

<b>Agenda item:</b>	<b>3</b>
<b>Report title:</b>	<b>Chief Executive's Report</b>
<b>Report by:</b>	<b>Niall Dickson</b> , Chief Executive <a href="mailto:ndickson@gmc-uk.org">ndickson@gmc-uk.org</a> , 020 7189 5291
<b>Action:</b>	<b>To consider</b>

## Executive Summary

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

Key points to note:

- Ahead of the Queen's Speech on 27 May 2015 the Chair has written a joint letter with the NMC Chair to the Secretary of State asking that the Law Commissions' Bill be introduced in the new Parliamentary session.
- We have requested early meetings with new ministers.
- We will continue to monitor the progress of the Scotland Bill and the proposed referendum on whether the UK should remain a member of the European Union.

## Recommendations

- a To consider the Chief Executive's Report.
- b To approve amendments to the Governance Handbook relating to:
  - i The implementation of the statutory overarching objective and the overriding duty, at [Annex A](#).
  - ii The GMC Financial Regulations, at [Annex B](#).

## Developments in our external environment

### *Strategic risks and issues*

#### Legislative Reform

- 1 The new government's ministerial appointments have been confirmed including Jeremy Hunt's reappointment as Secretary of State. Alistair Burt MP is the new Minister of State, and Ben Gummer MP is the new Parliamentary Under-Secretary of State in the Commons with responsibility for professional regulation. David Prior, the former Chair of CQC, comes in as Parliamentary Under-Secretary of State in the Lords.
- 2 Andy Burnham MP will stay on as Shadow Health Secretary and is a Labour leadership candidate.
- 3 We are encouraging the Government to ensure that the Law Commissions' Bill is taken forward as soon as possible. Ahead of the Queen's Speech on 27 May we have written a joint letter with the NMC to the Secretary of State asking that the Bill be introduced in the new Parliamentary session. Before the election Conservative Ministers have committed to introducing the legislation as soon as parliamentary time will allow.
- 4 A Scotland Bill will be introduced in the first year of the UK Parliament to devolve further powers to Holyrood. No changes in the relationship between the professional regulators and the Scottish Government are planned.
- 5 We will monitor plans for a referendum on whether the UK should remain a member of the European Union. Withdrawal would obviously have major implications for key areas of our work.

#### Point of Registration

- 6 We have engaged with the consultation throughout the UK about the proposal to move the point of full registration which was ordered by the outgoing minister at DH, Dr Dan Poulter MP.
- 7 Our position remains that we do not object in principle to moving the point of registration but that we have significant concerns in practice that would need to be addressed. We have stressed that the GMC will not countenance any change that might lead to a lowering of the standard of full entry to the medical register.

- 8** We are also concerned that any change should not jeopardise the UK's four-year graduate entry programmes and have had discussions with the Medical Schools Council about the legal implications – we are clear that under EU law, the courses as currently constituted could not continue, if the point of full registration were moved back by one year.

### Shape of Training

- 9** The new expanded Shape of Training Group which includes representatives from Employers and the British Medical Association (BMA) has now met. The agreed work streams are beginning. We are supporting the Academy of Medical Royal Colleges which is working with Colleges to develop curricula with more emphasis on generalist skills and capabilities.
- 10** We presented the GMC's work on credentialing and there was support for taking this forward towards public consultation, but we will share the draft document with the Group and Council before that.
- 11** The four parts of the UK have their own groups which have now met. Scotland and Wales are collaborating to see how they can enhance careers for staff and associate specialist (SAS) doctors.

### Recognition of Professional Qualifications Directive

- 12** On 28 April 2015, EU member states adopted the European Commission's (EC) Implementing Regulation on the European Professional Card (EPC) and the fitness to practise alert mechanism. A first vote on 18 March failed to reach the required majority of member states. However, despite serious reservations raised by the UK and others about the EPC, the proposal was eventually passed and has now been adopted.
- 13** Aside from the operational complexities of the EPC, we, along with other UK regulators, continue to have serious patient safety concerns about the Regulation which would 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. This is expected to be in a second phase planned for 2018.
- 14** MEPs in the European Parliament Internal Market Committee held a scrutiny debate with the Commission on the Act on 6 May 2015. We briefed MEPs and highlighted that we want to work with the European Commission and the UK government to minimise its risks. The Chair of the committee Vicky Ford MEP has given strong support for our stance.

