10 December 2013

Council

General Medical Council

Regulating doctors
Ensuring good medical practice

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To consider

Corporate Strategy and the Equality and Diversity Strategy: 2014-17

Issue

1 Approving the Corporate Strategy: 2014-17 and Equality and Diversity Strategy: 2014-17.

Recommendations

2 Council is asked to approve the:

a Corporate Strategy: 2014-17.

b Equality and Diversity Strategy: 2014-17.

Corporate Strategy and the Equality and Diversity Strategy: 2014-17

3 The current period of our Corporate and Equality and Diversity (E&D) Strategies concludes at the end of 2013. Over the last year we have undertaken a wide ranging discussion about our Strategies for the next four years in preparation for them coming into effect on 1 January 2014.

4 The documents at Annex A and Annex B are the culmination of this work.

Corporate Strategy

5 Council first considered the Corporate Strategy at its awayday in June 2013 and commented on its development at subsequent closed sessions.

6 Supporting the development of the document has been a programme of work to consider the external environment the GMC will be operating in, and the operational challenges we face. We have drawn on a range of published materials and conversations with key interest groups as part of our regular engagement with them.

7 Given the significant amount of change that the organisation has undergone since the last Corporate Strategy, substantial effort has gone into engaging with staff on the document. This includes the publication of an internal discussion guide for staff and feedback on the issues colleagues had raised through the process.

8 This research, internal consultation and feedback from external interest groups informed the development of our strategic aims and activities for the next four years that Council considered in closed session on 13 November 2013.

9 The Strategy, at Annex A, seeks to provide a broad enough framework for the organisation to plan its work over four years whilst being specific enough to help us make choices about how we allocate resource and effort over the coming four years.

10 Our business planning activity, including operational plans, as well as our Corporate Risk Register, are structured around the Corporate Strategy. The Performance and Resources Board reviews progress on the Strategy as part of its work.

11 The document has a number of key audiences including:

a Those we are accountable to, or oversee our work, including Parliament, the Charity Commission, the Office of the Scottish Charity Regulator and the Professional Standards Authority.

b Those we work closely with to fulfil our statutory responsibilities including representatives of our key interest groups.

c Our staff, associates and those interested in working with us.

12 The document is not drafted with a general audience in mind. We have a number of other documents and channels which seek to explain our work and plans, for example our annual priorities leaflet. We will update relevant material to ensure it is consistent with the new Strategies and clearly set out our ambition.

Equality and Diversity Strategy

13 Our Equality and Diversity (E&D) Strategy was developed in parallel with our Corporate Strategy, and is at Annex B. It provides a framework for our work in this area as a regulator and employer, and sets out the key E&D issues for patients and doctors which arise from our activities.

14 Our approach is to 'mainstream' E&D throughout our core activities. We are working towards achieving our ambition of being recognised as a fair regulator and employer, and for our interest groups to be confident that we treat everyone fairly.

Supporting Information

How the issues support the principles of better regulation

15 The strategic priorities in the Corporate Strategy reflect our commitment to the principles of better regulation. Proportionality, transparency and targeting are particularly prominent considerations. The Corporate Strategy also emphasises explicitly some of the public value and public benefit that our strategic priorities aim to deliver.

How the action will be evaluated

16 The Performance and Resources Board monitors progress on all the elements of our planning framework including a regular review of the Business Plan and E&D action plans.

What equality and diversity considerations relate to this issue

17 We have developed both documents in parallel to seek to ensure our approach to E&D is central to our broader Corporate Strategy work. 'We treat everyone fairly' is one of our organisational values, and we have reflected this in the Corporate Strategy. We recognise that there are E&D considerations that arise from each of our strategic priorities. These are set out in the E&D Strategy as the context for our future work in this area.

If you have any questions about this paper please contact: Luke Bruce, Assistant Director – Strategy and Communication, lbruce@gmc-uk.org, 020 7189 5482; or Andrea Callender – Head of Diversity, acallender@gmc-uk.org, 020 7189 5141.

General Medical Council

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Annex A

Corporate Strategy 2014-17

Draft: 29 November 2013

Our plans for the next four years

Preface: to follow

About the GMC

The General Medical Council (GMC) is an independent organisation, established by the UK Parliament – our job is to help protect patients and improve medical practice across the UK.

We believe that every patient should receive a high standard of care. Our role is to help achieve this, working closely with other organisations and building confidence and trust between patients and doctors.

