

To note

Report of the Strategy and Policy Board 2013

Issue

- 1 A summary of the work undertaken by the Strategy and Policy Board since January 2013.

Recommendation

- 2 Council is asked to note the report on the work of the Strategy and Policy Board in 2013.

Report of the Strategy and Policy Board 2013

Issue

- 3 The purpose of the Strategy and Policy Board is to provide an advisory forum for the Chief Executive that is outward looking, focusing on drivers and implications of our strategic aims and policy developments and their impact on our key interest groups. The Board's remit is to have a perspective that is both current and future, monitoring progress towards existing strategic objectives and promoting well informed, evidence-based and cross-functional input to future developments. Since January 2013, when it was first established in shadow form and agreed its working arrangements and work programme for 2013, the Board has met five times.
- 4 Over the period of this report, the Strategy and Policy Board has undertaken a comprehensive programme of work which fulfils its full range of duties and responsibilities, as set out in the Board's Statement of Purpose (at Annex A). Council has received regular updates on the Board's work through the Chief Executive's reports to Council.

Key matters considered by the Strategy and Policy Board in 2013

Corporate Strategy 2014-17

- 5 Over the course of the year, the Board considered the development of our Corporate Strategy for 2014-17. This included endorsing the proposed approach for engaging with staff and Council during its development, reviewing the Corporate Strategy document, and endorsing considerations made in producing the final draft for Council's approval on 10 December 2013.

Equality and Diversity Strategy 2014-17

- 6 The Board also considered the development of our Equality and Diversity Strategy for 2014-17, for Council's approval on 10 December 2013. It noted that this was developed with input including: discussion sessions with the Chief Executive and leadership team; an independent evaluation of the previous Strategy; a focussed consultation and engagement targeted at understanding the views of patients and doctors from the protected groups; a review of intelligence gathered from consultations and research; and discussion by Council.

State of Medical Education and Practice in the UK report 2013

- 7 The Board considered progress reports during the development of the *State of Medical Education and Practice in the UK report 2013*. This included reviewing an evaluation of the 2012 report, and gave early sight of emerging themes and the process for detailed fact-checking and review across directorates. The report was published on 16 October 2013.

Advisory groups in our external engagement model

- 8** The Board considered updates in the development of advisory groups in our external engagement model, including the establishment of the Education and Training Advisory Board, the Revalidation Implementation Advisory Board and the UK Advisory Forums in Scotland, Wales and Northern Ireland. It also agreed that a separate UK Advisory Forum in England would not be required, with alternative plans for engagement with the English regions to be developed and brought back to Council for approval.
- 9** The Board also agreed that our approach to Equality and Diversity liaison was best developed as part of our overall engagement strategy, rather than by the establishment of an Equality and Diversity Liaison Group as originally proposed, and that we should review our strategy for engaging with Equality and Diversity groups as part of the development of our engagement strategy. The Board noted that the development of our approach to engagement was linked to our emerging Corporate Strategy, in that we are developing our approach to engagement with patient groups, doctors, Responsible Officers and other external key interests at the same time.

Welcome to UK Practice piloting

- 10** The Board received an update on the successful delivery and evaluation of the first four pilot events in our Welcome to UK Practice pilot. The initial response to the events had been positive. The Board agreed that the pilot should continue, trying different methods of engagement, including online resources, theatre-style forums, small workshops and opportunities for partnership with other organisations such as the British Medical Association.

Responding to the Information Governance Review

- 11** The Board agreed proposals for how we should respond to the recommendations in the Report of the independent review of information sharing in health and social care, led by Dame Fiona Caldicott, published on 26 April 2013. It agreed that we should signal our interest in working with other regulators so as to develop shared principles of good practice and terminology on information governance, and that the outcome of such work should inform our review of our standards function.

