

<b>Agenda item:</b>	<b>3</b>
<b>Report title:</b>	<b>Chief Executive's Report</b>
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<b>Action:</b>	<b>To consider</b>

## 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 monitor developments following the UK Government's announcement that it will impose a new contract on doctors in training in England following the breakdown in negotiations.
- We welcome the launch of the independent review of the NHS training and employment experience of doctors in training in England, led by Professor Dame Sue Bailey, and will look forward to working with the review.
- The Recognition of Professional Qualifications Directive was implemented across Europe on 18 January and we have begun to send and receive alerts on doctors whose fitness to practise is restricted or limited.
- The UK Government has announced how it plans to approach the reform of professional regulation and a consultation is anticipated later this year.
- We continue to develop our proposals for a Medical Licensing Assessment and will be establishing an Expert Advisory Group to assist us.

## Recommendation

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

## Developments in our external environment

### Doctors in training

- 1 On Thursday 11 February the Government [announced its intention](#) to impose a new contract for doctors in training in England without having reached agreement with the British Medical Association (BMA). This followed a [letter by Sir David Dalton](#), the lead negotiator on behalf of the Government and the NHS, on Wednesday 10 February advising the Secretary of State that a negotiated outcome 'no longer seems possible'.
- 2 Alongside its decision to impose the contract, the Government [announced](#) that Professor Dame Sue Bailey, President of the Academy of Medical Royal Colleges, has been appointed to lead an independent review of the NHS training and employment experience of doctors in training in England. Our Chair has been invited to be a member of the review team.
- 3 The review will explore and make recommendations on a range of longstanding non-contractual issues affecting morale among doctors in training. The review team will make recommendations to the Department of Health, Health Education England and NHS Employers by the end of the year.
- 4 We believe this review is timely and vital. It has been clear for some time that there is a level of disquiet among doctors in training which goes beyond the contract dispute.
- 5 We continue to monitor the situation closely and will consider the need to issue further guidance. To date, we have been clear that the GMC has no role in contractual matters and we have been careful not to become embroiled in the current dispute. As regulator, our principal concern is patient safety.
- 6 We issued advice [on 4 November](#) 2015 ahead of the BMA's ballot and [on 5 January](#) 2016 before the first day of industrial action to remind doctors in training, senior doctors and employers of their responsibilities. The BMA challenged our November guidance and its timing but the High Court rejected each of the BMA's claims and awarded us costs. The judge said our statement was intended to be helpful to doctors in training and was appropriate to publish ahead of the ballot so doctors were suitably informed.

### European affairs

- 7 The Recognition of Professional Qualifications (RPQ) Directive was implemented across Europe on 18 January 2016. We have begun to send and receive alerts on doctors whose practise is restricted or prohibited.
- 8 The revised Medical Act was not adopted in time for the implementation deadline due to a delay to the Department of Health consultation. However, we received legal

advice from counsel and from the Department which confirmed that we should implement on 18 January as planned.

- 9 We are now turning our attention to parts of the Directive that are subject to secondary legislation including any further roll out of the European Professional Card (EPC) and the potential adoption of common training frameworks for medical specialties.
- 10 We have continued to engage with senior policy makers including the Secretary of State and health ministers, as well as MPs and MEPs to push for the European Commission to give a public commitment to undertake a full, transparent evaluation of the EPC before extending it to professions including doctors. We are jointly hosting with the NMC a meeting of the Healthcare Professionals Crossing Borders (HPCB) network in London on 28 October 2016 which will focus on the EPC.
- 11 We are also working closely with key interest groups such as the British Medical Association (BMA), the Royal College of Physicians and European medical regulators to develop a joint strategy that aims to avoid the adoption of common training frameworks for medical specialties which we believe would pose patient safety risks by fossilising European training curricula into EU law.

#### Legislative reform and the future of regulation

- 12 In December 2015 the Government announced in a [written ministerial statement](#) that it would not be taking forward the [Law Commissions' Bill](#) as originally envisaged.
- 13 Instead, it proposed to take a new, and potentially more radical, look at the future shape of professional regulation with a view to producing a new Bill. We understand the current plan is for a public consultation on proposals in autumn 2016 with a view to introducing legislation in the 2018/19 session of this Parliament.
- 14 We understand ministers are likely to want a shorter Bill than that proposed by the Law Commissions, and that they wish to see some rationalisation of the sector which would include mergers between some of the professional regulators.
- 15 The current timings may well change but we will engage with the four governments of the UK, with other regulators and with our key interests in helping to shape the proposals for reform.
- 16 We are also working to secure more immediate legislative change. We have been refining our legislative priorities with a view to seeking Section 60 Orders to amend the Medical Act. Although the Department of Health is facing significant staff cuts which may affect its ability to support significant reforms we are developing detailed policy proposals covering education, registration and fitness to practise on which legal drafting can be based.

