

**PILOT 1 – MERGER OF PMETB WITH THE GMC**

WHY ARE WE DOING THIS?	WHAT OUTCOMES ARE WE SEEKING?	HOW WILL WE KNOW IF WE HAVE BEEN SUCCESSFUL?		ARE WE ON TRACK TO ACHIEVE OUR OUTCOMES?
		EXISTING MEASURES	PLANNED MEASURES	
<b>STATUTORY PURPOSE AND INTERLOCKING FUNCTIONS</b>  <b>Aim:</b> To deliver a more integrated approach to the regulation of all stages of medical education and training.	A <b>single competent authority</b> for the regulation of medical education and training.	Qualitative assessment by the GMC of progress towards the full legislative merger of PMETB with the GMC by 5 April 2010.	DH consultation on Section 60 Order; independent Post-Project Implementation Review (DH(E) requirement).	The Section 60 Order has been published for consultation meaning that legislation is on track for being introduced by 5 April 2010, although concerns remain about the timetable for subordinate legislation, including rules and regulations.
	<b>Physical and administrative co-location</b> of staff and functions.	Qualitative assessment by the GMC of progress towards DH(E) agreement to co-location funding; and implementing a co-location delivery plan.	Independent Post-Project Implementation Review (DH(E) requirement).	DH(E) has approved the outline business case authorising expenditure for co-location, organisational integration and gap funding. A co-location delivery plan is also in place, meaning that we are on track to achieve this outcome by 5 April 2010.
	<b>Business continuity</b> is maintained.	Qualitative assessment by the GMC of progress with the business integration workstream.	Benchmarking delivery against SLAs for PMETB QA and Certification functions for Jan-June 2010 against the same period in 2009; monitoring complaints.	A business integration workstream has been set up but there are some risks to delivery.
<b>COMMANDING CONFIDENCE AND SUPPORT</b>  <b>Aim:</b> To strengthen confidence and support of key interests in the regulation of all stages of medical education and training.	<b>High stakeholder awareness</b> of the merger.	Qualitative assessment by the GMC of progress towards integrating external comms and branding.	Explore post-merger Tracking Survey.	We are on track to integrate external comms and branding. That said, we do not currently have any measures of stakeholder awareness but suspect it is relatively low.
	<b>High levels of confidence and support</b> from key interests in the merger.	Tooke Survey (2007).	DH consultation on Section 60 Order; independent Post-Project Implementation Review (DH(E) requirement); explore post-merger survey.	Support for the merger was high (82%) prior to work commencing in earnest. Feedback generated through DH(E) consultation on the Section 60 Order (June-August) will allow us to gauge current opinion.
<b>REGULATORY PRINCIPLES</b>  <b>Aim:</b> To deliver the merger in a way that is consistent with the accepted principles of better regulation.	<b>Accountability.</b>	Qualitative assessment by the GMC of the strength of accountability arrangements with governing bodies (GMC Council and PMETB Board) and DH(E).	Independent Post-Project Implementation Review (DH(E) requirement).	Oversight arrangements and reporting to the JIG, JCG and JSG have established strong levels of accountability.
	<b>Consistency.</b>	Qualitative assessment by the GMC of the consistency of communications to interest groups about the approach to the merger, key benefits and implications for staff.	Independent Post-Project Implementation Review (DH(E) requirement).	There has been consistent messaging throughout the merger process.
	<b>Transparency.</b>	Qualitative assessment by the GMC of the extent to which staff have been kept appropriately informed and involved in the merger process.	Independent Post-Project Implementation Review (DH(E) requirement).	Effort has been made to be collaborative and open, however the nature of funding negotiations with DH(E) has necessitated a degree of confidentiality which has at times meant that staff have not been fully aware of progress.
	<b>Targeting.</b>	Qualitative assessment by the GMC of progress towards the identification and prioritisation of critical path activities.	Independent Post-Project Implementation Review (DH(E) requirement).	On track. Critical path workstreams (notably legislation, co-location and staffing issues) have been identified and prioritised.
	<b>Unified Equality and Diversity Scheme and joint approach to equality and diversity.</b>	Qualitative assessment by the GMC of the extent to which equality and diversity have been considered, including work to integrate Equality Schemes.	EqIA.	Joint working is underway but little tangible progress has been made towards a unifying Equality Scheme (although a joint non-executive discussion on this is planned).
<b>ECONOMY AND EFFICIENCY</b>  <b>Aim:</b> To deliver the merger in a way that maximises benefits and minimises costs.	<b>Successful integration of back office systems and functions.</b>	Qualitative assessment by the GMC of progress towards an integrated IS platform and core systems; and a financial settlement with DH(E) (£1.7m co-location funding plus gap funding.)	Independent Post-Project Implementation Review (DH(E) requirement).	DH(E) has approved the outline business case for the merger including co-location and gap funding. A project plan for integrating back office systems and functions is in place.
	<b>Successful integration of PMETB staff.</b>	PMETB staff retention rates. PMETB staff harmonisation rates (proportion of PMETB staff who adopt GMC terms & conditions).	Independent Post-Project Implementation Review (DH(E) requirement).	It is too early to evaluate the impact of the merger on retention or harmonisation rates, however a project plan to successfully manage these and other staffing issues has been agreed with PMETB.

