

Agenda item:	M3
Report title:	Chief Executive's Report
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Action:	To consider

Executive summary

This report outlines developments in our external environment and reports on progress on our strategy since Council last met.

Key points to note:

- Following an announcement by the British Medical Association (BMA) of further industrial action in England over the contract for doctors in training, we issued advice to doctors to help them understand their responsibilities when taking action and covering during periods of industrial action.
- We are taking forward our review of flexible training and plan to host a roundtable in October 2016. It is clear from our discussions with representatives of doctors in training that there is merit in and support for this work which can help improve the working lives of doctors in training across the UK.
- We and Health Education England (HEE) took measures to protect doctors in training at North Middlesex University Hospital Trust in June 2016 following concerns about the suitability of the emergency department as a training environment. We are closely monitoring the situation.
- We convened a second roundtable on fitness to drive on 8 September 2016 to take forward work with partner organisations to support doctors to respond appropriately when patients may not be fit to drive. This important initiative coincides with the development of our new confidentiality guidance.

Recommendations

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

Developments in our external environment

Strategic risks and issues

Brexit and the new UK Government

- 1 In the cabinet reshuffle following the EU referendum, Jeremy Hunt MP remains the Secretary of State for Health in England. The Chair and I met the Secretary of State earlier this month to discuss the implications of Brexit for the future of the medical workforce in England.
- 2 Philip Dunne MP has been appointed as Minister of State for Health with responsibility for professional regulation. His other responsibilities include healthcare quality regulation, workforce and patient safety. The Chair and I are scheduled to meet him later this month.
- 3 Following the EU referendum, we have established an internal working group on EU withdrawal. The group will scope the potential impact and opportunities arising from the vote to leave the EU and identify our legislative priorities so that we can influence any regulatory developments until the time that the UK actually leaves the EU. Once we have further details of what withdrawal will look like in practice, the group will also help implement the new regime, including possible transitional arrangements.

Escalated industrial action by doctors in training in England

- 4 On 1 September 2016 the British Medical Association (BMA) announced plans for further industrial action by doctors in training in England with four five-day strikes in September, October, November and December 2016. These strikes are proposed to be full walkouts, including emergency care, between the hours of 08:00 and 17:00.
- 5 We issued a [statement and advice](#) to doctors on industrial action on 5 September 2016. While emphasising that the GMC has no role to play in a contractual dispute between doctors and their employers, our statement recognised the legal right of doctors to withdraw their labour and the widespread disaffection and alienation among doctors in training but noted that it was hard to see how prolonged action of this nature would not result in harm to patients. The advice asks every doctor contemplating further and escalated industrial action to pause and consider the possible implications for patients, not only in terms of the immediate action but also in terms of the cumulative impact on patients. The advice we issued was also addressed to doctors covering for others during periods of industrial action, doctors in leadership positions and employers. It built on our previous advice on industrial action issued on [4 November 2015](#), [5 January 2016](#) and [19 April 2016](#).
- 6 The BMA's announcement gave 12 days' notice before the first scheduled day of action. We were concerned that this would not allow sufficient time for the health

service to plan and put in place robust arrangements to deliver safe care to patients during the action. In response we contacted NHS England, NHS Improvement, NHS Employers, NHS Providers to understand the extent to which the service could respond in the time available and, based on their feedback, I wrote to the BMA leadership asking them to give the service more time to put in place contingency plans. We were therefore pleased that the BMA chose to suspend the planned action in September 2016.

- 7** Despite the suspension of the September action, plans for 15 days of large-scale and sustained industrial action by doctors in training remain in place in the run-up to Christmas. Our advice to doctors, issued on 5 September 2016, remains current. We will monitor the situation closely and will review whether we should issue further advice.

GMC review on making training pathways more flexible

- 8** As part of the agreement reached between the Government and the BMA over the contract in May 2016 we agreed to conduct a review into making training pathways for doctors in training more flexible. Although the contract was subsequently rejected, it is clear from our discussions with representatives of doctors in training that there is support for this work continuing. We are therefore still planning for this work to go forward and to present our report to the four Governments across the UK by the end of March 2017. We regard this as one important part of improving the working lives of doctors in training across the UK.
- 9** We want to make sure this review has the support of key interest groups, and is framed in a way which can deliver concrete improvements for doctors in training in future. We are also keen to make sure this works on a four-country basis, and complements the work that Health Education England (HEE) and others have been doing in this area.
- 10** We have set out in a scoping document the range of areas within our remit that we could explore. We are in the process of setting up a roundtable in October to present our work to date and hear from others in all four countries of the UK.

