

To consider

Chief Executive's Report

Issue

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

Recommendation

2. To consider the Chief Executive's Report (paragraphs 5-87 and Annexes A-E).

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 8 July 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. On 25 June 2009 the Undergraduate Board discussed proposals for taking forward a number of emerging issues in respect of the fitness to practise of undergraduate medical students and doctors on the first year of the Foundation Programme. On 29 July 2009, the Postgraduate Board endorsed the proposed approach.

6. The work will be taken forward by a group involving members and key interests involved in undergraduate education and the start of a medical career as an FI doctor. Among the issues to be considered will be protocols around the transfer of information on excluded medical students, improving consistency in decision-making by medical schools, consideration of further guidance on indicative sanctions and greater clarity about responsibility for fitness to practise and the Foundation Programme.

Quality Assurance of Basic Medical Education

7. The 2009 QABME programme continued. On 15 September 2009 the Undergraduate Board will consider the reports on the eight medical schools visited as part of the current cycle.

Quality Assurance of the Foundation Programme

8. The 2009 QAFP programme continued. The Postgraduate Board considered the Northern Deanery report on 29 July 2009; and will consider the Severn Deanery report on 5 November 2009.

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

9. We published the revised edition of *Tomorrow's Doctors* and are embarking on a programme of implementation activities. They will include launching the printed and web version of the text and arranging a series of workshops in spring 2010 to discuss the implementation of the new standards with medical schools, employers, deaneries and foundation schools.

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

10. We continue to discuss the legislation timetable with the Department of Health (England) following the launch, on 12 June 2009, of their consultation on the Section 60 Order that will transfer PMETB's functions to the GMC.

11. We attended a Section 60 stakeholder meeting on 14 July 2009. Work is underway to draft the necessary instructions for subordinate legislation. Our consultation response was sent on 27 July 2009.

Prepare for the physical integration of PMETB

12. PMETB have given the necessary notice to terminate the lease on accommodation at Hercules House following DH(E)'s approval of our joint outline business case: this included the costs of co-locating PMETB with us. Co-location is scheduled for March 2010.

13. Work on the Phase 2 implementation plan is continuing, with a number of business integration initiatives delivering against a comprehensive project plan.

Take forward joint development work

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

15. The Postgraduate Board is receiving a structured programme of presentations to discuss key PMETB functions and challenges. This began, on 29 July 2009, with the Quality Framework.

16. A joint meeting of our Equality and Diversity Reference Group and PMETB's Diversity Steering Group is planned for September 2009.

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.

17. We continued to make progress on revalidation, including the introduction of licences to practise (papers 4a and 4b on the agenda).

18. Some 205,000 doctors (approximately 91%) have told us their decision in response to the licensing campaign. The statistics continue to support a high take-up of registration with a licence (around 95%), with around 5% deciding to take registration without a licence.

19. The project continues to be supported by a major communications campaign.

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. We continued the review of our guidance on end of life treatment and care. The consultation closed on 13 July 2009. We received 529 responses to the consultation - 214 to the long questionnaire and 315 to the short questionnaire. We are analysing the responses and the working group will consider the outcome later in September 2009 and in October 2009.

21. We continued the review of our guidance on confidentiality. The revised guidance has been updated in the light of Council's discussion on 7 May 2009 and reviewed by Counsel to ensure compliance with law across the UK. The Chair has approved the final text. We will publish the guidance later in September 2009 and launch it through events in Northern Ireland and Scotland.

22. We continued the review of our guidance on research. We launched a consultation on three pieces of new draft guidance: *Good practice in research*, *Consent to research*, and *Making and using visual and audio recordings of patients*. This new guidance will update our existing publications *Research: the role and responsibility of doctors* (2002) and *Making and using visual and audio recordings of patients* (2002), taking into account changes to the law and our new guidance on consent and confidentiality.

Develop further learning materials and new ways of promoting our guidance

23. We launched *Good Medical Practice in Action 3*, with new case studies exploring issues including maintaining professional boundaries with former patients, child protection concerns, and raising concerns about patient safety.

Engage with key interest groups in the development of guidance

24. As part of the consultation on revised guidance on end of life care, we engaged with a wide range of key interests across the UK, including a UK wide conference in London on 3 June 2009 and other events in all four UK countries. Participants included doctors and other health care professionals, professional bodies for doctors, older people and people with disabilities and organisations representing their interests, people from black and minority ethnic communities and residents and staff in care homes. In all around 800 people attended.