## Collaboration with the NMC and other regulators

- 17** We are continuing to explore closer working with other regulators, sharing knowledge and expertise about how to most effectively and efficiently deliver on our statutory responsibilities.
- 18** A number of regulators have expressed interest in the separated model of investigation and adjudication which we have introduced with the establishment of the Medical Practitioners Tribunal Service (MPTS) which now exists on an independent statutory footing. We expect to continue informal discussions with other regulators and will report to Council should there be any proposals for collaboration.

## Medical Licensing Assessment (MLA)

- 19** Proposals for the MLA are developing through close engagement with key interest groups and assessment experts. We are continuing to consider and refine proposals and we have been pleased with the constructive response from medical schools and other interested organisations with whom we plan to work to develop the MLA.
- 20** In particular we have had constructive discussions with the Medical Schools Council and we will work closely with medical school experts, including visits by senior staff to all 33 medical schools by June 2016. To aid discussion we will share in advance of each visit our current ideas about what an MLA could look like.
- 21** We are looking to build on the innovative work of the Medical Schools Council Assessment Alliance as well as the review of the PLAB examination. We are interested to see how far it may be possible to integrate elements of the MLA with university finals.
- 22** We need to identify a legislative vehicle to empower us to introduce the MLA and we will be having discussions with the four governments of the UK to understand their views, including clarification of the UK Government's intentions on moving the point of registration.
- 23** We have also discussed the MLA with medical Royal Colleges and with the Solicitors Regulation Authority which is currently consulting on plans to introduce a Solicitors Qualifying Examination. We have had very informative and insightful discussions with experts within and beyond our Assessment Advisory Board.
- 24** We are setting up an Expert Advisory group which will be chaired by Professor Neil Johnson, Dean of the Faculty of Health and Medicine at Lancaster University and chair of the Medical Schools Assessment Alliance. The new group will also include Professor Val Wass the chair of our own Assessment Advisory Board and other key figures in this area. Internally I chair an MLA Executive Board which meets quarterly and our Chief Operating Officer chairs an operational group which meets monthly.

- 25** We are on course to bring proposals to Council on 7 June and then, subject to Council's view, launch a formal consultation by the end of the year.

### Care Quality Commission (CQC) Strategy 2016-21

- 26** The CQC will be publishing its Corporate Strategy in May 2016. Along with other key interests, we have been contributing to discussions as the strategy has been developed. The draft final strategy is out for consultation until 14 March. We will be responding formally, but in the meantime Paul Buckley contributed to an event for strategic partners of CQC which took place on 25 January. The event, led by the Chair and Chief Executive of CQC, focused on the six themes around which the strategy will be organised:
- Improving the use of data and information
  - Implementing a single shared view of quality
  - Targeting and tailoring inspection activity
  - Developing a more flexible approach to registration
  - Assessing how well hospitals use resources
  - Developing methods to assess quality for populations and across local areas.
- 27** Much of the discussion at the event focussed on opportunities for greater collaboration between systems and professional regulators including the GMC, reducing the cost and burden of regulation while maximising its impact, and on using data and intelligence to identify emerging risk at an earlier stage.
- 28** We have been working to ensure greater collaboration between ourselves and system regulators throughout the UK. This includes: developing our data strategy, information sharing arrangements with a wide range of partners, including the CQC, and inviting external partners to participate in our Patient Safety Intelligence Forum.

### Joint statement on primary care

- 29** In August of last year, the Chair met the Secretary of State for Health and the Chief Inspector of General Practice at CQC to discuss reducing the workload associated with the regulation of general practice in England. Since then, we have been working closely with colleagues in NHS England and the CQC on a programme of work to align our processes to support the development of a regulatory system that promotes quality, safety and sustainable improvements in general practice.
- 30** We have agreed to publish a joint statement underlining our commitment to this work and outlining how we intend to reduce the workload and duplication currently

associated with the regulation of general practice in England. This will form a small part of a wider announcement that the Secretary of State intends to make on a new package of measures designed to reduce pressures on GPs in England.

### Appointment of Professor Louis Appleby

- 31 As part of our response to the [review](#) of doctors who take their own lives during fitness to practise procedures, we are conducting a fundamental review of our approach to health cases.
- 32 In December 2015 we appointed Professor Louis Appleby, to advise us as we develop proposals to improve how we deal with health cases.
- 33 In addition to our already significant reform programme he will also advise on any more general improvements to reduce the impact on doctors.
- 34 Proposals for change will be presented at an engagement event in early April.

