

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:

- The BMA has announced an escalation of the industrial action in England to include the withdrawal of emergency cover in late April 2016, by doctors in training.
- We have commissioned a review on how Revalidation will be taken forward, led by Sir Keith Pearson, and recommendations will be presented to Council by the end of 2016.
- We have launched the 2016 National Training Survey which for the first time includes a survey of trainers as well as trainees.

Recommendations

Council is asked to:

- a Consider the Chief Executive's Report.
- b Approve the proposed amendment to the Governance Handbook relating to a change to the MPTS Committee's Statement of Purpose, at [Annex A](#).

Developments in our external environment

Strategic risks and issues

Industrial action

- 1 The British Medical Association (BMA) [has announced](#) that it will escalate its programme of industrial action by doctors in training in England, who will stage a full walk-out between the hours of 08:00 and 17:00 on Tuesday 26 and Wednesday 27 April (18 hours in total).
- 2 We issued a [statement in response](#) in the name of the Chair on Thursday 24 March highlighting the significant challenge in making sure patients do not come to harm as a result of the escalation in industrial action. The statement reminded doctors of the need to reflect on our guidance which makes it clear the care of patients must be their first concern.
- 3 We continue to monitor the situation closely but given the unprecedented nature of the proposed action, we do plan to issue further guidance to doctors in training, those providing cover and those in leadership roles of their professional responsibilities.
- 4 This follows six days of industrial action by doctors in training in England on 12 January, 10 February, 9 and 10 March and 6 and 7 April 2016.
- 5 The [Academy of Medical Royal Colleges](#) has called on both sides to 'step back from the brink' by suspending the contract imposition and the all-out strike and returning to negotiations.
- 6 We are aware that emotions are running high and much of this has been reflected on social media. We have therefore also reminded doctors that our standards apply equally online as they do face to face.
- 7 The Chair's letter to all doctors on 4 March 2016 addressed the issue of morale within the profession. In it he pointed to the need to address the serious challenges in the professional lives of doctors in training across the UK, and indicated that we will work with the profession and with key interest groups in supporting ongoing work in this area.

Taking Revalidation forward

- 8 We have [commissioned a review](#) on how Revalidation is taken forward, led by Sir Keith Pearson, who chairs our Revalidation Advisory Board. The review will consider how the Revalidation process can be developed and improved, drawing on

evidence about its operation and impact since it was launched in December 2012. Findings and recommendations will be presented to Council by the end of 2016.

- 9 The review will draw on a range of reports and surveys from across the UK. This will include the interim findings from the UMBRELLA evaluation which we will publish later this month, as well as the report from Manchester Business School which studied the impact of Revalidation on organisations.

Establishment of the Healthcare Safety Investigation Branch

- 10 In a [speech in March](#), the Secretary of State confirmed the establishment of the Healthcare Safety Investigation Branch (HSIB). Modelled on the Air Accident Investigation Branch, the new body will be supported by the creation of legal 'safe spaces' for those who speak honestly with HSIB investigators. The Secretary of State indicated the need to introduce new measures to facilitate this and we will be seeking clarification from the Department of Health in England about how this new arrangement will work alongside our statutory duty to investigate fitness to practise concerns. We will also be meeting with Dr Mike Durkin, who led the expert advisory group which helped the Department to establish HSIB.

European issues

- 11 We have had longstanding concerns about the impact of European legislation on our ability to check that doctors coming from Europe have the competency, skills and cultural understanding to treat patients safely.
- 12 While we have been pleased with changes in EU legislation around language competency we continue to have some concerns about the implementation of the Recognition of Professional Qualifications Directive (RPQ) and the possible extension of the European Professional Card (EPC) to the medical profession.
- 13 Our Chief Operating Officer has had a number of meetings with Commission officials and others in Brussels. All the meetings were positive and productive. A consistent theme was that the RPQ Directive needs to be seen in the context of the operation of the single market as a whole.
- 14 The Commission made it clear that they fully appreciate the need to proceed cautiously with the EPC. We made the case for a thorough evaluation of the impact of the initial roll-out to the nursing and other health professions. The Commission accepted the need to look carefully at experience but has not yet committed to undertake an independent evaluation. Whereas there had been a provisional timetable to extend the EPC to doctors from January 2018, there is now no such timetable or indeed any firm plan for such an extension, which is encouraging. We will continue to monitor this.

