

Agenda item:	3
Report title:	Acting Chief Executive's Report
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Action:	To consider

Executive summary

This report outlines developments in our external environment and reports on progress on our strategy since Council last met.

Key points to note:

- Agreement has been reached between the UK Government and the BMA on the new contract for doctors in training in England. The agreement is subject to a referendum, the results of which will be announced on 6 July 2016.
- We have agreed to lead a review of how doctors in training can be supported to have greater flexibility in changing specialties and transferring relevant competencies from one area of specialism to another, which will report to the four Governments across the UK by the end of March 2017.
- The UK Government is developing its proposals for the reform of professional regulation ahead of a public consultation later in the year and is planning a series of pre-consultation engagement events in June and July 2016.

Recommendation

Council is asked to consider the Acting Chief Executive's Report.

Developments in our external environment

Strategic risks and issues

The contract for doctors in training in England

- 1 The Secretary of State for Health, NHS Employers and the British Medical Association (BMA) have [reached agreement](#) on a new contract for doctors in training in England. The contract will be published on 31 May 2016 and the BMA will hold a referendum of doctors in training in England to approve the new contract in the second half of June. The result of the referendum is expected on Wednesday 6 July.

GMC review on making training pathways more flexible

- 2 The dispute over the contract for doctors in training in England highlighted a series of deep-seated issues beyond the contract which need to be addressed. One issue, which affects doctors in training throughout the UK, is the inflexibility of current training pathways and we are committed to tackling this problem. The GMC has therefore [agreed to lead a review](#) of how doctors in training can, within the relevant legal framework, be supported to have greater flexibility in changing specialties and transferring relevant competencies from one area of specialism to another.
- 3 We will work in conjunction with Royal Colleges in both England and Scotland and we will work closely with representatives of doctors in training across the UK as well as with Health Education England (HEE), NHS Education for Scotland, the Wales Deanery and the Northern Ireland Medical and Dental Training Agency as we develop our proposals. We will present our report to the four Governments across the UK by the end of March 2017.
- 4 The need for a more flexible training model to respond to changing needs was highlighted in the independent [Shape of Training Review](#). The GMC is committed to supporting doctors in training to develop both the generic and specialist capabilities that will help them meet the needs of their patients, both now and in the future. We have already produced with the Academy of Medical Royal Colleges a framework of [generic professional capabilities](#) which should apply to all postgraduate medical training courses, and will provide a foundation for this work.

Future shape of professional regulation

- 5 We continue to engage with the UK Government as it develops its proposals on the future of professional regulation. We understand the current plan is for a public consultation on proposals this autumn with a view to introducing legislation in the 2018/19 session of Parliament.

- 6** Prior to the full consultation, the Department of Health in England, working with the administrations in Scotland, Wales and Northern Ireland, is planning a series of pre-consultation events for key interest groups in June and July 2016. These events are expected to consider themes including the purpose of regulation, agile regulation and cost effectiveness.
- 7** Alongside this work, we continue to seek legislative change through Section 60 Orders to amend the Medical Act. Although Department of Health officials have entered into preliminary discussions with us about what such an Order might include, they have given no commitments at this stage.

European issues

- 8** We have been monitoring the House of Commons [Health Committee inquiry](#) on the impact of EU membership on UK healthcare and have submitted a factual GMC response which details our application process and our language checking powers for doctors from the European Economic Area (EEA).

North Middlesex University Hospital NHS Trust

- 9** We have significant concerns about the emergency department at North Middlesex University Hospital NHS Trust as a suitable environment for doctors in training. We are working closely with HEE, NHS England, NHS Improvement and other parties to make sure the challenges at North Middlesex are addressed promptly and in a sustainable way.
- 10** Our concerns over the safety of the environment for patients and for doctors in training are longstanding; we placed emergency medicine into our enhanced monitoring procedures in June 2015 and a risk summit was held in February 2016. Given our significant and ongoing concerns, we issued pre-statutory notice on 20 May 2016 informing HEE of our intention to withdraw doctors in training from the Trust unless the situation improved.
- 11** A further risk summit was held on 25 May 2016 at which the Trust presented its action plan. Although we are encouraged by the ambitions set out in the Trust's plan we will need to be assured that it can deliver the required improvements in a timely manner. Key to the delivery of the required improvements will be the support and cooperation of neighbouring Trusts and the ongoing support from NHS England and NHS Improvement. A further meeting is scheduled for Friday 3 June which will explore the system response to support the Trust.
- 12** We remain committed to working constructively and proportionately with the healthcare system to put in place an effective and sustainable solution to address the serious concerns that exist so that we can protect patient safety by ensuring the quality and safety of postgraduate training.

