

7b – Evaluating the GMC’s Performance – Annex A

Six-Month Evaluation of Progress against Outcomes in the 2010 Business Plan

	2010 BUSINESS PLAN ACTIVITY	OUTCOMES	SIX-MONTH EVALUATION OF OUR PERFORMANCE AGAINST THE OUTCOMES AND RATING	
1.1	We will operate robust, fair, transparent and effective registration, certification and licensing processes.	<p>Only those doctors who are properly qualified and fit to practise gain entry to the medical register.</p> <p>Service level performance targets for registration and certification are met or exceeded.</p>	On track. Performance against service targets is good. No doctors have been incorrectly granted entry to the register in the YTD. No systemic issues or concerns have been identified about our registration processes (eg through Significant Event Reviews and other internal audit activity).	Green
1.2	We will review the registration policy framework in the areas of fitness to practise at the point of registration, registration and certification appeals and the assessment of primary medical qualifications awarded overseas.	The GMC has a registration process that is efficient, effective and fit for purpose.	Available evidence (eg CHRE reviews, complaints, surveys) provides a positive assessment of our registration process. Policy review activities and continuous improvement initiatives are supporting further improvements. Our benchmarking programme will provide a more in-depth evaluation of how our processes compare to other organisations. Refer to Annex B for more detail.	Green
1.3	We will work with our key interest groups to develop the medical register.	The medical register is more widely used and its content expanded to reflect better the needs of employers, patients and the public.	On track, but our approach to this work has shifted since inception, as we concluded it would be more beneficial to focus initially on defining the key data set required by the GMC and other organisations in order to enhance the strategic value of the register, rather than starting from an open-ended objective of presenting more information on the register. Refer to Annex B for more detail.	Green
2.1	We will deal firmly and fairly with all fitness to practise concerns raised about individual doctors.	Service level performance targets for fitness to practise are met or exceeded.	The increase in both fitness to practise cases entering the investigation and adjudication stages and average hearing length are impacting on performance against the 9-month panel referral target and 6-month investigation target, but steps are in place to improve our performance. Internal audits show we are meeting our quality targets, and CHRE's audit of our fitness to practise process found that <i>'Based on evidence from our audit we consider that the General Medical Council deals with fitness to practise cases effectively. Patient and public safety and maintaining public confidence in the profession, and in regulation, are at the heart of its operations'</i> . Refer to Annex B for more detail.	Red
2.2	We will develop policy and guidance to support the introduction of revalidation. <i>[Please note the wording of this activity has been updated since the publication of the 2010 Business Plan]</i>	There is clarity on the details of the revalidation model.	On track to finalise the details of the revalidation model by December 2010. Feedback received through the consultation will help to shape our proposals. An interim report on the consultation and our policy work is at item 5a on the Council agenda for 13 July 2010.	Green
2.3	We will consult and agree on the policy and guidance to support the introduction of revalidation.	<p>There are high levels of engagement in our consultations, and the feedback received usefully informs our policy development.</p> <p>Revalidation proposals command the confidence and support of our key interest groups.</p>	Performing well. We had direct contact with over 4,600 people during the consultation on revalidation, and received over 940 formal responses (the highest number for any GMC consultation to date). Preliminary analysis shows broad support for the proposals but there is much work still to be done. There was extensive media coverage, of which 93% was positive or neutral. We expect that feedback received will add considerable value as we develop the proposals further. Refer to Annex B for more detail.	Green
2.4	We will work with the Office of the Health Professions Adjudicator to prepare for the transfer of the GMC's adjudication functions.	<p>Plans are on track to establish an independent adjudication body by 1 April 2011.</p> <p>Business continuity is maintained and service level performance targets continue to be met for adjudication during the transition period.</p>	Oversight arrangements and a roadmap for managing the transition are in place. Work is progressing across the different workstreams, although at this stage the key issue facing the programme is whether funding for the transition will be made available by DH(E). Weekly monitoring does not indicate any negative impact on service performance as a result of the transition. Refer to Annex B for more detail.	Amber

Rating guide: *Green:* on track to achieve outcome. *Amber:* some challenges to achieving outcome but action is planned or in place to address. *Red:* significant challenges mean we are unlikely to achieve outcome.

