

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 and significant changes in our external environment since Council last met. It sets out developments in our external environment and reports on progress on our strategy. Key points to note:

- We have published the whistleblowing review by Sir Anthony Hooper which has been well received.
- The Privy Council has approved the Section 60 Order reforming our adjudication procedures which gives us the right of appeal against fitness to practise decisions of the Medical Practitioners Tribunal Service for the first time.
- We are continuing our work to encourage the main political parties to commit to taking the Law Commission Bill forward following the General Election.

Recommendations

- a To consider the Chief Executive's Report.
- b To approve amendments to the Governance Handbook relating to the removal of a reference to the Professional and Linguistic Assessments Board within the Schedule of Authority, and to the name of the Revalidation Implementation Advisory Board.

Developments in our external environment

Strategic risks and issues

Legislative reform

- 1 The section 60 Order that reforms our adjudication procedures was approved by the Privy Council on 19 March 2015. For the first time, the GMC will have a right of appeal against fitness to practise decisions of the Medical Practitioners Tribunal Service which we consider do not protect the public. The MPTS will also be placed on a statutory footing. We have begun a consultation on supporting rules with a view to them coming into force by the end of the year.
- 2 We continue to encourage the main political parties to commit to taking the [Law Commissions Bill](#) forward following the General Election. In the meantime, we also continue to work closely with the Department of Health on the policy content of the draft Bill to try and ensure that the Bill reaches a state of development that would make it possible to take it forward in the first term following the election should the new government decide to do so.
- 3 The Medical Innovation Bill was not allocated time for a debate in the House of Commons during the few remaining days set aside for private members bills before the General Election and therefore it will not proceed further before the end of this Parliament.

Morecambe Bay Investigation

- 4 The [Report of the Morecambe Bay Investigation](#) was published on 3 March 2015 highlighting failures at all levels of the Trust, and within the wider regulatory system although there is no criticism of the GMC. The Report sets out 44 recommendations, three of which reference the GMC.
- 5 Responding to the Report, the Secretary of State for Health announced a review of the professional codes of both doctors and nurses, to be led by Sir Bruce Keogh, to further promote the raising of concerns about clinical services.
- 6 We already have a programme of work underway in this area including working with the Nursing and Midwifery Council on joint explanatory guidance on the professional duty of candour, which we plan to publish later in the spring. We have committed to working with Sir Bruce and relevant key interest groups to promote a culture of openness; we are also considering the implications of the review more generally.

Health Select Committee annual accountability hearing

- 7 Prior to the dissolution of Parliament, the Health Select Committee confirmed that they would not publish a report on our performance following the annual

accountability hearing on 6 January 2015. The Committee had a large number of on going inquiries and did not have time to publish a report on all of them before the General Election.

Point of Registration

- 8 On 29 January 2015, Health Education England (HEE) announced it would lead a UK wide stakeholder engagement exercise around the Shape of Training proposal that full GMC registration should move to the point of graduation from medical school provided there are measures in place to demonstrate that graduates are fit to practise.
- 9 We have participated in a series of HEE workshops which took place around the UK during March to engage stakeholders on this proposal and we expect HEE to report on the outcome of the exercise after the General Election. Our position continues to be that we have no objection in principle to this fundamental change (which would involve abolishing provisional registration and removing the present requirement to have undertaken a period of employment as a doctor prior to registration with the GMC). But the starting point has to be the maintenance of patient safety and high standards of education and practice.

Shape of Training

- 10 On 17 February 2015, the four UK governments produced a [position statement](#) on the future of the [Shape of Training Review](#). We have been asked to take forward work on credentialing and work with the Academy of medical Royal Colleges to look at how doctors' training can be made more generic to better meet the current and future needs of patients. We will also support the Colleges to look to see how the generic aspects of current curricula can be developed. We will be consulting on both of these matters shortly.