**PILOT 2 – INTRODUCING THE LICENCE TO PRACTISE**

WHY ARE WE DOING THIS?	WHAT OUTCOMES ARE WE SEEKING?	HOW WILL WE KNOW IF WE HAVE BEEN SUCCESSFUL?		ARE WE ON TRACK TO ACHIEVE OUR OUTCOMES?
		EXISTING MEASURES	PLANNED MEASURES	
<b>STATUTORY PURPOSE AND INTERLOCKING FUNCTIONS</b>  <b>Aim:</b> To enhance assurance that licensed doctors are up to date and fit to practise by introducing the licence to practise as the next tangible step towards revalidation.	<b>All doctors who require a licence to practise have one on 16 November 2009</b> when the licence is introduced.	Interrogation of data received from doctors in response to the licensing campaign; proportion of doctors requesting a licence compared to forecasts.	Benchmarking instances of unlicensed practise against instances of unregistered practice.	Of the 87% of doctors who have responded so far to our communications campaign, around 95% have opted for a licence. This meets our projection at the start of the project and therefore gives us confidence that all doctors who need a licence will have one. Our ongoing verification of data submitted by doctors also suggests that those who are in active practice are correctly opting for a licence.
	<b>Doctors are aware</b> of the implications of holding, or not holding, a licence.	Volume and nature of enquiries about licensing; qualitative assessment by the GMC of the effectiveness of the communications campaign.	Post-implementation review (which may lead to a survey of doctors.)	Our communications strategy is on track and informal feedback to date has been positive. The number of enquiries received as a proportion of total doctors contacted through the campaign is also low, which gives us further confidence that doctors understand what licensing means for them.
	<b>The GMC has a better understanding</b> of the nature of practice of doctors on the register.	Proportion of doctors who respond to the licensing campaign giving the GMC their practice data; interrogation of data submitted by doctors in response to the licensing campaign.	Post-implementation review.	The response rate to the licensing campaign so far has been high and this has enabled us to collect and analyse a large amount of additional data about the nature of doctors' practice.
<b>COMMANDING CONFIDENCE AND SUPPORT</b>  <b>Aim:</b> To enhance the GMC's reputation as a leader in regulation.	<b>High levels of response from doctors</b> during the licensing campaign.	Proportion of doctors who respond to the licensing campaign.	Post-implementation review.	Response rates to the campaign have exceeded expectations at every stage and we forecast a final response rate of 95%.
	<b>High levels of confidence and support</b> from employers and doctors in the licensing campaign.	Number of complaints; feedback from doctors; media coverage; qualitative assessment by the GMC of the effectiveness of the communications campaign.	Post-implementation review (which may lead to a survey of doctors); feedback from the launch of the resource pack for employers.	To date we have received a small number of complaints about the campaign, and although we have not formally surveyed doctors, ad hoc feedback has been positive. Reminder campaigns and additional engagement with employers across the four countries is planned and this should further enhance doctors' and employers' confidence.
<b>REGULATORY PRINCIPLES</b>  <b>Aim:</b> To introduce the licence to practise in a way that is consistent with the accepted principles of better regulation.	<b>Proportionality.</b>	Qualitative assessment by the GMC of the extent to which the approach to introducing licensing balanced risks, costs and benefits; feedback from the consultation on the draft regulations.	Post-implementation review.	Responses to our consultation on the proposed approach to licensing were largely positive. The high response rate to the communications campaign validates our decision to actively engage doctors in the introduction of licences, and has achieved our aim of changing the nature of the GMC's relationship with doctors with high levels of engagement.
	<b>Accountability and transparency.</b>	Qualitative assessment by the GMC of the clarity of mechanisms and communications relating to granting, refusing, withdrawing, and restoring licences.	Post-implementation review.	The regulations governing licences are clear, and extensive communications are in place to ensure that doctors and employers are aware of the implications of holding a licence.
	<b>Equality and diversity.</b>	EqIA; qualitative assessment by the GMC of the extent to which equality and diversity have been considered in the introduction of licensing.	Post-implementation review.	Equality and diversity has been actively considered as part of our approach to communications and our interrogation of the data received. The EqIA has been completed and does not identify any further actions.
<b>ECONOMY AND EFFICIENCY</b>  <b>Aim:</b> To ensure the GMC is well placed to efficiently deliver its day to day operations in support of licensing.	<b>The GMC successfully delivers all day to day operational services relating to licensing</b> without adversely affecting other activities.	Licensing Readiness Review.	Post-implementation review; performance against SLAs and number of complaints relative to current benchmarks.	The draft Readiness Review conducted by independent auditors considered all aspects of our preparedness for the introduction of licences to practise and found that that we are on track to implement successfully on 16 November 2009.