Future shape of professional regulation

- 11** We continue to argue strongly in favour of legislation to reform professional regulation. The result of the EU referendum will inevitably have a significant impact on the UK Government's legislative programme and it remains to be seen whether there is a realistic prospect of early legislation. There is clearly a risk that the volume of legislation required to withdraw the UK from the EU will mean that there is insufficient parliamentary time to introduce much-needed statutory reform.
- 12** Nevertheless, the Department of Health is, for the time being, proceeding with its scoping work looking at the future shape of professional regulation. To this end, it

held workshops in each of the four countries of the UK to consider the issues facing professional regulation and at the time of writing is still planning to produce a consultation document later this year. We participated in all four events and I gave the keynote presentation in Glasgow.

- 13** Alongside this, we continue to seek legislative change through Section 60 Orders to amend the Medical Act. Department of Health officials have entered into preliminary discussions with us about what such an Order might include, although no commitments have been given at this stage.

North Middlesex University Hospital NHS Trust

- 14** As was reported to Council at its meeting on [7 June 2016](#), we have had continuing concerns about the suitability of North Middlesex University Hospital NHS Trust's (NMUH) emergency department as a training environment. NMUH's emergency department has been subject to our Enhanced Monitoring process since May 2015 and we have worked closely with HEE and undertaken a series of inspection visits with Health Education North Central East London (HENCEL).
- 15** Risk summits were held in February and May 2016. We received the Trust's action plan in May 2016. We issued a pre-statutory notice on 20 May 2016, informing HEE of our intention to withdraw doctors in training from NMUH unless the situation improved. On 16 June 2016, we issued a letter informing HEE we would be placing formal conditions on the approval of all training posts within the emergency department.
- 16** On 29 June 2016, with our support, HEE announced its decision to continue to rotate doctors in training into the Trust. This was contingent on the plans described being delivered on schedule and with additional conditions. We issued a [joint statement](#) with HEE outlining our respective decisions.
- 17** NHS England has provided evidence to demonstrate that action is now being taken and we have backed HEE's acceptance that the Trust have met two out of three progress checkpoints. The third checkpoint will be considered following a visit in September 2016.
- 18** We are continuing to work closely with HEE, NHS England, NHS Improvement and other parties to make sure the progress made at NMUH is sustainable so that doctors in training receive the support they need. This was a very clear example where the GMC and HEE, the two bodies responsible for overseeing medical education exercised their statutory powers in an effective and co-ordinated manner which not only helped to protect doctors in training but also the safety of patients being treated in that department. We are committed to working with others to learn the lessons from the experience at North Middlesex so that, collectively, the system can identify and address issues at an earlier stage.

Whistle-blowing protections for doctors in training

- 19** We have always been clear that doctors in training across the UK must enjoy the same protection as others in the NHS who raise concerns, whether with their employer or training organisation. We therefore welcomed the agreement between HEE, NHS Employers, the Department of Health and the BMA to extend whistle-blowing protection for doctors in training in England.
- 20** We see this agreement, which provides doctors in training with a direct route of redress against HEE through the courts, as a significant step forward in resolving the issue. We hope that these additional protections will help address the anxieties that exist among doctors in training about raising concerns safely and we will be monitoring this in the months ahead.

Progress on our strategy

Medical Licensing Assessment

- 21** The proposed Medical Licensing Assessment (MLA) aims to create a single, objective demonstration that those applying for a licence to practise medicine in the UK can meet a threshold for safe practice. For the first time it will enable everyone to be confident that doctors new to practice have exceeded the same threshold level of competence.
- 22** In developing our thinking we have worked closely with assessment and legal experts and the four governments of the UK. We have also visited all the medical schools in the UK to discuss possible arrangements.
- 23** We are moving into a new phase of engagement with an emphasis on organisations involved in postgraduate training as well as doctors' employers.
- 24** Subject to the decision of Council, we aim to launch a formal consultation on the MLA in the coming months. We currently hope that the MLA will be operational from 2022. There would be extensive piloting of our proposals, which could start in 2018.

Strategy and Policy Board

- 25** The Strategy and Policy Board, met on 20 July 2016 and made the following recommendations:
 - a** That the need to develop a potential GMC Harms Reduction Strategy (HRS) should be linked to the development of the next Corporate Strategy. The Board recognised the potential longer terms gains of this work in helping the GMC to understand which harms to pursue and therefore target resources more effectively.

