

General  
Medical  
Council

Regulating doctors  
Ensuring good medical practice

# Corporate Strategy 2010-2013

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.

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## Chair's foreword

The General Medical Council has been part of the health landscape for over 150 years. Our relevance and ability to command support from the public, patients and doctors relies, in no small part, on our capacity to adapt to change. This Corporate Strategy sets out what we aim to achieve over the next four years, in a rapidly moving and challenging environment, to ensure continued high standards of medical regulation in the UK.

It is vital that we are outward looking and play an active part in the broader regulatory framework, both nationally and internationally. This involves being more in touch with the views of the public, patients and doctors; ensuring that our role in improving standards is

understood widely; and working with other healthcare professions, employers and regulators. In this way, our contribution to enhancing the quality of healthcare and patient safety can be maximised.

At the core of this Strategy are three major changes: a rigorous system of revalidation for doctors will be introduced from 2011; for the first time, the GMC will have responsibility for regulating all stages of medical education and training following the merger of the Postgraduate Medical Education and Training Board with the GMC in April 2010; and in 2011, our adjudication function will move to the newly established Office of the Health Professions Adjudicator.

These complex and extensive

changes will be taking place during a period of financial stringency and rapid change within healthcare. The GMC has made great strides over recent years, demonstrating its ability to bring about significant change. So, I am confident that this demanding programme can be successfully delivered. I hope that the importance we place on achieving our aims will be shared by the public, patients, doctors and all the organisations with which we work.

I welcome your views and comments on this Corporate Strategy, how it is delivered and what more we can do to improve patient safety and the quality of healthcare in the UK.

**Professor Peter Rubin** *Chair, GMC*



**Jane Durkin,**  
Head of Registration Enquiries and Support



# 90%

of calls to the GMC's contact centre in 2009 were answered within 15 seconds. The contact centre received 228,787 calls during the year.



## About the GMC

The General Medical Council is the independent regulator for doctors in the UK. 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.

**The principles that underpin our approach to regulation are that it should:**

- be independent, fair, efficient and effective
- raise standards and enhance patient safety
- foster the professionalism of doctors
- encourage early and effective local action
- command the confidence and support of all our key interest groups.

# 231,000

doctors were registered with the GMC at the end of 2009.

## Independent regulation

The GMC is a charity, accountable to Parliament, and independent of government and any other particular interest groups. Our Council is composed of 24 members, equal numbers of which are medical and lay.

We are committed to regulation that puts patient safety at its heart and that commands the confidence and support of our key interest groups: patients and the public; doctors; the NHS and other healthcare providers; and medical schools and the Medical Royal Colleges. Engagement and our work in partnership with our key interest groups are crucial if we are to achieve all that we set out in this Corporate Strategy.

## Financial framework

We are funded entirely from fees paid by doctors. We derive the bulk of our income from the annual retention fee which is levied according to the principle that all doctors should contribute equally to the costs of regulation, irrespective of the extent of their medical practice or the income they derive from it.

We hold reserves equivalent to approximately 20% of annual turnover, a figure that reflects our assessment of the environment in which we operate and the guidance published in this area by the Charity Commission.

In 2010, the Postgraduate Medical Education and Training Board (PMETB) will merge with the GMC and in 2011 the Office of the



Health Professions Adjudicator will assume responsibility for the GMC's adjudication function. We will develop our fees framework to ensure that our ongoing funding arrangements remain both fair and transparent.

We will cost no more than is necessary to achieve our objectives and, building on the progress made in recent years, continue with our programme of ongoing improvements in economy, efficiency and effectiveness.

25 mm/sec

HR 80

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**Our aim** in this Corporate Strategy is to demonstrate that medical regulation improves the quality of healthcare and enhances patient safety. We have focused our strategic priorities on four themes that encompass the approach that will be required to deliver this aim.



## Our strategic priorities for 2010-2013

Over the next four years, our strategic priorities will be focused on four themes:

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

The four themes are underpinned by eight interdependent strategic aims. Broadly speaking, the strategic aims around protecting the public and helping doctors reflect an integrated approach to our four statutory functions (standards and ethics, medical education and training, registration, and fitness to practise).

The strategic aims around working with partners and delivering value for money highlight the particular focus we will bring to the delivery of our statutory functions by actively seeking others' input, in order to influence positively their actions and demonstrate economy, efficiency and effectiveness.

### Delivering our Corporate Strategy

Progress in delivering our Corporate Strategy will be assessed, in part, against the delivery of the strategic aims outlined throughout this document. But more than this, we want to know how we are making a difference. Success for the GMC, in the broadest sense and over the longterm, is that the work we undertake has led to improved quality of healthcare and enhanced patient safety.