**PILOT 3 – GUIDANCE ON STANDARDS AND ETHICS**

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<b>STATUTORY PURPOSE AND INTERLOCKING FUNCTIONS</b>  <b>Aim:</b> To continue to improve doctors' medical practice by using best practice methods to develop fit for purpose guidance on standards of professional conduct and medical ethics.	GMC follows best practice consultation in the development of guidance.	GMC consultation protocol.	External audit on review of confidentiality guidance (underway); explore research to evaluate changes to consultation questionnaire and whether consultation analysis follows best practice; survey recent consultees on the consultation processes.	Consultation procedures for developing guidance follow best practice methods, in line with the GMC's consultation protocol.
	Doctors and other key interest groups consider the <b>guidance is fit for purpose.</b>	CHRE Performance review report 2008/09; Picker Institute Europe report (2006).	Explore survey of key interests; research to evaluate clarity and user-friendliness of core and supplementary guidance and whether it is fit for purpose.	In their Performance review report 2008/09, CHRE concluded that <i>'standards continue to be an area of excellence for the GMC'</i> . GMC-commissioned research concluded that GMP <i>'appears to balance well the varied demands and expectations of the public and the medical profession'</i> .
	<b>Doctors are familiar with the guidance</b> and the advice it contains.	No direct measure of doctors' familiarity with guidance is currently available. Proxy measures include trade press and viewings on the GMC website.	Survey of doctors.	Proxy measures suggest there is an appetite for our guidance (e.g. in the past 6 months GMP has been downloaded more than any other document on the GMC website and is the 5 <sup>th</sup> most popular page), but the full extent of familiarity is unclear.
	<b>Guidance is embedded</b> in doctors' professional development and practice.	Qualitative assessment by the GMC of progress to operationalise GMP across education, registration and fitness to practise.	Progress report on the current and new proposals for operationalising GMP throughout the GMC and national service standards and inspection processes; 2010 evaluation work programme.	Proposals for appraisal (NHS England) include a GMP module which will be met via the Framework for appraisal and assessment derived from GMP. Revalidation across the UK will also be based on the Framework. We plan to evaluate the effectiveness of different ways of embedding our guidance.
<b>COMMANDING CONFIDENCE AND SUPPORT</b>  <b>Aim:</b> To strengthen confidence and support of key interests in the development and dissemination of guidance.	<b>Key interests are confident we engage</b> in fully inclusive consultation methods.	CHRE Performance review report 2008/09; feedback from key interests during consultation and review of confidentiality guidance.	Additional consultation question; survey of key interests and recent consultees; explore additional measures for inclusion in the GMC communications plan.	CHRE consider that <i>'the GMC excels at targeting and involving stakeholders with an interest in the subject matter being developed'</i> . When asked, feedback from consultation respondents has been largely positive.
