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## 6b

*To consider*

### **Joint Co-ordination Group: Progress Report**

#### **Issue**

1. A report from the Joint Co-ordination Group on progress towards the merger of PMETB with the GMC.

#### **Recommendation**

2. To endorse the assurance provided by the Joint Co-ordination Group that the project to merge PMETB with the GMC is on track (paragraphs 11-40).

#### **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 proposal supports Key Aim Two of the 2009 Business Plan which says that we will make all necessary preparations for the merger of PMETB with the GMC. In January 2008, the final report of the Independent Inquiry into Modernising Medical Careers recommended that PMETB should be merged with the GMC and, in February 2008, the Secretary of State for Health accepted the Inquiry's recommendation.

5. The benefits of merging PMETB with the GMC include:

- a. Rationalisation and simplification of regulation – a single competent authority for medical regulation from entry into medical school to the end of a medical career.
- b. A single point of contact for key interests.
- c. The opportunity to share best practice and achieve improvements.
- d. An integrated approach to education and training.
- e. Access to greater resources through a wider cost base.
- f. The complete integration with other regulatory functions, enabling a focus on the whole doctor at key stages of the career pathway.

6. The merger also created an opportunity to realise more far reaching improvements in the way that medical education and training are regulated. Lord Naren Patel accepted an invitation by the GMC and PMETB to lead a review of the current arrangements and make recommendations.

7. To support the merger process, we have put in place joint oversight arrangements comprising two groups:

- a. The Joint Implementation Group, which acts on behalf of the governing bodies to consider joint proposals from the two management teams and resolves issues as they arise.
- b. The Joint Co-ordination Group (which has replaced the Joint Oversight Group), chaired by Dr John Jenkins, with Dr Johann Malawana as Deputy Chair. The JCG comprises PMETB and GMC members and provides assurance to both governing bodies that risks are being managed, plans are being developed, and resources are in place. The JCG also has a remit to develop key areas of joint working.

8. In addition, we are members (with PMETB) of a Joint Steering Group, chaired by the Department of Health (England), which meets monthly to plan and monitor progress.

9. A comprehensive programme architecture and implementation plan have been agreed and are now in place, with four distinct phases:

- a. Phase 1 – Scoping and groundwork (now complete).
- b. Phase 2 – Planning and implementation (May 2009-April 2010).
- c. Phase 3 – Delivering post-merger benefits (from April 2010).
- d. Phase 4 – Post-implementation Review and Evaluation (mid-late 2011).

10. This paper provides a report on progress and includes a short statement of assurance by the JCG, following its most recent meeting on 16 September 2009.

## **Discussion**

### *DH(E) funding*

11. Following approval of our outline business case in August 2009 and further work that has been undertaken subsequently, on 8 September 2009 we prepared and submitted to DH(E) for approval a full business case, including the costs of co-locating the two organisations in our London office. We are expecting a decision from DH(E) imminently, and will report the latest position to Council orally.

### *Governance*

12. At its September 2009 meeting the JCG received a paper outlining the challenges around integrating the governance structures of PMETB with the GMC. A key change is that whereas PMETB's legislative framework obliges it to maintain both a Training Committee and an Assessment Committee, the GMC will not be subject to such a requirement. Provisional analysis jointly undertaken with PMETB, endorsed by the JCG, suggests that the policy work of those committees (and of *ad hoc* task and finish groups established from time to time by PMETB) can be undertaken by the Postgraduate Board (with, as necessary, short-life working groups).

13. Another distinctive feature of PMETB's governance is the use made of panels to undertake a range of activities delegated by the Board and the statutory committees. This includes certification, programme approval, curriculum and assessment approval, and visits to deaneries. PMETB have appointed over 350 'partners' to sit on these panels, which are chaired by Board members.

14. In discussion of how we should approach the integration of panel work into the GMC, the JCG concluded that the key requirements were to:

- a. Maintain business continuity.

- b. Retain the confidence and support of key interests throughout the merger process.
- c. Ensure the expertise built up by PMETB (including its Board members, partners and staff) is carried over to the business processes the GMC adopts.
- d. Ensure that GMC decisions in the field of postgraduate medical education and training continue to draw on relevant speciality and sub-specialty expertise, in the way that PMETB have successfully done.
- e. Ensure coherent feedback and mutual learning between policy and operational activity.
- f. Maintain the well established principle that GMC Council members should be independent of operational decision-making processes.

15. Our emerging conclusion, subject to ongoing work on business integration, is that for the moment we should retain PMETB's panel model of decision-making with some necessary modifications. The key one being that members of the governing body will no longer chair panels.

16. We intend that the necessary amendments to our governance framework and governance handbook arising from the merger will be brought to Council in February 2010. The wider governance review (due to take place in 2010) will provide an opportunity for any further adjustments that might prove to be required in the medium term.

### *Legislation*

17. We continue to work closely with DH(E) officials, through the JSG, to mitigate the risks associated with a tight legislative timetable and have made significant progress in this area since the report to Council on 10 September 2009. In particular, DH(E)'s consultation on the draft legislation (a Section 60 Order), that will transfer PMETB's functions to the GMC, closed on 28 August 2009. Responses received were overwhelmingly supportive and we expect the legislation to progress through Parliament on schedule. We have prepared draft secondary legislation, including rules and regulations for consultation (item 6a on the agenda).

18. The JCG endorsed the progress that has been made in this area but recognised that there remains a significant risk to achieving the legal transfer of functions by 1 April 2010. However, with the JCG's encouragement, and by agreement with PMETB, we intend to bring about the organisational merger of PMETB with the GMC (which is under our control) in accordance with the agreed timetable even if there were to be some minor slippage of the timetable for transferring PMETB's functions. The practicalities of doing so will be discussed by the JCG at its next meeting.

