

10 December 2014

**Council**

**General  
Medical  
Council**

**15**

*To note*

## **Report of the Strategy and Policy Board 2014**

### **Issue**

- 1** A summary of the work undertaken by the Strategy and Policy Board since January 2014.

### **Recommendation**

- 2** Council is asked to note the report on the work of the Strategy and Policy Board in 2014.

# Report of the Strategy and Policy Board 2014

## 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. The Board has met six times during 2014, and has also considered ten issues by email circulation when urgent action was required to be taken between meetings.
- 4 Over the period of this report, the Strategy and 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.
- 5 The Board papers and a summary of its decisions are published on our [external website](#), although there are some exclusions in a limited range of circumstances subject to our Freedom of Information arrangements.

## *Key matters considered by the Strategy and Policy Board in 2014*

### Patient Safety Intelligence Forum

- 6 The Board agreed that a new internal Patient Safety Intelligence Forum would be established which would consider information relating to patient safety concerns gathered from across the organisation. The Forum's remit is to be operational in nature, rather than developing policy. The Board also approved the establishment of a Triage Group to make meaningful and considered recommendations to the Forum as to what next steps might be taken related to identified patient safety issues.

### Professional duty on candour for health professionals

- 7 Over the course of the year, the Board considered several updates on approach to taking forward our commitment to work with other regulators to agree consistent approaches to candour and reporting of errors. The Board agreed to the establishment of the *Inter-regulator Working Group on professional duty of candour for health and care professionals*, and agreed plans to develop explanatory guidance jointly, with the Nursing and Midwifery Council, which expands our existing guidance about the professional duty of candour, and includes specific advice about near misses and apologies. The consultation on the draft guidance was launched on 3 November 2014.

## Insurance and Indemnity

- 8** The Board considered our policy approach on insurance arrangements for doctors, which had been developed in light of changes to the Medical Act 1983 and the introduction of a requirement for doctors to have in place appropriate indemnity cover as a condition of their licence to practise. The Board endorsed proposed amendments to the Licence to Practise and Revalidation Regulations 2012 as the basis for consultation which was launched on 15 October 2014. Council will be asked to formally approve the revised regulations at its meeting on 24 February 2015, with a view to implementing the changes in the second quarter of 2015.

## Standards Review

- 9** The Board considered the report of the review of standards and ethics work, which had been undertaken in light of the development of our Corporate Strategy 2014-17. The Board endorsed the direction of travel set out in the report as a basis for re-focussing our standards work. The Chief Executive considered the detailed recommendations in the report and accepted all of the recommendations except one – the Standards and Ethics Team will not become a central function, but will remain part of the Education and Standards Directorate for the foreseeable future.

## UK Medical Education Data Warehouse

- 10** The Board considered plans for the creation of a database of undergraduate and postgraduate medical education data which would help us to evaluate our education policy-making and improve our ability to quality assure the organisations responsible for medical education. The Board endorsed engagement with key interests to create a database, and agreed that a cross-directorate project group would be set up to undertake a pilot, to report to the Board in 2015, using a limited set of undergraduate, foundation data and GMC data in order to provide a 'proof of concept'.

## Pilot of meetings with doctors

- 11** The Board received the final report on a pilot project of meetings with doctors which are offered to any doctor where at the end of the investigation the case looks likely to be referred for a hearing although we exclude those cases where there is a strong likelihood that a panel might erase a doctor. The Board agreed to continue to run meetings with doctors in the GMC's London office and extend the service to run meetings with doctors in the GMC's Manchester office by Quarter 4 of 2015.

## Implementing patient meetings across the UK

- 12** The Board approved plans to extend access to meetings with patients to the rest of the UK, following the completion and evaluation of a pilot programme. The meetings, with complainants whose complaint has been referred for a full investigation, are to

be offered in our offices in London, Manchester, Cardiff, Edinburgh and Belfast, and an option of telephone meetings. The Board also approved an expenses policy for the meetings, to provide reimbursement of reasonable travel costs on production of receipts for complainants attending meetings, and to also reimburse travel costs for a second person to accompany the complainant where appropriate.