	<b>Key interests are confident we develop innovative ways to help them understand</b> how the guidance applies across doctors' practice.	CHRE 2008 Report; CHRE Performance review report 2008/09; <i>GMP in Action</i> feedback tool.	Explore survey or focus group research.	The GMC was commended in a 2008 report by CHRE for developing <i>GMP in Action</i> , and this was reinforced in their 2008/09 review. 95% of respondents to the <i>GMP in Action</i> feedback tool agreed that it was useful – <i>'...this is really one of the best ways of introducing the practical elements of GMP, the principles and their implementation'</i> .
<b>REGULATORY PRINCIPLES</b>  <b>Aim:</b> To develop and disseminate guidance in a way that is consistent with the accepted principles of better regulation.	<b>Accountability.</b>	Qualitative assessment by the GMC of the clarity of the process used to analyse consultation responses.		The introduction of a routine external audit of the process used to analyse consultation responses has strengthened accountability. External audit for confidentiality and end of life consultations is on track.
	<b>Consistency.</b>	Qualitative assessment by the GMC of the consistency of guidance with laws across the UK and the wider framework of guidance on good medical practice.		Consultation questions target the consistency of the guidance with the legal framework and legal advice is sought before final publication.
	<b>Transparency.</b>	Qualitative assessment by the GMC of the extent to which public consultation provides opportunities for participation from key interests.	Explore additional measures for inclusion in the GMC communications plan.	Consultations are widely accessible and narratives of consultation processes for developing guidance are published.
	<b>Proportionality.</b>	Qualitative assessment by the GMC of the extent to which we develop guidance in proportion to the appetite for advice.		The format of guidance is proportionate to interests' appetite for advice. 90% of respondents to the confidentiality guidance considered the draft contained the right level of detail.
	<b>Equality and diversity.</b>	Qualitative assessment by the GMC of the extent to which equality and diversity have been considered; EqlAs.		Consultation plans reflect the needs of equality and diversity groups and EqlAs are completed throughout developing and implementing guidance. Some perceive we could do more to target equality groups in the dissemination of guidance.

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<b>ECONOMY AND EFFICIENCY</b>  <b>Aim:</b> To disseminate guidance in a way that maximises benefits and minimises costs.	Continue to <b>develop innovative and effective ways of efficiently disseminating new guidance.</b>	Qualitative assessment by the GMC of the efficiency of forthcoming implementation projects.		New online scenarios in <i>GMP in Action</i> launched in 2009 and plans for the implementation of confidentiality guidance are intended to increase the efficiency of the way in which we disseminate our guidance.