We do this by defining the knowledge, experience and behaviour that is required of doctors who work in the UK. We decide which doctors are qualified to work here and we oversee their training and education. We make sure that they continue to meet these standards throughout their careers, and that they are supported in doing so. We also have responsibility for looking into concerns about doctors and taking firm but fair action where the safety of patients is at risk or the reputation of the medical profession is at stake.

We are an independent organisation funded by the annual registration fee paid by doctors. We receive no money from government. We were created by statute and are accountable to the UK parliament – the House of Commons Health Select Committee currently holds annual accountability hearings into the GMC.

We are also overseen by the Professional Standards Authority, which conducts an annual performance review of our work.

Our values

All our activities are underpinned by four core values.

- **Excellence** – we are committed to excellence in everything that we do.
- **Fairness** – we treat everyone fairly.
- **Transparency** – we are honest and strive to be open and transparent.
- **Collaboration** – we are a listening and learning organisation.

Our *Equality and diversity strategy 2014–17* (published alongside this document) outlines how we intend to make sure that these principles are embedded in the way we work and in how we treat our staff and everyone we work for and with.

Our work

Several core regulatory functions are central to our day-to-day work.

- **Registration and licensing:** we maintain a medical register of the doctors qualified to practise in the UK.
- **Revalidation:** every doctor with a licence to practise in the UK has to be regularly checked to make sure they meet our standards throughout their careers, and are equipped to practise in the modern healthcare environment.
- **Fitness to practise:** we investigate concerns about whether a doctor is fit to practise and we make considered, fair decisions in response. The Medical

Practitioners Tribunal Service, which is part of the GMC but operates autonomously, provides an adjudication service in serious cases.

- **Regulating medical education and training**: we oversee medical education. This involves setting the standards for undergraduate education, approving the curricula and programmes for doctors in postgraduate training, and ensuring that all doctors continue to learn and develop throughout their careers. We work with a range of partners to promote excellence in medical education and training, sharing information gathered through the course of our work.
- **Guidance and standards:** we provide up-to-date guidance on professional and ethical matters that we expect doctors to follow.
- **Communication and collaboration:** we work with doctors, employers, medical educators, patient groups and other national and local organisations to share data, information and intelligence that may help us to embed our standards, understand trends in practice and identify risks to patient safety.

This document sets out how we intend to maintain and improve the quality of our core services and functions, and to meet the significant new challenges we are likely to face, over the next four years.

The environment in which we work

UK healthcare is a complex and changing environment that will continue to face major pressures over the next few years. As well as structural changes, healthcare organisations and the professionals who work for them are being asked to do more with the same or fewer resources. The challenge of meeting the needs of a growing elderly population is certain to become even more demanding, and doctors will increasingly have to treat people with a range of conditions linked to longer life. In doing so, they will be working with patients who increasingly see themselves as partners in their own care.

We are working to understand and respond to these and other changes, so that we can help keep patients safe and support the medical profession as it adapts to meet these new demands. Although there are certain to be a wide range of challenges over the next few years, there are four key areas that we believe will have a particular impact on our work.

1. Increasing demand for greater collaboration among regulators, employers, doctors and patients

The Mid Staffordshire NHS Foundation Trust Public Inquiry and subsequent reports have highlighted the importance of professional and system regulators working together to protect patients. Never before has it been so vital for our work to be seen as part of a wider effort to improve patient safety, and to make quality of care the central organising principle of the healthcare system.

At the same time the UK Law Commissions have been preparing a bill for the UK Parliament that will create a new legal framework for us and other professional regulators. This bill has the potential to transform professional regulation in this country and may well shape professional regulation for at least a generation. The creation of one piece of legislation covering all the health professional regulators will bring significant challenges and opportunities. It is also likely to set the framework for how regulators can work more effectively together.

Additionally, our horizons will need to become more global – doctors and patients, and the information about both of them, are now moving around the world as never before. We must continue to build closer relationships with other regulators, especially in the rest of Europe, to ensure patients are protected. In the same way, medical education is crossing borders with, for example, UK medical schools providing courses in other countries, which we will be required to quality assure.

Many of the activities highlighted in this corporate strategy should enable us to work more effectively with others so we can be alert to the range of factors affecting patient safety and deal with them efficiently. Strengthening our relationships with other organisations and continuing to explore new ways to share our information will be a priority.

We recognise too that we need to do more with patients and their representatives, partly to explain what we do, including the limitations, but also to make sure we too

are listening to patients' voices. This must include engaging with vulnerable groups of patients, such as older people and those with mental health problems who can have difficulty dealing with medical services.