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3.1	We will complete all work necessary to deliver the merger of PMETB with the GMC.	<p>The GMC is established as the single competent authority for the regulation of medical education and training by 1 April 2010.</p> <p>Business continuity and operational performance is maintained before, during and after the merger, and key practical merger benefits are realised from day one.</p>	The merger was successfully completed on 1 April 2010. Business continuity has been maintained and PMET operations successfully commenced on day one. Activities in the benefits realisation plan are progressing on schedule. The Postgraduate Board is monitoring progress against the plan on an ongoing basis.
3.2	We will respond to recommendations from the Patel review.	Work programmes are established to consider recommendations from the Patel review, to enable the wider benefits of the merger to be realised.	On track. Lord Patel presented his report to Council on 31 March 2010. We have developed responses to each of the recommendations (at item 4a on the Council agenda for 13 July). Work is already underway, reflecting recent discussions at the Undergraduate and Postgraduate Boards on our high and medium-term priorities.
3.3	We will implement the standards and outcomes in <i>Tomorrow's Doctors</i> 2009.	<p>A programme of implementation workshops is successfully delivered across the UK involving medical schools, postgraduate deaneries and employers.</p> <p>Our key interest groups are supported to work effectively together towards meeting the standards and outcomes in <i>Tomorrow's Doctors</i> 2009.</p>	Good progress made. Ten workshops were held as planned across the UK and attracted attendance from the full range of key interest groups. Delegates' evaluation of the benefits of attending has been very positive. Workshop discussions and annual return submissions confirm that the majority of schools are on track to comply with the new standards in 2011/12 although schools have identified a number of challenges. We are taking action to address this feedback, for example by developing supplementary advisory guidance and providing further support to schools. Refer to Annex B for more detail.
3.4	We will carry out quality assurance reviews of basic medical education at two medical schools, foundation training at eight postgraduate deaneries, three of which will be combined pilot reviews of both foundation and speciality training, and specialty training at four postgraduate deaneries.	<p>Quality assurance activities continue to provide assurance that standards and outcomes are being met.</p> <p>The pilots identify scope for greater integration of quality assurance activities across the continuum of medical education and training.</p>	On track. Our QA programme is on schedule and reports completed to date have been accepted by all parties. CHRE's 2009/10 assessment of our QA process is positive, and we are exploring further opportunities to enhance our approach. From 2011, we will put in place a cross-continuum approach to QA. We will also integrate standards for Specialty and Foundation training, and develop proposals for a quality scrutiny group to oversee QA activity at all stages.
3.5	The Basic Medical Education Fitness to Practise working group will examine specific fitness to practise issues in undergraduate medical education and foundation year one and provide advice to the GMC through its Boards.	Proposals are in place to continue the current drive towards a more robust, co-ordinated and pro-active approach to fitness to practise concerns in medical schools and the Foundation programme.	The working group is on track to present its recommendations to the Boards in September / October 2010. Progress has been made against all workstreams and we expect proposals to lead to increased consistency between and within medical schools in their decision making related to student fitness to practise.
4.1	We will publish new guidance on end of life care and research; issue revised guidance on video and audio recordings of patients; continue to review our <i>Management for Doctors</i> guidance; and begin a review of our core guidance on <i>Good Medical Practice (GMP)</i> .	<p>Doctors and other key interests consider the guidance to be relevant and fit for purpose.</p> <p>Key interest groups consider that we have undertaken fully inclusive consultation in developing the guidance.</p>	Available evidence suggests we are performing well in these areas. The guidance survey was commissioned to provide further information on how doctors view our guidance and its implementation. We expect to receive the final report and analysis of the results shortly and this will be used to examine different ways of ensuring our guidance is embedded in practice. Refer to Annex B for more detail.
4.2	We will broaden and develop the scope and style of our on-line learning materials, including publishing new case studies in the <i>GMP in Action</i> format, and supporting doctors to apply the principles of <i>Good Medical Practice</i> to patients with learning disabilities.	Key interest groups consider that our guidance is published in formats that help them to understand how the principles apply to their day-to-day practice.	

