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

Key Findings from the Six-month Evaluation of Progress towards the Outcomes in the 2010 Business Plan

Evaluation Framework criteria – achieving our statutory purpose

1. To evaluate whether we are achieving our statutory purpose – to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine – we need to be able to measure the quality and fitness for purpose of our functions, as well as the influence we are having on issues that impact on our regulatory functions and patient safety.
2. The six-month evaluation of progress towards the 2010 Business Plan outcomes has generated some interesting insights and learning about our performance in this area. A summary of the key findings that are likely to be of particular interest to members is provided below.

Evaluating the quality of our core functions

3. Through the six-month evaluation process we have identified a range of different types of evidence that help us to measure the quality of our core functions.
4. Consistent with the learning from the evaluation pilots, we have drawn primarily on management information that is already available within the GMC, to ensure that our approach is efficient. For example, in evaluating the quality of our registration and fitness to practise functions, we have examined a range of evidence including performance against our service targets, CHRE’s 2009/10 Performance Review Report and their audit of our fitness to practise procedures, performance indicators relating to complaints, and the results of surveys, Significant Event Reviews and other internal audit activities.
5. These measures indicate we are generally performing well, however we are struggling to achieve the fitness to practise service targets relating to commencing 90% of panel hearings within nine months of referral, and concluding or referring 90% of cases at the investigation stage within six months. We regularly report on these targets and the steps we are taking to improve our performance through the Chief Executive’s Report to Council, which is at item 3 on the Council agenda for 13 July 2010.

6. There are occasions where there is value in gathering additional performance information to address gaps in our knowledge. The Performance Board aims to increase our overall understanding of the quality of our functions (including fitness to practise) by developing a benchmarking programme. This will compare our approaches and processes to those of other organisations we might meaningfully learn from, to validate our work and assist us in identifying examples of best practice which we could adopt in order to improve our performance.

7. Our approach to benchmarking has five main components: analysing the outputs from a benchmarking exercise undertaken by the Charity Finance Directors' Group; capturing any comparative analysis already undertaken as part of existing work; high-level benchmarking of the GMC against other regulators; detailed benchmarking of specific GMC functions against other organisations with similar responsibilities; and some benchmarking of support services against other organisations. We will report to Council with the key findings from our benchmarking programme later in 2010.

Understanding doctors' views on our guidance and its implementation

8. Strategic Aim Four of the 2010 Business Plan is 'to provide doctors with relevant, up-to-date guidance on professional standards and ethics'. Key outcomes for 2010 include doctors and other key interests considering that our guidance is relevant and fit for purpose, and that we have undertaken fully inclusive consultation in developing it.

9. Available evidence suggests we are performing well in these areas. For example, the majority of responses to the draft consultation documents for end of life care, research, and video and audio recordings expressed support for the principles in the guidance. Media coverage was also favourable: 83% of the media coverage during the launch week of the end of life care guidance was either positive or neutral in tone, and five of the six articles in the trade press which reported on the research guidance were positive or neutral. In terms of our consultations, the majority of respondents said they found our consultation process and documents helpful, and an independent external audit of the end of life care consultation found our process of analysis to be transparent, consistent, responsive and balanced.

10. While we have some information on how our guidance is perceived and the level of penetration it has within the profession, the 2009 evaluation pilot noted that the full extent to which doctors are familiar with it was unclear. To address this gap we commissioned Ipsos MORI, the independent opinion research agency, to undertake an online survey of a representative sample of doctors in the UK seeking their views on GMC guidance and its implementation.

11. The survey was undertaken between 26 March and 17 May 2010 and generated feedback from a total of 997 GMC registered doctors. Overall, the headline results of the survey are very positive, but they also suggest ways in which we can inform our ongoing work to help doctors understand and apply the guidance, including what formats we develop and how we communicate it to doctors and others.

12. We expect to receive the final report and analysis of the results shortly, and these will be presented at the Standards and Ethics Reference Group meeting on 21 July 2010, following which we will share the results with Council.

Preparing for the transfer of the GMC's adjudication function to OHPA

13. Strategic Aim Two of the 2010 Business Plan is 'to give all our key interest groups confidence that doctors are fit to practise'. Key outcomes for 2010 include working with the Office of the Health Professions Adjudicator (OHPA) to establish an independent adjudication body by 1 April 2011, and ensuring that the GMC maintains business continuity for adjudication during the transition.

14. Much progress has been made with the OHPA programme, however it represents a major challenge. We have worked closely with colleagues at OHPA to establish appropriate programme architecture and joint oversight arrangements, and all of the governance groups have now met. Work is progressing across the different workstreams (communications, accommodation, rules development, finance, IS, HR and preparing the GMC for post-transfer operations). However, there are a number of important issues facing the programme which we are actively managing, including uncertainty as to whether funding for the transition will be made available by DH(E) given the current uncertainty around public finances and the ongoing review of departmental expenditure; and the cost and risks associated with OHPA's decision to invest in a standalone IT system.

