

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 5-73).
 - b. To agree to publish on the website an interim version of the Equality Scheme 2009 (paragraphs 74-77).
 - c. To agree that regulatory functions for Foundation Programme (initially Foundation Year 1, followed by FY2) should sit with the Postgraduate Board (paragraphs 78-79).
 - d. To delegate to the Undergraduate Board the powers under sections 5(2), 5(2A) and 5(3), 6 and 7 of the 1983 Act, as they apply to basic medical education up to the point of graduation (paragraphs 80-83).
 - e. To agree to delegate to the Postgraduate Board the powers under sections 5(2)(c), 5(2A), 10A(2), (4) and (7) of the 1983 Act, as they apply to FY1 (paragraph 84).

Further information

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

Background

4. This report brings members up to date on progress since the meeting on 25 February 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. Jointly with the Medical Schools Council, we published guidance for medical schools, *Medical students: professional behaviour and fitness to practise*. The guidance outlines the professional behaviours and values expected of UK medical students and advises medical schools on the development of consistent fitness to practise procedures.

Assess and report on eight medical schools

6. The 2009 QABME programme (Quality Assurance of Basic Medical Education) continued. Visits to medical schools took place in February and March 2009 and further visits are planned for April and May 2009.

Quality assurance of the Foundation Programme

7. The 2009 QAFP programme (Quality Assurance of the Foundation Programme) continued. The preliminary visit to the North West Deanery will take place on 23 March 2009.

Consult and publish a fully revised edition of Tomorrow's Doctors

8. On 2 March 2009, we held a successful consultative conference to discuss the draft of *Tomorrow's Doctors* published in December 2008. We attracted 200 participants, including representatives from PMETB, NHS Employers, Skills for Health, the Medical Schools Council, the National Association of Clinical Tutors, the BMA's Medical Students' Committee, and members of the public. Discussion included whether our proposals would improve the preparedness and professionalism of new graduates and whether students need more hands-on experience of treating patients.

9. On 11 and 12 March 2009, we discussed the draft with key interests in Wales, including students and staff at the medical schools, government and public representatives, and the BMA's Junior Doctors Committee.

10. On 19 March 2009 we held workshops in Edinburgh for patients and the public, students, and employers and educators.

11. We will be holding a roundtable discussion with key interests in Belfast on 25 March 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

12. Legislation remains a critical path activity with external dependencies not controlled by PMETB or by us. We continued to work closely with the Department of Health for England, through the Joint Steering Group, to identify and mitigate the associated risks; and to ensure continued progress.

13. We remain on track to secure the statutory transfer of functions from PMETB no later than April 2010. The legislative timetable is tight and there is little contingency. DH(E) plan to launch the formal consultation on the draft section 60 in May 2009.

Prepare for the physical integration of PMETB

14. Co-location remains a critical path activity with external dependencies not controlled by PMETB or by us. Progress on co-location is tied to the need to satisfy internal DH(E) processes in relation to the capital funding required to relocate PMETB staff to 350 Euston Road.

15. On 11 March 2009, the Resources Committee considered an outline proposal that would release the space required within 350 Euston Road. More detailed analysis is in hand.

Take forward joint development work

16. We have developed proposals for establishing the Joint Co-ordination Group (paper 6b on the agenda).

17. We continue to work with PMETB in a number of areas, including revalidation, quality assurance, modular credentialing, partner and associate integration, and equality and diversity. This includes support for Lord Patel's review.

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 continued to make progress on revalidation, including implementing the licence to practise (paper 5 on the agenda).

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.

19. We are amending the draft revised guidance, on end of life care, in the light of Council's discussion on 25 February 2009. The formal consultation will be launched during the week commencing 23 March 2009. We have continued to develop the consultation website. We are organising media briefings across the UK.

20. We completed the analysis of the consultation on confidentiality and, subject to the impact of the Coroners and Justice Bill, Council will be invited to approve the revised guidance in May 2009, to enable launch of the revised guidance in September 2009.

