

GMC Affiliates: Frequently Asked Questions

Why are we piloting GMC affiliates?

The Government's White Paper on healthcare regulation *Trust, Assurance and Safety - The Regulation of Health Professionals in the 21st Century* set out the Government's proposals for establishing a network of GMC Affiliates to provide support, advice and guidance to employers in managing concerns about doctors. It proposes that GMC Affiliates should be piloted in England prior to full-scale roll-out.

What are GMC Affiliates?

We expect that GMC Affiliates will be appointed to work at a local level in Strategic Health Authorities to improve information sharing, provide support and help address concerns about doctors. They are accountable to the GMC.

The idea behind Affiliates is that they should provide a link between central professional regulation (by the GMC) and local workplace regulation. They are one of a number of proposals intended to help bridge the regulatory gap between national and local regulation.

What is the GMC affiliates pilot?

The GMC is planning to run two pilots in England, involving four GMC Affiliates (with both a medical and a lay Affiliate in each site).

The pilots aim to establish whether the appointment of medical and lay Affiliates at regional level will help to bridge the gap between national and local regulation and provide faster, more effective resolution of complaints and concerns about doctors in England.

The pilots are not intended to extend the GMC's regulatory role, but to bolster local clinical governance. It is intended that the presence of GMC Affiliates will enhance local systems for managing concerns about doctors. Responsible Officers (ROs - see below) will, however, remain responsible for the resolution of those concerns that do not impact on a doctor's registration.

The GMC has agreed, broadly speaking, that the two pilots should meet the following criteria:

- a. The proposed arrangements should support local clinical governance in the NHS (particularly through the development of the Responsible Officer role).
- b. The Affiliates' role would not extend the GMC's regulatory authority (through its fitness to practise procedures) to a local level.
- c. The presence of Affiliates locally should help deflect complaints about doctors to where they can best and most speedily be dealt with at a local level;
- d. The proposed arrangements would ensure that the GMC continues to take timely and decisive action, where necessary, in order to protect the public in appropriate cases.

What will be the role of the GMC Affiliates?

There will be a medical and lay GMC Affiliate in each pilot site. Although responsibilities will not lie exclusively with one or the other, it is intended that the medical and lay affiliates should lead on different areas of work.

Medical GMC Affiliates will lead on establishing and maintaining relationships with the regional network of medical directors, who it is proposed will act as Responsible Officers for the purpose of the pilots. They will also help employers to develop and deliver packages of assessment, treatment, remediation or retraining to doctors with identified performance issues.

The GMC Affiliates will link into any existing forums, including Performance Advisory Groups where they exist and will establish any additional supportive networks (e.g. of local complaints managers) which are considered helpful.

The experience of the GMC Affiliates and their wide ranging role will place them in a strong position to identify the need for and input to the design and

provision of training for Responsible Officers and complaints managers. This might include issues arising from individual cases as well as themes identified through quality assurance.

The pilots will also provide an opportunity for exploring and evaluating the relationship between the GMC Affiliates and the Regional Medical Regulation Support Team (RMRST – see below) and how this can enhance local regulation. GMC Affiliates have a broad knowledge that could usefully feed into the RMRST's discussions. Separate guidance provides more information on the role of RMRSTs for the purposes of the pilots. It is envisaged that the RMRSTs will be engaged primarily at a macro level, considering thematic issues and aggregate data rather than specific cases.

For this relationship to work effectively, GMC Affiliates will need to be actively engaged in:

- a. Identifying topics (not normally case specific) for discussion at RMRST level. This might include issues or themes identified through sampling or from individual casework.
- b. Overseeing the production of data for discussion by the RMRST.
- c. Acting as a conduit between local and national regulatory systems to ensure two-way communication.

The lay GMC Affiliate will lead in advising on individual cases in relation to the GMC's fitness to practise processes and guidance. The GMC Affiliates will not be directly responsible for casework handled as part of local processes. However, they will have an important role in providing advice on the appropriate resolution of complaints and concerns, in particular, whether the particular issues fall most appropriately to the GMC or to local procedures. They will offer support to ROs, complaints managers and others working locally in respect of advising on thresholds for referral into our Fitness to Practise Procedures for complaints received locally.