2. More complex medical careers and roles

Doctors' careers are becoming more diverse. They often work in a wider range of environments and are moving more often between jobs, departments and, as noted above, even countries. There has been a move towards greater specialisation, which has brought significant benefits for patients. But there is also a growing need for doctors and other health professionals to provide more generalist care, overseeing and coordinating a range of interventions.

The report of the Shape of Training review[1] sets out several ways in which we and others involved in postgraduate education need to respond to the changing demands on the medical profession and the different expectations of the next generation of doctors.

With more flexible roles and careers, keeping in contact with individual doctors in the healthcare system becomes ever more important. If we are to provide effective and supportive regulation, it is crucial that we understand the changes that affect doctors throughout their careers and how different environments present their own challenges and risks.

We have introduced revalidation, the greatest change in medical regulation for more than 150 years. But this is only the start – we will evaluate the current arrangements and continue to develop them to make sure standards of doctors' practice remain high throughout their careers.

We are aiming to share more information to help doctors make choices about their careers and to encourage debate on emerging challenges to patient safety. We will focus on engaging with frontline doctors. And we will work with our partners on developing curricula that respond to the breadth of modern medical practice.

3. Increasing expectation for greater transparency

Patients expect the people who treat and care for them to be much more open – in England, for example, National Health Service (NHS) organisations will have a duty of candour alongside the professional duty we place on doctors. Without doubt, transparency will become more prominent in every aspect of healthcare as patients rightly demand to know more, not just about their own conditions and treatment, but also about the performance of healthcare institutions and the professionals who work in them.

[1] Shape of Training (2013) *Securing the future of excellent patient care* available at www.shapeoftraining.co.uk/reviewsofar/1788.asp (accessed 29 November 2013)

At the same time, doctors are asking for more information, analysis and insight to help them provide better care and to enable them to understand more fully how their work compares with that of their peers.

The power of modern information systems and the quantity of data collected means that it is easier to understand present and publish complex pieces of information. We will work with others to make our information and analysis more open and available to help maintain trust in the medical profession and improve standards.

4. Increasing volumes of complaints

Over the past three years, the number of complaints made about doctors to the GMC has risen by over 60%. Doctors and employers, as well as patients, feel more able to raise concerns with us than before. The number of complaints we investigate has risen sharply as a result, although this has also meant that we have seen a large increase in complaints that are not for us to deal with.

These increases put significant pressure on our system and can add to the frustration of those who are raising complaints. Over the next four years, one of our priorities is to maintain and improve the quality of our services and, wherever possible, to reduce the time it takes to process complaints.

We will continue to develop the new relationship we have with responsible officers, and to explore whether more issues can be handled at the local level by those best placed to deal with them. At the same time, we will take forward several measures aimed at supporting doctors and patients involved in our procedures to reduce the anxiety and stress, while making sure that patient safety remains the clear focus and overriding priority.

Opportunities

All these changes present significant challenges. But there are also valuable opportunities for us to increase the impact of our work. We will have access to more data than ever and the ability to do more with it. Digital communication allows us to tailor our message and services to different groups and individuals. There is also a greater interest in how professional practice relates to other parts of the system, such as the culture of the institutions in which doctors work.

As we look forward to 2017, it is clear that we will need to keep responding to these and the other changes that unfold.

Our ambition for the next four years

Over the past four years, we have begun a major transformation of our organisation, moving from what was essentially a reactive model of regulation towards one that seeks to engage with the system, understand risks and prevent harm from occurring.

We now have the advantage of a UK-wide liaison service that includes our regional and employer liaison advisers, as well as our offices in Northern Ireland, Scotland and Wales. This has already enabled us to work more closely with medical students and frontline doctors, as well as those who train and employ them. At the local level, we are also collaborating with those who run health services and with patient groups, medical royal colleges and professional associations. This in turn is helping us to acquire a better understanding of the daily pressures doctors face, the areas of risk, and the ways we can best support the development of good practice. It has also given us a better understanding of how doctors and others would prefer to communicate with us.

We have made good progress in recent years in this area, and we are determined to maintain momentum and respond to new challenges. Our ambition for 2014–17 is to develop our model of regulation to make it as responsive and proactive as possible.

We will focus on five strategic aims to help us deliver this ambition.

1 Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients

We will use and share information in smarter ways to support high standards of medical practice and to help reduce risks to patients. Putting the information we hold to best use will help create a more open system and help to safeguard the interest of patients.

2 Help raise standards in medical education and practice

We will develop our standards, our guidance and the way we support particular groups of doctors to help them deal with professional challenges.

