

General Medical Council

Regulating doctors
Ensuring good medical practice

Business Plan 2010

Our statutory purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

Contents

- 01 Chair's foreword**
- 02 Introduction**
- 07 Protecting the public**
 - Strategic aim 1
 - Strategic aim 2
- 10 Helping doctors**
 - Strategic aim 3
 - Strategic aim 4
- 17 Working with partners**
 - Strategic aim 5
 - Strategic aim 6
- 20 Delivering value for money**
 - Strategic aim 7
 - Strategic aim 8
- 24 Governance and performance management**
- 25 Financial information**



Chair's foreword

The past year has been one of transition for the GMC. A newly reconstituted Council took office at the start of the year and I became Chair in April. We have also spent time developing our plans for the lifetime of this Council in developing a new Corporate Strategy which will last from 2010 to 2013.

Over that period of time we want to focus on demonstrating how regulation improves the quality of healthcare and enhances patient safety. The Corporate Strategy sets out our high-level strategic aims; this Business Plan sets out in more detail our programme of work towards these aims in 2010.

Another major transition in the past year has been the introduction of the licence to practise for doctors. This has been a significant achievement in itself but, more importantly, it completed the first practical step towards the introduction of revalidation. In 2010, we will continue with the major programme of work to ensure we are ready to start to introduce revalidation from 2011.

The GMC is independent of government, the dominant provider of healthcare in the UK, and independent of dominance by any single group. This independence strengthens our ability to ensure

that medical regulation is fair and effective. However, independence does not mean that we neither listen to nor work with others. Much of what we set out here will only be delivered in partnership with our key interest groups, particularly the NHS and other healthcare providers, and medical schools and the Medical Royal Colleges. In delivering this Business Plan we must also listen carefully to views of patients and the public as well as doctors themselves; this is something that I, as Chair, am committed to ensuring remains central to our work.

Professor Peter Rubin *Chair, GMC*

Introduction

The General Medical Council is the independent regulator for doctors in the UK. Our job is to ensure that patients have confidence in doctors.





General
Medical
Council

Regulating doctors
Ensuring good medical practice



Our statutory purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

We aim to secure a regulatory system that:

- is independent, fair, efficient and effective
- raises standards and enhances patient safety
- fosters the professionalism of doctors
- encourages early and effective local action
- commands the confidence and support of all our key interest groups.

We remain committed to regulation that puts patient safety at its heart. That regulation must command the confidence and support of patients and the public; doctors; the NHS and other healthcare providers; and medical schools and the Medical Royal Colleges.

In 2010, the Postgraduate Medical Education and Training Board (PMETB) will merge with the GMC, bringing together responsibility for the regulation of all stages of medical education and training under the auspices of a single regulator for the first time.

Priorities for 2010

The strategic aims outlined here summarise a challenging and complex programme of work. We recognise that this programme must command the confidence and support of our key interest groups and, to that end, we will engage widely and effectively on it. The strategic aims are focused on the four strategic themes outlined in our Corporate Strategy 2010-2013. This programme of work and future plans will set out the staging of activities that give effect to the Corporate Strategy.

Strategic aims

1. To continue to register only those doctors that are properly qualified and fit to practise and to increase the utility of the medical register.
2. To give all our key interest groups confidence that doctors are fit to practise.
3. To provide an integrated approach to the regulation of medical education and training through all stages of a doctor's career.
4. To provide doctors with relevant, up-to-date guidance on professional standards and ethics.
5. To develop more effective relationships with delivery partners in order to achieve an integrated approach to medical regulation in the UK.
6. To help shape the local, UK, European and international regulatory environment through effective engagement with decision makers, other regulators and key interest groups.
7. To continue to use our resources efficiently and effectively.
8. To deliver evidence-based policies that demonstrate 'better regulation' principles, and promote and support equality and diversity.





A blurred background image showing several people walking in a modern, brightly lit interior space, possibly a lobby or hallway. The people are out of focus, creating a sense of movement and activity. The lighting is bright and even, highlighting the clean lines of the architecture.