Our annual Business Plan will set out the staging of activities that give effect to our Corporate Strategy. We will continue to develop measures in line with our evaluation framework and monitor progress against the activities and outcomes contained in the Business



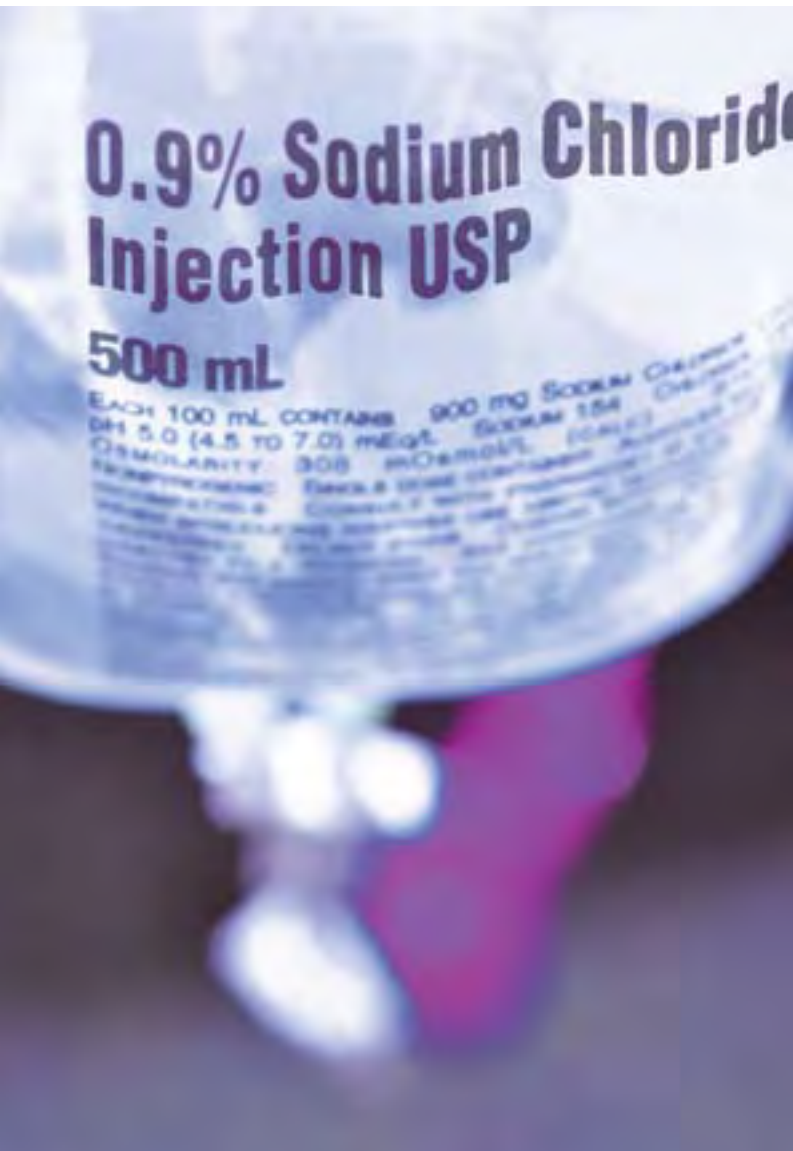
Plan. We will provide a review of progress towards achieving our Corporate Strategy in the Annual Report.





# 94%

of doctors on the medical register have opted to hold a licence to practise.



## 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.

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**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.**

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### Why is this important?

The List of Registered Medical Practitioners enables employers, patients and the public to distinguish between those who are properly qualified and fit to practise and those who are not. It is a unique and widely-used national resource.

It provides integrated, accurate and up-to-date information enabling patients, employers and the public to easily, quickly and accurately establish the registration status of their doctors.

As the body that controls entry to the register in the UK, it is imperative that our processes are robust, fair and transparent. Patient safety is inextricably linked to the effectiveness of processes that restrict registration to those doctors who are properly qualified and fit to practise.

## What will we deliver between 2010 and 2013?

- We will further develop the register to reflect the introduction of licensing and ensure that access to it is readily available to our key interest groups; and to provide more information related to doctors' practice and their revalidation.
- We will deal with registration and certification applications to ensure that only those who are properly qualified and fit to practise gain entry both to the profession and to its specialties.
- We will continue to review and update our policy procedures and legislation, to ensure that they support the effective registration of medical practitioners in the UK.

## What outcomes are we seeking to achieve by 2013?

- There is increased and better quality information available on the nature of doctors' medical practice.
- There is improved understanding of the role of the register and its use, among the public and employers.



# 25%

of the 231,000 doctors on the GMC's register are also on the GP register.



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

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### Why is this important?

