 1 doctors apply for full registration prior to starting foundation year 2, and many doctors seek registration prior to the start of the specialist training cycle. Over a three month period prior to the August training post intake, we deal with around 14,800 applications for registration from UK, European and international medical graduates.

41. May 2009 saw the beginning of this peak activity, with a significant increase in the number of applications for registration (table 1, Annex A). 85% of applications received in May 2009 were from UK medical students applying for provisional or full registration. Nevertheless, our planning and the processes put in place to manage this period of peak activity enabled us to exceed the target for dealing with applications for registration.

42. We exceeded all the other targets, save those for dealing with letters and e-mails, which we narrowly missed due to an increase in the amount received. We will continue to monitor performance against targets and address any issues through increasing capacity where required.

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

### Deal firmly and fairly with fitness to practise concerns

43. In May 2009, we launched the consultations on proposals for improving hearings management and on extending the categories of appropriate cases for consensual disposal. The latter consultation also considers our voluntary erasure procedures in cases in which there are fitness to practise issues. The results of these consultations will be presented to the Fitness to Practise Reference Group in September 2009.

44. Details of performance against service targets and open caseloads are at Annex B. In April and May 2009, we met or exceeded all service targets except that relating to the completion of the investigation stage of our complaints process within six months. We continue to work towards achieving this challenging target through: analysis of cases which fail to meet it; addressing persistent reasons for missed targets that are within our control; the use of productivity targets for investigation officers (which are bearing significant fruit in terms of the numbers of cases completed in Investigation); and tightening systems for micro-managing the caseload. We remain optimistic that, all other things being equal, these measures will enable us regularly to meet the target in the near future. However, we continue to closely monitor the trend in terms of in-coming enquiries, which are up significantly in the first half of 2009. Current rates, if sustained, will see an increase to close to 6,000 enquiries in 2009 (compared with around 5,200 in 2008).

45. In terms of the 15-month target to completion of a fitness to practice case, the average performance in the three months to the end of May 2009 exceeded the 90% target. We continually monitor our performance in this area and, while we are meeting the three month rolling target, we will be expanding hearing capacity further in October 2009 from 13 to 16 hearing rooms to deal with increased levels of referrals in the first half of 2009.

46. Overall, our performance against service targets in recent months should be considered to be a significant achievement in light of the increase in in-coming enquiries, an increase in numbers of referrals from NHS bodies, and attendant up-turn in both the volumes of stream 1 investigations work and the numbers of cases.

47. The Interim Orders Panel sat for 28 days in April 2009 and 21 days in May 2009. 408 interim orders were in place at the end of May 2009 (384 at the end of May 2008). A detailed breakdown of panel sitting days in April and May 2009, compared with the same period in 2008, is at Annex C.

48. In March 2007, the Standards and Fitness to Practise Directorate launched a project to improve hearing room utilisation from 70% to 80%. In May 2009 we achieved 100% utilisation. Average utilisation between January and May 2009 was 89%.

49. There has been one new application in the High Court challenging an IOP decision. One application was dismissed, which leaves two outstanding.

50. Table 1 summarises appeals and judicial reviews as at 8 June 2009. Additional information is at Annex D.

**Table 1:**

	Cases carried forward since last report	New cases	Concluded cases	Outstanding cases
Appeals	23	2	8	17
Judicial Reviews	8	4	2	10

51. There have been no new referrals by CHRE to the High Court under Section 29.

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

Work with healthcare providers on the identification of problems and remedies

53. DH(E) published the report of the consultation on responsible officers on 5 May 2009. We await publication of a further consultation on draft regulations and guidance during summer 2009. Council will be invited to consider the terms of our response to this further consultation in September or October 2009.

Prepare for the Office of the Health Professions Adjudicator

54. DH(E) has set up a Project Board to take forward the recommendations of the Tackling Concerns Nationally Working Group in relation to the establishment of OHPA. The Project Board, comprising representatives from the GMC (Paul Philip and Robert Loughlin), GOC and DH(E), has met four times.

55. The Project Board is planning for OHPA to go live in April 2011. Walter Merricks, CBE has been appointed as Chair of OHPA. The key focus of the Project Board at this stage is the appointment of the Transition Team that will support the Chair and OHPA Board during the set up phase of the project. The Project Board has begun to prepare options papers that will be put to the Chair. These papers will cover key decisions that the Chair and OHPA Board will need to make, including decisions around location, IS support and the approach to communications.

56. We submitted our response, amended in light of discussion on 7 May 2009 and approved by the Chair, to DH(E)'s consultation on the OHPA Regulations 2009.

Assess the affiliate pilot studies on GMC affiliates and agree a way forward

57. The interim evaluation report on the GMC Affiliates pilot project was presented to the DH(E) Tackling Concerns Locally Subgroup on 29 April 2009.