## Progress on our strategy

### *Strategy and Policy Board*

**15** The Strategy and Policy Board met on 21 May 2015 and:

- a** Noted the recent agreement from Department of Health (England) to allow us to establish a system to assess both new additions to the Annex and existing entries and advise DH(E) on whether the UK should opt its specialties in or remove existing specialties, and agreed the proposed pilot project to establish a system of curricula comparison.
- b** Agreed that we should not postpone a revalidation decision for doctors subject to a stream one investigation or open fitness to practise enquiry that has not been disclosed, and agreed that we can revalidate doctors who are subject to conditions or have agreed to comply with undertakings as long as the Responsible Officer or Suitable Person confirms that the doctor continues to comply with those conditions or undertakings and there are no further concerns about their practice.
- c** Noted the annual report of research commissioned and completed during 2014 and agreed that more detailed work should be undertaken to model the additional costs of using external experts and the basis on which we contract with them for approval by the Performance and Resources Board.
- d** Approved a Statement of Purpose for the Assessment Advisory Board and noted progress towards the Board's establishment.
- e** Agreed to launch a consultation on two guidance documents – Medical student professional values and Medical student fitness to practise – to commence on 19 August for a period of twelve weeks.
- f** Agreed, in principle, to changes to licence to practise requirements for GMC Associates.

### *S60 Rules/Rules project*

#### Revised statutory objective

**16** The Department of Health has confirmed that the GMC's revised statutory objective set out in the Section 60 will come into force on 3 August 2015. Council is asked to approve the proposed amendments to the Governance Handbook and Schedule of Authority to include reference to the overarching objective and for the duty to have

regard to the objective, and to the overriding objective in relation to fitness to practise procedural rules (indicated in tracked changes at [Annex A](#)). If agreed, the Governance Handbook will be updated to incorporate this revision once implemented.

### Rules consultation

- 17** Our consultation on changes to our Rules to take account of the changes in legislation brought about by the Section 60 order closed on 20 May 2015. The consultation outcome report will be complete by the end of June, and we propose to seek Council's approval on circulation in late July. We will work with DH England to complete the drafting of the Amendment Order in August 2015. The Amendment Order and the governance changes required to establish the MPTS as a statutory committee will be considered by Council at its meeting on 30 September 2015.

### Governance

- 18** The GMC/MPTS Liaison Group has agreed that the annual review of the MPTS Operational Framework, which sets out how the MPTS interacts with other parts of the GMC, should be a light-touch review in summer 2015. A more extensive review will be carried out later in 2015.
- 19** The Performance and Resources Board has agreed a proposed amendment to the Governance Handbook and GMC Financial Regulations to update the section outlining responsibilities following the establishment of the Investment Sub-Committee. In addition, amendments are needed to the Schedule of Authority as well as Annexes B1 and B2 to the Handbook. Council is asked to approve the proposed amendments (indicated in tracked changes at [Annex B](#)).

### *Progress against our corporate priorities*

#### Professionalism events

- 20** We are delivering a programme of events to explore some of the challenging professional issues facing doctors now and over the next few years. This is being delivered with the support of the BMA, Royal Colleges, the Medical Schools Council, NHS employers, Conference of Postgraduate Medical Deans (COPMeD), the NMC and Care Quality Commission (CQC).
- 21** We launched the programme at the GMC Conference in March 2015. There are four events in 2015, the first of which took place on 12 May 2015 in Bristol on the theme of collaboration.

- 22** The events are primarily aimed at frontline clinicians, but we are also inviting patients, medical students, employers, educators and other health professionals to take part in the debate. We plan to publish a report at the end of the programme, drawing together the reflections from all the events.
- 23** The Bristol event on collaboration was well attended and feedback was very positive, with delegates saying they found the event useful and enjoyable.

#### Duty of candour guidance and launch

- 24** The joint guidance with the NMC on the professional duty of candour will be launched on 29 June 2015.
- 25** The focus will be on supporting doctors, nurses and midwives with the practical challenges of implementation, exploring case studies, and considering what further support might be useful in making openness and honesty with patients a reality and supporting safety cultures that learn from errors and near misses.