Recognition of Professional Qualifications Directive

- 11 A vote on the European Commission's (EC) latest proposal for an Implementing Regulation on the European Professional Card (EPC) and the fitness to practise alert mechanism took place via written procedure on 18 March 2015 but no qualified majority was reached and the vote will need to be taken again in due course.
- 12 Aside from the operational complexities of the EPC, we, alongside the NMC, General Pharmaceutical Council and Pharmaceutical Society of Northern Ireland, continue to have serious patient safety concerns about the Regulation which would in our view substantially limit our powers to decide who we will register under the 'temporary and occasional' regime when the card is eventually extended to the medical profession.

- 13** Before the vote, I wrote to senior officials urging the UK Government to vote against the proposal and encouraging them to work with the Commission to re-draft the proposal. I have also sought assurances that if the Regulation is passed in its current form, DH(E) will work with all the affected regulators to mitigate the risks we have identified. We will use the additional time now available before a second vote to voice our concerns.

Avastin

- 14** There has been considerable interest from the media and clinical commissioning groups about the use of the cheaper drug, Avastin, for the eye condition age-related macular degeneration. It is currently not licensed for this purpose.
- 15** Under European law and the medicines regime in the UK, as regulated by the Medicines and Healthcare Products Regulatory Agency (MHRA), doctors can prescribe unlicensed medicines in certain situations where it is in the clinical interests of the individual patient. However, where an alternative licensed product is available, they cannot prescribe unlicensed drugs on costs grounds. This is intended to ensure the safety of patients, as there is less evidence available on the possible side effects of unlicensed products.
- 16** Whilst we are of course sympathetic to the concerns about costs, our guidance must enable doctors to act within the law and place the safety of patients uppermost. The Chair has written to the Secretary of State to clarify our position, and I have also written in similar terms to a number of other key interests.

Key engagements

- 17** On 25 February 2015, I had a speaking engagement at the Faculty of Medical Leadership and Management Conference on revalidation and its effect on quality of care.
- 18** I met with Dr Sarah Wollaston MP, Chair of the Health Select Committee, on 4 March 2015 to discuss a range of issues including our recent annual accountability hearing.
- 19** On 5 March, 11 March and 18 March 2015, together with the Chair and a number of Council members and Directors, I attended UK Advisory Forum meetings in Scotland, Northern Ireland and Wales respectively.

Progress on our strategy

Strategy and Policy Board

20 The Strategy and Policy Board met on 26 March 2015 and:

- a** Approved the draft guidance *Openness and honesty when things go wrong: the professional duty of candour*, developed jointly with the Nursing and Midwifery Council.
- b** Agreed to the implementation of the new UK medical schools application process.
- c** Noted the update and future plans for the quality assurance of overseas undergraduate programmes delivered by UK medical schools.
- d** Approved the 'Applications to the GP and Specialist Registers 2014' Report for publication in May 2015.
- e** Noted the new staff guidance on Reporting alleged or suspected criminal conduct to the police.
- f** Noted the change in approach to redaction when making referrals to the Disclosure and Barring Service and Disclosure Scotland and changes to our updated guidance on referrals to these organisations.
- g** Noted the arrangements for the final meeting of the Professional and Linguistic Assessments Board (PLA Board) on 27 March 2015, and that the Board would be stood down following the meeting.
- h** Noted that Professor Val Wass, recently retired as Head of the School of Medicine at University of Keele, had been appointed as Chair of the newly established Assessment Advisory Board, with effect from 23 March 2015.
- i** Agreed minor amendments to the Revalidation Implementation Advisory Board's Statement of Purpose to remove 'implementation' from its title, and a reference to its work lasting for one year being removed. The Group would now be known as the Revalidation Advisory Board.

Progress against our corporate priorities

Whistleblowing Review

- 21** We have published the [independent review by Sir Anthony Hooper](#), a retired Lord Justice of Appeal, which recommends that organisations referring concerns about a doctor's fitness to practise, should declare whether the doctor has raised concerns about patient safety.