58. The report is positive, both in terms of the pilot generally and, in particular, about: the use of experienced GMC staff to undertake the role of lay Affiliate; the Affiliates' independence from local processes; and evidence of Affiliates' involvement in local complaints networks to promote best practice. The resolution of issues relating to individual cases is perceived by many to be more effective as a result of the pilots.

59. The report highlighted the need for work in the second half of the pilot to develop a realistic cost estimate for national roll-out of the Affiliates model.

Deliver research findings on the over-representation of IMGs

60. The projects to investigate why doctors from some backgrounds are more likely to be referred forward to the final stages of our fitness to practise procedures than doctors from other backgrounds entered the final phase of data collection and analysis. It is on course to report to the Economic and Social Research Council by the end of November 2009. It will then enter a process of peer review (which can take some months). We will report findings to Council as soon as they are available.

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

Assess research findings from the ESRC partnership

61. The projects and fellowship commissioned through the collaborative research programme with the ESRC, under the auspices of their Public Services Programme, remain on track to complete during 2009 or early in 2010. We will report findings, as they emerge, to the Research Reference Group and, in due course, to Council.

Appoint a research fellow

62. The draft specification for a GMC Research Fellow in Equality and Diversity in Medical Regulation will shortly be circulated for consideration to members of the Research Reference Group and the Equality and Diversity Reference Group.

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

Produce a comprehensive equality and diversity strategy that provides appropriate profile, impact and consistency to equality and diversity across the GMC, bringing together our internal policies and practices with our external engagement in a coherent way

63. Work towards implementing our equality and diversity strategy in 2009 is on track. The project plan (presented to the Equality and Diversity Reference Group on 11 June 2009) sets out a ten step approach over three phases. In practice, activity on a number of the steps in each phase will occur simultaneously.

Ensure that our equality and diversity strategy supports us in delivering independent, accountable regulation that promotes fairness and quality and values diversity

64. Our equality and diversity strategy and the outputs of our Equality Scheme continue to be driven by our commitment to promote fairness and equality and value diversity. We continue to engage with our key interests to inform our equality and diversity work. As part of our equality and diversity strategy we are building on our work with other organisations to exchange best practice and to identify possibilities for cooperation.

65. On 29 May 2009, we held a seminar with black and minority ethnic doctors as a forum to discuss matters of common interest and concern. As a next step, we will develop a plan to enhance engagement with this cohort through local networks. We will reconvene the wider forum twice a year.

66. The Equality and Diversity Reference Group met on 11 June 2009. Discussion items included our plan to deliver the equality and diversity strategy, the diversity rationale, the ethnicity census and embedding equality and diversity within revalidation.

Deliver Equality Impact Assessments, ensuring that they are undertaken at a sufficiently early stage in the policy development process

67. Our Equality Impact Assessment plan for 2009 is contained as an annex to our Equality Scheme. During 2009, we will simplify and reposition the Equality Impact Assessment process to embed it further in all aspects of our work. As part of our equality and diversity strategy, we will launch a revised Equality Impact Assessment process in October 2009.

Deliver our Equality Scheme Action Plan

68. An interim version of the Equality Scheme 2009 is available on our website. We will review and enhance the interim Scheme during 2009 to reflect our developing equality and diversity strategy and to take into account the Shapiro recommendations. Our Equality Scheme actions are on track.

Engage with key interests through our Equality and Diversity Research Forum

69. Baroness Amos chaired the second meeting of the Equality and Diversity Research Forum on 4 June 2009. The meeting provided an opportunity to update members of the forum on the progress of the projects we have underway with the ESRC and to present the findings from the RAND Europe and Warwick University studies.

70. The meeting was very well attended and the group agreed to meet again in January 2010, when all projects have completed, to discuss the findings of all projects together. We will also be joined then by a project into the experiences of BME staff working in the UK commissioned by NHS Employers.

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

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

Develop the in house legal team to reduce the cost of legal services by £1.2 million

72. Further recruitment campaigns are underway to appoint solicitors, paralegals and a principal legal advisor. There has been a strong response and we fully expect to appoint a significant number of new members to the In-House Legal Team over the summer months. We continue to progress well with our plans to achieve the predicted reduction in the cost of legal services and to assess how further reductions might be achieved in 2010.

Save £750,000 in the procurement of goods and services

73. As at 8 June 2009, we had recorded some £500,000 in the year to date Savings Log. This includes savings of £120,000 through bringing extra hearing room capacity online ahead of plan, £43,000 secured by the Business Improvement Team in respect of postal charges, and £110,000 through the ongoing rail fare initiative.

74. As at 8 June 2009, we had advertised 13 procurement exercises. 10 awards have been made (subject to contract) and three tenders are ongoing.

