

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

Executive summary

This report sets out progress on our strategic aims, outlines developments in our external environment and reports on progress on our strategy since the Council last met.

Key points to note:

- We continue to press for legislative reform and are exploring options for a streamlined Bill as well as considering alternative options for securing reform in the event that there is no Bill in the second Session of Parliament.
- We are working with Government, the European Commission and other regulators to do what we can to make sure the implementation of the new provisions in the Recognition of Professional Qualifications Directive do not compromise patient safety.
- We have taken action to assure ourselves of patient safety concerns at Weston Area Health NHS Trust and Beatson West of Scotland Cancer Centre.

Recommendation

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

Developments in our external environment

Strategic risks and issues

Legislative Reform and the Professional Accountability Bill

- 1 Comprehensive reform through the introduction of the Professional Accountability Bill (formerly known as the Law Commissions' Bill) remains a key priority. We continue to make the case for the Bill to Government and met recently with Department of Health (DH) officials to discuss this.
- 2 We have also considered the opportunities for developing a slimmed down and less prescriptive version of the Bill to support the aim of a more flexible approach to regulation and the removal of unnecessary regulatory burden. We have put forward suggestions for how this could be achieved and we understand that the DH will consider our comments as it continues its work on the Bill.
- 3 Ben Gummer MP, the Minister for Care Quality, has offered the chairs of the professional regulators a roundtable meeting to discuss the Bill. We are awaiting confirmation of a date from the DH.
- 4 On 7 October 2015 we are holding a roundtable meeting with patient groups and other professional regulators to look at areas of shared interest in the Bill and how we can work together to improve its prospects of success. This initiative follows a suggestion from the Chief Executive of the Action Against Medical Accidents charity.
- 5 In parallel with our continuing work on the Bill, we are beginning to consider alternative options for securing legislative reform in the event that the Bill is again absent from the Queen's Speech in 2016.

UK Medical Licensing Assessment

- 6 We continue to hold discussions with Ministers and officials about the merits of a UK-wide medical licensing assessment (UKMLA).
- 7 In July 2015 we convened an initial workshop of GMC Associates expert in undergraduate assessment. We have also discussed with the Chair of the Medical Schools Council how best to engage with and learn from the undergraduate medical education community and we are committed to working in partnership with interested organisations and groups in developing the medical licensing assessment. Our proposals will be discussed at the Assessment Advisory Board meeting on 15 October and at the Education and Training Advisory Board meeting on 20 October 2015.

- 8** The Professional Accountability Bill envisaged the introduction of the UKMLA and we are hopeful that statutory changes will in due course be secured to allow us to proceed.
- 9** We are on schedule to report back to Council by June 2016 and to launch a formal consultation after that.

Point of Registration

- 10** In July, Health Education England (HEE) published its [report on its engagement exercise on moving the point of full registration for doctors](#). This had been ordered by the previous Minister responsible for professional regulation, Dr Daniel Poulter. HEE's report summarised the feedback from key interest groups and highlighted some of the issues that would need to be considered.
- 11** Our position remains that we do not object in principle to moving the point of registration but we do have significant concerns in practice that would need to be addressed. We have emphasised that the GMC could not favour any change that might impact adversely on patient safety.

Recognition of professional qualifications

- 12** The GMC is preparing for implementation of the revised Directive on the recognition of professional qualifications in time for the 18 January 2016 deadline. The Directive is legally binding on the UK and has a direct impact on the Medical Act 1983 (as amended) and on the GMC's rules and procedures.
- 13** We have been working closely with government officials, the European Commission and other regulators in the UK and elsewhere in Europe to try to make sure the implementation of the new provisions do not compromise patient safety or our statutory functions.
- 14** We expect the DH to publish a consultation on changes to the Medical Act in late September or early October. We are also working with the Department of Business, Innovation and Skills (BIS) to make sure that changes in their regulations are adopted in time for January 2016 transposition deadline.

Review of professional codes

- 15** On 14 September 2015 I attended a summit meeting hosted jointly by NHS England and the Professional Standards Authority. The meeting focused on the review of professional codes which the Secretary of State for Health asked Professor Sir Bruce Keogh to undertake following the independent report on maternity and neonatal services at University Hospitals of Morecambe Bay NHS Foundation Trust. The meeting was productive and focused on how to promote a culture of openness and

candour and the role of professionals' codes in this. The meeting was intended to inform Sir Bruce's recommendations to the Secretary of State.