Our response to the Francis Report

- 12** The Board considered an initial overview of the implications of the Report of the Mid Staffordshire NHS Foundation Trust public inquiry, and endorsed a proposed approach for implementation of the short and long term implications on our existing work-programmes and corporate strategy development. The Board agreed our public response, which was published on 16 April 2013, addressing the recommendations individually and providing context around

each of the sections so that we may begin to shape the discussion around the wider themes.

- 13** The Board also considered and agreed the six-month update to our response to the Francis Report, which was published on 16 October 2013. In the update, we grouped the recommendations by themes relevant to our work, focussing on progress since the initial response in April 2013.

The independent review of the Membership of the Royal College of General Practitioners examination

- 14** The Board considered the Report of the independent review of the Membership of the Royal College of General Practitioners (MRCGP) examination, which was conducted by Professor Aneez Esmail. The Board agreed that a further research project should be developed to explore further the issues and recommendations in the Report, given that they are relevant to medical education as a whole, not just general practice.

The review of Approved Practice Settings

- 15** The Board considered the outcome of our review of the Approved Practice Settings (APS) scheme, following a number of recommendations made about APS in the Francis Report. The Board noted that Council has decided that when the legislative opportunity arises the Approved Practice Settings scheme should be abolished. In the meantime the Board agreed that:
- a** We should consult on proposals that, unless expressly agreed by the Registrar, for the purposes of section 44 D(1) and (2) of the Medical Act 1983 as amended, doctors must have a prescribed connection to a body designated under the Medical Professions (Responsible Officer) Regulations as amended 2013.
 - b** Designated bodies should be known as Recognised Practice Settings for the purposes of s44D and recognition depends upon continuing compliance with the RO Regulations. While the legislative provisions remain, recognition may be removed or varied if a designated body is confirmed to be in breach of the RO Regulations.
 - c** We should place greater focus on our engagement with individual doctors and the impact of the restriction on their practice.
 - d** We should engage with the Care Quality Commission and the other system regulators to explore whether they will incorporate a determination on compliance with the Responsible Officer Regulations as part of their assessment of leadership and governance. This would give us formal regulatory conclusions to act upon and have the supplementary effect of underpinning quality assurance of revalidation.

- e We should review the future of recognised practice settings and s44D as part of our response to the Law Commission work on new legislation for all professional regulators.

Requiring doctors to demonstrate knowledge of English

- 16 The Board considered an update on research about the scores that we should require international medical graduates to achieve in the International English Language Testing System (IELTS) test to demonstrate their knowledge of English, and will report on the outcome in January 2014 following communication with key interests.
- 17 The Board agreed to introduce a requirement for doctors from the European Economic Area (EEA) applying for registration with a licence to practise to demonstrate that they have the necessary knowledge of English before a licence was granted. It was expected that, subject to consultation and parliamentary assent, these new powers would come into force after April 2014, following a Section 60 Order to amend the Medical Act, as well as changes to the Licence to Practise and Revalidation Regulations 2012, and to the Fitness to Practise Rules 2004.

Route to revalidation for doctors with no Responsible Officer or suitable person

- 18 The Board considered options for providing an alternative route to revalidation for doctors with no Responsible Officer or suitable person, within our powers as prescribed in the Medical Professions (Responsible Officer) Regulations (amended) 2013. The Board agreed that we should implement a common approach for all such doctors affected, including to require doctors to submit information about their scope of practice and to complete, at their own expense, an assessment acceptable to the GMC.

Education Surveys Plan 2014-17

- 19 The Board considered a proposed programme of Education surveys work over the next four years, and agreed that we should take a measured approach to exploring potential for extending the future scope of surveys work, being mindful that with the economies of scale we may be able to deliver more than initially planned once the impact on available resources becomes apparent.
- 20 The Board noted that the National Training Survey (NTS) had undergone significant change and improvement since the merger of the Postgraduate Medical Education and Training Board with the GMC. What once was approximately eight months' work with little reliable validation is now a much stronger intelligence tool with validated results available within a month of the survey's closure.

