

General  
Medical  
Council

# Executive Board meeting - 1 October 2018

MEETING  
1 October 2018 10:00

PUBLISHED  
25 September 2018

<b>Agenda item:</b>	<b>7</b>
<b>Report title:</b>	<b>Establishing a Strategy &amp; Policy Technology Programme Board</b>
<b>Report by:</b>	<b>Vibha Sharma</b> , Regulation Policy Manager, Strategy and Policy Directorate <a href="mailto:vibha.sharma@gmc-uk.org">vibha.sharma@gmc-uk.org</a> , 020 7189 5025
<b>Action:</b>	<b>To consider</b>

## Executive summary

The impact of doctors' use of current, new and emerging technology on the way that we regulate is relevant to a number of teams within the GMC. This technology ranges from telemedicine and using basic algorithms to support clinical decision making to genomics, robotics and artificial intelligence.

We need a mechanism to take a coordinated, strategic, cross-GMC approach to the range of considerations this entails.

At the Policy Leadership Group's (PLG's) August meeting, it was agreed that Regulation Policy would take a paper to the Executive Board seeking endorsement to take this work forward in a coordinated way.

Establishing a S&P Technology Programme Board to oversee, coordinate and make decisions about cross-directorate work on telemedicine and wider new and emerging technology would provide this, building on the work that individual teams have done to date.

## Recommendation

Executive Board is asked to endorse the proposal to establish a S&P Technology Programme Board with immediate effect.

## Background and key issues

- 1 The challenges that telemedicine presents for the GMC and our regulatory model are well rehearsed: patient safety concerns, some of which breach our ethical standards; cross-border prescribing, which is allowed under EEA law; and our restricted legal and regulatory remit, as we can only regulate doctors who are on our register and can't compel doctors based outside the UK who are treating UK patients to register with us.
- 2 The challenges that new and emerging technologies do or could present to the way that we regulate are not as well defined because we're at the early stages of this thinking and many of these technologies - and their applications - are developing. But we know that new and emerging technologies will present fundamental policy, strategic and operational questions for medical regulation which we need to collectively identify and consider now to ensure that our regulatory model is fit for purpose in the future.
- 3 While individual teams have undertaken extensive work on particular aspects of telemedicine and initial thinking on new and emerging technologies, there is a need to draw this together and build on this so that the GMC can take forward a coordinated and strategic approach to regulating doctors using current, new and emerging technologies in their practice.
- 4 This agenda has recently gained increasing political prominence and traction due to the Health Secretary's known personal interest, increasing the urgency of establishing a coherent GMC narrative. The work we're already doing in this area is having resource implications for different teams – the board will oversee appropriate prioritisation and coordination of activity.

## Nature of the Programme Board

- 5 The purpose of the board would be to oversee, coordinate and make decisions about cross-directorate work on telemedicine, and new and emerging technology.
- 6 We envisage that the board would oversee a number of potential workstreams:
  - Telemedicine (corporate position, policy and operations)
  - New and emerging technology: ethics and professionalism
  - New and emerging technology: education and training
  - New and emerging technology: registration and revalidation
  - New and emerging technology: corporate position and coordination.

- 7** The board would have the authority to make high level decisions about the focus of the work programme, and would monitor progress. The board would also have reactive responsibilities to effectively respond to external developments.
- 8** The board would be ultimately accountable to the Executive Board and would escalate particular decisions as appropriate. See Annex A for draft Terms of Reference.
- 9** The Director of Strategy and Policy would chair and have ultimate oversight.

## 7 – S&P Technology Programme Board

## 7 – Annex A

### S&P Technology Programme Board – Draft Terms of Reference

#### Purpose

- 1 To oversee, coordinate and make decisions about cross-directorate work on telemedicine and wider new and emerging technology.
- 2 Board meetings would act as a forum for collective discussion of both early and more developed ideas.

#### Composition

- 3 The board would be chaired by the Director of Strategy and Policy.
- 4 The board would consist of nominated policy and strategy leads and the respective Assistant Directors or project sponsors from across the business.
- 5 Secretariat support would be provided by the Regulation Policy team who would work closely with nominated policy and strategy leads.

#### Scope of decisionmaking powers

- 6 The board would have both proactive and reactive decision-making powers.

#### *Proactive*

- 7 It would:
  - Make decisions about the focus of the work programme.
  - Prioritise programme activity to enable effective coordination.
  - Monitor progress.

## *Reactive*

### **8** It would:

- Monitor, anticipate and respond to relevant developments effectively and in a coordinated way.
- Provide peer support to quickly and effectively overcome obstacles.

### **Criteria for escalation**

**9** We anticipate some circumstances where it may be appropriate to escalate decisions to the Executive Board, SMT or Council.

**10** These include seeking approval for:

- A new corporate position on doctors' use of technology, and an updated corporate position on telemedicine specifically.
- Establishing a new major workstream which would have strategic or significant policy, operational or resource implications.
- Decisions that have a wider strategic significance and may impact on other strategic priorities.
- Decisions that have significant financial implications.

### **Accountability**

**11** The board would be ultimately accountable to the Executive Board and would report to the Executive Board periodically and when requested.

### **Interplay with the Policy Leadership Group (PLG)**

**12** The Assistant Directors from relevant policy and strategy teams would usually sit on the board and act as the link between the board and the wider PLG.

**13** They would:

- Coordinate resource allocation to enable the work of the board.
- Ensure that the board's work aligns with the aims of the corporate strategy.
- Be responsible for updating the board on relevant PLG developments and feeding back relevant board developments to the wider PLG.