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4.3	We will evaluate the effectiveness of different means of promoting and embedding our guidance in doctors' practice.	<p>The GMC has an understanding of doctors' overall awareness of our guidance and their attitudes towards its relevance and helpfulness.</p> <p>The GMC has a clear strategy for improving the ways in which we embed our guidance in doctors' practice.</p>	
5.1	We will work with our four key interest groups to help them prepare for the introduction of revalidation.	<p>There is greater awareness of what doctors, the NHS and other healthcare providers need to do to support the introduction and roll-out of revalidation.</p>	<p>We engaged extensively with key interest groups during the consultation to raise awareness of revalidation and inform policy development. Key GMC message penetration in the media is relatively high. Preliminary analysis of consultation responses shows broad support for the proposals but it is clear that individual doctors want clarity about how revalidation will apply to their particular circumstances. The work of the UKRPB and Delivery Boards is moving forward as planned. Refer to Annex B for more detail.</p>
5.2	We will manage the work of the UK Revalidation Programme Board and support the Delivery Boards in overseeing and delivering the changes that need to be made to support revalidation.		
5.3	We will respond to the findings of the evaluation of the GMC Affiliates pilot studies.	<p>We have an agreed approach on the future of GMC Affiliates that is both effective and provides value for money.</p>	<p>We are on track to report to Council in the autumn with the findings from the independent evaluation of the two Affiliates pilots. We will then need to agree an approach to roll-out that strikes the right balance between effectiveness and value for money – this requires further work following the evaluation of the pilots.</p>
6.1	We will engage with UK and European decision makers and healthcare regulators to influence the development of healthcare policy and legislation, including the draft EU directive on <i>The application of patients' rights in cross-border healthcare</i> and the upcoming revision of the EU Directive on <i>The recognition of professional qualifications</i> .	<p>We have raised the profile of key concerns which impact on the GMC's regulatory functions with EU policymakers, with a view to positively influencing EU policy and legislation.</p>	<p>We have had considerable success in raising the profile of patient safety concerns about the mutual recognition of professional qualifications and language testing of doctors with a primary medical qualification from the European Economic Area. Refer to Annex B for more detail.</p>
6.2	We will continue to lead the Healthcare Professionals Crossing Borders initiative, including the implementation of the Portugal Agreement and obtaining agreement to the Memorandum of Understanding on <i>Case by case and proactive information sharing</i> .	<p>We have raised the profile of the benefits of more comprehensive and consistent data sharing on healthcare professionals between competent authorities.</p>	<p>Achieving tangible change in this area continues to be a challenge, however we are making headway. As a result of our engagement, MEPs have tabled four questions to the European Commission on this issue which has helped to raise its profile. The Commission is proactively seeking our views on how current practices could be strengthened, and is considering whether to introduce an alert mechanism that competent authorities can use when action is taken against a doctor's registration.</p>
6.3	We will support a joined-up approach to healthcare regulation through our participation in the Alliance of UK Health Regulators on Europe and the International Association of Medical Regulatory Authorities.	<p>There is increased collaboration and co-operation at UK, European and international levels, in support of agreeing common approaches to healthcare regulation.</p> <p>The GMC contributes to and learns from international best practice in medical regulation.</p>	<p>On track. We continue to convene AURE and IAMRA meetings and have put forward a bid to host the IAMRA Conference in 2014. We have noticed an increase in the number of requests from international bodies for visits to the GMC and information on our regulatory model, and continue to meet these requests.</p>
6.4	We will play a leading role in participating in initiatives to share best practice, including with the Council for Healthcare Regulatory Excellence, between the regulatory bodies and other organisations with a common interest.	<p>There are high standards set in healthcare regulation and greater consistency in their application across the regulators.</p>	<p>On track. We have agreed principles for managing our MoUs which will support our working relationships with organisations that are key to ensuring we deliver our statutory duties. We continue to participate in CHRE events and projects to share and develop good practice, and collaborate regularly with other healthcare regulators through the Chief Executives' Steering Group and regulators governance group, including agreeing support on issues of mutual interest and sharing good practice.</p>