3 Improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety

We will work with local partners to clarify where concerns should be tackled at the local level and when it is appropriate to involve us. This will help ensure that, where possible, concerns are addressed on the ground.

4 Work more closely with doctors, medical students and patients on the frontline of care

We will have more contact with doctors, medical students and patients so that we have a better understanding of their working lives. More of them will be aware of our guidance and use it to help them maintain standards of patient care.

5 Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions

We recognise there are barriers to better collaboration within and between organisations – we will work across functions within the GMC and with our external partners to make best use of all available knowledge and skills to help us deliver effective regulation.

We are already seen as an effective regulator – by 2017 we aim to be even more effective, working more closely with others to improve standards of medical practice and, where we can, taking preventative action to protect patients from harm.

How we will achieve our ambition

We have identified a range of activities that will help us deliver our strategic aims between now and 2017.

Strategic aim 1: Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients

What this is about

We are part of a complex health system and have an important role to play with others in identifying and acting on risks to patient safety.

We will seek to improve how we share information and data on doctors and the environments in which they operate, working with patient organisations, doctors, regulators and employers.

We will continue to invest in our data systems and infrastructure, to enable us to understand more about the medical profession we regulate and the risks and challenges it faces. Our greater presence on the ground, through our employer and regional liaison services, will also provide useful intelligence on issues and concerns, so that they can be addressed at an earlier stage.

We have made a start in this area through the first three reports on the state of medical education and practice in the UK,[2] and we will continue to publish our insight into the challenges faced by doctors. We will also build on our engagement with regulators, commissioners and providers, sharing appropriate information more widely at national and regional levels, and taking part in risk quality summits and quality surveillance groups in England.

Our work between 2014 and 2017

- **Deliver a new data strategy**, setting out how we will develop and use data. This work will allow us to identify, analyse and understand trends and areas of risk. We will use this intelligence to develop the way we regulate and reflect it back to the medical profession and the healthcare system.
- **Establish a patient safety intelligence forum to help us bring together intelligence from across the GMC about patient safety**. This will draw on our data and qualitative intelligence and as well as from external organisations to identify potential issues and risks to patient safety that we need to address.
- **Strengthen our relationships and ways of working with other organisations**, including the systems regulators across the UK and the NHS, so that we can share information effectively and help identify shared concerns.

[2] The 2011, 2012 and 2013 reports on the state of medical education and practice in the UK are available at www.gmc-uk.org/somep.

In 2013, we launched a joint operational protocol with the Care Quality Commission, which establishes clear ways in which we will work closely and share information quickly and efficiently.

- **Publish insights drawn from our data and intelligence on a range of themes** affecting medical practice and patient safety in our report *The state of medical education and practice in the UK*.
- **Continue to develop and extend our national training survey** which is recognised as an important source of information for improving postgraduate education and training and helping to protect patients. We will introduce a new survey of trainers.
- **We will keep the standard of language competency we require under review and continue our review of the Professional and Linguistic Assessments Board (**PLAB) examination. We will consider whether to introduce a national registration examination for both UK and international medical graduates.

The benefits

By sharing and using information and data in smarter ways, we will help reduce risks to patients and improve overall standards of medical care. We will be more able to spot specific issues affecting individual doctors or the locations in which they work. And we should also be able to identify more precisely the groups of doctors who may need support in delivering the best care to patients.

In the longer term, it will help us gain a greater understanding of how working environments affect doctors' ability to deliver the best care to patients and develop our model for risk-based regulation.

By sharing intelligence in this way we will also contribute to the openness and transparency that will be essential to safeguard the public interest.

Strategic aim 2: Help raise standards in medical education and practice

What this is about

We believe promoting professionalism for doctors throughout their career will help achieve higher standards of medical practice and care for patients.

It is not enough for us just to make sure that doctors operate at the minimum standard to avoid our fitness to practise proceedings. We require all doctors to practise at an acceptable level, but we also have a duty to help improve standards of practice.

As the statutory body charged with setting out what it means to be a good doctor in the UK, we have a vital and leading role in this area.

We have already supported doctors in practice and in training by providing learning resources on topics such as protecting children and treating patients with learning disabilities. We also set the knowledge, skills and behaviour that students learn in UK medical schools.

We know we cannot do this work alone – it is vital that we work with others, such as medical schools and local groups of doctors and patients, as well as medical royal colleges and professional associations.

We see revalidation very much as a part of this process. Our aim is for every doctor in the UK to reflect on their practice and to take responsibility for their continuing professional development and medical education.