21. Amendments to the Data Protection Act 1998, proposed in the Coroners and Justice Bill, could have a significant impact on the section of the guidance that deals with secondary uses of data. The Government has indicated that it will introduce amendments to the Bill when it returns to the Commons. Recent media reports indicate that the clause may be withdrawn altogether.

22. We are reviewing our guidance booklet on research with the intention, subject to input from the Standards and Ethics Reference Group, of launching consultation on revised guidance in April 2009.

23. We published new guidance, *Pandemic Influenza: Good Medical Practice – Responsibilities of doctors in a national pandemic*. The guidance, which reflects the practical challenges doctors will face in a pandemic, is available on our website and is designed to be read in conjunction with detailed advice and guidance from the four health departments.

Develop further learning materials and new ways of promoting our guidance

24. We continued to develop new case studies for *GMP in Action*; and plan to launch *GMP in Action 3* in May 2009.

25. We are developing learning materials to support the new guidance on confidentiality. This will include case scenarios for *GMP in Action 4*, other case-based materials, and presentations on the website.

Engage with key interest groups in the development of guidance

26. We are taking forward the approach to the consultation on end of life care, considered by Council on 25 February 2009. This will be the main focus for 2009.

Set evaluation criteria to measure the effectiveness of our guidance

27. We have begun work to develop the evaluation framework agreed by Council in 2008 (paper 4 on the agenda) as a working tool for evaluation of our standards and ethics work.

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

28. Lord Patel continued his review of the regulation of medical education, including further meetings with key interests (paper 6a on the agenda).

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

29. On 9 March 2009, we met with other healthcare regulatory colleagues responsible for education to discuss current issues in healthcare education and training.

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

30. We have established the three Boards and agreed the Council membership of each. Following discussion on 25 February 2009, the Chairs met. We will explore key questions with members on 26 March 2009.

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

Ensure that we provide comprehensive LRMP information in an effective manner

31. We are due to begin negotiations with NHS employers in Scotland and Northern Ireland to consider the feasibility of mirroring the electronic staff record system arrangements in England and Wales.

Develop the register to reflect the introduction of licensing

32. We have finalised the specification for updating the format and content of the LRMP to reflect the introduction of licensing. We established formal links with regional groups of the National Association of Medical Personnel Specialists whose views are an important input to the continuing development of the LRMP.

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

33. On 27 January 2009 Council agreed to invite the Registration Reference Group to recommend how best to enhance the value of the List of Registered Medical Practitioners, given the introduction of revalidation and the merger of PMETB with the GMC. The Group will discuss this on 14 May 2009.

Performance against targets

34. Key operational statistics are at Annex A. We narrowly missed the target for replying to enquiries within five working days. Small variations in performance are caused by the enquiries team receiving varying levels of correspondence over a short period, almost invariably without prior notice and this can occasionally affect their ability to answer all enquiries within five days. We will continue to analyse the reasons why such small numbers fall outside the target and will address, where possible and within existing resources, the causes through our continuous improvement process.

35. We met, or exceeded, all other targets.

36. The scheme for the existing specialists route to the Specialist Register opened, as planned, on 16 March 2009.

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

37. Details of performance against service targets and open caseloads are at Annex B. We met or exceeded all the service targets in February 2009.

38. The Interim Orders Panel sat for 24 days in February 2009. 407 interim orders were in place at the end February 2009 (368 at the end of February 2008). A detailed breakdown of panel sitting days in February 2009, compared with February 2008, is at Annex C.

39. There have been no new applications in the High Court challenging IOP decisions. One application remains outstanding.

40. Table 1 summarises appeals and judicial reviews as at 10 March 2009. Additional information is at Annex D.

Table 1:

	Cases carried forward since last report	New cases	Concluded cases	Outstanding cases
Appeals	25	3	1	27
Judicial Reviews	8	2	3	7

41. There have been no new referrals by CHRE to the High Court under Section 29. Since my previous report, the outstanding referral has been dismissed.