- 15** There has been speculation that the Commission might be interested in supporting the development of Common European Training Frameworks for postgraduate specialties. However officials made it clear that they do not regard such frameworks as relevant or appropriate for medical specialties because of the existence of the automatic recognition process.
- 16** The Commission was keen to understand why the GMC has issued so many alerts under the alerts mechanism introduced in January this year. We agreed to send them an analysis but stressed that we only issued an alert strictly in accordance with the Directive and the implementing Acts.
- 17** The Healthcare Professions Crossing Borders conference in London on 28 October 2016, which we are hosting with the Nursing and Midwifery Council, will provide an opportunity to take stock on a range of European matters and highlight further work we can undertake with other regulators from the UK and the EU.

Weston Area Health NHS Trust

- 18** As referred to in my reports in [September](#) and [December 2015](#), we have had continuing concerns about the suitability of Weston Hospital as a training environment. Weston has been subject to our Enhanced Monitoring process since June 2015 and we have undertaken a series of inspection visits with Health Education South West (HESW).
- 19** Following a risk summit on Friday 26 February 2016, HESW took the decision to withdraw all foundation doctors from the accident and emergency department when there is no direct consultant supervision. This is a decision we fully support.
- 20** The Trust is now drawing up plans to improve the service. We and HESW will be monitoring closely to make sure there is a supportive learning environment for doctors in training and that our educational standards are met.

Gosport Independent Panel

- 21** The [Gosport War Memorial Hospital investigation](#) into unexpected deaths and failures of care for elderly patients began work in February 2015. Its scope of interest extends from 1980 to the present day.
- 22** Since we last reported to Council on this matter in December 2015 we have continued to meet and correspond with the panel to support its request for documentary evidence we may hold that will assist its investigation. We agreed an approach with the panel designed to make sure we provide the relevant materials in a way that will take account of our data protection obligations and the rights of any individuals named in the documents.

- 23** The scale of the investigation and the need for us to screen and, where necessary, redact documents to comply with our legal obligations has imposed a significant burden on our resources. Additional temporary staff and scanning facilities have had to be recruited on top of the indirect costs we are already incurring. The investigation panel has agreed to consider whether it is able to make a contribution to these costs.
- 24** The work will continue into the second half of 2016.

Progress on our strategy

Medical Licensing Assessment

- 25** We are committed to developing a medical licensing assessment (MLA) with all those with an interest in this area. We are engaging with officials and Ministers in each of the countries of the UK as we seek to develop proposals in line with their plans for the development of their respective medical workforces.
- 26** We are setting up an Expert Advisory group chaired by Professor Neil Johnson to help us develop proposals. Neil is Dean of the Faculty of Health and Medicine at Lancaster University and chair of the Medical Schools Assessment Alliance.
- 27** We continue to engage extensively with medical schools as the plans for the MLA are developed. While there are policy issues to work through, we are greatly encouraged by the constructive engagement from medical schools so far.
- 28** We will shortly publish a new web resource to make sure the latest information about our work to develop the MLA is in the public domain. This will be regularly updated to reflect policy development, project governance and the feedback from our engagement activity.

National Training Survey launch

- 29** The 2016 survey of doctors in training was launched on 22 March and runs to 4 May. We are also launching a survey of trainers, giving all named postgraduate educational and clinical supervisors an opportunity to provide their feedback and perspective on postgraduate training.
- 30** This year's survey is taking place at an extremely challenging time for doctors in training. While the survey does not have any role in resolving the current dispute it will provide a wealth of information about the experience of doctors in training throughout the UK and inform efforts to address issues facing this vital part of the profession.