Protecting the public

Providing assurance to the public by giving people more confidence that doctors are fit to practise; and providing them with greater access to information about their doctor's practice, and an understanding of the role of the regulator.



Strategic aim 1: to continue to register only those doctors that are properly qualified and fit to practise and to increase the utility of the medical register.

What will we do in 2010?

1.1 We will operate robust, fair, transparent and effective registration, certification and licensing processes.

Outcome:

- Only those doctors who are properly qualified and fit to practise gain entry to the medical register.
- Service level performance targets for registration and certification are met or exceeded.

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.

Outcome:

- The GMC has a registration process that is efficient, effective and fit for purpose.

1.3 We will work with our key interest groups to develop the medical register.

Outcome:

- The medical register is more widely used and its content expanded to reflect better the needs of employers, patients and the public.

Strategic aim 2: to give all our key interest groups confidence that doctors are fit to practise.

What will we do in 2010?

2.1 We will deal firmly and fairly with all fitness to practise concerns raised about individual doctors.

Outcome:

- Service level performance targets for fitness to practise are met or exceeded.

2.2 We will develop policy and guidance to support the introduction of revalidation, including the specialist standards and evaluation methods for doctors on the GP and Specialist Registers,

the standards and methodology for quality assurance of the process, and the principles and criteria for multi-source feedback.

Outcome:

- There is clarity on the details of the revalidation model.

2.3 We will consult and agree on the policy and guidance to support the introduction of revalidation.

Outcome:

- There are high levels of engagement in our consultations, and the feedback received usefully informs our policy development.
- Revalidation proposals command the confidence and support of our key interest groups.

2.4 We will work with the Office of the Health Professions Adjudicator to prepare for the transfer of the GMC's adjudication functions.

Outcome:

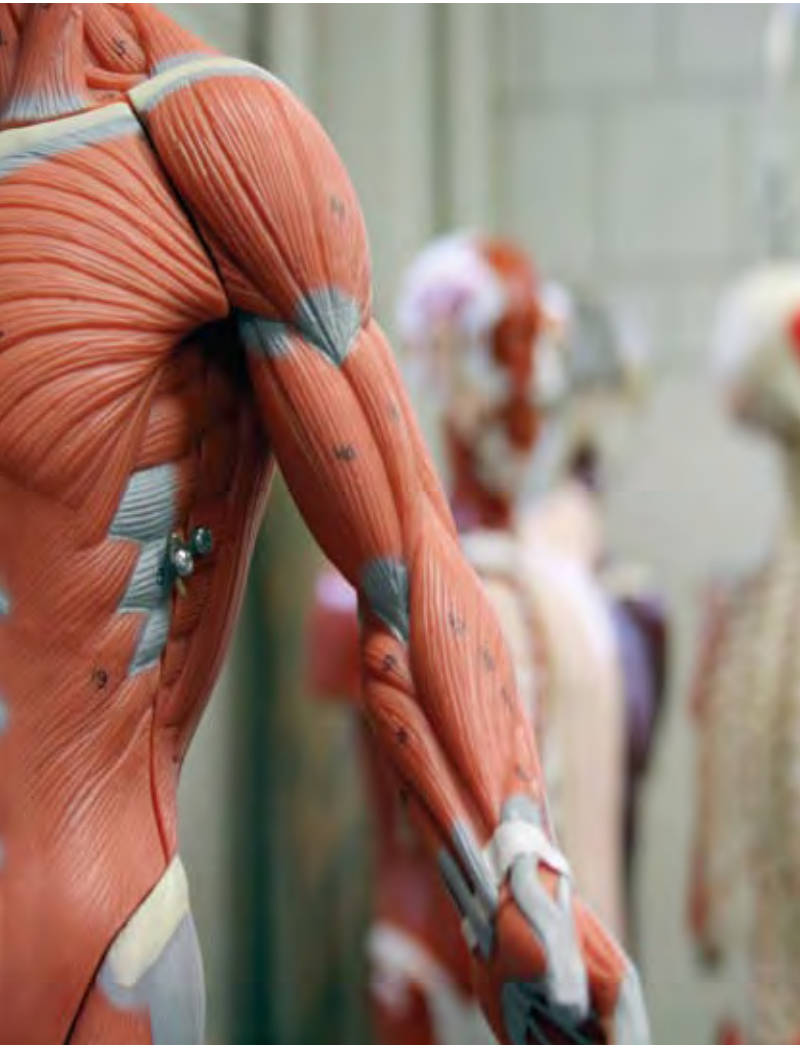
- Plans are on track to establish an independent adjudication body by 1 April 2011.
- Business continuity is maintained and service level performance targets continue to be met for adjudication during the transition period.