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

43. We are taking forward the amendments to the GMC (Fitness to Practise) Rules 2004 agreed by Council. We launched the consultation on 19 March 2009.

44. On 5 March 2009, I gave evidence to the House of Commons Health Select Committee in connection with their inquiry on patient safety.

45. As part of a rolling programme of work, undertaken with the support of the medical Royal Colleges, we invited fully registered doctors to take part in pilots to ensure that our performance assessments are up-to-date and fit for purpose. Pilots in five specialties will take place in the Clinical Assessment Centre between May and July 2009.

Work with healthcare providers on the identification of problems and remedies

46. We continue to contribute to the subgroups of the White Paper Working Group on Tackling Concerns Locally. In particular, Paul Philip chairs the Affiliates Sub-group and we are represented on the Responsible Officer Sub-group. We have facilitated discussions on responsible officers between DH(E) and the Regional Medical Regulation Support Teams in the Affiliates pilot areas to assist with some of the more practical difficulties with linking doctors with responsible officers especially issues in relation to locum doctors.

Prepare for the Office of the Health Professions Adjudicator

47. We continued to work closely with the DH(E). Paul Philip sits on the OHPA Project Board, which has met once and is taking forward operational planning for the establishment of OHPA. This issue will be explored in more detail with members on 26 March 2009.

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

48. The pilots, both of which will run for 12 months, are now at the midway point. KPMG are conducting the independent evaluation and are due to produce an interim report in April 2009, which will be reported to Council. We have worked closely with DH(E) and KPMG to ensure the evaluation reflects the pilot model as agreed by Council and signed off by the Affiliates Subgroup

Deliver research findings on the over-representation of IMGs

49. As part of the collaborative research programme with the Economic and Social Research Council, three interlinked projects were commissioned in 2007 and began in 2008, under the overarching heading 'Equality, diversity and fitness to practise: exploring and explaining variation in the identification, handling and outcomes of concerns about doctors'.

50. One of these projects is called 'Clarifying the factors associated with progression of cases in the GMC's fitness to practise procedures' and will test the hypothesis that IMGs and/or doctors from ethnic minority backgrounds are more likely to receive 'higher impact' decisions at various stages in the fitness to practise procedures and will evaluate the alternative hypothesis that 'higher impact' decisions are associated with factors relating to work setting or professional experience that we independently associated with IMG/ethnic minority status.

51. All three projects will report to the ESRC by the end of November 2009 and enter a process of peer review (which can take some months). Findings will be reported 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

52. In total we have commissioned 10 projects and one fellowship through the collaborative research programme with the ESRC under the auspices of their Public Services Programme. There have been a number of amendments to completion dates due to delays incurred usually due to processes required to gain ethical approval, but all projects are now on track and will complete throughout the course of 2009.

53. The programme aims to explore the effectiveness of, and rationale behind, regulation aimed at protecting, promoting and maintaining the health and safety of the public. Underpinning this is a desire to understand better the effects of regulation on clinicians and factors affecting performance.

54. Once complete, the projects have three months to submit a report to the ESRC, which will then enter a process of peer review. We will report findings, as they emerge, to the Research Reference Group and, in due course, to Council.

Build on our collaborative programme with the ESRC

55. Once these projects begin to report, we will be able to assess the success of the collaborative programme with the ESRC. In due course we will evaluate the achievements that this collaboration has facilitated and develop a programme of work to take forward this phase in our research programme.

56. As part of our work to help inform our future research programme, and building on the success of the meeting in September 2008, we plan to hold the second meeting of our Equality and Diversity Research Forum, chaired by Baroness Amos, in Summer 2009. The Forum aims to:

- a. Inform and update forum members on the equality and diversity research that the GMC is taking forward in partnership with the ESRC, and other research projects we have underway.

- b. Identify particular issues emerging from the research.
- c. Ensure the issues are informed by the broader equality and diversity research agenda.
- d. Provide a forum for researchers to present, discuss and share research proposals and findings.

