

Agenda item:	8
Report title:	Local First programme: scoping and initiation
Report by:	Anna Rowland , Assistant Director – Policy, Business Transformation and Safeguarding, Fitness to Practise anna.rowland@gmc-uk.org , 020 7189 5077
Action:	To note

Executive summary

Our corporate strategy for 2018-2020 prioritises better collaboration with our regulatory partners. One of the key objectives is to support local resolution of concerns about doctors to support the efficient closure of cases, reduce the impact on doctors and achieve more timely resolution of complaints for patients.

This may require change to our legislation that currently requires us to investigate any allegation of impaired fitness to practise. The Corporate Strategy commits to a pilot of a 'Local First' approach by 2020. This paper sets out our progress with this programme of work and our approach stakeholder engagement.

Recommendation

The Executive Board is asked to:

- a** Note the progress of the programme.
- b** Note the proposed stakeholder engagement approach.

Background

- 1 Our strategy for 2018-2020 prioritises better collaboration with our regulatory partners. Through Local First we will encourage appropriate local resolution of concerns about doctors where that is the most effective and efficient way of securing protection of the public.
- 2 Our aim is that all complaints and concerns about doctors should be dealt with at the right level and, where appropriate, concerns should be addressed locally, only involving GMC action where this is necessary.
- 3 There are some cases we deal with, particularly clinical matters that result in undertakings or conditions that we think could be better dealt with locally, with assurance about the quality and consistency of local investigations.
- 4 Our first focus is to understand what our current legislation allows in terms of working more closely with local systems and to carry out early engagement with external stakeholders including Responsible Officers, patient representative groups and other bodies such as National Clinical Assessment Service (NCAS), Healthcare Safety Investigation Branch (HSIB) and the Care Quality Commission (CQC).

Progress to date

- 5 Scoping of the Local First Programme is close to completion. A working group meets weekly during the planned eight week scoping and initiation stage.
- 6 The group is developing a high level implementation plan with three core strands of work for delivery over the next three years. The first is 'Strengthening the role of the Responsible Officer (RO) in Fitness to Practise (FtP) processes' which incorporates work streams from the existing RO programme to ensure that the role of ROs is fully embedded in our fitness to practise process including enabling RO referrals via GMC Connect which went live in January 2018. Other projects within this strand include training and development for ROs and ROs monitoring restrictions on a doctor's registration.
- 7 A second strand of work focusses on embedding good investigation principles with healthcare providers. We developed 'Principles of a good investigation' which set out the key elements that we believe ensure that investigations into concerns about doctors are objective and effective. These were published as an appendix to the NHS England *Responding to Concerns* guidance for Responsible Officers in September 2017. The principles of a good investigation will be included in the updated Governance Handbook (being updated as part of the Taking Revalidation Forward (TRF) programme) subject to agreement from colleagues on the TRF board and joint signatories. Work to increase awareness of the principles with ROs will be taken

forward by the Employer Liaison Service (ELS) as part of their regular engagement with ROs.

- 8 The third strand of work will focus on developing a pilot to enable collection of evidence in local investigations in a format that would enable the GMC to use it in fitness to practise cases, avoiding the need for the GMC to collect the evidence a second time. There is currently significant duplication between local and national investigation because evidence collected locally is not appropriate for GMC purposes, and we would like to reduce this to speed up the process and reduce the overall impact on doctors and patients involved. Work within this strand of the programme includes pre-pilot engagement with RO focus groups due to start in quarter two. Other work underway as part of this strand includes colleagues in the ELS shadowing local governance processes in a number of Trusts from quarter two in order to inform the pilot development work and a working group looking at evidence collection. Early ideas include the creation of GMC toolkits and training for local investigators around key types of evidence such as witness statements and expert reports.

Legal advice

- 9 To fully realise the long term aims of Local First we are likely to need change to our primary and secondary legislation. In order to support the development of a pilot of a 'Local First' approach as set out in the Corporate Strategy, we need clarity about what we can achieve within our current legislation.
- 10 We have briefed the legal team on the areas that need clarification and, as we are seeking to push the boundaries of our current legislation, we have taken the decision to seek external legal advice. We found with provisional enquiries that an early independent view is important in order to get a clear and objective view of where the limitations of our current legislation lie.

Communication and engagement

- 11 Key to the success of the Local First programme is a collaborative approach and close working with stakeholders. We want them to understand our ambition as part of our corporate strategy, feel they have the opportunity to feed into it and share their concerns, issues and ideas and also help develop the future model.
- 12 We have identified our key audiences, analysed the risks for each and developed proposals for their mitigation. We have also commenced mapping our communication with these audiences and developing narratives to support that communication.
- 13 Early engagement by the ELS with ROs on the 'Local First' initiative had positive feedback, with ROs supportive of the principle of local handling where possible.

- 14** However, we are aware that the external climate is affected by the issues arising from the case of Dr Bawa-Garba and recognise this is likely to impact on our ability to engage and influence key partners and in particular doctors and groups that represent doctors in supporting this work.
- 15** We have now held sessions with London and Manchester staff about the programme and a session with MPTS staff is to follow. The sessions were very well received and staff were engaged in discussions, providing detailed and useful input on benefits, opportunities and possible approaches. We also ran a session at the GMC Conference to engage with key stakeholder groups that gave rise to strong support for the principle and very constructive small group discussions on some of the very real challenges that this work presents and ideas for how to take it forward.
- 16** Building on the conference and staff sessions we will finalise our 12 month engagement plan to build understanding of our new strategic direction and encourage early collaboration with others including ROs, patient and doctor organisations, HSIB, NCAS and the CQC. A key issue is the confidence of doctors and patients in where their complaints are dealt with. Early work is needed with colleagues in communications on a strategy to engage doctors and the public to socialise the principle of local first and understand their views.