Helping doctors

Providing doctors with first-class guidance at all stages of their medical careers, thereby enhancing their professionalism for the benefit of patients.





Strategic aim 3: to provide an integrated approach to the regulation of medical education and training through all stages of a doctor's career.

What will we do in 2010?

3.1 We will complete all work necessary to deliver the merger of PMETB with the GMC.

Outcome:

- The GMC is established as the single competent authority for the regulation of medical education and training by 1 April 2010.
- Business continuity and operational performance are maintained before, during and after the merger,

and key practical merger benefits are realised from day one.

3.2 We will respond to recommendations from the Patel review.

Outcome:

- Work programmes are established to consider recommendations from the Patel review, to enable the wider benefits of the merger to be realised.

3.3 We will implement the standards and outcomes in *Tomorrow's Doctors 2009*.

Outcome:

- A programme of implementation workshops is successfully delivered across the UK involving medical schools, postgraduate deaneries and employers.

- Our key interest groups are supported to work effectively together towards meeting the standards and outcomes in *Tomorrow's Doctors 2009*.

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 specialty training, and specialty training at four postgraduate deaneries.

Outcome:

- Quality assurance activities continue to provide assurance that standards and outcomes are being met.

- The pilots identify scope for greater integration of quality assurance activities across the continuum of medical education and training.

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.

Outcome:

- 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.



4.2 We will broaden and develop the scope and style of our online learning materials, including publishing new case studies in the *GMP in Action* format, and supporting doctors to apply the principles of *Good Medical Practice* to patients with learning disabilities.

Outcome:

- 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.

