

To consider

Further Development of Contingency Plans for a National Emergency

Issue

1. Possible additional steps to improve further our capacity to respond in the event of a national emergency, including the possibility of a pandemic.

Recommendation

2. To consider whether there are further steps that Council wishes to take to develop further our contingency planning for national emergencies (paragraphs 13-16).

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. Key Aim 10 of the 2009 Business Plan states that we will take steps to enhance our economy, efficiency and effectiveness. The orderly conduct of our business, and appropriate and effective delegation, contribute to that aim.
5. We have standard business continuity planning arrangements in place, designed to enable us to sustain, or return to, business as usual as quickly as possible in the event of an incident which, however serious, is specific, localised and immediate in its effect.
6. BCP arrangements of this kind contrast with a national emergency, which is likely to be general and widespread; and whose impact may develop over days or weeks, as could be the case with a pandemic.
7. The possibility of a worldwide influenza pandemic presents a significant challenge to the wellbeing of any country and its population. In November 2007, the Cabinet Office and Department of Health (England) jointly published *Pandemic Flu: A National Framework for Responding to an Influenza Pandemic*, which describes the UK Government's strategic approach. The Civil Contingencies Act 2004 defines the circumstances in which the response framework would be brought into effect.
8. In March 2009, we published *Pandemic Influenza: Good Medical Practice – Responsibilities of Doctors in a National Pandemic*. This sets out changes to *Good Medical Practice* that will apply in the event of a pandemic, for example to doctors working outside their normal scope of practice or returning to practice from retirement or work outside the profession.
9. We have developed a detailed and rigorous Pandemic Response Plan, with policies and strategies, and incident management processes, applying across all areas of our work and including detailed plans for communications, information systems, and HR pandemic policies.
10. The PRP identifies the mechanisms by which decisions will be taken on which of our functions may need to be adapted or suspended for the duration of a pandemic and it sets out the detailed arrangements that will apply to the ongoing management of our response.
11. The PRP has been brought into effect in the light of the recent move of the World Health Organisation global alert system from phase 3 to phase 4 and subsequently on 29 April 2009 to phase 5; and the Executive Management Team, comprising senior management responsible for decision-making, is meeting daily. We are liaising closely with the UK Departments of Health.
12. Through Section 18A of the Medical Act 1983, the Registrar, when advised by the Secretary of State that an emergency, such as pandemic influenza, has occurred, is empowered to grant temporary registration to persons, or groups of persons deemed fit, proper and suitably experienced.

Discussion

13. We approach contingency planning for national emergencies, including pandemics, from two perspectives:

- a. How we can best contribute to meeting national priorities in the event of a national emergency, for example by implementing changes to our normal processes such as the granting of temporary registration under Section 18A of the 1983 Act.
- b. How we can best marshal our operational capacity, which will almost certainly be disrupted by the national emergency to which we are responding. The requirement will be to focus reduced, and probably diminishing, resources on key functions that may have to be stripped to the bare minimum.

14. A national emergency will have a temporary impact upon, or require temporary changes to, how we conduct business in a potentially large number of ways. They include, for example:

- a. Governance: further delegation of authority may be required and elements of the governance structure may be suspended.
- b. Fitness to practise: the suspension of investigations and of adjudication by Fitness to Practise Panels but not of the Interim Orders Panel; and the extension of existing conditions or suspension, including those imposed by the IOP.
- c. Registration: the suspension of Registration Panels and of erasure for failure to pay the annual retention fee or to maintain an effective address; how we grant provisional registration to new UK graduates, and extent to which we grant temporary registration.

15. We are co-operating with DH(E) on further possible amendments to the 1983 Act which would insert contingent provisions into the legislation in advance, for deployment in a national emergency. This is the approach that led to Section 18A.

16. The aim of discussion at the Council meeting on 7 May 2009 is to provide an opportunity for members to indicate at an early stage the range and scope of any further possible changes that we should investigate.

Recommendation: To consider whether there are further steps that Council wishes to take to develop further our contingency planning for national emergencies.

Resource implications

17. None at this stage.

Equality

18. An equality impact assessment will be undertaken as soon as firm proposals for changes begin to emerge.