### Disclosure and Barring update

- 13** The Board received an update on the referral of information to the Disclosure and Barring Service and Disclosure Scotland, including a draft set of guidance and high level principles for agreement with the Government. Discussions are ongoing, with the Chief Executive and the Assistant Director for Policy and Planning due to meet with senior government officials during November 2014.

### Evaluating the impact of revalidation

- 14** The Board received updates on the development of an evaluation framework for revalidation, which a team at Plymouth University Peninsula Schools of Medicine and Dentistry, led by Julian Archer, had been commissioned to produce. A consortium, led by the University of Plymouth, has been appointed to undertake the evaluation, and the first interim report was expected at the end of the first quarter of 2015.

### Amending the acceptable overseas qualification criteria

- 15** The Board received a report on work to clarify the criteria for what constitutes an acceptable overseas qualification, noting amendments to the current criteria to improve transparency, operational efficiency and fairness. A working group would be set up to undertake a wider review of the acceptability of overseas qualifications, taking into account the changes in worldwide medical education and other factors including the imminent award of UK qualifications gained overseas.

### 2014 Research Programme

- 16** The Board considered and approved the proposed research programme for 2014, including an implementation plan and governance processes. The 2014 programme consisted of new projects identified through the 2013 research prioritisation exercise; projects that were deferred from 2013 due to the emergence of competing policy priorities; and ongoing projects due to complete this year.

### Rule 4(4) investigation cases

- 17** The Board considered proposals to make greater use of our powers in the triage process under Rule 4(4) of the General Medical Council (Fitness to Practise) Rules 2004 (as amended) which were currently not exercised. The Board agreed that cases would be subject to pre-triage enquires under Rule 4(4) if the allegation itself was unclear; if it is unclear whether the allegation was serious enough to raise a question

of impaired fitness to practise; or if the allegation was serious enough to raise a question of impaired fitness to practise but, because of the limited information available to use, we were not sure whether the allegation was patently groundless. The Board also approved guidance for deciding which cases would be suitable for pre-triage enquiries.

### Welcome to UK Practice evaluation and implementation

- 18** The Board considered a report on the outcome of the completed Welcome to UK Practice pilot programme of events and products for doctors new to practice in the UK. The programme included an [online scenario based tool](#), a Welcome to UK Practice film, filmed ethical scenarios, communications session, and Welcome to UK Practice event. The Board endorsed the future direction of travel and the high level transition plan for 2014, noting that this was an important part of the GMC's promoting professionalism work. The Board also noted the high degree of positive feedback and demand for the programme, as well as future delivery options being considered as part of the 2015 budget and business planning cycle.

### Academy Foundation Doctor Patient Feedback Tool Pilot

- 19** The Board agreed the response to the Academy of Medical Royal Colleges and Health Education England about a pilot conducted to develop a tool for patient feedback to Foundation doctors, brought about by the 2010 review of the Foundation Programme undertaken by Professor John Collins. While the pilot had not found the right methodology for patient feedback, the Board noted that we remain strongly supportive of the value of patient feedback in medical education and training, and emphasised the value of seeking patient feedback to inform good practice.

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

- 20** The Board noted an update on the Home Office review of the Notifiable Occupations Scheme (NOS), the impact of the review on our fitness to practise work, and our response to the review. Next steps included continued liaison with the Association of Chief Police Officers and the Home Office to help shape plans for suitable information sharing mechanisms, and our Regional Liaison Service has undertaken activities to raise doctors' awareness of our guidance on reporting criminal cautions and convictions. The NOS provides advice from the Home Office to the police in England, Wales and Northern Ireland on when to tell us a doctor is the subject of a criminal investigation. A separate scheme exists in Scotland.

### Review and appeal options for CESR/CEGPR applicants

- 21** The Board approved an update to the arrangements for review and appeal options for Certificate of Eligibility for Specialist Registration (CESR) and Certificate of Eligibility for General Practitioner Registration (CEGPR) applicants who are refused entry to the Specialist or General Practitioner Registers. This included the removal of the existing

reapplication option for applicants, meaning that a further application would be treated as a new application attracting the full fee, an extension of the review period for those applicants refused entry to the register to 12 months, to maintain the review fee at its current level, and to continue the statutory right of appeal against a decision to refuse an application.