The purpose of revalidation is to ensure that licensed doctors are up to date and fit to practise. The introduction of revalidation will provide regular assurance that licensed doctors are practising in accordance with relevant professional standards.

Revalidation also gives further focus and energy to doctors' desire to keep up to date and improve

their practice, through continuing professional development. Revalidation is one of several mechanisms for improving quality and reducing the risks of patient care, all of which must act in concert.

Our fitness to practise procedures will continue to be used to protect patients and the public where doctors' fitness to practise is called into question. This means that the registration of doctors will be removed or restricted in the small number of cases where there is evidence of a serious or persistent failure to meet the standards set out in *Good Medical Practice*.

### What will we deliver between 2010 and 2013?

- We will work with others to deliver the changes needed to support the introduction of revalidation from 2011.
- We will continue to deal firmly and fairly with doctors whose fitness to practise has been called into question, and continue to review our fitness to practise procedures to ensure our processes remain proportionate, efficient and fit for purpose.

- We will support the transition to independent adjudication arrangements in 2011 and ensure that the standards and ethics guidance developed by the GMC remains at the core of decisions made on a doctor's fitness to practise.



### What outcomes are we seeking to achieve by 2013?

- Revalidation is introduced and acts as a driver for the strengthening of local systems of appraisal and clinical governance.
- Our fitness to practise procedures are seen as fair, proportionate and robust in ensuring that public protection is achieved.

# 94%

of Fitness to Practise cases in 2009 were concluded within the 15 month target.



## Helping doctors

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

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

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### Why is this important?

We provide assurance to the public on the quality of medical education and training doctors receive throughout their careers. This contributes to the overall standards of care that doctors provide.

Medical education is a lifelong process. Following the merger of PMETB with the GMC on 1 April 2010, the GMC will be directly responsible for the regulation of all stages of medical education and training, from medical school, through postgraduate training, to established practice.

For the first time, a single organisation will be responsible for delivering an integrated regulatory framework of standards, education, registration and fitness to practise throughout all stages of a doctor's career.

Looking beyond the merger, the GMC and PMETB invited Lord Naren Patel to lead a review of the current regulatory framework. His recommendations, in 2010, will inform any further developments needed to realise the full benefits of the merger.

### What will we deliver between 2010 and 2013?

- We will consider further changes to bring about the full benefits of the merger.
- We will implement the standards in *Tomorrow's Doctors 2009*.

- We will strengthen and, where appropriate, integrate our approach to quality assurance, and deliver robust but proportionate regulation.

### What outcomes are we seeking to achieve by 2013?

- The NHS and other bodies recognise that there is greater consistency in the education and training of the medical profession.
- There are tangible gains in the efficiency and effectiveness of the regulation of medical education and training.



# 74%

of respondents to the 2009 *Tomorrow's Doctors* consultation agreed that the proposals would promote higher standards in medical education.



# 20%

increase in visits to the standards guidance pages of the GMC website since *GMP in Action* was launched.

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**Strategic aim 4: to provide doctors with relevant up-to-date guidance on professional standards and ethics.**

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### Why is this important?

Patients' trust in the profession is essential to the provision of good care. This trust can be maintained by doctors sharing an understanding of the values of the profession. *Good Medical Practice (GMP)* sets out these values and the principles that underpin good practice. Our more detailed guidance, together with our web-based case studies, *GMP in Action*, describe how the principles can be applied in practice. This guidance helps doctors to provide good care and to respond to the complex ethical problems they may face in their professional lives.

Our guidance must address underlying values. But it also needs to address the concerns of the profession, and reflect changing public attitudes in our diverse population and changes in legislation. By keeping our guidance up to date and relevant, we can make a contribution to the safety and quality of care that is provided to patients.

### What will we deliver between 2010 and 2013?

- We will develop new guidance and review and update existing guidance on standards and ethics (including reissuing our core guidance on *Good Medical Practice*), ensuring all such guidance remains fit for purpose in a changing healthcare environment.
- We will further embed our guidance through our other core functions of education, fitness to practise and registration, and develop new and innovative ways of disseminating it.

### What outcomes are we seeking to achieve by 2013?

- Our guidance is up to date, fit for purpose and reflective of developments in healthcare.
- Our guidance is embedded in doctors' professional development and practice at all stages of their working lives.





## 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.

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

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### Why is this important?

Effective regulation of doctors needs to operate at four levels: personal, team-based, workplace and national. In regulating doctors, we rely on the support and co-operation of others in the health sector to discharge our regulatory functions.

Revalidation will be based on local systems of appraisal and clinical governance and should act as a driver for strengthening those local systems and ensuring they are sufficiently robust.

## What will we deliver between 2010 and 2013?

- We will work to influence a range of stakeholders, including the NHS and other healthcare providers, to support the enhancement of local clinical governance processes on which revalidation will be based.
- We will liaise more effectively with local organisations to bridge the perceived gap between national and local regulation.