### Physician Associates

- 35 Health Education England is keen to increase the number of physician associates and the authorities in Scotland, Wales and Northern Ireland are also considering the role they could play in developing the workforce.
- 36 We have made clear that if physician associates are to practise safely, and to make the most of their potential, they should be brought within statutory regulation. We have also indicated that if the UK Government were to ask the GMC to take this on we would give it serious consideration.
- 37 We do not however have a fixed view about how this should be done or who should do it, although the GMC or the Health and Care Professions Council (HCPC) are two options.
- 38 We are undertaking some scoping work to help us better understand the role of physician associates and the practical implications of bringing them into statutory regulation. As part of this we are hosting a meeting with the HCPC and the new Faculty of Physician Associates at the Royal College of Physicians to discuss possible ways forward.

## Progress on our strategy

### Strategy and Policy Board

- 39** The Strategy and Policy Board, which advises the Chief Executive, met on 4 February 2016. The Chief Executive has approved the following recommendations from the Board:
- a** To initiate a project to review and update the Standards of curricula and assessment systems including assessment frameworks to embed the generic professional capabilities framework; improve curricula design and development; improve assessment practices; and clarify the role of colleges and faculties in quality assurance.
  - b** To pilot the greater use of provisional enquiries for single clinical incidents and concerns, as part of work to streamline and improve investigations, following a successful pilot on the use of provisional enquiries which reported in July 2015.
  - c** Developments to the GMC's existing arrangements for monitoring and managing interactions with reviews, inquiries and similar reports. The streamlined approach includes establishing an oversight group tasked with providing regular updates and seeking input from Council and other parts of the organisation.
- 40** The Board also received an update on progress of independent research following a three year evaluation of revalidation. The Board noted that it was expected the interim research report would be published in the second quarter of 2016.

### Use of the Corporate Seal

- 41** Since my last report to Council in December 2015, I have exercised the power delegated by Council to apply the Corporate Seal relating to property:
- a** Licence to alter part of the GMC's office in Centurion House, Manchester.

### Look ahead

- 42** The latest event in our Medical Professionalism Matters series was held in Belfast on 3 February 2016 titled 'The Doctor as a Scholar'. Our Chair Professor Terence Stephenson was joined by Professor Patrick Campbell the Vice Chancellor of Queen's University who gave the keynote address. The next event in the series will be in Glasgow on the 5 April exploring the theme of putting safety and quality improvement first. This will be followed by an event in Manchester to test the draft findings with the publication of a final programme report late in 2016.
- 43** We will be hosting our advisory forums in Belfast, Cardiff and Edinburgh in the first three weeks of March 2016.
- 44** We are holding a workshop on 23 March 2016, to discuss a specific recommendation from [Sir Anthony Hooper's review](#) of whistleblowing cases. Sir Anthony recommended introducing a simple, confidential and voluntary online tool for healthcare

professionals to record that they have raised concerns and the steps they have taken to deal with it. The workshop will consider how to improve the culture and handling of concerns after which we will publish a report on how this can best be taken forward.

- 45 A number of recent court cases following fatal road accidents have highlighted the potentially critical role doctors have in their dealings with patients who may not be able to continue to drive safely. We are now working with a range of interested parties to raise awareness of doctors' responsibilities when a patient's medical condition may affect their fitness to drive. The initial meeting with partners will be in March 2016.
- 46 We are hosting a summit on 12 April 2016 to explore conflicts of interest faced by GPs. Our guidance is clear that we expect doctors to be open and transparent about any interests they hold, and to avoid conflicts of interest where possible. However we are keen to explore current issues and concerns and whether there is more we can do to support doctors in this difficult area.
- 47 The Chair is planning to host four English regional meetings in 2016 to learn more from the leaders of the regional health economy about the issues which they face, as well as sharing the important work the GMC is doing, as we look to strengthen our collaboration and support for the healthcare system.

#### MPTS Chair appointment campaign

- 48 As noted in the paper on Council appointments at Item 9 on the agenda, the tender to appoint an executive agency to support the appointment process for the MPTS Chair and Council members was issued in December 2015. The tender selection panel included Jim McKillop (who will demit office at the end of 2016) and the Chief Operating Officer. Following the tender exercise we procured the services of Gatenby Sanderson and will launch the appointments process in May 2016.
- 49 At its meeting on 2 March 2016 the Remuneration Committee will consider the final requirements for the MPTS Chair appointment campaign, including the role specification and the appointments process. Regular updates on the progress of the appointment campaigns will be provided via my report to Council.