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7.1	We will continue to analyse and improve the efficiency and effectiveness of our business processes.	We will seek annualised improvements in the unit costs of our operations of between 3 and 5%. As part of this we will seek to save £1 million in the cost of our procured goods and services. There are demonstrable improvements in one or more of the quality, cost and timeliness of the services we provide.	On track to achieve efficiency target for 2010. We have already achieved savings of £440K against budget through renegotiating our London rental agreement. Changes to our travel policy are expected to generate approximately £200K net savings by year end, and the expansion of our in-house legal team will also yield savings later in the year. The Performance Board has established an efficiency programme to deliver year-on-year gains of 3-5% from 2010-2013. Refer to Annex B for more detail.	
7.2	We will engage with key interest groups on our fee structure following the merger of PMETB with the GMC. <i>[Please note the wording of this activity has been updated since the publication of the 2010 Business Plan, as agreed by Council on 20 May 2010.]</i>	We have a robust and equitable fee structure which commands the support of the profession.	Council agreed to maintain the current fees framework and focus efforts on reducing the level of fees relating to postgraduate medical education. Further changes will be considered in the medium term to reflect the outcomes of the Patel review. We will engage with key interest groups on our approach but do not expect adverse feedback.	
7.3	We will realise the economies of scale identified in the planning phase of the merger of PMETB.	We have achieved £0.5 million savings through business integration.	On track. A benefits realisation plan is in place which sets out how these 2010 savings will be achieved. The Postgraduate Board is monitoring progress on an ongoing basis as part of its oversight of the benefits realisation plan.	
8.1	We will continue to support and monitor the Economic and Social Research Council's research programme, and commission a new programme of research informed by the development of our Research Strategy.	Our research is closely aligned with, and adds value to, our policy development priorities.	On track. Fundamental to achieving this outcome is the development of our Research Strategy which was agreed by Council on 20 May 2010. We have held a number of successful events to disseminate findings from our research to ensure the implications are well understood, and there is evidence of our research having a direct impact on operational policy. Refer to Annex B for more detail.	
8.2	We will develop an Equality and Diversity Strategy that delivers the GMC's vision and priorities for action.	The GMC remains compliant with equality and diversity legislation. Equality and diversity considerations are embedded in our policy development and operational activity.	We have appointed consultants to provide independent assurance of our Equality Scheme, and have established a working group to ensure that policies, processes and procedures are updated to align with the Equality Act, although there are challenges to delivering on time. CHRE has noted that <i>'The GMC has undertaken a significant amount of work to embed equality and diversity principles in its work'</i> . Refer to Annex B for more detail.	
8.3	We will engage with key interest groups to inform the GMC's approach to equality and diversity, including through our Equality and Diversity Research Forum and Reference Group.	There is enhanced awareness internally and externally of the GMC's commitment to equality and diversity. There is effective collaboration on areas of healthcare regulation that impact on equality and diversity.	On track. We have looked to increase our engagement with networks of doctors and other diverse interest groups, as well as engaging internally to develop our supporting E&D Strategy and action plans. We have also joined a number of external networks aimed at sharing good practice around E&D. Refer to Annex B for more detail.	