Approval of foundation training overseas

21 The Board endorsed a proposed approach to approving foundation training and new programmes for provisionally registered doctors overseas. Within the proposed approach most responsibility for assuring compliance with standards of new foundation programmes would fall to postgraduate deans within Local Education and Training Boards. The same level of documentation and quality assurance would be required, irrespective of the fact that the programmes are delivered overseas. It would also allow us to gather more accurate data as to what trainees are training, at what level, and where, and there may be an opportunity to extend the National Training Survey in future years to those trainees that are training overseas.

Education visits

22 The Board agreed that we should change our existing pattern of education quality assurance visits for undergraduate and postgraduate education from risk-based selection to a published schedule that would set out when we will visit each region over a five year period. We have an existing commitment to visit medical schools every five years, and so it seemed appropriate to include postgraduate education in this same pattern. The proposals were welcomed by key interests, and would allow their and our time and resources to be planned in a more efficient way. Other types of visits, such as checks and (exceptionally) Triggered Visits, will continue as required alongside the new arrangements. The Board agreed the programme of check visits for 2014; and that we plan to hold discussion with the RCGP with a view to carrying out check visits in 2015, subject to continued analysis of National Training Survey data next year which may impact on the programme.

Student Selection

23 The Board considered next steps on the issue of student selection, and agreed that we should focus our influence through the *Selecting for excellence Group*, set up by the Medical Schools Council, while continuing to discuss student selection and widening access bilaterally with organisations such as the Social Mobility and Child Poverty Commission where appropriate. The Board agreed that our priority issues that we would like to see the Group address are:

- a** The variation of selection processes used by medical schools without apparent justification.
- b** The use of aptitude tests such as the UK Clinical Aptitude Test in the light of evidence but also in light of continuing perceptions that they are susceptible to coaching.
- c** Whether the use of non-academic components of personal statements is defensible in light of the evidence.

- d** Whether all schools should move towards more, rather than less, structured interviews, eg multiple mini interviews, in light of the evidence.
- e** How to select students with the values to be good doctors.
- f** The need for evaluation of initiatives to widen access to medicine.
- g** Access to work experience for applicants from lower socioeconomic groups and how work experience is evaluated as part of selection processes.
- h** The use of contextual data as part of selection processes.

Generic professional capabilities for training

- 24** The Board agreed that work should be undertaken to identify generic professional capabilities for training, and that once identified further work would be done with those delivering training to ensure the themes were embedded.

Postgraduate education assessment

- 25** The Board considered plans for the investigation of postgraduate education assessment, agreeing that understanding differential outcomes in assessment should be a priority. The agreed approach includes analysis of high quality and consistent data collected from Colleges and Faculties. Options for further research in 2014 would be developed for discussion and agreement through our internal Research Policy Forum.

Review of health and disability in medical education and training

- 26** The Board received an update on progress on the review of health and disability in medical education and training, and agreed that further work would be undertaken under the themes of sharing notable practice and evidence; tackling external barriers; and tackling internal barriers.

Standards work programme

- 27** The Board considered a proposal for priorities for our Standards work programme in 2013, agreeing that we should review the purpose, form and style of our guidance as well as considering our objectives and how we evaluate success. This would include considering guidance that is jointly produced with others, addresses doctors with information relevant to the stage of their career, and is directed to doctors in each of the four countries separately. The review is expected to be completed in late 2013, after which the standards will be tested with key interests prior to formal consultation in early 2014.

New guidance: Supporting students with mental health conditions

- 28** The Board approved new guidance, *Supporting students with mental health conditions*, which had been produced jointly with the Medical Schools Council.

The guidance was published at the end of July 2013, providing practical advice and examples of good practice drawn from the research findings. It highlights the steps that medical schools can take to promote good mental health and wellbeing in their students and explore what schools can do to encourage students to come forward and seek help when they need it.

New operational guidance: Triage guidance on language cases

- 29** The Board endorsed new operational guidance for Assistant Registrars in relation to consideration of whether the matter raised in a complaint about language skills is serious enough to call into doubt a doctor's fitness to practise, and if so, how we should investigate. The new guidance promotes a consistent approach in how cases involving language concerns should be dealt with at triage decision.