- b** To [agree draft proposals](#) from a review of the GMC's approach to fitness to practise cases relating to a doctor's health, and of the GMC's interactions with doctors who might be vulnerable, which was led by Professor Louis Appleby. The Board also noted that the draft proposals from the review had been amended following discussion at a workshop with key interest groups in April 2016.
- 26** The Board also received an update related to the [Education and Training Advisory Board](#) meeting on 24 May 2016.

Council member appointments

- 27** The campaign to appoint two lay Council members and one medical Council member closed on 11 July 2016. There was a good level of interest in the roles and candidate interviews are scheduled to take place on 27 and 28 September 2016. The Notice of Recommendation is due to be submitted to the Professional Standards Authority (PSA) in mid-October and we expect the appointments and the re-appointments of those Council members eligible for re-appointment to be confirmed by the Privy Council in November 2016.

Medical Practitioners Tribunal Service (MPTS) Committee appointments

- 28** Council approved on email circulation the appointment of Professor Jacky Hayden as the new member of the MPTS Committee. Professor Hayden's appointment commenced on 1 September 2016.
- 29** Council approved on email circulation the appointment of Dame Caroline Swift as the new Chair of the MPTS to succeed David Pearl when he demits office in 2017. Dame Caroline will take up the role on 1 January 2017. In the meantime a comprehensive induction programme has been developed and will commence in October 2016.

Staff appointments

- 30** In August we [announced](#) that Dr Colin Melville will become the new Director of Education and Standards from January 2017. Dr Melville will continue to pursue the GMC's reform programme, including the development of a medical licensing assessment, making our standards more accessible and supportive to doctors, and working closely with educational and other organisations in all four parts of the UK to make sure that future generations of doctors are able to meet changing patient needs.
- 31** Howard Matthews, the MPTS Assistant Director, who has led MPTS staff since the launch of the Tribunal with great skill, has decided to retire from the MPTS at the end of January 2017. Dame Caroline will be involved in the recruitment of Howard's successor. In the meantime an interim Assistant Director will be appointed to provide operational management of the MPTS during this transitional period.

Standards guidance

- 32** Our new [Cosmetic practice guidance](#) came into effect in June 2016, when we also published a supporting patient guide. We successfully piloted a number of new communication strategies to raise awareness of the guidance included placing stories in popular magazines, and collaborating with the new Private Healthcare Information Network register to reach doctors in the private sector. As a result, the guidance and online resources have been in great demand.
- 33** We continue to develop our draft new Confidentiality guidance. Over the summer we completed our analysis of the public consultation, held an additional roundtable discussion on a number of the complex ethical and legal aspects of the guidance and redrafted aspects of it to take account of the advice of leading counsel. Council will see the final guidance in December 2016 and we currently expect to be able to publish in February 2017.
- 34** Phase one of the guidance app 'My GMP' has been developed which will enable all doctors to get offline access to the full body of our guidance, with improved search facilities, as well as our topical advice (known as 'hot topics'). We are planning to launch this at our conference in December. For phase two, we aim to make a greater range of support available such as case studies and interactive decision tools. This work is due to take place in 2017.

International Association of Medical Regulatory Authorities

- 35** In May 2016 I was invited to give the convocation address at Manipal University in Karnataka, India in both my roles at the GMC and as Chair of International Association of Medical Regulatory Authorities (IAMRA). I used this opportunity to undertake a number of engagement and outreach meetings with medical regulators and other related organisations in Cambodia, Thailand and India where I sought to encourage membership of IAMRA and I also introduced the concept of GMC Services.
- 36** IAMRA exists to promote best practice among the world's medical regulatory authorities as they work to protect the public through proper standards for the medical profession. Under GMC leadership IAMRA has reached and exceeded its strategic goal of increasing its membership with the addition of its 100th member organisation. The Association has now grown by more than a third and has 104 members from 46 different countries. An expanding membership is not an end in itself but it does demonstrate the centrality of effective regulation of professionals in an increasingly globalised healthcare economy.
- 37** In June 2016, I chaired IAMRA's Strategic Planning Meeting in Los Angeles where the Management Committee planned for the upcoming Members General Assembly in September and reflected on progress against the strategic goals that were set in 2013.