In the process they will be able to ensure that less serious cases go to local resolution more quickly, without the need for GMC involvement (when a case is allocated to local procedures, it will be for local procedures to deal with it in the normal way). The GMC Affiliates will advise on the thresholds for referring to the GMC any concerns which potentially raise questions about a doctor's fitness to practise and which will require investigation by the GMC.

The medical GMC Affiliate will also have a crucial role in providing guidance and support on managing cases with significant clinical issues.

Each GMC Affiliate will spend around two days each week within the SHA locality on GMC Affiliate business during the lifetime of the pilots.

Who are the GMC Affiliates?

The two pilots will both operate using named medical and lay GMC Affiliates. In Pilot A (London) both the medical and lay Affiliates will be directly employed by the GMC.

In Pilot B (Yorkshire and Humberside) the medical Affiliate will be an existing SHA employee, while the lay Affiliate will remain directly employed by the GMC.

Where do the GMC Affiliates work?

The Affiliates will be based locally in the areas covered by the pilots. We expect that the Affiliates in Pilot A will be based at offices within the area of the London pilot. The Affiliates in Pilot B will be based in the offices of NHS Yorkshire and Humberside.

How long will the pilots run for?

The two pilots will run for a period of twelve months, commencing in autumn 2008.

Should complainants still make complaints direct to the GMC?

The pilots won't change the way complainants make complaints. As is the case now complaints which potentially raise a question about a doctor's fitness to practise should be sent directly to the GMC. The role of the affiliates is an advisory role to support local complaints handling. Our general advice is, in most cases, complainants should consider raising the issue, in the first instance, with the local healthcare provider.

Has the pilot changed our threshold for dealing with complaints?

The pilots will not affect the GMC's thresholds for dealing with complaints. Our procedures will continue to focus on those cases which may require us to take action to remove or restrict a doctor's right to practise. The affiliate role is an advisory role to support local complaints handling. It is hoped that the presence of a GMC Affiliate locally will ensure that there is clarity about the thresholds

for referral to the GMC and ensure that complaints are directed to the most appropriate party as quickly as possible.

Will GMC Affiliates decide cases locally?

The Affiliates will not decide on cases locally. Central GMC processes for managing doctors with serious concerns will remain in place. GMC Affiliates will support and help direct complaints more appropriately and work with Responsible Officers when they are considering formal GMC referral e.g. advising on referral thresholds.

What are Responsible Officers?

The White Paper and the Health and Social Care Bill propose that every provider should have a Responsible Officer who will be responsible for dealing decisively with local disciplinary or fitness to practise issues.

What will the Responsible Officers do during the pilots?

The Health and Social Care Bill makes it clear that ROs are to be components of local systems, intended to bolster the effectiveness of local clinical governance and to bridge the gap between workplace and national professional regulation.

For the purposes of the pilots the main functions of ROs are likely to be:

- a. Responsibility for responding to performance concerns relating to individual doctors, where appropriate with input from the GMC Affiliates.
- b. Engaging with GMC Affiliates and others, including the National Clinical Assessment Service, in case conferences where there are complex performance related issues.
- c. Responding to any concerns identified by the GMC Affiliates as a result of considering individual case-s.
- d. Co-operating with the GMC Affiliates on casework, data collection and training.
- e. Contributing to the work of the Regional Medical Regulation Support Team as required.

What is the Regional Medical Regulation Support Team?

The White Paper also proposed the idea of Regional Medical Regulation Support Teams (RMRSTs). The RMRSTs are a strengthening of local regulation, rather than an extension of central GMC regulation. RMRSTs will provide a forum to discuss overarching themes, rather than individual cases.

For the purposes of the pilots it is proposed that RMRSTs will be constituted on a regional basis.

The RMRSTs will concentrate on macro issues relating to complaints handling and managing performance concerns. They will have a proactive role in identifying and developing initiatives to ensure there are effective systems and processes. It is not intended that they will have any direct involvement in casework or in considering individual concerns.



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