Progress on our strategy

Medical Licensing Assessment

- 13** We are committed to co-producing the Medical Licensing Assessment (MLA) with medical schools across the UK, the Medical Schools Council (MSC) and the four Governments of the UK, and are due to bring proposals to Council in September.
- 14** A key part of our early engagement has been with medical schools and we are close to completing our programme of visits. We have been encouraged by the interest shown in helping us develop our proposals and the recognition of the case for change. While we have, naturally, heard a wide range of views during these visits, there appears to be broad support for the MLA and for the possibility of integrating the MLA into university final exams so that it would provide the core assessment content and final exams would reflect the diversity of medical school curricula. These visits have proved valuable and provided a range of ideas that will help develop our plans further.
- 15** We are also engaging with the four health departments across the UK and the national educational bodies, as well as with a broad range of key interest groups. We look forward to discussing with them their views on the MLA and to exploring how the MLA can provide an evolutionary and cost-effective way to demonstrate that those applying for a licence to practise medicine can meet a common standard for safe practice.

Supporting vulnerable doctors

- 16** As part of our work to support vulnerable doctors we held an event on 7 April 2016 to discuss a set of initial proposals to reduce the impact of our fitness to practise processes on doctors, particularly those with health concerns. The proposals have been developed with advice from mental health expert, Professor Louis Appleby, and were [published on our website](#) following the event.
- 17** The key aims of the proposals are to:
 - a** Reduce the overall number of full investigations and avoid full investigations whenever possible in cases that are (solely or primarily) about a doctor's health.
 - b** Strengthen medical input to decision-making in cases about a doctor's health.
 - c** Reduce stress in all investigations through changes to process, communication and duration.
 - d** Seek consensual disposal as the preferred outcome in appropriate cases.

- e** Work more closely with employers on the number and appropriateness of referrals.
 - f** Expand support for doctors during the fitness to practise process including during a tribunal hearing.
 - g** Raise the need for mental health services for doctors nationally.
 - h** Ensure that the supervision of doctors with restrictions and publication and disclosure after the fitness to practise case has concluded are proportionate.
 - i** Improve learning when doctors die by suicide.
- 18** We are developing a programme of training for GMC staff to help them offer the right support and feel more confident in their roles. There are two key strands to this work:
- a** Health: managing work-life balance and raising awareness about mental health conditions, including how to recognise them and how to provide support.
 - b** Resilience: providing staff and managers with the skills and support to develop resilience and confidence in handling the challenging and sensitive interactions they have on a day-to-day basis.

Student fitness to practise

- 19** On 27 May we launched our revised student fitness to practise guidance which we jointly developed with the MSC. The guidance comes into effect from 1 September 2016 and comprises two documents: *Achieving good medical practice* and *Professional behaviour and fitness to practise*. Both documents are aligned to *Good Medical Practice* as our core guidance for registered doctors.

Engagement with NHS Boards

- 20** Following discussions with Council, we are seeking to increase our engagement with NHS Boards, particularly chairs and other non-executive directors, chief executives and workforce leads.
- 21** We have held preliminary meetings with a range of representative bodies across the UK to discuss how we can support NHS Boards to deliver safe, high quality care, including supporting them in the employment, engagement, management and development of their medical workforce. We have met NHS Providers, NHS Confederation in England and Northern Ireland, NHS Employers in Wales, the Scottish Association of Medical Directors and Healthcare Improvement Scotland to develop our plans.

22 As a result we have confirmed several initial engagement opportunities over the coming months. These include:

- meeting with a group of chairs and chief executives hosted by NHS Providers (4 July)
- presenting at the Lewisham and Greenwich NHS Trust Board meeting (5 July)
- meeting with the Chief Executive of Abertawe Bro Morgannwg University Health Board (5 October)
- meeting with chairs and chief executives of Northern Ireland health and social care organisations (19 October).

Strategy and Policy Board

23 The Strategy and Policy Board, which advises the Chief Executive, met on 17 May 2016 and made the following recommendations:

- a** To agree the themes and priorities for the GMC's [2016 differential attainment programme](#) of work.
- b** To endorse proposed changes to the criteria for appraisers of doctors without a prescribed connection, as a first step toward an independent process to quality assure the appraisals for doctors who do not have a connection to a Responsible Officer or approved Suitable Person.

24 The Board also received updates related to:

- a** The GMC's policy on [criminal disclosure at the point of registration](#), following changes introduced by the Scottish Government in February 2016 to the criminal disclosure system in Scotland. Following legal advice to clarify that the regulation of health professionals is a matter reserved to Westminster that the GMC's existing approach is correct, the Board was content that the policy remains appropriate.
- b** A [report on advice received from the Revalidation Advisory Board](#) following its meeting on 8 March 2016.
- c** A [report on the UK Advisory Forum](#) meetings in Northern Ireland, Scotland and Wales in March 2016.

Council member appointments

25 The Council member appointments process will start on 6 June 2016 to fill the vacancies for two members from Scotland and Wales. The Advance Notice of intent to recommend appointment was submitted to the Professional Standards Authority

(PSA) in accordance with their requirements and the campaign will close on 11 July 2016.