15. A more detailed update on OHPA is provided at item 6b on the Council agenda for 13 July 2010.

Influencing the agenda on the mutual recognition of professional qualifications and language testing

16. Strategic Aim Six of the 2010 Business Plan is 'to help shape the local, UK, European and international regulatory environment through effective engagement with decision makers, other regulators and key interest groups'. Key outcomes for 2010 include raising the profile of patient safety concerns that impact on the GMC's regulatory functions with EU policymakers, including in relation to the mutual recognition of professional qualifications and language testing of doctors with a primary medical qualification (PMQ) from the European Economic Area (EEA).

17. We have had considerable success in raising the profile of these issues with European officials, MEPs and DH(E). Given recent high profile events, the European Commission has been keen to engage with us and we have met frequently with DH(E) and Commission officials. We also gave evidence to the House of Commons Health Select Committee inquiry into out-of-hours care. The resulting report was supportive of our concerns and called on the Government to press for change to the EU Directive on the mutual recognition of professional qualifications to enable us to test the clinical and language competence of incoming EEA doctors.

18. We are a key player in helping to inform the revision of the Directive on the mutual recognition of professional qualifications, which is expected by 2012. The Commission has invited us to convene an informal network of competent authorities for doctors to assist member states with the drafting of national reports on how the Directive is being implemented in different jurisdictions. This gives us an important opportunity to share our concerns with the current recognition regime at an early stage.

19. There has also been extensive media interest in the issue of language testing and we have successfully capitalised on this to promote our position. Between 1 January and 3 June 2010, we logged over 500 pieces of media coverage which referenced issues relating to doctors who obtained their PMQ in the EEA. Of these, around 220 mentioned the GMC.

20. Analysis of print and online media coverage, which accounts for the majority of the pieces which referenced the GMC, shows that the rate of key GMC message breakthrough is relatively high. Over 80% of articles included the message *'The GMC is not allowed to test the language and competence of doctors from the European Union as we do with doctors from other parts of the world'*. Importantly, around 70% included the message *'The current situation is not acceptable and the GMC should be able to test the language and clinical competence of EEA-qualified doctors'*.

21. This will continue to be an important area for us going forward and there is much still to achieve, but the evaluation of progress to date gives confidence in our ability to make a positive impact in this area.

Embedding equality and diversity considerations in our work

22. Strategic Aim Eight of the 2010 Business Plan is 'to deliver evidence-based policies that demonstrate 'better regulation' principles, and promote and support equality and diversity'. Key outcomes for 2010 include ensuring that we remain compliant with equality and diversity (E&D) legislation, enhancing awareness internally and externally of the GMC's commitment to E&D, and embedding E&D considerations in our policy development and operational activity.

23. We have made significant progress in these areas, although there are challenges to ensuring that our policies, processes and procedures are updated in time to align with the Equality Act 2010 (we have established a working group to oversee this work).

24. We have looked to increase our engagement with networks of doctors and other diverse interest groups. Feedback from the BME Doctors Forum and others about this work has been positive, and this has helped to enhance the GMC's profile in this area.

25. CHRE's 2009/10 Performance Review Report is positive, noting that '*The GMC has undertaken a significant amount of work to embed equality and diversity principles in its work*'. Specifically, we have consulted widely with members, GMC management and staff in developing our supporting E&D Strategy, which is aligned to our Corporate Strategy 2010-2013. Further work with Directorates is underway to develop action plans which will set out how each functional area plans to address E&D considerations in their work. We are also in the process of agreeing how we will measure progress, and what the key outcomes for our E&D programme will be.

Demonstrating the contribution of our research to policy development

26. A further key outcome under Strategic Aim Eight of the 2010 Business Plan is to ensure that our research is aligned with, and adds value to, our policy development priorities.

27. Fundamental to achieving this outcome is the development of our Research Strategy, which was agreed by Council on 20 May 2010. The Research Strategy is aligned with the Corporate Strategy 2010-2013 and provides a clear framework within which future research priorities will be identified and prioritised.

28. We have held a number of successful events to disseminate findings from our research (both independently and collaboratively commissioned projects) to Council members, GMC staff and a wider audience of our key interests. By this means we are ensuring that the implications of research on areas of GMC policy, and also on wider areas where we have a measure of influence, are well understood. A specific example of a direct impact on operational policy is our proposal in December 2009, based on findings from our commissioned research into prescribing errors in hospitals, that a standardised drug chart should be introduced across the NHS. From August 2010, DH(E) will be trialling this approach in the hospitals that took part in the original study.