Review of our procedures for dealing with lower level complaints (Stream 2)

- 30** The Board agreed that we should change our procedures for dealing with lower level, or Stream 2, complaints about doctors so that those complaints are referred to the relevant Responsible Officer or suitable person. This new process would mean writing to the Responsible Officer, asking them to discuss with the doctor concerned, and copying to the relevant Employer Liaison Adviser. It would mean a positive change for doctors in that complaints may be investigated and closed in weeks, rather than months as was the case presently.

The Home Office review of police disclosure of pre-conviction information about doctors

- 31** The Board noted a report on our response to, and planned next steps, following the Home Office review of the Notifiable Occupations Scheme (NOS). In this, the Home Office set out the circumstances in which the police share information with regulatory bodies at the early stages of a criminal investigation into doctors and other trusted professionals in England, Wales and Northern Ireland. A separate scheme exists in Scotland. It is accepted that the NOS is unlikely to be maintained in its present form, and may be replaced by a new agreement with the police, approved by the Home Office. Once the review of the NOS is complete, we would seek to refresh our Memorandum of Understanding with Association of Chief Police Officers and the Crown Prosecution Service.

Changes to our FTP conditions and undertakings

- 32** Following changes to the structure of education and training in the NHS (England), the Board considered how to amend educational conditions and undertakings to remove references to Deaneries in our conditions and undertakings bank and related guidance used in our fitness to practise procedures. The Board agreed to replace references to Deaneries with a reference to Responsible Officers in the conditions and undertakings bank.

- 33** The Board also agreed to amend our bank of undertakings to include standard wording where a doctor is willing to take steps to improve their English skills and undergo a language assessment to demonstrate their fitness to practise without restriction. This is to ensure our fitness to practise process for dealing with performance concerns linked to knowledge of English is consistent with the language skills expected of International Medical Graduates applying to join the medical register.

Post-sanction performance assessments

- 34** The Board considered and agreed options for a proposed pilot for the introduction of post sanction assessments of doctors subject to fitness to practise restrictions. The pilot would focus solely on cases where a performance assessment was conducted during the original investigation, or doctors with a restriction that requires them to undertake a post sanction assessment. It agreed that the wording in our current undertakings and conditions bank should be amended to say 'To agree to undertake an assessment of my/your performance unless notified by the Registrar that this is not necessary'. This would establish a presumption that an assessment would be conducted in appropriate cases.
- 35** A pilot was being undertaken that, within the current Fitness to Practise Rules, sees our Assessment Team recommend a modular approach to post-sanction assessment. This is considered important because a direction to undertake a post sanction assessment must be reasonable and proportionate, and a full assessment may often be a disproportionate response to the concerns identified.

Changes to the statutory basis for the Medical Practitioners Tribunal Service

- 36** The Board agreed to seek to amend the proposed statutory basis for the Medical Practitioners Tribunal Service (MPTS) by vesting it in the Chair as the impartial adjudicator rather than in a statutory committee of Council, in light of our experience of the MPTS operating in shadow form. The Section 60 Order which would bring the necessary legislative changes into effect was expected in mid-2014.

General

- 37** The Board has also received routine updates in 2013 on a number of other issues as listed in Annex B.

Supporting information

How this issue relates to the corporate strategy and business plan

38 The Strategy and Policy Board plays a key role in delivering our Corporate Strategy and Business Plan in relation to our strategic aims, and in overseeing policy development across our functions.

If you have any questions about this paper please contact: Niall Dickson, Chief Executive, ndickson@gmc-uk.org, 020 7189 5291.

Annex A

Strategy and Policy Board Statement of Purpose

Purpose

- 1 The Strategy and Policy Board is an advisory forum for the Chief Executive. It is outward looking, focusing on drivers and implications of the GMC's strategic aims and policy developments and their impact on our key interest groups. The board's perspective is both current and future, monitoring progress towards existing strategic objectives and promoting well informed, evidence-based and cross-functional input to future developments.