25. We commissioned secondary research of structured interviews with 86 people with terminal illnesses and nine carers of people who had died. The interviews were re-analysed against issues raised in the written consultation. A report of the research has now been submitted.

26. We worked with BLISS and Mumsnet.com to run a survey about who should decide when to stop treating very young babies. 864 Mumsnet users responded.

Set evaluation criteria to measure the effectiveness of our guidance

27. We continued work to operationalise the evaluation framework (paper 5 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.

Support the review led by Lord Patel

28. The working group chaired by Lord Patel met on 27 August 2009. Individual meetings have been held with each member of the group to discuss key themes emerging from the review.

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

29. Following a tender process, we commissioned a literature review from Peninsula Medical School to inform a research proposal on the relationship between medical schools and placement providers, such as NHS Trusts, where medical students and doctors in training undertake part of their programmes.

30. The literature review will examine three main areas to include: existing research on the relationship between undergraduate and postgraduate medical education and placement providers; how curriculum and assessment requirements are communicated, including agreements, protocols or policies on the educational expectations and learning objectives of the education provider and student, and how the content and structure of feedback, assessment and fitness to practise are managed.

31. The literature review will explore the research available on funding arrangements between medical education and placement providers; and how their relationships affect the use of the funding and the delivery of education.

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

32. By the Council meeting on 10 September 2009, each Board will have met twice. Working arrangements have been agreed, consistent as far as possible in the light of their target populations and work programmes and pending the outcome of the review of Standing Orders.

33. External members attended the Postgraduate Board for the first time on 29 July 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

34. We invited a group of medical staffing officers to test the LRMP screens currently under development. Their feedback has prompted simple and effective changes to the way we will show registration details on the search results page.

Develop the register to reflect the introduction of licences

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

36. The Registration Reference Group will consider a paper on 1 October 2009 on further developments to the LRMP following the introduction of the licence to practise.

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

37. The Credentialing Steering Group met on 31 July 2009. Malcolm Lewis and Trudie Roberts represented the GMC. The meeting involved preliminary discussion of the potential role of credentialing in relation to two distinct areas; progression through training, and supporting revalidation. PMETB will take forward the work on the first of those work streams and we will lead exploratory work evaluating the possible role of credentialing in supporting revalidation.

Performance against targets

38. Key operational statistics are at Annex A.

39. Registration activity has remained busy during the months of July and August 2009 when Registration Directorate manages the peak in applications. Effective communication with UK graduates has meant that all applications have been processed within the agreed service delivery standard. The target has also been met for European and international applications.

40. In late July we received a sharp increase in telephone calls, as a result of which we answered 80% of calls in less than 15 seconds, against a target of 90%. The increase was a direct result of the licensing reminder campaign. In addition, there was an unexpected rise in calls from doctors seeking confirmation that we had received their licensing decision. In the light of this experience, we will send doctors confirmation of their licensing decision in early September 2009.

41. We exceeded all other targets, save those for dealing with letters and e-mails, which we narrowly missed, 99% against a target of 100%. We will continue to monitor performance against targets and address any issues through increasing capacity or improving efficiency.

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

42. The amendments to the Fitness to Practise Rules agreed by Council came into effect on 7 August 2009. They include:

- a. The introduction of a power to conclude vexatious complaints at the initial assessment point of our procedures
- b. An express power to carry out preliminary investigations before a decision is taken whether to investigate under the five year rule.
- c. An amendment of our powers to review investigation stage decisions.
- d. Amended provisions for cancelling hearings.
- e. Minor amendments to ensure that our procedures operate consistently.

43. Details of performance against service targets and open caseloads are at Annex B. In June and July 2009, we met or exceeded the majority of our service targets.

44. In July 2009 we achieved 87% against a target of 90% for completion of the investigation process within six months. The monthly average of new stream 1 cases in 2009 is up by 30% on the monthly average for 2008 and we continue to monitor trends. There has been an overall increase in performance against the three month average target as a direct result of the introduction of improvements in the Investigation team.

45. In June and July 2009 we missed our target that 90% of should be heard within nine months of referral for adjudication. This was foreseen, given the increase in the numbers of referrals for hearings since late 2008. In July 2009 we increased the number of hearing rooms from nine to 11 and, as previously reported, we will increase to 16 hearing rooms in October 2009. This should bring us back on track in the final quarter of 2009.