MPTS Committee appointments

- 26** Interviews for the MPTS Committee member role will be held on 21 June 2016 and we anticipate asking Council to approve the appointment in late July.
- 27** The campaign to appoint a new Chair of the MPTS was launched on 9 May 2016 and closes on 3 June. Interviews will be held on 1 July and we anticipate asking Council to approve the appointment by September 2016.

Recent and forthcoming engagements

Regional seminars in England

- 28** Building on the success of the UK Advisory Forums in Scotland, Wales and Northern Ireland, we held the first of our English regional seminars with healthcare system leaders in Birmingham on 19 April 2016. The discussion touched on the pressures facing the system, concerns about the size and shape of the medical workforce and the growing challenges for doctors balancing clinical and managerial responsibilities.
- 29** We plan to have four such seminars in the English regions this year, with a further programme of meetings scheduled for 2017. We are holding the next seminar in South London on 20 June 2016.

Conflicts of interest

- 30** We hosted a meeting on 12 April 2016 to discuss how doctors deal with conflicts of interests. Over 30 key groups with an interest in this area attended including representatives of the four UK healthcare systems, the BMA, NHS England, representatives of NHS Clinical Commissioning Groups, other healthcare organisations and patient leaders.
- 31** Some of the emerging themes included: the need for training for doctors in dealing with conflicts early on in their careers, a general acknowledgement that doctors need to ensure patient trust in this area and the need for a less pejorative label acknowledging that doctors deal with a number of 'competing interests'. While there was consensus about the need for greater transparency attendees had mixed views about whether conflicts should be recorded on the medical register.
- 32** We will consider what can be done to strengthen our guidance and ensure that doctors understand their responsibilities. We will consult on the online List of Registered Medical Practitioners in the summer and how it could be more open,

relevant and useful to our key interest groups and whether it could include information about doctors' conflicts of interest.

- 33** We are developing additional case studies to illustrate the principles in our [conflicts of interest guidance](#) and will conduct a 'light touch' review of the guidance in 2017.
- 34** The Chief Executive has been invited to participate in an [NHS England task and finish group](#), chaired by Sir Malcolm Grant, about managing conflicts of interest across the NHS. The group will develop proposals for consultation in the autumn. The aim of this work is to establish a full set of rules on conflicts of interest which can be applied across the healthcare system in England.

Fitness to drive roundtable

- 35** We hosted a meeting on 4 May 2016 to discuss what more can be done to support doctors to respond appropriately when patients may not be fit to drive. The meeting included representatives from medical royal colleges, driver licensing bodies and government officials and explored how the medical profession manages the tension between patient confidentiality and public interest and what we can do to improve practice in this area.
- 36** There was a strong commitment to work collectively on this issue and a further meeting is planned for September 2016 to develop an awareness raising campaign. We are in discussions with the MSC about the scope to include more in undergraduate curricula. We are also exploring supporting the Driver and Vehicle Licensing Agency to develop a handout that GPs could give to patients explaining how to notify them and what happens when they do.

Physician Associates

- 37** We jointly hosted an event with the Health Care Professions Council on 3 May 2016 to consider the regulation of Physician Associates and Physician Assistants (Anaesthesia). Attendees included the Department of Health in England, the Scottish Government, the Faculty of Physician Associates, NHS England, HEE, the Wales Deanery and representatives from patient organisations.
- 38** There was consensus that the Physician Associate and Physician Assistant (Anaesthesia) role warrants statutory regulation. The group were also agreed that any decision to bring them into statutory regulation must be driven by considerations of patient safety rather than to meet the aspirations of the professional groups involved.
- 39** Our position on the regulation of this group remains that should the four Governments of the UK request we expand our role to include the statutory regulation of Physician Associates, we would be prepared to consider the arguments.

In the meantime we are undertaking a scoping exercise to better understand the implications were such a request to be received.

- 40** In May, the Nuffield Trust published a report [*Reshaping the workforce to deliver the care patients need*](#) which highlighted that Physician Associates represent a new group of staff with the potential to address a number of workforce challenges. The report recommended dialogue between the professional regulators and system regulators to make sure there is no 'regulatory gap' and new and extended roles have safe governance arrangements.

Dying Matters reception

- 41** On 9 May 2016, the Chief Executive gave the opening address at the Dying Matters reception which highlighted our work on improving end of life care. We have a series of projects running across the UK to highlight our guidance and support doctors in this emotionally and ethically challenging area of practice including working with the Gold Standards Framework Centre for End of Life Care to deliver a pilot programme of training, learning and support on end of life care for doctors, and with the National Council for Palliative Care to develop accessible 'refresher' resources on issues such as good communication and decisions around clinically assisted nutrition and hydration.