Duties and activities

- 2 The Strategy and Policy Board provides advice and recommendations to the Chief Executive on the following areas:
 - a Advice to Council on the development of strategy and high-level policy as may be required.
 - b Progress towards strategic objectives.
 - c Development of the equality and diversity strategy.
 - d Policy issues and developments, derived from the corporate strategy, annual business plan or as required to in-year developments.
 - e Implementation of significant policy changes.
 - f Linkages across policy issues.
 - g Links between policy development and legislation, maintaining oversight of the legislative programme and progress against it.
 - h Research needs and priorities, informed by regular reports from the Research Forum.
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- i Our external engagement in policy development and reviewing inputs as appropriate from task and finish groups, specialist advisory boards, liaison groups and forums.

Working arrangements

- 3** The Strategy and Policy Board meets every other month (alternating with the Performance and Resources Board), for two hours. The executive leads for the Strategy and Policy Board are the Chief Executive and Director, Strategy and Communication. The Chief Executive agrees the agenda and papers are agreed by the sponsoring Director. Papers should follow the style of Council papers as far as possible, with the same principle of above or below the line review. Papers relating to a decision being made will be published. Papers in support of emerging policy in early stages of discussion will not be published.
- 4** The Board is chaired by the Chief Executive and attended by the Chief Operating Officer and all Directors. Other attendees are invited as required for the discussion of agenda items, so Assistant Directors with policy responsibilities are likely to be in regular attendance. All Assistant Directors are encouraged to attend the Board from time to time, to contribute to strategy and policy development and help facilitate cross-directorate working, corporate leadership and linkages.
- 5** Secretariat duties are undertaken by the Governance Team. The Board Secretary minutes each meeting and aims to circulate the minutes, as cleared by the Chief Executive, to the Chief Operating Officer and Directors for comments within two weeks of the meeting. The Board approves minutes at the next Board meeting. Minutes record the conclusions of the Board on the issues considered. A record of decisions is published.
- 6** As the Board meets bi-monthly, it is able to make decisions outside of its meetings on circulation of recommendations to the Chief Executive as the Board's chair. Decisions made in this way will be brought to the Board at its next meeting and included in the record of decisions.
- 7** The Strategy and Policy Board reports on its work to Council through the Chief Executive's report and submits an annual report to Council.

Annex B

Reports and updates considered by the Strategy and Policy Board

Task and finish/liaison groups

Establishing a regulatory framework for credentialing

- 1 The Board agreed to establish a working group, with an external Chair in Professor Stuart Macpherson, to develop a regulatory framework for credentialing, the principle of which was agreed by the previous Council in July 2012. This work was likely to take around one year to complete, and has early support from external stakeholders such as the BMA, Royal Colleges and Staff and Associate Specialist (SAS) doctors.

Review of education standards

- 2 The Board agreed that an expert advisory group should be established to help inform the second phase of our quality assurance review of our Standards for Education and Training. The scope of this quality assurance review was agreed by the previous Council in June 2011. Phase one started in 2012 and examined our quality assurance methodology and made recommendations on our future approach. Phase two started in 2013, and would develop our new standards in Education and Training in light of the new edition of *Good Medical Practice*, and our initial findings from the quality assurance review.

Medical Practitioners Tribunal Service Case Management Group

- 3 The Board agreed to establish the MPTS Case Management Group, chaired by David Pearl, Chair of the MPTS, as a forum for the discussion of all issues related to case management and the progress of MPTS hearings. In particular, the Group would consider the common areas of case management, and seek agreement to common directions which will be adhered to by parties. Membership of the Group includes representatives from the GMC, the MPTS and medical defence organisations.

- 4 The Board also agreed that future MPTS task and finish or working groups would be agreed by the Chair of the MPTS, and authorised by the Chief Executive and Registrar.