- 38** A small delegation from the GMC and MPTS, attended the IAMRA Conference in Melbourne in September 2016. We were successful in having 11 abstracts accepted by the conference's organising committee; this will be a fantastic opportunity for the GMC to showcase its leading edge work on a global stage. In addition, our Chief Operating Officer, Susan Goldsmith, has been accepted as a nominee for the position of Member-at-Large on the IAMRA Management Committee. If she is successful, then this will secure the GMC's continuing and close involvement with IAMRA for another four years.
- 39** We were successful in being chosen by the IAMRA Management Committee to host the fourth symposium on 'continued competency' (known as revalidation in the UK). The symposium will be held on 5-6 October 2017 in London. It will attract regulators from across the globe who are either currently delivering, or are interested in developing, systems to ensure the continuing competency of their registrants. The GMC hosted the first symposium in 2010 and this will be an opportunity to reflect on how far we have come and to hear about similar initiatives which are being developed in other parts of the world. Council members would be very welcome to attend if interested.

Recent and forthcoming engagements

British Medical Association

- 40** In addition to ongoing engagement with the BMA leadership on the issue of industrial action, I held constructive meetings with Dr Peter Maguire, the new Chair of the BMA's GMC working party, and with the new President of the BMA Professor Pali Hungin. We have arranged for the BMA's GMC working party to come to our offices in London in November 2016 and to hear from senior staff on the revalidation of locum doctors and on our work supporting vulnerable doctors in our fitness to practise procedures. We also discussed the idea of getting the working party to visit our offices in Manchester in the New Year, as well as reworking the format of our session at the BMA Annual Representative Meeting next year. The new President is very interested in our work on medical professionalism and spoke at our event in Manchester in July 2016.

Doctors in training

- 41** Along with Judith Hulf, our Interim Director of Education and Standards and Senior Medical Adviser, I have held a series of meetings with representatives of doctors in training in England in recent months. These have been constructive engagements and will help shape and inform our work on the flexible training review in the months ahead. It has also been clear from these meetings that doctors in training have significant concerns with a wide range of factors affecting their working lives and that these concerns exist not only in England but across the UK. While the dispute over the contract is an issue within England only, action is required across the UK to make

sure that doctors in training feel valued and supported. This will have to be a major priority in the year ahead, and it is particularly important that organisations with a national remit are prepared to listen to and act upon what doctors in training are saying.

Conflicts of interest

42 I have been participating in an NHS England task and finish group on conflicts of interest chaired by Sir Malcom Grant. There has been warm support for including a conflicts of interest element as part of our reform to the online medical register, which we are currently consulting on. NHS England will be consulting on new guidance on conflicts of interest in the coming months. The Chair will attend the final meeting of the group in November 2016 after I have left the GMC.

Fitness to drive roundtable

- 43** We convened a second roundtable on fitness to drive on 8 September 2016 to take forward work with partner organisations to support doctors to respond appropriately when patients may not be fit to drive. This important initiative coincides with the development of our new confidentiality guidance.
- 44** Following the roundtable we hosted in May 2016, the Driver Vehicle Licensing Agency (DVLA) is piloting a new leaflet with GPs to give to patients after they have told them they should contact the driving licence authorities. The leaflet informs patients of their responsibility to contact the DVLA or the Driver and Vehicle Agency (DVA), advises them what they need to do, reassures them that this doesn't necessarily lead to loss of license and explains that if they continue driving, their doctor may contact the DVLA or DVA directly. If the pilot is a success the hope is it could be rolled out throughout the country.
- 45** We have developed a short film explaining what doctors need to do. The film was very well received by participants and is particularly designed to raise awareness among medical students and doctors new to UK practice.
- 46** We will meet with partner organisations again in March 2017. In the interim, we will be working closely with the medical defence organisations with materials they are producing for their members on this issue and working with others on a communications plan, linked to our broader work on confidentiality.

Regional seminars in England

47 We held our third regional seminar for Cumbria and the North East on 14 September 2016. This was hosted by the Chair, with support from the Chief Operating Officer, in Newcastle. It was another well-attended and engaging evening with attendees keen to discuss our plans for the Medical Licensing Assessment, revalidation and reforms to

the fitness to practise process. We are planning to hold a further seminar in December for the Kent, Surrey and Sussex regions.

UK Advisory Forum meetings

- 48** In October 2016 we are hosting our UK Advisory Forum meetings in Scotland, Wales and Northern Ireland as well as attending bilateral meetings with Government officials and key partners in Belfast, Cardiff and Edinburgh.