### *Accommodation*

19. We remain on track to co-locate PMETB staff to our London office in March 2010. Architectural services have been procured and are currently working up plans for the fit-out contractor, who is due to commence work on 4 December 2009.

20. The closure of the Clinical Assessment Centre in London on 3 December 2009 and relocation to Manchester remains on schedule. The fit-out of the space vacated by the Clinical Assessment Centre is scheduled for completion by the end of February 2010.

### *Finance*

21. The finance teams in both organisations are taking forward some further work on financial systems, accounting arrangements and contract issues.

### *Information systems*

22. We have appointed a Project Manager to take forward the IS integration work that will be delivered both pre and post merger over the next two years.

23. Pre-merger work is mainly focused on moving PMETB staff and Partners onto GMC systems, and where appropriate, moving PMETB systems into the GMC's infrastructure. Wider systems development work that will be required to support business integration and the delivery of merger benefits will, in the main, be taken forward post merger.

### *Human resources*

24. There has been a significant amount of activity in this area during September and October 2009. In particular, we have agreed with PMETB to bring forward work to develop a detailed organisational structure in order to provide earlier certainty for staff.

25. To that end, we have completed the job evaluation exercise, which was undertaken to enable us to assess where PMETB roles (not people) should fit within our grading structure and pay system. This will now be considered alongside the organisation design discussions that have taken place between senior managers in the two organisations. We anticipate that the organisational structure will be communicated to PMETB staff and relevant GMC staff well before Christmas 2009.

26. DH(E) has provisionally agreed that PMETB staff may remain in the NHS pension scheme. This was seen as the preferred option and will reduce the risks associated with the transfer of staff to the GMC. We are awaiting formal approval.

27. Take-up of training opportunities by PMETB staff continues to be high. Five PMETB staff are working towards the Institute of Management Diploma, which was specifically developed for the GMC, and seven are working towards the Foundation Leadership Certificate.

### *Business integration*

28. The workshops that have been set up to determine how PMETB's operational business requirements might best be integrated into the GMC are progressing well. Our approach at this stage is to achieve a smooth transition, using the 'lift and shift' approach, so far as is practicable.

29. Further integration work is planned from April 2010 onwards to maximise the benefits of the merger. This is likely to be a rolling programme and will be informed by the Patel Review.

### *Communication*

30. External and internal communications are managed by the Joint Communication Group, which meets regularly.

31. The GMC contributed to the PMETB stakeholder conference on 1 October 2009. Dr John Jenkins, Professor Malcolm Lewis and Paul Philip participated, with the Chair and Chief Executive of PMETB, in a short plenary session about the merger.

32. We foresee an increase in both internal and external communications as the pace of change during Phase 2 accelerates.

33. Further joint open forum staff sessions, as well as a programme of briefing seminars, are planned and our monthly internal bulletin, *In Touch*, is being distributed to PMETB staff.

### *Post-merger benefits*

34. The review of the regulation of medical education and training, led by Lord Naren Patel, continues. The Advisory Group, comprising members of the Education and Training Reference Group and additional members nominated by PMETB, meets for the fourth time on 21 October 2009.

35. A wider Reference Group meeting will take place on 24 November 2009 to discuss some of the provisional conclusions emerging from the review. The Reference Group includes some 60 representatives of key interest groups including those from undergraduate and postgraduate medical education, and employers.

36. The Equality and Diversity Reference Group met on 22 September 2009 and was joined by PMETB Board Members to discuss a number of opportunities for joint working on equality and diversity issues by the GMC and PMETB prior to the merger. A joint work programme for the period September 2009 to April 2010 has been agreed, which consists of:

- a. A review of the action plans in both Equality Schemes and agreement on a consolidated plan, by the end of October 2009.

- b. A joint engagement plan on equality and diversity, by the end of November 2009. This work will form a useful foundation for consolidated wider stakeholder engagement plans for the GMC post-merger to engage across all of its activities in the area of medical education (undergraduate, postgraduate and continued practice).
- c. A joint working plan on equality impact assessments, by the end of November 2009.
- d. A combined policy on reasonable adjustments, by the end of November 2009.
- e. A commitment to share the respective employee and registrant monitoring practices of both organisations, by the end of November 2009.

37. The Postgraduate Board's programme of presentations to discuss key PMETB functions and challenges began with issues around the Quality Framework on 29 July 2009. Further presentations on Future Doctors and PMETB policy will be given at the next meeting on 5 November 2009.

#### *Assurance and risk management*

38. We continue to make good progress against the Phase 2 project plan and on the basis of the progress review, the JCG is able to give assurance that delivery of the objectives of the merger of PMETB with the GMC is on track.

39. Key risks associated with legislation and co-location have been reduced through our close working relationship with DH(E) colleagues and members of the JSG.

40. Imminent approval of the full business case will go some way towards further reducing the risks associated with co-location, and we aim to further mitigate the risks associated with legislation by exploring ways in which the link between the legal merger and the physical merger can be separated.

**Recommendation:** To endorse the assurance provided by the Joint Co-ordination Group that the project to merge PMETB with the GMC is on track.

#### *Next steps*

41. The next meeting of the JIG will take place on 10 November 2009. Any issues raised at the meeting will be discussed at the next JCG meeting, which is also scheduled to take place in November 2009. A further progress report will be provided to Council on 9 December 2009.

#### **Resource implications**

42. There are no direct resource implications arising from this report.

## **Equality**

43. An Equality Impact Assessment was conducted as part of the process of agreeing the draft Section 60 Order. Paragraph 36 above summarises the wider discussions between the two organisations on Equality and Diversity issues.