Report of the Professional and Linguistic Assessments Board 2012

- 5 The Board considered the annual report of the Professional and Linguistic Assessments (PLA) Board, responsible for the day to day conduct of the PLAB test, and its activity in 2012. It noted that during 2012 an appeals procedure had been implemented, and a revised 'blueprint' (the Board's core document) had been published on our website early in the year. During the year there were 2,930 attempts at Part 1 of the exam of which 46% passed, and 1,735 attempts at Part 2 of which 68% passed.

Reports from the Quality Scrutiny Group

- 6 The Board received updates from our Quality Scrutiny Group (QSG), following each of its meetings during the year. The QSG was established in 2011, with a remit to consider the outputs of medical education quality assurance activity resulting from the Quality Improvement Framework (QIF). QSG continues to review operational quality assurance activity across medical education and training, identifying trends, and providing consistent oversight of the outputs of our quality assurance work. During 2013 QSG considered visits to medical schools check reports; Medical School Annual Reports and medical school monitoring; Annual Specialty Reports; and Deanery reports progress updates.

Reports from the Revalidation Implementation Advisory Board

- 7 The Board received updates from the Revalidation Implementation Advisory Board, which met for the first time on 19 March, and then on 2 July and 3 October 2013. The purpose of the Revalidation Implementation Advisory Board is to provide advice to our Chief Executive during the implementation of revalidation, in order to support the GMC in fulfilling its regulatory objectives.

Reports from the Education and Training Advisory Board

- 8 The Board received updates from the Education and Training Advisory Board, which met for the first time on 27 June, and then on 5 November 2013. The purpose of the Education and Training Advisory Board is to enhance our ability to protect, promote and maintain the health and safety of the public by advising the GMC on matters concerned with the delivery of undergraduate and postgraduate education and training and ongoing career progression.

Report from the UK Advisory Forums

- 9 The Board received an update from the UK Advisory Forums in Northern Ireland, Scotland and Wales, following the first meetings in September 2013. It noted that discussions at the meetings were based around a common agenda, including the key issues in each of the countries; our work on promoting and

supporting professionalism and how we might work together to respond to the challenges faced by doctors; and updates on our consultation *Making sure all licenced doctors have the necessary knowledge of English to practise safely in the UK*, and the progress of revalidation.

Proposed retiring of four Memoranda of Understanding

- 10** The Board agreed to retire four Memoranda of Understanding as they were no longer in use and no information was being exchanged under the terms of the agreements. These were with the Criminal Cases Review Commission; Human Fertilisation and Embryology Authority; UK Public Health Register; and Citizens Advice Scotland.

Promoting Professionalism Update

- 11** The Board considered updates from our internal Promoting Professionalism Board during the course of the year, including reports on our work to promote professionalism among students, doctors in training and working doctors. Promoting Professionalism activity during the year included the launch of *Good Medical Practice* (for both doctors and patients), the work of the Employer Liaison Service and devolved offices and engagement through *GMC News*, and our monthly eBulletin which goes out to more than 200,000 doctors.

Updates on significant engagement

- 12** The Board maintains a *Register of significant engagement*, which notes external engagement activity undertaken by Board members. During this year, this has included:
- a** Niall Dickson, Chief Executive, invited to take part in the Key Partnerships group set up to review the NHS complaints procedure, led by Ann Clwyd MP and Tricia Hart.
 - b** Ben Jones, Director of Strategy and Communication, invited as a representative of the GMC to sit on the task force addressing the review of bureaucracy in the NHS, arising out of the Francis Report and chaired by Mike Farrar. Ben Jones, Director of Strategy and Communication, invited to become a member of the Quality Surveillance Group, which had been established by the Quality Framework Group at NHS (England) for the National Quality Board.

Education report – regional visits, small specialty and themed visits

- 13** The Board received updates on the progress of education quality assurance visits, including checks. During this year, this covered the London regional visit; small specialties pilot review in Paediatric Cardiology, Occupational Medicine and Psychotherapy; thematic review of assessment; emergency medicine

checks; new and overseas undergraduate programmes; and check visits to Belfast, Leeds and Aberdeen medical schools.