We must make sure that our guidance is relevant to the everyday work of frontline doctors and is provided in practical ways that help these doctors put patient safety first, even in difficult situations.

Our work between 2014 and 2017

- **Make decisions on revalidation recommendations for an increasing number of doctors** accurately and in a timely way.
- Establish an **evaluation framework for revalidation**. We will evaluate the impact of revalidation and develop plans for revising and improving the model based on what we have learned.
- **Build our relationship with, and support for, responsible officers.** These senior doctors are critical to the success of revalidation and we will continue to look for ways we can support and engage with them to make sure they are able to do their roles effectively.
- Make sure that doctors have an **alternative route to revalidate** if they are not connected to an organisation to support their revalidation.
- **Review our guidance on confidentiality and develop new guidance where appropriate, including on cosmetic practice.**
- **Review how we develop and disseminate our guidance on professional standards** and continue to make sure the range of guidance is relevant and useful. We will also complete the major review into the PLAB examination.
- **Review and develop how we quality assure education providers.** We will complete our current review of this area and continue to monitor the effectiveness of the data we collect, as well as our visits, checks and inspections.
- **Review key education and training standards**. This will include completing our review of our core standards in *Tomorrow's Doctors* and *The Trainee Doctor*, and our standards for curricula, examinations and assessments.
- **Take forward the recommendations from the Shape of Training review, subject to decisions by the four UK governments.** Working with the medical royal colleges, and all those involved in postgraduate education, we

will seek to bring about major reforms in the structure and approach to postgraduate training to make sure tomorrow's senior doctors have the training and support they need to meet future patient needs.

The benefits

By supporting doctors more effectively in ways which enable them to improve their capability we will help them to deliver safe, high quality care.

Strategic aim 3: Improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety

What this is about

We have seen a significant rise in the number of complaints about doctors. To respond to this and address concerns about the quality of medical care, we need to keep developing our relationship with doctors, employers, and patients or their relatives who have complained.

We will make sure that concerns about doctors are first addressed locally wherever possible. This means helping employers to understand the complaints they should be tackling and when it is best to involve us. We will explore how we can use the developing experience of responsible officers (and their accountability to us) to manage concerns about doctors more effectively at the local level.

We are already piloting new ways to reduce the stress for those involved in our fitness to practise procedures. These include meetings with doctors and with patients who have complained to increase the speed and accuracy of the process.

Our work between 2014 and 2017

- Use our new relationships with responsible officers to **reform how we handle complaints**, so that the best placed people deal with complaints. This will involve reforming the way we refer complaints back to the employer.
- **We will review whether responsible officers could play a bigger role in dealing with some complaints linked to medical competence**.
- **Consider the roll out of our meetings with doctors and patients** described above. Subject to legislative change we plan to extend this to more serious cases, thereby speeding up our processes, and reducing stress as far as possible and for everyone involved.
- **Change our fitness to practise rules to enable** us to close some cases earlier where further investigation is not needed.
- **Take forward reforms in the Medical Practitioners Tribunal Service**, including better case management, the use of legally qualified chairs and the GMC's right to appeal panel decisions. These reforms are designed to improve the speed and quality of decision making.

The benefits

Both the GMC and employers will be able to respond more quickly and more effectively to concerns raised by patients and their relatives.

We can make better use of our resources and focus on the most serious risks to patient safety.

The knowledge we gain from local partners will help to reduce future risks through deeper insight into pressure points on medical practice across the UK.

Strategic aim 4: Work more closely with doctors, medical students and patients on the frontline of care

What this is about

To support the medical profession in raising standards, we need to work closely with doctors, educators, employers and patients. We have to understand their needs and what helps them provide good medical practice so we can provide support that is both relevant and effective.

Part of this is about understanding the everyday challenges that these groups face and how they make use of what we offer. Increasingly we will capture more detailed information on how doctors want us to communicate with them, so we can tailor our approach accordingly. We will do more user testing and jointly develop new products and services that build in flexibility for individual preferences from the start.

Building the dialogue with these groups will enable us to make sure that the support we offer is helpful, practical and relevant. A mature, mutually respectful relationship with doctors will give us greater authority and credibility to influence their practice in order to protect patients. Our regional liaison service and offices in Northern Ireland, Scotland and Wales are already running events to talk to doctors and medical students about professionalism in medicine.