## 3 – Chief Executive’s Report

### 3 – Annex A

#### Amendment to the Governance Handbook: Schedule of authority

Addition of new functions:

FITNESS TO PRACTISE FUNCTIONS			
Function	Description of Function	Function Assigned to?	Function delegated to?
Establishing a framework for investigation of FTP concerns	To makes rules relating to: a. the procedure to be followed: i. in proceedings before a MPT or IOT; ii. by the IC when deciding whether to give a warning b. the constitution of the MPTS and its panels/tribunals which give effect to the overriding objective to secure that cases are dealt with fairly and justly.	Council – a. Sch 4, paragraph 1(1A) b. Sch 1, paragraph 23D	Not applicable
Investigating FTP concerns	To have regard to the overarching objective in deciding on: a. whether to issue a warning b. whether to agree undertakings	a. <b>IC or CEs (as appropriate) - 35C(6A)</b> b. <b>CEs - Sch 4, para 1(2F)</b>	
Determining Fitness to Practise	To have regard to the overarching objective in deciding on an appropriate sanction	<b>MPT – S35E (3A)</b>	

### Chapter 1: Role of GMC and relevant legislation

1 The GMC is the regulatory body for the medical profession in the UK, and was first established under the Medical Act 1858. Our current powers and duties are contained in the Medical Act 1983 (as amended) and in statutory rules and regulations. The GMC is a body corporate, and is registered as a charity with the Charity Commission and the Office of the Scottish Charity Regulator.

2 ~~We are responsible for registering doctors to practise in the UK.~~ Our purpose is to protect ~~the public. We do this by promoting and maintaining:~~

~~a the health, safety and well-being of the public~~

~~b public confidence in the professions; and,~~

~~c proper standards and conduct for doctors.~~

3 We have four main statutory functions:

a keeping up-to-date registers of qualified doctors

b fostering good medical practice

c promoting high standards of medical education

d dealing firmly and fairly with doctors whose fitness to practise is in doubt.

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## 3 – Chief Executive’s Report

## 3 – Annex B

### Amendment to the Governance Handbook: Investment Sub-Committee

#### Chapter 9: Schedule of authority

GOVERNANCE FUNCTIONS			
Function	Description of Function	Function Assigned to?	Function delegated to?
Co-option of <a href="#">external</a> members to the Audit and Risk Committee, <a href="#">and the Investment Sub-Committee</a>		Council	<a href="#">Not applicable.</a> Audit and Risk Committee makes recommendations <a href="#">for approval by Council.</a> <a href="#">Investment Sub-Committee makes recommendations for approval by Council.</a>

## Chapter 10: GMC financial regulations

### *Investment policy*

- 22** Council is ultimately responsible for determining and reviewing the overall Investment Policy, objectives, risk appetite and target returns. Operational decision-making and implementation of the policy is delegated to the Investment Sub-Committee.
- 23** The Investment Sub-Committee establishes and monitors the investment management structure to ensure that it is appropriate to meet the agreed investment policy, and reports annually on its activities to Council.
- 24** All funds held by the GMC are controlled by the Director of Resources and Quality Assurance, who will oversee all borrowing, investment or financing and report to the Performance and Resources Board at regular intervals. A summary of investment performance is reported as part of the normal reporting of financial performance to the Performance and Resources Board, and within the Chief Operating Officer's report to Council.

**Deleted:** The Director of Resources and Quality Assurance should advise the Performance and Resources Board on investment management.

**Deleted:** should approve an investment policy annually.

## **Annex B1: Arrangements for the appointment of Council members to Committees**

### *Appointment of external members*

- 5** The Audit and Risk Committee will nominate two people to serve as co-opted members on the Committee for any period not exceeding four years, and will seek Council's approval to the appointments.
- 6** The Investment Sub-Committee will nominate two or three people to serve as co-opted members of the Sub-Committee for any period not exceeding four years, and will seek Council's approval to the appointments.
- 7** Co-opted members of the Audit and Risk Committee and the Investment Sub-Committee will receive meeting papers and take part in the discussion. In the event that a vote needs to be taken, only Council members of the Committees will be entitled to vote. In the case of papers, the executive will advise on any particular papers, or parts of papers, which need to be treated in confidence.
- 8** The terms of office of co-opted members may be renewed for any further period of up to four years, provided that no co-opted member will serve for more than a total of eight years in any period of twenty years.

## Annex B2: Working requirements for Committees

### *Quorum and attendance*

- 9 The quorum for meetings of the Audit and Risk Committee, the Remuneration Committee and the Investment Sub-Committee is three members.
- 10 Council and co-opted members are expected to attend meetings of any Committee to which they have been appointed or nominated.
- 11 In the event that any member is unable to attend a Committee meeting that person has a duty to notify the relevant Secretariat, and advise the reason for their non-attendance.

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