Our guidance on student fitness to practise

- 31** We are revising our joint guidance on student fitness to practise with the Medical Schools Council (MSC). We held a public consultation in autumn 2015 and received 74 responses, which were very positive and showed wide support for the revised guidance.
- 32** We are planning to launch the guidance at our joint student fitness to practise training conference with the MSC on 27 May 2016 ahead of its implementation from the start of the next academic year.

Medical Practitioners Tribunal Service and the wider regulatory system

- 33** Following discussions with the Chair of the MPTS, we have agreed an enhanced process for tribunals to record wider concerns which may arise from evidence provided during the course of their hearings. Under the new system tribunal chairs will be prompted to record matters which may not relate to the fitness to practise of the doctor in the case being considered but which may have relevance to organisations, individuals or the wider healthcare system. This information will be passed to the Registrar of the GMC who will write to the appropriate body and where appropriate ask for details of any action that may need to be taken. MPTS tribunals are part of a wider system of protecting patients and it is important that they are able to highlight any issues that may arise and provide feedback based on the evidence they have considered. The new process will be included in training for tribunal chairs.

UK Advisory Forums

- 34** We have recently completed our latest round of biannual UK Advisory Forums in Scotland, Wales and Northern Ireland. We updated each Forum on our key priorities and had useful discussions on the priorities identified by our partners, both about the work of the GMC and the wider healthcare system. These discussions are valuable in shaping the GMC's strategic, operational and policy agenda.
- 35** We had substantive presentations from the Northern Ireland Medical and Dental Training Agency on the challenges facing postgraduate medical education and training in Northern Ireland; from the Wales Deanery about how they are using GMC standards as part of their work to assure the quality of postgraduate medical education and training in Wales; and from the Chief Medical Officer in Scotland on her recent report on '[Realistic Medicine](#)' which has positive links with a number of our work programmes, including our work on professionalism and the Generic Professional Capabilities we have developed with the Academy of Medical Royal Colleges.
- 36** Around the Forums we also had productive bilateral meetings with the Deputy Chief Medical Officer and Workforce lead in Northern Ireland, the Health Minister and the

Academy of Medical Royal Colleges in Wales and the Chief Medical Officer in Scotland.

Strategy and Policy Board

- 37** The Strategy and Policy Board, which advises the Chief Executive, met on 22 March 2016. I have approved the following recommendations from the Board:
- a** A policy framework for helping to decide when it is appropriate for the GMC to extend its regulatory processes to Crown Dependencies and other overseas territories, which has until now been decided upon on a case-by-case basis.
 - b** A framework for the disposal of records in line with the comprehensive Records Retention and Disposal Policy, approved by Council in December 2012. This related to Stream 2 fitness to practise cases, which are low level concerns closed without referral to a fitness to practise panel.
- 38** The Board also received updates related to:
- a** Progress on the GMC's response to the independent review of whistleblowing by Sir Anthony Hooper in September 2014, including development of a Responsible Officer referral form and guidance, the approach to investigation of doctors who raise concerns, plans for training of staff and an outline of the roundtable to facilitate discussion about an online facility for healthcare professionals to record their concerns.
 - b** The [first annual report from the Assessment Advisory Board](#), which was established in 2015.
 - c** A [report on advice received from the Education and Training Advisory Board](#) following its meetings in October 2015 and January 2016.
 - d** The [Annual Research Report](#), providing a summary of the research projects managed and funded by the GMC's research function during 2015.

Council appointments

- 39** We are on course to launch the Council member appointments process in June 2016. This will reflect additional desirable skills and knowledge for the role agreed by Council in February 2016. Other progress to date includes: communications planning to support awareness of the campaign and encourage a diverse pool of applicants based in Scotland and Wales; completion of the equality assessment update and ensuring the accessibility of the recruitment website which will be used for the campaign; and to establish the selection panel which will be chaired by the Chair of the GMC Council.