4.3 We will evaluate the effectiveness of different means of promoting and embedding our guidance in doctors' practice.

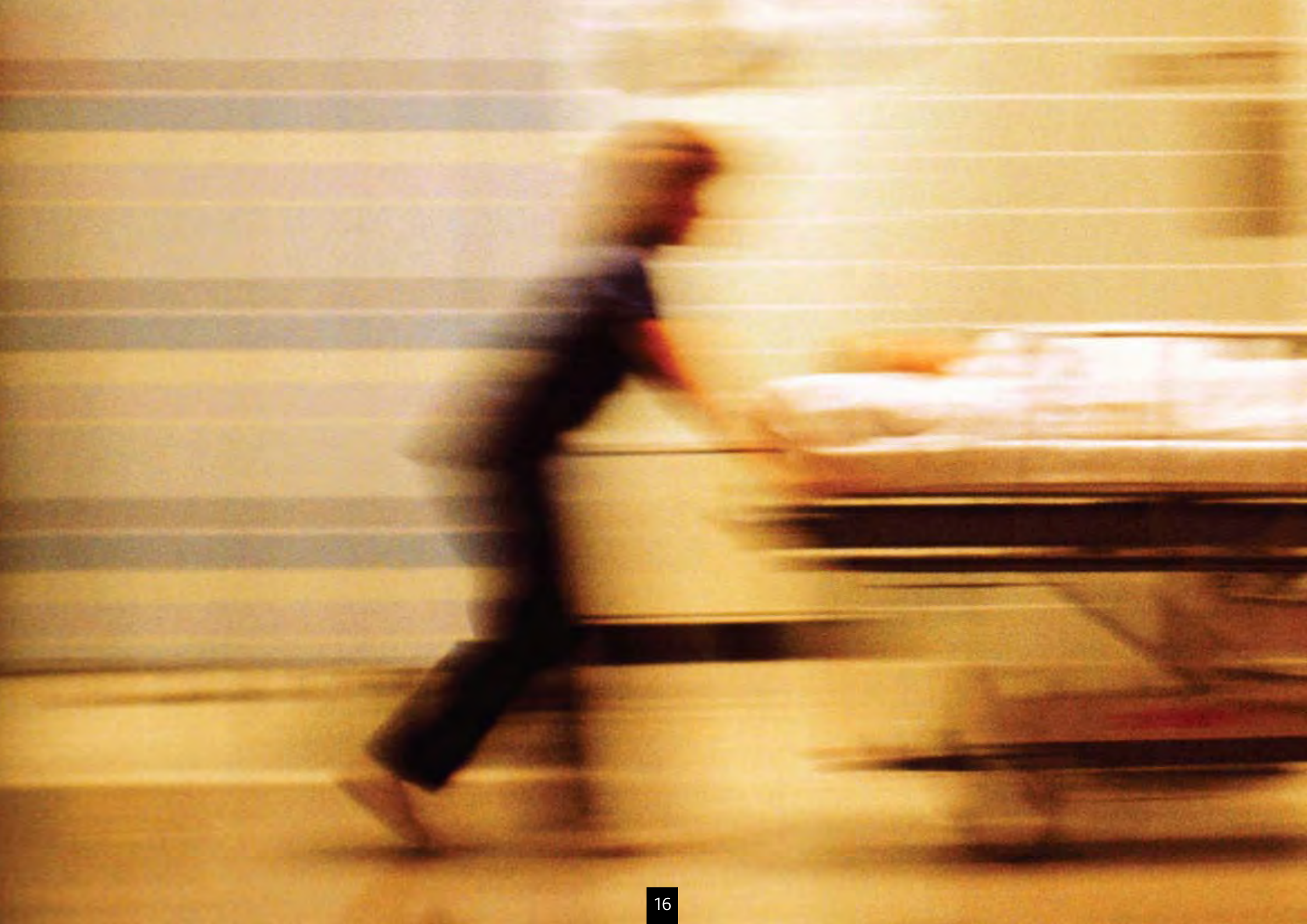
Outcome:

- The GMC has an understanding of doctors' overall awareness of our guidance and their attitudes towards its relevance and helpfulness.
- The GMC has a clear strategy for improving the ways in which we embed our guidance in doctors' practice.

17,500

visits in 2009 to the GMC's award-nominated interactive case studies on good medical practice, *GMP in Action*.





Working with partners

Working in partnership with key interest groups across the UK, Europe, and internationally, particularly the NHS and other healthcare providers, to develop appropriate, more effective relationships that will enhance patient safety.

Strategic aim 5: *to develop more effective relationships with delivery partners in order to achieve an integrated approach to medical regulation in the UK.*

What will we do in 2010?

5.1 We will work with our four key interest groups to help them prepare for the introduction of revalidation.

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.

Outcome (for 5.1 and 5.2):

- 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.

5.3 We will respond to the findings of the evaluation of the GMC Affiliates pilot studies.

Outcome:

- We have an agreed approach on the future of GMC Affiliates that is both effective and provides value for money.

37%

increase in the number of doctors using our online registration tool MyGMC, up to 52,000 in 2009.

Strategic aim 6: *to help shape the local, UK, European and international regulatory environment through effective engagement with decision makers, other regulators and key interest groups.*

What will we do in 2010?

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 *The application of patients' rights in cross-border healthcare* and the upcoming revision of the EU Directive on *The recognition of professional qualifications*.

Outcome:

- We have raised the profile of key concerns that impact on the GMC's regulatory functions with EU policymakers, with a view to positively influencing EU policy and legislation.

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 *Case by case and proactive information sharing*.