## What outcomes are we seeking to achieve by 2013?

- There are more robust links between local workplace regulation and national professional regulation.
- The NHS and other healthcare providers work with us to uphold the standards of professional conduct we expect.
- We have made a valued contribution to enhancing local appraisal systems for doctors.





# 35%

of new applications to register with the GMC are from European Economic Area and International Medical Graduates.

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**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.**

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### Why is this important?

If we are to help doctors and protect the public, we cannot work in isolation. We collaborate regularly with other healthcare regulators, governments within the UK, and a range of health-related bodies in the UK, Europe and the wider international realm, with the aim of influencing practical, policy and legislative developments that impact on UK medical regulation and the fulfilment of our statutory purpose.

Awareness of emerging policy at an early stage is crucial in enabling us to contribute to regulatory development across the world. Supporting regulatory co-operation and learning from good practice elsewhere, help us to establish more effective regulation and a safer medical environment for the benefit of patients.



Since 2005, healthcare professional regulators from 24 EU member states have participated in the European-wide Healthcare Professionals Crossing Borders initiative.

### What will we deliver between 2010 and 2013?

- We will continue to influence the development of medical regulation in Europe through various forums.
- We will collaborate with other health and social care regulators on a UK and European basis to share best practice.
- We will engage with decision makers in the four countries of the UK, the European Union and with international bodies.


### What outcomes are we seeking to achieve by 2013?

- We make a positive contribution to the development of domestic, European and international medical regulation.
- We have raised the profile of the benefits of more effective, timely and consistent information sharing on healthcare professionals between competent authorities.





James Sie,  
Management Accountant



# £30m

has been saved by the GMC since 2003 through initiatives to increase our economy, efficiency and effectiveness.



## 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.

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

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### Why is this important?

Our credibility as a regulator is based on the robust discharge of our statutory functions. We must continue to enhance the credibility of our operations in order to give us a platform to influence the policy environment.

The GMC must discharge its statutory functions while being

accountable for the resources available to it. A balance has to be struck between day-to-day operational performance, driving improvement, and delivering and engaging in complex policy developments that face the organisation.

We have a strong track record of implementing measures to improve our overall economy, efficiency and effectiveness. This will continue to be a high priority for us over the next four years, particularly in the light of national financial stringency.

# 19,015

the number of initial registrations granted in 2009.

## What will we deliver between 2010 and 2013?

- We will undertake a further range of improvement initiatives to reduce our costs and improve the quality of our business processes and services.
- We will fully integrate PMETB into the GMC and realise the benefits identified in the planning stages.
- We will make further improvements to our information systems to support our operational and improvement activities.

## What outcomes are we seeking to achieve by 2013?

- We continue to demonstrate that our funding, provided by doctors, is put to best use, and demonstrate an ongoing proven track record of efficiency improvements.
- We have achieved total savings of £4 million in the costs of goods and services supplied to us.
- By 2013, we have realised total savings arising from the merger of PMETB with the GMC amounting to £3.2 million.
- Our key interest groups recognise that we are at the leading edge of operational performance.

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

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### **Why is this important?**

In order to deliver high-quality, modern medical regulation, our policy development and decision making must increasingly be evidence-based, responsive and aligned with the accepted principles of better regulation (transparency, targeting, proportionality, accountability and consistency).

We also have a long-standing commitment to ensuring that our policies and procedures are fair, objective, transparent and free from unlawful discrimination. This not only helps us to fulfil our legislative requirements, but contributes to enhancing the quality of our work by ensuring that policies are developed in a way that takes into account the particular needs of diverse groups and communities.

Our engagement with our key interest groups provides us with feedback to inform our policy making, decision making and evaluation. This helps us ensure that our policy development commands the confidence of our key interest groups.

# 3.6m

The number of searches made during 2009 on the GMC's List of Registered Medical Practitioners (LRMP) where visitors to our website can view details of doctors who are currently registered with the GMC.

## What will we deliver between 2010 and 2013?

- We will commence a further programme of targeted research, focused on a number of long-term questions about the future of medical regulation and informing policy development and decision making.
- We will produce and implement an Equality and Diversity Strategy, and further develop our Equality Scheme.
- We will engage on an ongoing basis with our key interest groups in the development, implementation and evaluation of our work.

## What outcomes are we seeking to achieve by 2013?

- Our policies are increasingly underpinned by a robust evidence base that is informed by the findings of our research and development programme, and equality and diversity considerations.
- Key interest groups consider that we engage and consult in an open, transparent and inclusive manner.



# 1,200

individuals and organisations participated in our consultation on our guidance on end of life care which we will publish in 2010.

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