Our work between 2014 and 2017

- **Introduce a new survey tracking perceptions of the GMC** to better understand the impact of our work and how we can support and communicate more effectively with the medical profession and patients.
- **Exploit new technology to make our professional standards easier to access and to target messages more specifically to the variety of doctors' roles**. This will include developing a smartphone application to help communicate our guidance. We will also improve the accessibility of GMC Online, our secure area for doctors, and communicate with all doctors electronically as far as possible.
- **Undertake a review of the** ***List of Registered Medical Practitioners*** (the online medical register) to explore ways of making it more accessible and more useful for patients, employers, and doctors.

- Develop our **welcome to UK practice** programme with our regional liaison service and our offices in Northern Ireland, Scotland and Wales following the evaluation of the pilot.

The benefits

If we are able to build up our contact with the profession, provide more support that is useful, and listen to what is happening on the clinical frontline, we will increase awareness of our guidance and our influence to improve standards of patient care. Similarly, by supporting and engaging with employers and patients, we can bring about a better understanding of what we do and ensure our guidance and wider work reflects patient and employer experience of medical practice.

Strategic aim 5: Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions

What this is about

Our organisation has grown in recent years as we have taken on new responsibilities – most significantly, starting to regulate postgraduate education and training and introducing revalidation. Together they have brought us much closer to the delivery of frontline care and required us to be more proactive. As a result, we have embraced a more ambitious agenda, creating new roles, such as the regional and employer liaison advisers who work closely with those who deliver local services.

Although we work in a controversial area, quite often dealing with both doctors and patients who are under considerable stress, we take pride in doing everything we can to treat everyone fairly and efficiently. We are also determined to become more responsive, listening to the people we work with and encouraging them to have their say about our work.

As we develop our activities, we need to make sure we work effectively together within our organisation. It is crucial that every one of us at the GMC understands and embraces the organisation's purpose and ambition. We are here to protect patients and raise standards of medical practice – that is everyone's job no matter what the position or role they have in the organisation.

We will make progress by:

- listening to and learning from each other and people outside the GMC
- treating everyone with respect, no matter what their background, and developing our work on equality and diversity
- evaluating the impact of what we do and demonstrating the difference we make
- involving staff at all levels as we develop our policies and practices.

Progress in these areas will help us work together to make the most of our combined knowledge and energy.

We are already reviewing how we work in fitness to practise, by using Lean management methods to speed up processes and make them more efficient.

We have begun to join up our planning through our business champions, sharing insight and best practice, and raising awareness of each directorate's achievements. And we are showcasing talent and expertise across the GMC, through our Valued Awards for colleagues who go out of their way to demonstrate our values in their work.

Our work between 2014 and 2017

- Develop a **people strategy** that sets out how we will ensure that our people are able to attract, retain and develop people who can deliver our ambitious programme of work. As we expect from healthcare organisations, we too will continue to foster a culture of openness in which our staff are able to raise concerns so we can learn from our mistakes.
- Do regular **staff surveys**, listen to and learn from what they tell us and implement improvements in response.
- Continue our **corporate efficiency programme**, making sure that our resources are used effectively.
- **Bringing more of our processes online**, including more use of e-learning for staff and expanding our e-billing service for doctors. Our services will become easier to access and more interactive.

The benefits

We will become more agile, open and able to respond to the changing context in UK healthcare. We will make the best use of all our knowledge and skills.

We will become better able to meet the challenges of delivering this strategy.

Making best use of our resources

We can only implement this strategy and deliver our statutory functions over the next four years if we continue, with careful governance and planning, to make the best use of our resources (both human and financial).

Between 2014 and 2017, we will carefully monitor how we use our resources. We will need to strike a balance between day-to-day operational performance, driving improvement and delivering the complex policy developments that we face.

Our performance as an effective regulator with good operational performance has been recognised, and we need to maintain that while responding to the many new challenges we face. We must continue to demonstrate that our funding, provided by doctors on the UK medical register, is put to best use.

Financial framework

We are an independent body funded entirely from fees paid by doctors. We derive the bulk of our income from the annual retention fee which is levied according to the principle that all doctors should contribute to the costs of regulation, irrespective of the extent of their medical practice or the income they derive from it.

We will continue our efficiency and effectiveness programme to ensure that every pound of fees paid by doctors is spent in meeting our objectives.

We hold reserves sufficient enough to protect against financial risks and to enable us to meet additional responsibilities that might arise over a rolling three year period. We take into account an assessment of the environment in which we operate and the guidance published by the Charity Commission.

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Annex B

Equality and Diversity Strategy 2014-17

Introduction

1 Our Equality and Diversity (E&D) strategy 2014-17 outlines the principles for identifying and taking action on the E&D issues that are relevant to our work. The Strategy applies to our work as both a regulator and an employer.