### Changing the process for confirming the status of doctors seeking registration as exempt persons

- 22** The Board agreed proposals to change the process to require doctors seeking registration and claiming exempt person status to prove their entitlement to practise in the European member state from which they are relocating. Under the new arrangements, which took effect from 2 June 2014, those doctors who were not given exempt persons status would need to apply for registration as international medical graduates.

### Standards work programme 2014 and the oversight of guidance development work

- 23** The Board approved the Standards work programme for 2014, as well as a model for ensuring internal oversight of the work of Task and Finish Groups and development of explanatory guidance. The Board agreed to establish an internal oversight group made up of Director of Education and Standards, and Assistant Directors from Standards, Education, Fitness to Practise and Strategy and Communication, the Senior Medical Advisor, a Clinical Fellow, and a principal legal advisor. The Board also approved the establishment of two Task and Finish Groups to engage external interests in the development of two major guidance development projects: Private and Cosmetic Practice (expected to publicly consult in mid-2015); and Confidentiality (expected to publicly consult in late 2015).

### Mental Capacity Act 2005: post-legislative scrutiny

- 24** The Board considered an update on recommendations arising from the House of Lords Select Committee report [\*Mental Capacity Act 2005: post-legislative scrutiny\*](#), noting that we would formally respond to the Select Committee and the Government regarding our approach. The Board noted that Mental Capacity Act 2005 relates to rights of individuals within England and Wales, and separate arrangements exist in Scotland and Northern Ireland. Any adjustments made to the GMC's core guidance would need to be appropriate to all four UK countries.

### State of medical education and practice report 2014

- 25** The Board considered updates during the development of the [\*State of medical education and practice report 2014\*](#) (SoMEP). The Board agreed the governance structure for overseeing the production of the report, and considered a draft of the report ahead of its publication in September 2014.

## Fairness in training pathways: High Court Judgement

**26** The Board endorsed the Education and Standards work programme investigating fairness in training pathways, in light of the High Court judgement *The Queen on the Application of BAPIO Action Ltd v Royal College of General Practitioners, General Medical Council*. The Board noted that steps we have taken in response to concerns raised by General Practice trainees include our work with deaneries and Local Education and Training Boards to identify and support doctors in difficulty; commissioning further research to investigate whether there is a link between selection scores and exam failures; and meeting with representatives from the Royal College of General Practitioners to discuss issues raised by the research we commissioned from Professor Aneez Esmail.

## Publication of evidence on undergraduate education

**27** The Board received a report on plans to report on the review of the impact of [Tomorrow's Doctors \(2009\)](#) and the assessment audit. The Board noted a package of evidence on undergraduate education (published in September 2014), which included:

- a** A report of the rapid literature review and original qualitative research by Dr Lynn Monrouxe and colleagues from Cardiff University.
- b** A review of the impact of *Tomorrow's Doctors* (2009).
- c** Three reports for medical schools, along with a Key Findings report.
- d** An overarching report of the undergraduate assessment audit of 31 medical schools in the UK.

## Policy for handling inquiries, reviews and investigations

**28** The Board agreed the principles to guide the GMC's engagement with inquiries and changes to the structure of our management required to meet the challenges of future inquiries, reviews and investigations, including the establishment of a standing Inquiries Project Group to draw together expertise from across the organisation. The Inquiries Project Group would report to the Board for issues related to policy, and to the Performance and Resources Board for operational issues. The Group would incorporate work related to the University Hospital of Morecambe Bay NHS Foundation Trust Inquiry in its work.

## Recommendations of the University Hospital of Morecambe Bay NHS Foundation Trust Internal Review

**29** The Board considered the findings of the [University Hospital of Morecambe Bay NHS Foundation Trust Internal Review Report](#), and proposals for our approach to address its recommendations. The Board also noted that we would, as recommended in the

Report, consider ways in which we might foster better relationships with Trust Boards. The Board acknowledged that Trust Boards were often unaware of the scope of the GMC's powers in relation to delivery of training in the hospital environment, as well as the role of the Trust in relation to Responsible Officers and revalidation.