MPTS appointments

- 40** Dr Tim Howard will stand down as a MPTS Committee member in April 2016. We are grateful to him for his significant contribution in the role since the establishment of the MPTS in 2012 and as a panellist between 2001 and 2012.
- 41** We are on course to launch the MPTS Committee member and MPTS Chair appointments processes in April and May 2016, following the Remuneration Committee's review of the requirements for the roles including communications planning to support awareness of the campaigns which will be run through open competition and encourage a diverse pool of applicants and to finalise the composition of the selection panels.

Proposed amendments to the Governance Handbook

- 42** The composition of the MPTS Committee as set out in its statement of purpose is the Chair of the MPTS and four other MPTS members, two medical and two lay. Currently one medical and one lay member are current sitting MPTS Tribunal members and one medical and one lay member are demitted MPTS Tribunal members. At its meeting on 2 March 2016 the Remuneration Committee agreed the proposed approach and requirements for the MPTS Committee member vacancy (medical member) which would arise in April 2016. The Committee decided that the criteria for membership should be changed and that the vacancy should be open to external candidates rather than restricting it only to demitted MPTS Tribunal members so as to widen access in terms of diversity and the breadth of experience and skills in the pool of potential candidates. Council is therefore asked to approve the proposed amendment to Annex B4d of the Governance Handbook to reflect the required change to the composition of the MPTS Committee following the Remuneration Committee's decision (indicated in tracked changes at [Annex A](#)).

Recent and forthcoming engagements

Medical Professionalism Matters

- 43** The latest event in our Medical Professionalism Matters series was held in Glasgow on 5 April 2016, focusing on the theme of 'putting safety and quality improvement first'. I hosted the event and was joined by Dr Catherine Calderwood, Chief Medical Officer in Scotland as our keynote speaker. This was the final event in the series focusing on a particular topic. We will be in Manchester on 12 July to test the draft findings from the series, with the publication of the final Medical Professionalism Matters report at a launch event in London on 20 October 2016.

Vulnerable doctors

- 44** 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.

- 45** Participants included doctors, employers and mental health experts. We will now produce an event report which will outline the discussions and how we take the proposals forward.

Conflicts of interest

- 46** We will be holding a roundtable event on 12 April 2016 to discuss doctors' conflicts of interest and identify what additional support could be made available for doctors in dealing with conflicts.
- 47** We expect participants from across the UK representing commissioners, professional bodies, colleges, medical defence organisations and patient leaders. The aim is to publish more information about conflicts and to continue to work with others to consider the best way of recording and publishing information about doctors' interests.

English regional seminars

- 48** The first of our regional discussions with healthcare system leaders will take place in Birmingham on 19 April 2016. It will be followed by similar events in the other three NHS England regions through the course of the year. These meetings will enable us to improve our understanding of local and regional issues in England, drawing on the positive experience we have had of engaging with system leaders in Scotland, Wales and Northern Ireland through our UK Advisory Forums.

M3 – Chief Executive's report

M3 – Annex A

Annex B4d of the Governance Handbook: Statement of purpose of the Medical Practitioners Tribunal Service Committee

Purpose

- 1 The Medical Practitioners Tribunal Service (MPTS) is a statutory committee of the General Medical Council established under Section 1 (3) (g) of the Medical Act 1983 (as amended) and constituted in accordance with the MPTS Rules¹.
- 2 The MPTS is responsible for providing a hearings service to the GMC that is efficient, effective and clearly separate from the investigatory role of the Fitness to Practise Directorate within the General Medical Council.

Duties and activities

- 3 The MPTS Committee is responsible for ensuring:
 - a The delivery of a hearings service that demonstrates efficiency and effectiveness.
 - b The appointment of Medical Practitioners and Interim Orders Tribunal members (including chairs) and that appropriate systems for the appointment, training, assessment and, where required, the removal of tribunal members are in place.
 - c The appointment of legal assessors and case managers and that appropriate systems for the appointment, training, assessment and, where required, the removal of case managers are in place.