- 22** The report takes into account the recommendations made by Sir Robert Francis QC in his Freedom to Speak Up review published on 11 February 2015. Sir Anthony says there is evidence that those who raise concerns may suffer, or believe that they suffer, reprisals from their employer or from colleagues.
- 23** We are committed to doing what we can to support doctors who raise concerns about patient safety. We will be considering Sir Anthony's recommendations and publishing an action plan setting out how we will take them forward.

Professionalism events

- 24** In 2015-2016, in partnership with a range of key interests, we are hosting a series of events to explore some of the key challenges relating to medical professionalism. We want to encourage discussion and debate, and to hear directly from frontline clinicians about their experiences.
- 25** At the end of the programme of events, in 2016, we will publish a report, developed in partnership with our advisory group, reflecting what people have told us about the current state and future of medical professionalism.

GMC Conference

- 26** This year's Conference – the largest GMC conference to date - took place on 16 March 2015 at the QEII conference centre in London. It was attended by more than 450 delegates, the majority of whom were registered doctors, but also included medical students, patients, employers, educators, other health professionals and other regulators or health policy professionals. The keynote address was delivered by the Chair, who also took questions from the audience.
- 27** The Conference explored the overarching theme of creating a culture of openness, safety and compassion and included workshops on revalidation and reflective practice, fitness to practise, undergraduate medical education, differential attainment, research and LRMP. Initial feedback on the Conference was very positive. We will be undertaking a fuller evaluation in due course.

Proposed amendments to the Governance Handbook

- 29** The Schedule of Authority currently includes a reference to the PLA Board and its role to conduct tests to inform the Registrar's decision on the registration of doctors who qualify overseas. Given that the PLA Board has been stood down and alternative arrangements are in place to manage and oversee our assessment activity across the organisation, Council is asked to approve the proposed amendment to the Schedule of Authority to remove reference to the PLA Board (indicated in tracked changes at [Annex A](#)). If agreed, the Governance Handbook

will be updated to incorporate this revision. We are conducting a review of the Schedule of Authority to determine whether any further amendments regarding specific authorities relating to PLAB arrangements are required.

- 30** Council is also asked to approve the proposed amendment to Chapter 4 of the Governance Handbook to reflect the amendment to the Revalidation and Implementation Advisory Board's Statement of Purpose to remove the word 'implementation' from the Board's name (indicated in tracked changes at [Annex A](#)).

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Proposed Amendments to the Governance Handbook

Extract from the Schedule of Authority

Function	Description of Function	Function assigned to?	Function delegated to?
Arrangements for granting registration to medical practitioners	ii. Where on satisfying the Registrar on the detailed criteria set out in the Act the Council has a discretion as to whether to register such persons (s19, s21, s21B(1), s21C, s27A, s27B). The Council’s discretion in this respect has been delegated to the Registrar in relation to individual applications for registration.	<p>Council and Registrar (see Description of Function)</p> <ul style="list-style-type: none"> • To determine applications for full registration by virtue of an acceptable overseas qualification – <i>s19 and s21B(1)</i>; • To determine applications for provisional registration by virtue of an acceptable overseas qualification - <i>s21 and s21C</i>; • To consider the temporary registration: <ul style="list-style-type: none"> ○ in the event of an emergency - <i>s18A</i>. (<u>Note</u>: this function is assigned to the Registrar only); ○ of a visiting eminent specialist - <i>s27A</i>; ○ for the purposes of providing medical services exclusively to persons who are not UK nationals - <i>s27B</i>. 	

		<p>{To note: The Professional and Linguistic Assessments Board, which is accountable to the Director of Registration and Revalidation conducts tests to inform the Registrar's decision as to whether doctors who qualified overseas have the necessary knowledge and skills, and (through the international English language testing scheme or IELTS) the knowledge of English to be admitted to the medical register and thus entitled to practise medicine in the UK}</p>	
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Extract from Chapter 4 of Governance Handbook

Revalidation ~~Implementation~~ Advisory Board

14.A Revalidation ~~Implementation~~ Advisory Board will be convened to provide insight and advice on issues relating to the implementation and evaluation of revalidation, and whether it is being delivered as envisaged.