2 The GMC helps to protect patients and improve medical practice in the UK by setting standards for medical students and doctors. We support them in achieving and exceeding those standards, taking action whenever these are not met.

3 'We treat everyone fairly' and 'we are honest and strive to be open and transparent' are part of our organisational values.

4 In our draft Corporate Strategy 2014 -17, we set out five strategic priorities that will help us to protect patients and improve medical practice in the complex and changing healthcare environment. Each of these priorities has E&D issues arising from it – examples of these are set out in the table below.

Our strategic priority 2014 -17	E&D considerations
1 Identifying and acting on risks to patients	Mid Staffordshire and other Inquiries confirm that there are groups of vulnerable patients who are at increased of poor treatment from health professionals. Some of these patients are from groups that are protected[1] by equality law. There are certain characteristics that increase the risk of doctors being involved in our fitness to practise procedures. Some groups of doctors may need more support in delivering the best care to patients.
2 Maximising the impact of our work	Considering the needs and preferences of E&D groups of patients and doctors as we seek new ways of making what we do more relevant to our key interest groups. Continuing to consider the impact of our activities on people with protected characteristics, including doctors, patients and the public.
3 Being more effective locally	Including a diverse range of doctors in our local outreach and engagement to understand the profession and how we can support doctors more effectively in good practice. Doing more work to understand who brings concerns to us, recognising that some complainants will be from E&D groups. Signposting complainants more effectively to the local procedures to deal with their concerns before approaching the GMC.

[1] The Equality Act 2010 specifies nine groups of individuals who have 'protected characteristics' which are covered by this legislation: age, disability, race, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion and belief, sexual orientation.

Our strategic priority 2014 -17	E&D considerations
4 Raising professional standards in medical practice	Continuing our work to ensure that all doctors have a route to revalidation, and that the policies and processes for revalidation are fair and robust. Continuing our efforts to ensure that all doctors, irrespective of their background, have the competence and skills to care for the diversity of the UK's patient population, and understand the ethical issues that arise in practising in the UK.
5 Working better together	Treating everyone with respect and continuing our work to be an employer of choice. Ensuring that our 'zero tolerance' policies on bullying are adhered to. Aiming to achieve a diverse profile at senior levels, and to attract a diverse pool of applicants in our recruitment. Using our influence to encourage good practice on E&D through our collaborative work with other organisations. In some instances this will be part of our work to comply with the provisions of the public sector equality duty.

Why E&D matters to the GMC

6 We believe that E&D is integral to our work as a regulator and an employer for several reasons:

a Our ability to protect patients and improve standards of medical practice is reliant on maintaining the trust and confidence of all of our interest groups and stakeholders.

b We want to understand and take account of the needs and expectations of the diverse groups of patients, doctors and others affected by our work.

c We want to continue to be compliant with equality and human rights legislation, and to be recognised as an organisation that aspires to high standards and good practice on the issues that arise from this, for example, around accessibility.

d The UK's working population is diverse, and we want to have a workforce that reflects the diversity of the communities in which we operate at all levels.

What we know about the E&D issues that arise from our work

For patients and the public

7 Mid-Staffordshire and other Inquiries have highlighted that some of the most vulnerable people are not receiving the standards of care they should expect from health professionals, including doctors. These vulnerable people include children and young people, older people, people with learning difficulties, and people with different communication needs.

8 Our work with patients also confirms that there are substantial variations in the standards of care that some groups receive from their doctors; for example, lesbian, gay and bisexual people, some people with disabilities, and people at different stages of gender reassignment.

9 Added to this, some groups protected by equality law have substantially poorer health than the general UK population, including travellers, and some black and minority ethnic people. We also know that some people from disadvantaged socio-economic groups, for example, homeless people, can have difficulties accessing care. The reasons for these are complex and interrelated. Doctors' behaviour can be an important contributing factor, for example, ageism may result in conditions like dementia being underdiagnosed and underreported.

10 We meet with several organisations representing patients with protected characteristics. One of the questions they ask is: how are doctors equipped through their training to effectively treat a range of conditions, in a way that meets the communication and other needs of individual patients? They also ask us how this is reflected in the curricula that we approve.

11 Another issue which comes up in our dialogue with patients is their need to receive care that is in line with their own beliefs and values, irrespective of their doctor's religion or beliefs.

12 We recognise that there are some patients for whom continuity of care will be particularly important, for example, patients receiving care from many different providers, and patients with capacity or communication difficulties.