Outcome:

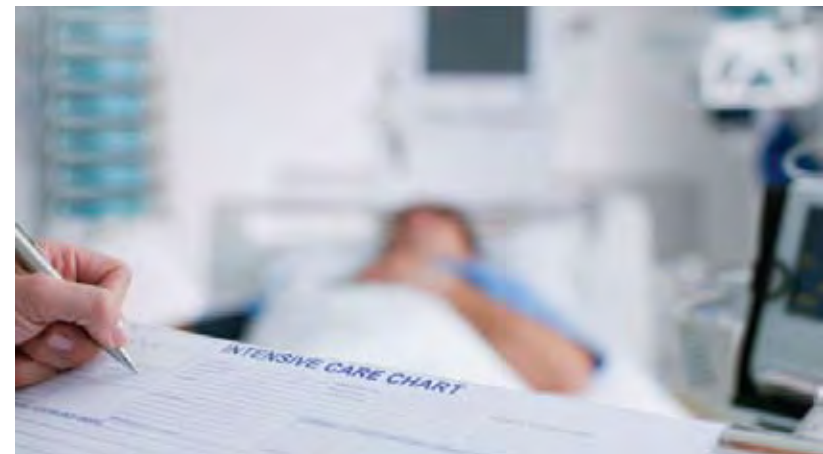
- We have raised the profile of the benefits of more comprehensive and consistent data sharing on healthcare professionals between competent authorities.

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.

Outcome:

- There is increased collaboration and co-operation at UK, European and international levels, in support of agreeing common approaches to healthcare regulation. The GMC contributes to and learns from best practice in medical regulation.

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.

Outcome:

- There are high standards set in healthcare regulation and greater consistency in their application across the regulators.

Delivering value for money

Using our resources efficiently and effectively, and ensuring the organisation is well governed, with a clear purpose and evidence-based policies that demonstrate 'better regulation' principles.





2006

2007

2008

30,00

20,00

10,00

106,0

104,0

102,0

200

7,61%

15,75%

4,73%



Strategic aim 7: *to continue to use our resources efficiently and effectively.*

What will we do in 2010?

7.1 We will continue to analyse and improve the efficiency and effectiveness of our business processes.

Outcome:

- There are demonstrable improvements in one or more of the quality, cost and timeliness of the services we provide.
- 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.

7.2 We will develop and consult on a new fee structure following the merger of PMETB with the GMC.

Outcome:

- We have a robust and equitable fee structure which commands the support of the profession.

7.3 We will realise the economies of scale identified in the planning phase of the merger of PMETB with the GMC.

Outcome:

- We have achieved £0.5 million savings through business integration.

Strategic aim 8: *to deliver evidence-based policies that demonstrate 'better regulation' principles, and promote and support equality and diversity.*

What will we do in 2010?

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.

Outcome:

- Our research is closely aligned with, and adds value to, our policy development priorities.

8.2 We will develop an Equality and Diversity Strategy that delivers the GMC's vision and priorities for action.

Outcome:

- The GMC remains compliant with equality and diversity legislation.
- Equality and diversity considerations are embedded in our policy development and operational activity.



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.

Outcome:

- 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.



Governance and performance management

- In 2009, the Council agreed an evaluation model aimed at ensuring that we could measure how our work contributes to our statutory purpose to protect, promote and maintain the health and safety of the public.
- In 2010, we will use this model to measure progress against the outcomes set out in this Business Plan and report regularly to the Council on our performance, the risks facing us and how these risks are managed.
- In addition, we set a number of service targets that we report to the Council throughout the year and in our published Annual Report.