#### Complete the third phase of the Strategic Applications Project

75. SAP phase 3 will deliver the licence to practise system as well as a new system, Agresso, for the finance, payroll, HR, procurement and recruitment processes. The project is progressing well towards implementation in November 2009 and is currently in testing phase.

#### Implement a competence and performance based pay-and-reward system

76. This project is linked to SAP phase 3 and continues to make progress. We have analysed the results of the staff survey and held initial planning meetings with our pay consultants.

#### Enhance the functionality and accessibility of the GMC website

77. This project continued on track to complete in Q3 2009.

#### Relocate our Manchester staff to modern, long-term, accommodation

78. The project continues on track. The completion of the leases for floor 3 and part floor 2 of 3 Hardman Street was concluded on 6 June 2009.

79. We made further appointments to the professional project team with the award of contracts for construction safety and design management, and for building control inspection. The contract for the fit out contractor has been awarded.

80. The interior design of the new office was completed, including the design of the Clinical Assessment Centre. Work on the fit out of the new office space will start at the beginning of August 2009.

81. As part of the Manchester move project, we are taking the opportunity to renew some infrastructure and related contracts, for example, a new wide area network which will connect all our offices together at high speed, as well as connecting the GMC to the internet. There is also a project under way to deliver a new voice hub and phone system, which will provide us with significant benefits from the latest integrated voice and data technology, in particular supporting our Contact Centre.

#### Other efficiency and effectiveness

82. Our offices in Wales and Northern Ireland relocated. The new accommodation provides improved facilities in Cardiff and Belfast, including meeting rooms and video conferencing facilities.

83. Given the economic climate, we started a structured review of our supplier base to ascertain our potential exposure to business failure and to identify mitigating action to minimise the risk.

84. Work on the review of Standing Orders is underway. The first Working Group meeting will be held on 7 July 2009, and progress reported to Council on 8 July 2009.

85. Work to operationalise the evaluation framework is progressing through four evaluation pilots (PMETB merger, GMC Affiliates, guidance, and the introduction of licensing). We will report on the outcomes of these pilots and the approach to embedding evaluation in our wider business planning processes, including our Corporate Strategy, on 10 September 2009.

## Governance

86. Since Council agreed membership of the Boards, Committees and Reference Groups under the new governance structure in January 2009, a number of changes have taken place. These include appointments following the election of the Chair of the Council, the establishment of Working Groups, and external membership of the Undergraduate Board and the Postgraduate Board. A consolidated list is at Annex F.

**Recommendation:** To agree the updated membership of the Boards, Committees, Reference Groups and other groups.

## *Commanding confidence and support*

87. The process for appointing members of the Reference Community continued on track. Following interviews in all four UK countries in June 2009, Capita Resourcing wrote to all successful candidates on 24 June 2009. Appointments, subject to references, have been offered to 21 members of the public and 27 doctors (six members of the public already in place from the former Patient and Public Reference Group will also join the Reference Community). Letters of appointment will be issued to those who will be joining the Reference Community, once the referencing process is complete.

88. We published the final report of RAND Europe's study, 'International Comparison of 10 Medical Regulatory Systems: Egypt, Germany, Greece, India, Italy, Nigeria, Pakistan, Poland, South Africa and Spain'. This study documents, compares and contrasts the systems of medical regulation in place in these countries, which represent the top 10 EEA and international jurisdictions from which registrants with the GMC receive their primary medical qualification.

89. The study's recommendations include better communication with other regulators to improve information sharing about medical practitioners wishing to practise in the UK, and the provision of assistance to non UK-qualified medical graduates to adapt to and understand the UK patient-centred approach to medical practice.

90. On 2 June 2009, Lady Christine Eames chaired a GMC forum on end of life treatment and care for European regulators to learn from the different legal and ethical frameworks that underpin end of life decisions in other European countries, and to share knowledge with European regulatory bodies.

91. The House of Lords EU Committee report, *Healthcare Across EU borders, A Safe Framework*, was debated in the Lords on 8 June 2009. Claire Herbert and I gave evidence to the Committee in November 2008 as part of its inquiry into the EU Directive on patients' rights in cross-border healthcare, which led to the publication of this report. We briefed Lord's Committee members and health spokespeople in advance of the debate.

92. Peers made supportive comments on sharing of fitness to practise information during the debate. However, the Minister said that, while the Government supports the sharing of fitness to practise information, the Directive is about clarifying and codifying existing case law and should not be extended. Sharing fitness to practise information could, however, be looked at as part of the EU workforce-related proposals and she undertook to write to Archy Kirkwood about the possibility. The Committee Chair said that the Committee might look into the Green Paper on Workforce for Health

93. We established the European and International Working Group. The Group, chaired by Archy Kirkwood, will meet for the first time on 20 July 2009.

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

### **Resource implications**

94. None.

### **Equality**

95. None.