46. In June 2009 we missed the target relating to Investigation Committee hearings. This failure related to just one case where there was a complex legal debate.

47. The Interim Orders Panel sat for 24 days in June 2009 and 28 days in July 2009. 385 interim orders were in place at the end of July 2009 (387 at the end of July 2008). A detailed breakdown of panel sitting days in June and July 2009, compared with the same period in 2008, and for Q1 and Q2 2009 are at Annex C.

48. In March 2007, we initiated a project to improve hearing room utilisation from 70% to 80%. During the period January to July 2009, we achieved an average of 91%.

49. There has been one new application in the High Court challenging an IOP decision. There are 3 outstanding cases.

50. Table 1 summarises appeals and judicial reviews as at 13 August 2009. Additional information is at Annex D.

Table 1:

| | Cases carried forward since last report | New cases | Concluded cases | Outstanding cases |
|------------------|---|-----------|-----------------|-------------------|
| Appeals | 17 | 4 | 7 | 14 |
| Judicial Reviews | 10 | 5 | 2 | 13 |

51. There have been no new referrals by the Council for Healthcare Regulatory Excellence 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. The Affiliate pilots have enhanced relationships with healthcare providers in the pilot areas and provided opportunities to facilitate early resolution of issues. We have also 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 and especially issues in relation to locum doctors.

54. The Scottish Government has established a working group to consider and report on the potential benefits to patients in Scotland of a no fault compensation scheme for injuries as a result of medical treatment. The review will look at the right to redress which will be at the heart of the forthcoming Patients' Rights Bill. Paul Philip represents us on the group, at the invitation of Nicola Sturgeon MSP, Deputy First Minister and Cabinet Secretary for Health and Well Being.

55. The group, chaired by Professor Sheila McLean, held its first meeting on 14 August 2009. The group agreed to take a comprehensive overview, looking at whether such a scheme should be introduced alongside the existing clinical negligence arrangements, the consequences for healthcare staff and professional regulators and the wider implications for the system of justice and personal injury liability.

56. On 25 August 2009, DH(E) launched a consultation on responsible officer regulations and guidance. Una Lane will update the Continued Practice Board on 7 September 2009; and we will invite Council to consider the terms of our draft response on 22 October 2009.

Prepare for the Office of the Health Professions Adjudicator

57. The Project Board met with Walter Merrick, the new Chair of OHPA, for the first time on 15 July 2009. He will be formally taking up post in early September 2009

58. A subsidiary forum has been established to take forward the work involved in formulating OHPA's rules. The Project Board will meet again in October 2009.

Assess the Affiliate pilot studies on GMC Affiliates and agree a way forward

59. The pilots, in London and Yorkshire, are entering the final phase and are due to finish at the end of September 2009. The independent interim evaluation was very positive about the benefits of affiliates, which are seen to provide a valuable support to medical directors, particularly in relation to potential referrals to us.

60. Once concluded, the pilots will be fully evaluated before decisions are taken on the future of Affiliates. The evaluation team is working on producing detailed estimates of the cost of delivering affiliates nationally.

Deliver research findings on the over-representation of IMGs

61. We are funding research projects to understand why doctors from some backgrounds are more likely than others to be referred to the final stages of our fitness to practise procedures. The projects remain on track to report to the Economic and Social Research Council by the end of November 2009. 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

62. 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 to Council.

63. We have agreed to contribute to the ESRC's Public Services Programme evaluation plan that will start in October 2010.

Build on our collaborative programme with the ESRC

64. In July 2009 the Research Reference Group met with a representative from the ESRC to discuss the best approach and value for investment for the GMC under the ESRC's new Research Strategy.

Appoint a research fellow

65. The Research Reference Group discussed the appointment of a Research Fellow in Equality and Diversity in Medical Regulation at the July 2009 meeting. The Group discussed a number of options and agreed to review the draft scope and discuss further with the Equality and Diversity Reference Group once practical options have been outlined.

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

66. The first phase of our 2009 equality and diversity strategy *Setting our Vision*, has delivered a short statement setting out our strategic approach to equality and diversity, diversity champions (and champion support networks) to assist in leading and embedding equality and diversity, and enhancements to our Equality Scheme.