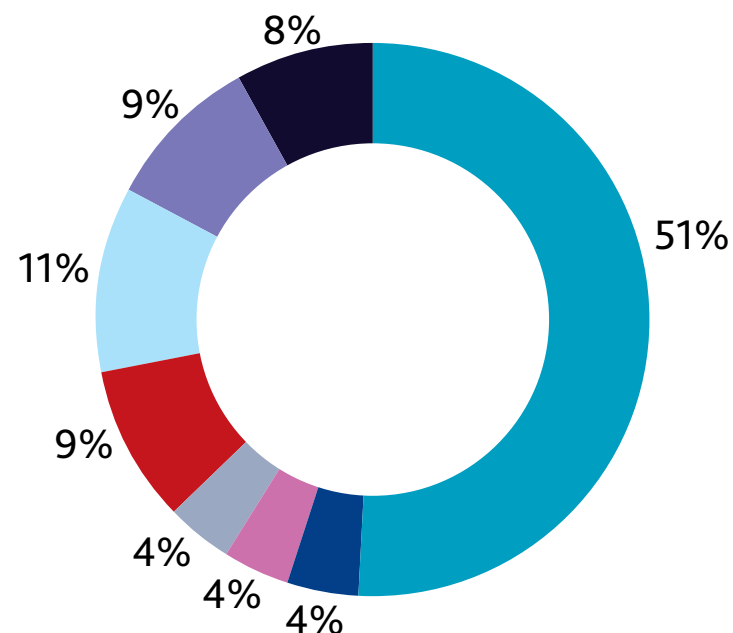
1,758

number of detailed investigations
by the GMC.

Summary operating budget

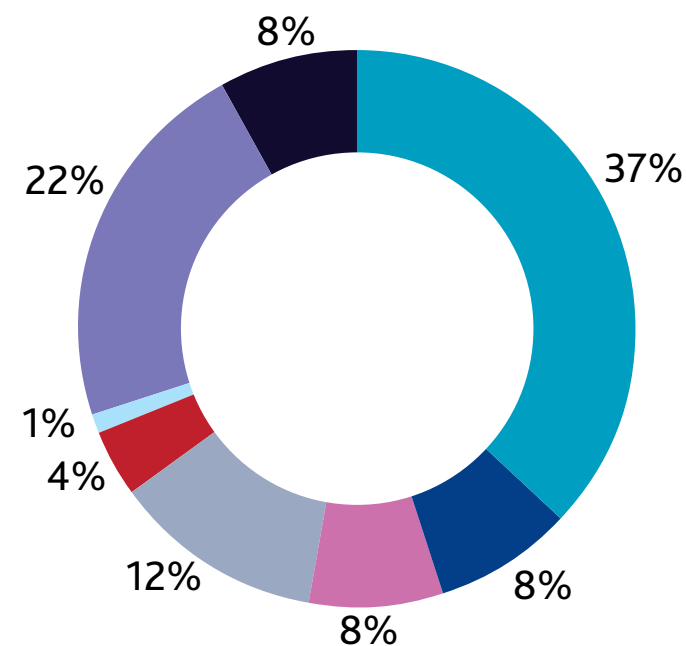
2010 Budget summary by directorate (000s)

Standards and Fitness to Practise	43,569	51%	■
Education and Revalidation	2,991	4%	■
Strategy and Planning	3,377	4%	■
Communications	3,740	4%	■
Registration	7,578	9%	■
Resources	9,440	11%	■
Accommodation	7,368	9%	■
Depreciation	7,203	8%	■
Total	£85,266	100%	



2010 Budget summary by expenditure type (000s)

Staff costs	31,540	37%	■
Office costs	6,866	8%	■
Accommodation costs	7,193	8%	■
Legal costs	10,185	12%	■
Professional fees	3,177	4%	■
Council and member costs	708	1%	■
Panel and assessment costs	18,394	22%	■
Depreciation	7,203	8%	■
Total	£85,266	100%	



From 1 April 2010, PMETB will merge with the GMC. Expenditure will increase by £6.1 million, fully funded by certification fee income, Department of Health funding, and operational efficiency savings.

LONDON

Regent's Place, 350 Euston Road, London NW1 3JN

MANCHESTER

3 Hardman Street, Manchester M3 3AW

SCOTLAND

5th Floor, The Tun, 4 Jackson's Entry, Holyrood Road, Edinburgh EH8 8PJ

WALES

Regus House, Falcon Drive, Cardiff Bay CF10 4RU

NORTHERN IRELAND

9th Floor, Bedford House, 16-22 Bedford Street, Belfast BT2 7FD

Telephone 0161 923 6602

Email gmc@gmc-uk.org

Website www.gmc-uk.org