Weston Area Health NHS Trust

- 16** In June, we placed Weston Area Health NHS Trust in our enhanced monitoring process following significant concerns identified in the 2015 National Training Survey 2015 and by Health Education South West (HESW).
- 17** We undertook an enhanced monitoring visit to the Trust alongside HESW, on 24 June 2015. The findings from this inspection visit confirmed the survey results and highlighted serious issues with the clinical supervision of foundation doctors. Subsequently a number of doctors in training put in writing to HESW their individual and patient safety concerns.
- 18** At a risk summit at the Trust on 17 July 2015 we made clear the severity of our concerns about the clinical supervision of foundation doctors and the implications of this for patient safety and notified attendees that we were considering withdrawing approval for foundation training at the site. We made clear that we would need to see considerable improvement for and experience of foundation doctors in order to meet out standards. In addition, we sought urgent assurance that arrangements would be put in place to secure senior cover for the new intake of doctors in training on 5 August 2015.
- 19** We visited the Trust again on 4 September 2015 with HESW and observed some progress since the June visit, especially in medicine. There continue to be issues with clinical supervision out for hours in both surgery and emergency medicine, and immediate steps were taken by the Trust to address these concerns. We took part in a follow-up risk summit on 14 September where concerns over supervision in emergency medicine identified on the 4 September 2015 visit were reiterated.
- 20** The Trust has committed to taking immediate steps to provide additional support. We will join HESW to visit the Trust again by the end of October 2015 to meet doctors in training, and unless there is appropriate clinical supervision in place for foundation doctors in the emergency department then foundation doctors will be removed from the out of hours rota.
- 21** The withdrawal of approval for all foundation training at the hospital remains an option if we find that foundation doctors are not properly supervised and patient safety is compromised. Progress appears to have been made, but we will need to be sustained and there remain particular concerns about the emergency department.

Beatson West of Scotland Cancer Centre

- 22** We received a letter from consultants and doctors in training at the Beatson West of Scotland Cancer Centre on 20 May 2015 setting out concerns about patient safety at

the Centre related to the reconfiguration of services. This followed the GMC's inspection visit to the Beatson (which has been in our enhanced monitoring processes since October 2014) with the Scotland Deanery on 8 May 2015. The visit highlighted serious concerns about the possible impact the proposed changes to the working patterns could have on the ability of the centre to provide an appropriate training environment.

- 23** Given the seriousness of the concerns raised, we sought prompt assurance from Greater Glasgow and Clyde Health Board of the measures they were taking to address these. We also alerted Healthcare Improvement Scotland, NHS Education Scotland and the Chief Medical Officer who confirmed they were taking action in response to the concerns. We received assurance from the Responsible Officer at NHS Greater Glasgow and Clyde about the revalidation process and the handling of fitness to practise issues at the Centre. In addition, we received assurance about the steps the Board was taking to address patient safety concerns as well as its commitment to improve the educational experience of doctors in training.
- 24** We will visit the Beatson on 4 November 2015 to assess progress in addressing the concerns.

Progress on our strategy

Strategy and Policy Board

- 25** The Strategy and Policy Board met on 14 July 2015 and:
- a** Considered the outcome and recommendations following a study of the International English language Testing System (IELTS) equivalent research, and agreed that the GMC would not develop its own English language test or extend the list of acceptable English language tests, and that the use of IELTS would be retained.
 - b** Considered a report on the outcome of the first phase of the Rule 4(4) pilot of the use of provisional enquiries, to be rolled out as business as usual activity, and agreed to a second phase of the pilot to look at how the GMC could streamline how single clinical concerns are investigated.
 - c** Agreed to the disposal of files which may or may not contain incident location data for Fitness to Practise cases and enquiries pre-January 2007, in line with the GMC's Records Retention Policy.
 - d** Noted an update on the work that had been undertaken to develop a policy framework, including guidance, governing the use of Section 14 of the Medical Act 1983 (as amended), since Council delegated its powers under Section 14 to the Registrar in May 2014.

- e Received an update on the approach to cases in which concerns are raised about the welfare of children and vulnerable adults and may require referrals to children or adult Social Services.
- f Considered a report on the review of the GMC's major organisational relationships and the systems, processes and resources used internally to support their effective management. The Board accepted the findings of the review and noted that we will use the findings to consider how the organisation can take a more proactive approach to the management of these external relationships in the future taking account of other priorities and resource requirements.

Assessment Advisory Board

- 26** We have established an Assessment Advisory Board to provide expert advice on the development and operation of GMC assessments and assessments overseen by the GMC. Its work will be reported to the Strategy and Policy Board.
- 27** A range of experts in assessment and assessment design, including those with expertise in differential attainment, statistical analysis of examination performance (psychometrics) and a lay member have joined the Board under the chairmanship of Professor Val Wass. Members are appointed in a personal capacity and do not represent any organisations.
- Professor Jonathan Beard
 - Professor Annie Cushing
 - Professor Jan Illing
 - Professor Neil Johnson
 - Professor Jean Ker
 - Professor John Richardson
 - Mr Ian Ritchie
 - Dr Alison Sturrock
 - Dr Celia Taylor
 - Mrs Judith Way
- 28** The first substantive meeting of the Board will be on 15 October 2015.