Appoint a research fellow

57. Plans to appoint a research fellow to assess implications for equality and diversity in medical regulation are in development. Scoping, design and procurement requirements are currently being finalised and will be reported to the Research Reference Group and Council in due course.

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

58. Shapiro Consulting Ltd completed 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. A copy of this report has been shared with the Equality and Diversity Reference Group, together with a suggested work plan for implementing the recommendations, as part of our wider diversity strategy. The Shapiro report will be made available to members in early April 2009.

59. Work towards implementing our diversity strategy is on track. Short-, medium- and long-term objectives have been set to ensure delivery in 2009. Our short-term objectives are:

- a. The development of a rationale for our approach to equality and diversity to ensure we are effective in promoting change.
- b. Providing greater clarity around roles, relationships and support for those leading equality and diversity which will help to deliver the strategy more effectively.
- c. Four key additions to our Equality Scheme to ensure we fully meet the separate, strand-based legal duties. The Shapiro report makes several other practical recommendations for further enhancing the Scheme to ensure its outputs are linked to the high-level equality and diversity strategic deliverables. Work to progress these will form part of our medium-term objectives as they will require the incorporation of information relating to our rationale, business case and roles and responsibilities.

- d. A cohesive and strategic way of engaging with diverse groups on our equality and diversity work offering us the opportunity to secure valuable input, to promote our achievements and to learn from best practice.

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

60. The Equality and Diversity Reference Group met on 17 March 2009. Discussion included our diversity strategy and Equality Scheme.

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

61. We will undertake around 60 Equality Impact Assessments during 2009. We plan to simplify and reposition the Equality Impact Assessment process in order that it becomes more embedded in our 'business as usual' activities. The Shapiro report includes a number of helpful recommendations, which we will evaluate and, where appropriate, implement.

Deliver our Equality Scheme Action Plan

62. Our Equality Scheme Action Plan is annexed to the Equality Scheme, an interim version of which we are inviting Council to agree to publish (paragraphs 74-77).

Engage with key interests through our Equality and Diversity Research Forum

63. We are on track to hold the second meeting of our Equality and Diversity Research Forum, chaired by Baroness Amos, in Summer 2009 (paragraph 56).

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

64. 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

65. Recruitment of solicitors and paralegals continued. The calibre of candidates is high. Expansion will enable us to take the conduct of further cases 'in-house', thus reducing our costs in relation to the fees paid to external legal firms.

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

66. As at 4 March 2009, we had recorded some £65,000 in the year to date Savings Log, against a target for the year of £750,000. This includes around £45,000 in relation to savings on rail travel (fares paid against published fully flexible tariffs) and £20,000 in VAT savings in respect of temporary staff and contractors.

Complete the third phase of the Strategic Applications Project

67. We continue to work towards completing SAP phase 3. This will deliver the new licensing system and new finance, payroll, billing, HR and procurement systems. The project is on track to complete towards the end of 2009 and currently running in line with budget.

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

68. This project is linked to SAP phase 3.

Enhance the functionality and accessibility of the GMC website.

69. The web enhancement project is scheduled to complete in Q3 2009. We are currently user-testing a prototype of the new site. Members have been invited to meet the web team to review progress and review the work in progress.

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

70. On 11 March 2009, the Resources Committee received an update on the progress of the Manchester relocation project. The key achievements to date in 2009 are selection of new premises, completed negotiations on agreement to lease, and appointment of members of the professional team, including architects and project managers. The scheduled relocation date is Q4 2009, subject to completion of development works.

Other progress on enhancing efficiency and effectiveness

71. We already held ISO 27001 certification, the international best practice standard for information security, for our Registration, Fitness to Practise and Strategy and Planning Teams. The aim is to achieve certification for the whole organisation by the end of 2009. We took a further step toward that certification for the London-based staff in the Communications Directorate, and the Standards and Ethics Team.

Commanding confidence and support

72. We manage the Healthcare Professionals Crossing Borders initiative on behalf of all European regulators. HPCB's spring meeting took place in Dublin on 6 March 2009. Paul Philip participated in a panel discussion, which considered future actions for the initiative, including implementation of the Portugal Agreement. Dr John Jenkins spoke on professional standards.