Responding to concerns about the care of older people

- 14** The Board noted an update on how we are developing our response to reports which highlight the poor care received by older people. It noted that three areas of particular concern have been identified: access to care/discrimination; standards of care; and dignity and autonomy. After testing with key interests including the British Geriatric Society and Age UK, we plan to create a range of resources to help doctors apply the existing principles in *Good medical practice* to the care of older people.

Research

Research Implementation Plan

- 15** The Board agreed a new research implementation plan to support the delivery of our Corporate Strategy 2014-17. It agreed that our internal Research Policy Forum should consider and prioritise research requests, produce the annual programme, and provide annual reports to the Board. Our research programme is positioned to support the delivery of the Corporate Strategy 2014-17, and structured around the proposed strategic priorities.

Research publication policy

- 16** The Board agreed principles for the publication of our research, as developed by the Research Policy Forum, which were designed to inform consistent and transparent decision making in this area of work. The policy outlines five principles:
- a** Principle 1: We will publish all final research reports except when any of the conditions set out in principle 2 apply.
 - b** Principle 2: We will withhold publication if this is required as a result of the publication test, to be undertaken at the start of the commissioning process, or because of the legal and/or quality issues set out in Annex A.
 - c** Principle 3: The research report will be published within 3 months of us receiving the final draft of the research report unless the research is part of a wider GMC review/programme of work (in which case publication would be deferred until completion of the review / programme).
 - d** Principle 4: We will support secondary publication within peer reviewed journals (provided this follows primary publication by the GMC).

- e Principle 5: Requests to publish within a peer reviewed journal will only be granted on condition that an equivalent article to an open-access journal/database is submitted within 12 months of publication.

Endorsement of IAMRA's Statement of intent on proactive information sharing

- 17** The Board agreed that we should become a signatory to the International Association of Medical Regulatory Authorities' (IAMRA) Statement of intent on proactive information sharing. The Statement of intent represents an agreed framework for cooperation and collaboration between medical regulatory authorities that are members of IAMRA. It covers the proactive sharing of information about medical professionals who have been subject to fitness to practise action by a medical regulatory authority and which will affect an individual's right to practise their profession, either in their country of establishment or another country.

Consultations

Time limiting provisional registration

- 18** The Board approved for consultation The General Medical Council (Provisional Registration) (Time Limits) Regulations 2013, necessary for the introduction of a time limit on provisional registration (PR). Most doctors successfully complete F1 and proceed to full registration within 12 months of gaining PR. Some doctors require an additional period of training before completing the requirements of F1. However a small number are unable, for whatever reason, to demonstrate the required competences. At present these doctors can maintain their PR indefinitely as long as they continue to pay their annual retention fee and their fitness to practise remains unimpaired, even if they are no longer in the Foundation Programme. The new Regulations are proposed to stipulate that the maximum period of time a doctor can hold PR will be three years plus 30 days contingency (1,125 days).

Insurance and Indemnity

- 19** The Board approved our response to the Department of Health consultation on a requirement for all regulated healthcare professionals to hold appropriate insurance and indemnity cover. Overall, our response was to support the consultation. The introduction of a requirement for all doctors to have appropriate cover contributes to our statutory purpose by ensuring that, if a patient does experience harm as a result of negligence by a doctor, then they do not suffer additional harm by being unable to have recourse to compensation. We indicated in our response where we think that the proposed Section 60 Order risks placing unnecessary burdens on both doctors and the GMC. However, we also noted that while the Order enables us to make regulations to implement additional processes, it does not require us to do so.

Pilots of meetings with complainants

- 20** The Board received an update on the pilot of meetings with complainants to understand their experience of our fitness to practise procedures. An independent evaluation report is expected and will be considered in 2014.

Doctor Support service

- 21** The Board received an update on our Doctor Support service. An independent evaluation report is expected and will be considered in 2014.