Update on medical professionalism matters events

- 29** The programme of events to explore professional issues is underway and since its launch at the GMC Conference in March 2015 there have been three events focussing on:
- The collaborative doctor in Bristol in May
 - The resilient doctor in Newcastle in July
 - The doctor's dilemma in Birmingham in September 2015.
- 30** We are in Cardiff on 19 November 2015 for the compassionate doctor with dates to be confirmed for 2016 (including events in Northern Ireland and Scotland).
- 31** The events have been well attended and feedback has been extremely positive, with participants saying they have found the sessions useful and enjoyable.

GMC App

- 32** In August we launched our first GMC App for use on mobile devices. GMC myCPD supports doctors to log their learning on the go and was developed in response to feedback from doctors and with support from CPD leads from the medical Royal Colleges. The App has been well received and thus far has been downloaded by more 10,000 doctors.

Our work in Scotland, Wales and Northern Ireland

- 33** The next round of UK Advisory Form meetings in Scotland, Wales and Northern Ireland will take place in October, building on the positive feedback from the meetings earlier this year.
- 34** The GMC is a member of the recently established Scottish Government Information Sharing Group which has been set up to support system and patient safety information sharing among regulators and inspectorate organisations in Scotland. Our contribution was well received and we look forward to contributing further to this important patient safety group.
- 35** We also continue our work to develop detailed protocols for information sharing with HIS, HIW and RQIA with a number of workshops recently held in the countries to progress this effort. Our liaison advisers in Scotland, Wales and Northern Ireland have completed their induction and will soon commence their work to engage with groups of doctors, student, educators, employing bodies and patients on our work and professional standards in each country – this replicates the success achieved in in England through the regional liaison service and builds on work done by the offices in this area.

IAMRA

36 In my role as Chair of the International Association of Medical Regulatory Authorities (IAMRA) I visited a number of countries in South America in late July and early August 2015 to gain a better understanding of medical regulation in these jurisdictions, and to encourage IAMRA membership from this currently under-represented region. It was also an opportunity to explore potential future opportunities for GMC Services. I met with organisations interested in or involved with the regulation of doctors including regulators, professional associations and Ministries of Health in Brazil, Uruguay, Argentina and Chile. I am hopeful that, as a result of this engagement activity, South America will come to play a more prominent role in the international regulatory community.

Look ahead

- 37** Heidi Alexander MP has been named as Labour's shadow health secretary. We have written to Ms Alexander to seek an early meeting. Luciana Berger MP will continue in the role of Shadow Minister for Mental Health, and will now attend the shadow cabinet.
- 38** We will be holding meetings with key parliamentarians at both the Conservative and Labour party conferences this autumn. The Conservative Party Conference will be held in Manchester and we have invited a number of parliamentarians on a tour of our Manchester site.
- 39** Terence and I will be meeting with Dr Sarah Wollaston MP, Chair of the Health Select Committee, on 19 October 2015. We plan to discuss a range of our priority issues as well as what plans the Committee have for continuing annual accountability hearings with the GMC and other regulators. The Committee are also holding an inquiry into primary care to which we have submitted written evidence.
- 40** Chris Heaton-Harris MP has introduced the Access to Medical Treatments (Innovation) Bill and it will have its second reading in the House of Commons on 16 October 2015. This Bill is based on the Medical Innovation Bill originally introduced by Lord Saatchi. The Chair and Lord Kakkar met Chris Heaton-Harris on 17 September 2015 to discuss the Bill. The Chair set out the GMC's reservations. From earlier discussions with key interest groups, it is clear to us that a significant number of respected people within the medical community share these reservations. However, the Chair suggested the GMC would be happy to be involved in discussions around the barriers to innovation and what contribution if any the GMC could make, for example through guidance if the Bill was enacted.
- 41** We are reviewing our confidentiality guidance in preparation for a three month public consultation on the revised guidance from the end of November 2015. We are aware there are a number of high profile policy issues which are relevant to this guidance

including Female Genital Mutilation (FGM), terrorism prevention, and reporting concerns to the DVLA/DVA.

Quality assurance for revalidation

- 42** We have completed our annual report and statement of compliance under the Framework for Quality Assurance of Responsible Officers and Revalidation. This is to give assurance to NHS England that we have all the procedures and support in place to provide appraisal and revalidation for doctors employed by the GMC as a designated body under the Responsible Officer Regulations.