29. An evaluation of the collaborative research programme undertaken with the ESRC will commence in October 2010 and this should help us evaluate its influence.

Evaluation Framework criteria – commanding confidence and support

30. In order to be effective as a regulator, we need to engage widely and effectively, and command the confidence and support of our key interest groups: patients and the public, doctors, the NHS and other healthcare providers, and medical schools and medical Royal Colleges.

31. The six-month evaluation of progress towards the 2010 Business Plan outcomes generated some interesting insights and learning about our performance in this area. A summary of the key findings that are likely to be of particular interest to members is provided below.

2010 Tracking Survey

32. One of the ways in which we assess public and doctors' opinions on a range of issues relating to our purpose and strategy is through a Tracking Survey, which we have previously run in 2005, 2006 and 2008.

33. Following Council's approval of the Corporate Strategy 2010-2013, we commissioned Ipsos MORI to adapt the 2008 Tracking Survey to enable us to establish a baseline for measurement of performance against our strategic aims over the next four years and to undertake some comparison of trends over time. The survey of 1,034 UK adults aged 15 and over took place between 29 January and 4 February 2010, followed by the survey of 1,000 GMC registered doctors between 26 March and 17 May 2010.

34. Overall, many of the headline results seem positive, but we will need to wait until we have received the final report and analysis in July 2010 before drawing any firm conclusions, following which we will make the results available to Council.

Response to our proposals on revalidation

35. Strategic Aim Two of the 2010 Business Plan is 'to give all our key interest groups confidence that doctors are fit to practise'. Key 2010 outcomes for revalidation include achieving high levels of engagement in our consultation, and ensuring that our proposals command the confidence and support of our key interest groups.

36. The public consultation on revalidation closed on 4 June 2010 and the overall response suggests we are on track to achieve these outcomes. In terms of achieving high levels of engagement, we received over 940 completed consultation responses – the highest number for any GMC consultation to date. This no doubt reflects in part our extensive UK engagement programme over the period, which saw us attend 132 events involving direct contact with over 4,600 people, including one in every six GPs in Northern Ireland.

37. We have started to analyse the consultation responses. Preliminary analysis shows broad support for our proposals although it is clear that individual doctors want clarity about how revalidation will apply to their particular circumstances and assurance over the costs and complexity of revalidation. Of note, the BMA's formal response to the consultation shows a clear commitment to the principle of revalidation and agreement with numerous proposals that they '*consider to be sensible and workable*'. Overall, they welcomed our proposals '*not least in reassuring the profession that the process is being developed in an appropriate manner*'.

38. The Rt Hon Andrew Lansley CBE MP, Secretary of State for Health, has also written to our Chair, Sir Peter Rubin, welcoming our consultation and stating his intention to extend the pathfinder pilots at the ten sites in England for a further 12 months to allow more time to understand the '*costs, benefits and practicalities*' of the implementation of revalidation, but also stating the Government's commitment to '*lay regulations on Responsible Officers before Parliament shortly*'.

39. There has been extensive media interest in revalidation over the three-month consultation period, amounting to 107 pieces of media coverage on revalidation. Of the 99 print and online stories, 93% were positive or neutral.

40. Analysis of print and online media coverage shows that the rate of key GMC message breakthrough is relatively high. Over 50% of media stories included the message *'We want frontline doctors, patients and all those involved or affected to shape the final product'*, and 33% included the message *'Revalidation will be based on local systems of annual appraisal and will simply affirm periodically what has already been demonstrated through the appraisal process'* – both of which are important messages for commanding the confidence and support of the profession.

41. Overall, the response to the consultation shows that revalidation is being viewed quite positively by our key interest groups. There is much work to be done to respond to issues raised through the consultation and we expect that the feedback received will add considerable value as we develop our proposals further.

Supporting key interest groups to meet the standards and outcomes in *Tomorrow's Doctors 2009*

42. Strategic Aim Three of the 2010 Business Plan is 'to provide an integrated approach to the regulation of medical education and training through all stages of a doctor's career'. Key outcomes include supporting our key interest groups to work effectively together towards meeting the standards and outcomes in *Tomorrow's Doctors 2009*, and successfully delivering a programme of implementation workshops involving medical schools, postgraduate deaneries and employers.

43. We have made good progress towards achieving these outcomes. Ten workshops were held as planned across the UK and these attracted attendance from the full range of key interest groups. Lord Patel's review of the future regulation of medical education and training noted that *'One advantage of a single regulator is the opportunity to improve the transfer of trainees' developmental needs at each stage in their career progression'*. The workshops supported this transfer by bringing together medical schools, deaneries and employers and providing a vehicle to encourage effective partnership working at a local level. They enabled us to talk directly to those involved in the implementation of *Tomorrow's Doctors 2009* and to gather rich and timely feedback.