¹ The General Medical Council (Constitution of the Medical Practitioners Tribunal Service) Rules Order of Council 2015

- d Maintenance of a system for declaration and registration and publication of Committee members' private interests.
- e Consideration of matters by a Medical Practitioners Tribunal/Interim Orders Tribunal.
- f High quality standards of decision-making by Medical Practitioners Tribunals and Interim Orders Tribunals are maintained.
- g High quality standards of case management by case managers are maintained.
- h The setting and maintenance of guidance for the MPTS tribunals, case managers, and legal assessors, as required.
- i That the MPTS applies the equality and diversity strategy and policies of the GMC.
- j Notification of Medical Practitioners Tribunal and Interim Orders Tribunal decisions as required by the Medical Act.
- k Effective liaison with all users of the hearings service provided by the MPTS.
- l An annual report which meets the requirements of Section 52B of the Medical Act 1983 as amended.

Delegations

- 4 The delivery of the operational requirements of the MPTS may be delegated by the GMC Council to the Chair of the MPTS or to such other officer of the General Council as specified in Council's Schedule of Authority. Responsibility for the day-to-day operational management of the MPTS rests with the Assistant Director, MPTS.

Membership

- 5 The membership of the MPTS Committee, as constituted in accordance with the MPTS Rules, is the Chair of the MPTS and four other MPTS members, two medical and two lay. The MPTS is chaired by the Chair of the MPTS.
- 6 One medical and one lay member will be currently sitting MPTS Tribunal ~~Members. One medical and one lay member will be demitted MPTS Tribunal Members.~~ The remaining medical and lay members may be external co-opted or demitted MPTS Tribunal members.
- 7 The Assistant Director, MPTS will attend Committee meetings but is not a member of the Committee.

- 8** The Committee may invite other members of MPTS or GMC staff, or external parties to attend or present at individual meetings so as to progress its business.
- 9** The quorum for meetings of the MPTS Committee is three.

Working Arrangements

- 10** The MPTS Committee meets at least four times a year. At the discretion of the Chair of the MPTS, additional meetings can be convened, if required. Formal decision-making is supported by papers setting out options and recommendations.
- 11** Papers for each meeting will normally be sent electronically, and in hard copy on request, to MPTS Committee members at least seven days in advance of meetings. Work may be progressed electronically outside of the meetings, including the use of teleconference and videoconference facilities, at the discretion of the Chair.
- 12** In discussion of agenda items the intention is to reach agreement by consensus. Voting occurs only when consensual agreement cannot be reached and is by show of hands. If the votes are equal the person who chairs the meeting has a casting vote in addition to his/her vote as a member of the Committee.
- 13** The MPTS Committee Secretary minutes each meeting and aims to circulate the minutes, as cleared by the Chair of the MPTS, to members for comments within two weeks of the meeting. The MPTS Committee approves minutes at the next Committee meeting. Minutes record the conclusions of the MPTS Committee on the issues considered.
- 14** Where matters are being discussed outside a face-to-face meeting, for example by exchange of emails or teleconference calls or videoconferences, the MPTS Committee Secretary will liaise with the Chair of the MPTS to agree the most appropriate mechanism for seeking views depending on the issue. In such instance the conclusions of the MPTS Committee will be reported at the next Committee meeting and recorded in the minutes.
- 15** The MPTS Committee agenda, minutes and papers will be published on the MPTS website. Papers relating to a decision being made will be published in accordance with our publication scheme.

Accountability and reporting

- 16** The Chair of the MPTS is accountable to the General Medical Council through the Chair of the GMC's Council, and will report to Council on its work to fulfil the statutory duties for which it is accountable to the Privy Council on a twice-yearly basis. The report will summarise the performance of the MPTS during the previous reporting period, and the work of the MPTS Committee.

- 17** In addition, the MPTS will report annually to Parliament (via the Privy Council). This report will be coordinated for submission with the GMC trustees' annual report and accounts.