13 We know that some people with particular needs experience difficulties in raising their concerns locally or with us, and that we need continue to work to make our processes fully accessible to anyone who needs to contact us.

For doctors

14 Some people face challenges in entering the medical profession. The selection procedures for studying medicine vary between medical schools, and our standards for students completing their medical degree may exclude some people with disabilities. Our annual national training survey shows that people from lower socio-economic backgrounds are proportionally underrepresented in medicine. Some groups of doctors in training (male doctors, BME doctors) also have lower pass rates in examinations and assessments.

15 The law requires us to treat certain doctors differently. For example, we test the clinical and language skills of doctors who qualify outside of the UK and the European Economic Area. We have pushed to get the law changed so that we can assess the language skills of all doctors who want to work in the UK.

16 Doctors who haven't completed GMC approved specialist or GP training programmes can use alternative routes to show that they have the knowledge, skills and experience equivalent to doctors who have achieved a certificate of completion of training (CCT) or are practising as a consultant in the NHS. But some doctors feel that the current options for assessing the equivalence of applicants are unfair.

17 We make decisions that can substantially affect a doctor's career and livelihood. Our fitness to practise procedures come under intense scrutiny for the profile of doctors involved. There are concerns that:

a Some groups of doctors are overrepresented in referrals from the police and the NHS.

b Some groups of doctors are at increased risk of receiving a sanction or a warning when we receive a complaint about them.

c Doctors with health problems may feel that our processes are invasive.

18 Revalidation is the process by which all licensed doctors have to regularly show that they are meeting our standards, including keeping their knowledge and skills up to date. We engaged extensively with a diverse range of people in our interest groups before revalidation was introduced in December 2013. Feedback suggested that some doctors (such as locums and specialty grade doctors, international medical graduates, BME doctors, and doctors taking career breaks) may not be able to collect the supporting information needed to meet the requirements of revalidation.

Our vision

19 Our vision for where we want to be as a result of our work on E&D has three elements:

a A fair regulator

i We will consider the impact of our work on the groups of doctors, patients and the public who are protected by equality law.

ii We will continue to comply with equality and human rights law.

iii We will collect, analyse and share E&D data on the people involved in our activities to identify any trends.

iv We will get views from a range of E&D groups to help us develop our policies and plans.

v We will use our influence and work with others to understand why some groups of doctors have different outcomes in the activities that we regulate.

b Confidence and reputation

i For doctors, patients and others to be confident in our work as a regulator and employer, they need to believe that we will act in a fair way.

ii We will set out how we will measure progress towards where we want to be as a result of our work on E&D, and monitor our progress regularly.

iii We will continue to involve a range of E&D groups from across the UK in shaping our activities.

iv We will continue to make access to the medical profession and progression are fair, for example, commissioning further research to understand the differences in outcomes for particular groups of doctors in assessments and examinations.

v We will raise professional standards in medical education and training.

vi We will identify and reduce any risks that may arise from others delivering aspects of our regulatory functions, for example, responsible officers and the design of assessments.

c A fair employer

i We will treat everyone who works for us fairly and with dignity and respect. We will ensure that our employment arrangements support our aspirations.

ii We will work towards being a more diverse workforce at all levels of our organisation. We will consider what this means for developing our staff and their progression, and for how we promote ourselves as an employer in the locations in which we operate.

iii We will continue to collect E&D data on our recruitment processes and on our workforce to inform our work and ensure transparency.

What we want to achieve / outcomes

20 The themes for our E&D Strategy are the result of consulting with our staff, other organisations, and networks representing the views of people with protected characteristics. We are doing more work to set out how we will measure our progress and impact. Some examples of what we would like to achieve include the following:

a Doctors, patients and the public believe that we treat anyone involved in our work fairly; whether they are raising concerns, applying for registration, sitting examinations, being revalidated, or involved in our fitness to practise procedures.

b We help to make sure that all patients receive good standards of care by giving doctors guidance and support to understand and meet the needs of patients with protected characteristics.

c We work with others to understand why particular groups of doctors are at increased risk of being involved in our fitness to practise procedures.

d We have stronger relationships with organisations representing the interests of doctors and patients with protected characteristics.

e We have comprehensive E&D data on registrants and complainants, and a good understanding of how our activities affect people with protected characteristics.

f People from E&D groups have a good understanding of our role, and of when and how to raise their concerns locally before approaching the GMC.

g We work with others to address some of the fairness issues that arise from the activities that we regulate.

h Our workforce is diverse at all levels of the organisation.