**PILOT 4 – GMC AFFILIATES PILOT STUDIES**

WHY ARE WE DOING THIS?	WHAT OUTCOMES ARE WE SEEKING?	HOW WILL WE KNOW IF WE HAVE BEEN SUCCESSFUL?		ARE WE ON TRACK TO ACHIEVE OUR OUTCOMES?
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<b>STATUTORY PURPOSE AND INTERLOCKING FUNCTIONS</b>  <b>Aim:</b> To provide comprehensive feedback on the effectiveness of the Affiliates model in improving the management of concerns about doctors locally and bridging the gap between national and local regulation – in order to refine proposals contained in the White Paper and inform future GMC policy development.	Evidence demonstrating whether the Affiliates model leads to a <b>more effective resolution of concerns</b> about doctors at the local level.	Mid-term evaluation report (April 09).	Full evaluation report (Nov 09).	Initial findings indicate that Affiliates are perceived to contribute to a more effective resolution of concerns about doctors, and to developing and sharing best practice.
	Evidence demonstrating whether the Affiliates model leads to <b>greater transparency</b> about how concerns are managed at the local level.	Mid-term evaluation report (April 09).	Full evaluation report (Nov 09).	Initial findings indicate that Affiliates are perceived to provide independent input to local procedures which is valued by stakeholders.
	<b>Comprehensive feedback on the full range of costs and benefits</b> of the Affiliates model.	Mid-term evaluation report (April 09).	Full evaluation report (Nov 09).	There is initial evidence on the benefits of the model but further clarification is needed on the costs. This will be provided in the full evaluation report.
	Pilots <b>inform the development of wider GMC policy</b> on managing concerns about doctors.	Qualitative assessment by the GMC of the extent to which Affiliates is informing fitness to practise and revalidation policy development.		Policy discussions with DH demonstrate that the pilots have informed GMC understanding of the impact of early interventions on referrals, but it will be important to ensure we continue to apply learning from the pilots to policy development going forward.
<b>COMMANDING CONFIDENCE AND SUPPORT</b>  <b>Aim:</b> To increase confidence in the GMC and strengthen relationships with those managing concerns locally.	<b>High levels of confidence and support</b> from key interests in the model.	Mid-term evaluation report (April 09).	Full evaluation report (Nov 09).	Initial views gathered from a range of stakeholders indicate that the Affiliates model is seen by many as being both useful and operating effectively.
	<b>GMC strengthens relationships</b> with those managing concerns locally, and is well placed to <b>build on these gains</b> in future work.	Mid-term evaluation report (April 09).	Full evaluation report (Nov 09); qualitative assessment by the GMC of the extent to which we capitalise on this going forward.	Initial findings indicate that the model has helped to develop trusted relationships between Medical Directors and GMC Affiliates. It will be important to maintain and build on these gains beyond the pilots.
<b>REGULATORY PRINCIPLES</b>  <b>Aim:</b> To address the GMC's initial concerns about proposals for Affiliates outlined in the White Paper, and deliver the pilots in a way that is consistent with the accepted principles of better regulation.	<b>Affiliates model supports the 'Case Examiner' approach</b> (pairing medical and non-medical Affiliates.)	Mid-term evaluation report (April 09).	Full evaluation report (Nov 09).	Initial findings indicate strong support from stakeholders for the pairing of medical and lay Affiliates within the pilots.
	<b>Affiliates model maintains the boundaries</b> between local regulation and fitness to practise procedures.	Mid-term evaluation report (April 09).	Full evaluation report (Nov 09).	The Affiliates model has not extended the GMC's regulatory authority to a local level.
	<b>Proportionality.</b>	Evidence in the mid-term evaluation report on the cost and practicality of rolling out Affiliates nationally.	Full evaluation report (Nov 09).	The Affiliates model is intensive and the mid-term report raises questions about the cost-effectiveness of scaling it to a national level.
	<b>Accountability.</b>	Qualitative assessment by the GMC of the strength of accountability arrangements for evaluating the pilots.		Pilots are being independently evaluated and have external oversight from the DH Tackling Concerns Locally Subgroup, as well as internal oversight by a project board within the GMC.
	<b>Transparency.</b>	Qualitative assessment by the GMC of extent to which evaluation findings have been shared with stakeholders.		Progress reports and findings from the independent evaluation are regularly shared with key stakeholders.
<b>ECONOMY AND EFFICIENCY</b>  <b>Aim:</b> To inform wider GMC work to enhance the efficiency of managing concerns about doctors.	<b>Pilots inform wider GMC work</b> to enhance the efficiency of managing concerns about doctors.	Qualitative assessment by the GMC of extent to which learning from pilots informs fitness to practise and revalidation policy.		The pilots have demonstrated the benefits of close liaison with Medical Directors but also raise concerns about cost. As a result, an alternative model of liaison which has recently been introduced in Scotland is of increasing interest.