44. Delegates completed feedback forms following the workshops and their evaluation of the benefits of attending has been very positive. They commented that the GMC-facilitated events provided an effective opportunity for a range of 'undergraduate, postgraduate and employer input' into schools' implementation of *Tomorrow's Doctors 2009* and also appreciated the chance to discuss a range of topics with GMC staff and Council members. Delegates reported that they will be taking forward a number of specific action points and there was support for continuing this type of face-to-face dialogue and engagement.

45. Workshop discussions and annual return submissions have confirmed that the majority of schools are on track to comply with the new standards in 2011/12, although there are a number of areas schools have identified as challenges to the implementation of *Tomorrow's Doctors 2009* by 2011/12, including engagement with employers and identifying good practice models for involving patients. We are taking action to address this feedback, for example by developing supplementary advisory guidance and providing further support to schools.

Survey of recent EEA and IMG applicants for registration

46. Strategic Aim One of the 2010 Business Plan is 'to continue to register only those doctors that are properly qualified and fit to practise and to increase the utility of the medical register'. Key outcomes for 2010 include ensuring that the GMC has a registration process that is efficient, effective and fit for purpose.

47. As outlined in paragraph four above, we use a range of measures to evaluate our registration process. One source of evidence we use to assess customer satisfaction is our survey of recent EEA and IMG applications for registration, which is administered by Ipsos MORI. The year-long rolling online survey ran between October 2008 and September 2009 and gathered feedback from 2,073 IMG and EEA doctors who had recently applied for and been granted registration. The survey covered all aspects of our registration process and built on a previous survey carried out between February and March 2008, which enabled us to do some trend analysis.

48. The feedback from applicants was very positive. 81% of applicants were satisfied with the overall registration process as a whole, and a further 9% were neutral in their views. In particular:

a. 90% of applicants were satisfied with our website. This is nine percentage points higher than the February 2008 survey, reflecting work undertaken to develop our website and other communication materials over the last two years.

b. 87% of the doctors who contacted us by phone were satisfied with the level of customer service they received. 83% were satisfied with the time they had to wait to speak to an advisor, an increase of 11 percentage points from the February 2008 survey.

c. 94% of the doctors who visited our receptions in London or Manchester were satisfied with the level of customer service they received.

49. We have continued to repeat the survey each month. We have recently received the top line results to April 2010 and they show an ongoing improvement in customer satisfaction across all areas of our registration process, which we can attribute directly to actions we have taken to further enhance our processes. We will continue to analyse the survey results and use these to support further improvements.

Webtrends

50. Our extensive engagement over recent months, particularly in relation to revalidation, is translating into increased visits to our external website, which were around 30% higher in the first quarter of 2010 compared to the same period in 2009. Return visitors are also 25% higher in Q1 2010 than in Q1 2009.

Evaluation Framework criteria – delivering economy and efficiency

51. It is important that we demonstrate that we are making the best use of the resources we have available to deliver our business objectives, and are delivering consistent business improvement and improved value for money.

52. Strategic Aim Seven of the 2010 Business Plan is 'to continue to use our resources efficiently and effectively'. Key outcomes for 2010 include achieving demonstrable improvements in one or more of the quality, cost and timeliness of the services we provide, and seeking annualised improvements in the unit costs of our operations of 3-5%.

53. The Performance Board is driving our work on efficiency and has started to develop a prioritised cross-GMC efficiency programme which aims to deliver year-on-year gains of 3-5% from 2010-2013. The Performance Board will validate whether sufficient initiatives have been identified and what else might need to be done.

54. We are on track to meet the efficiency target for this year. Key initiatives include the renegotiation of our London rental agreement which has already generated net savings of £440K against budget, an expansion of our in-house legal team which will generate savings later in 2010, and changes to our travel policy which we expect to generate net savings of approximately £200K in 2010.

55. We will prepare a more detailed report on our efficiency programme for Council to consider later in 2010.

Changes in focus

56. The six-month evaluation suggests that the outcomes established for 2010 remain relevant.

57. The main area where we have adjusted our focus relates to our work on the Collecting Data about Licensed Doctors that we Regulate project (formerly titled 'Developing the Medical Register'). The outcome stated in the 2010 Business Plan is for the medical register to be more widely used and its content expanded to reflect better the needs of employers, patients and the public.

58. 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.

59. This approach was agreed by members in May 2010 and the first phase of data collection will commence in the autumn, followed by a rolling programme of data collection aligned to doctors' annual retention fee due date. Internal consultation shows a strong appetite to use additional data to inform policy development and implementation, particularly in relation to revalidation. We plan to undertake further work to enhance the existing data we publish on the register for patients and the public once a full cycle of data collection has been completed.