67. Work is now beginning on phase 2 activities *Promoting Equality and Diversity*, to enhance awareness internally of our equality and diversity strategy and improve further the Equality Scheme and Equality Impact Assessment process.

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

68. 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 are building on our work with other organisations to exchange best practice and to identify possibilities for cooperation. Following a seminar on 29 May, with black and minority ethnic doctors, we are researching networks, organisations, forums and communication channels available to us in order to develop a plan to enhance engagement.

69. The Equality and Diversity Reference Group will meet on 22 September 2009 and will be joined by Dr Has Joshi, PMETB Board member and Mark Dexter, Head of PMETB Policy, to discuss joint working proposals for delivering equality and diversity. Researchers from Warwick University will also join the meeting to present the findings from the research study 'Non UK qualified doctors and Good Medical Practice: The experience of working within a different professional framework'.

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

70. We continue to deliver our Equality Impact Assessment plan for 2009, ensuring that, wherever possible, Equality Impact Assessments are undertaken at a sufficiently early stage in the policy development process.

Deliver our Equality Scheme Action Plan

71. An interim version of the Equality Scheme 2009 is available on our website. The interim Scheme and its action plan are currently being reviewed and will be enhanced in Q4 2009 to reflect our developing equality and diversity strategy.

Engage with key interests through our Equality and Diversity Research Forum

72. An article about the June 2009 meeting of the Equality and Diversity Research Forum was published in the July/August 2009 issue of *GMCtoday*. The Forum will meet again in January 2010 or early February 2010.

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

73. Details of income and expenditure, with supporting narrative, are at Annex E.

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

74. Our recent campaigns have resulted in offers of employment to four solicitors and three paralegals. Additional recruitment is planned for the late summer 2009 or early autumn 2009 to expand the team further. We are progressing with our plans generally to achieve further reductions in the costs of legal services throughout the remainder of this year and into 2010.

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

75. As at 11 August 2009, we had recorded some £720,000 in the year to date Savings Log. This includes savings of £185,000 through the ongoing rail fare initiative and £43,000 secured by the Finance Team in respect of a review of bank charges.

Complete the third phase of the Strategic Applications Project

76. 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 on-line recruitment system is now live. The HR and payroll elements are on track to go live in early September 2009. The licensing solution remains on course for mid November 2009.

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

77. Mercers, the pay and benefits consultants, have been engaged to complete work towards the implementation of a competence and performance based pay-and-reward system during 2010. They will work with all levels of staff across the organisation using findings from the staff survey and focus groups.

Enhance the functionality and accessibility of the GMC website

78. The project continued. Migration of content to the new website is underway and, subject to user acceptance testing, the new website will go live towards the end of September 2009.

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

79. The Manchester relocation project continues on track. The interior design of the new office, the Clinical Assessment Centre and the technical design of the data centre have been completed on schedule.

80. During July 2009, all Manchester based staff were given the opportunity to visit the new office before works begin.

Other efficiency and effectiveness

81. 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 should such a failure occur. We will report to the Resources Committee on 24 September 2009.

82. Work continues on the review of Standing Orders. The second Working Group meeting will be held on 9 September 2009 and progress reported to Council on 10 September 2009.

Commanding confidence and support

83. The Care Quality Commission held the first meeting of its National Collaborative Group on 17 July 2009. The NCG will oversee the strategic development of the methodology of the Planned Collaborative Reviews (previously named Risk Summits piloted last year). We continue to support and engage with the development of PCRs as part of our role as a signatory organisation under the Health Concordat.

84. In the light of the revised PCR methods, we are re-assessing the fitness to practise information we provide to ensure that we add value to the process. We are also working closely with PMETB in anticipation of the merger, to provide joined up information to CQC.

85. The process for appointing members of the Reference Community continued on track. Capita Resourcing has collected references for all members. We have sent a welcome pack to public members and medical members and invited them to visit us during September or October 2009 to learn more about our work.

86. The European and International Working Group met for the first time on 20 July 2009. The Group discussed European and international priorities and will meet again in autumn 2009 to finalise the draft European and international strategy.

87. We have led the Healthcare Professionals Crossing Borders initiative on behalf of all European regulators since 2005. The initiative launched an online survey on the implementation of the Portugal Agreement across Europe and the extent of information sharing between healthcare regulators. The outcome of the survey will inform the initiative's future work programme.

Recommendation: To consider the Chief Executive's report.

Resource implications

88. None.

Equality

89. None.