73. To enable the establishment of the Reference Community, as one of a number of mechanisms for engaging with the public and with doctors, by June 2009, we are commissioning external assistance for the appointments process. We have received a number of formal proposals and will interview short-listed organisations on 23 March 2009.

Recommendation: To consider the Chief Executive's Report.

Equality Scheme 2009

74. To meet our statutory responsibilities, we are required to produce an Equality Scheme for race, disability and gender (although the Scheme also reflects our activities for age, sexual orientation and religion and belief). The Equality Scheme demonstrates our commitment to meeting the statutory requirements and to promoting equality and valuing diversity.

75. We propose to publish an interim version of the Equality Scheme 2009 on our website to ensure that we meet our statutory obligations. The interim version will be an amalgamated and updated version of the four individual frameworks used for the Equality Scheme 2008.

76. The interim Scheme will be reviewed and enhanced during 2009 to reflect our developing diversity strategy and taking into account the Shapiro recommendations. We anticipate delivering a draft revised version of the Scheme for consultation in Q4 2009.

77. The draft interim Equality Scheme 2009 has been shared with the Equality and Diversity Reference Group, which confirmed on 17 March 2009 that they are content with this approach.

Recommendation: To agree to publish on the website an interim version of the Equality Scheme 2009.

Foundation Programme

78. Council approved the governance model on 27 January 2009. The model included three boards – Undergraduate, Postgraduate, and Continued Practice. At that stage, we proposed that Foundation Year 1 should be the responsibility of the Undergraduate Board, with the expectation that FY2 would be added following the merger of PMETB.

79. Following discussion within the Education and Training Reference Group, and with the agreement of the chairs of the three boards, we have concluded that the Foundation Programme (initially FY1, followed by FY2) would sit better with the Postgraduate Board. There are several advantages, including the opportunity to develop one quality assurance approach to deaneries that would cover the Foundation Programme and training leading to the Certificate of Completion of Training. If agreed, we will revise the description of the purposes of the boards.

Recommendation: To agree that regulatory functions for Foundation Programme (initially Foundation Year 1, followed by FY2) should sit with the Postgraduate Board.

Delegation

80. One of GMC's responsibilities is to promote high standards of medical education and to co-ordinate all stages of medical education. The Medical Act 1983 includes powers in support of those responsibilities, including in relation to the oversight of quality assurance functions, and the development and review of standards, outcomes and determinations.

81. The relevant powers were assigned to the former Education Committee, which was a statutory committee under the 1983 Act. Following amendment of the 1983 Act, the powers are assigned to the Council. They are outlined at Annex F.

82. The oversight of undergraduate medical education requires detailed consideration of, for example, the outcomes of QABME reviews. This will be more appropriately undertaken by the Undergraduate Board than by the Council. We propose that the Council should delegate the relevant powers to the Undergraduate Board. If the Council accepts the preceding recommendation, on the Foundation Programme, this would apply to basic medical education up to the point of graduation.

83. The Undergraduate Board would be required to report to Council at least annually on the exercise of the delegated powers.

Recommendation: To agree to delegate to the Undergraduate Board the powers under sections 5(2), 5(2A) and 5(3), 6 and 7 of the 1983 Act, as they apply to basic medical education up to the point of graduation.

84. Correspondingly, if Council accepts the preceding recommendation on the Foundation Programme, we propose that the relevant powers, as they apply to FY1, should be delegated to the Postgraduate Board. We would seek fresh authority when PMETB is merged with the GMC and we can place additional delegation in that wider context. The Postgraduate Board would be required to report to Council at least annually on the exercise of the delegated powers.

Recommendation: To agree to delegate to the Postgraduate Board the powers under sections 5(2)(c), 5(2A), 10A(2), (4) and (7) of the 1983 Act, as they apply to FY1.

Resource implications

85. None.

Equality implications

86. None.