### Final Report of the Credentialing Working Group

- 30** The Board endorsed the final report of the Credentialing Working Group, which had been established following Council's agreement in 2012 to explore the development of a regulatory framework for credentialing. The Board agreed that a pilot of credentialing should be developed, with a view to introducing credentialing on a voluntary and non-statutory basis while we await progress on the Law Commissions Bill, and that a public consultation on the credentialing proposals should be undertaken, tentatively planned for the first half of 2015.

### 18 month update to our April 2013 response to the Francis Report

- 31** The Board approved our third update, published at six-month intervals, on progress made against the 24 recommendations relating to the GMC arising from the Francis Inquiry Report. The [update was published](#) on 16 October 2014, and would be the GMC's final stand-alone published update on work to address the Francis recommendations, subject to future periodic updates reporting our progress generally against the recommendations of reviews and inquiries specifically outlining our work to address the Francis Report recommendations.

### Collecting additional diversity data on registrants

- 32** The Board agree that we should, in principle, begin to move toward collecting data on registrants for the protected characteristics of disability, sexual orientation, and religion or belief. Collection of additional diversity data would, in time, help us become a more effective regulator by enabling closer understanding of those that we regulate. The Performance and Resources Board would oversee the further detailed work that would be required, including the implementation and communications plans. The collection of additional diversity data remains non-mandatory, allowing individuals a choice as to how their data would be used.

### Update on our Relationships Review

- 33** The Board received an update on plans for a review of our corporate relationships which started work in October 2014. The Review followed agreement in 2013 to present such a review to Council in the context of our next Corporate Strategy. PA Consulting had been awarded the contract to undertake the Review following a competitive tender process, and the final report of the Review was expected to be available in early 2015.

## Establishing an Assessment Advisory Board

- 34** The Board agreed to establish an Assessment Advisory Board to have oversight of our assessment activity across the GMC, including the draft terms of reference, and proposed arrangements for the constitution of the Advisory Board. A plan is being developed to ensure continuity of support for oversight of the PLAB test during the transitional phase. The last meeting of the existing PLA Board is expected to take place in February 2015, with the Assessment Advisory Board being established in the second quarter of 2015.

## Provision of GMC Services: Options for development

- 35** The Board agreed proposals to explore options for providing 'GMC services' on a cost recovery or for profit basis to support our overriding duties and obligations as laid out in the Medical Act (as amended), which would be brought to Council for consideration once fully explored.

## Exercising legal powers to allow training on a part-time basis in certain defined or limited circumstances

- 36** The Board agreed the principle that we should exercise our statutory powers to permit part-time specialist training under specific conditions approved by the GMC as the competent authority. The limitations and boundaries are to be developed with input from key interests ahead of finalising our position in the second quarter of 2015.

## GMC Consultations policy

- 37** The Board approved the updated GMC consultations policy designed to help ensure that our approach to consultations continues to be consistent with best practice in this field. The draft policy will be further refined following consultation with staff, and brought back to the Board for approval in mid-2015.

## Implementing the Doctor Support Service

- 38** The Board received the final report of the pilot of the Doctor Support Service, which provides confidential peer emotional support for doctors whose fitness to practise is being investigated. The Board agreed to continue to offer a Doctor Support Service to all doctors with an open investigation under our fitness to practise procedures with an enhanced level of service including a peer discussion group and a system of ongoing feedback and appraisal.

## Making revalidation decisions about doctors without a connection

- 39** The Board approved the approach to and process for, and guidance for decision-makers in relation to, making revalidation decisions for doctors without a prescribed connection to a designated body or a connection to a suitable person.

## General

- 40** The Board has also received reports and updates in 2014 on a number of other issues as listed in Annex B.

## Supporting information

### How this issue relates to the corporate strategy and business plan

**42** 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](mailto:ndickson@gmc-uk.org), 020 7189 5291.**

## 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:
  - Advice to Council on the development of strategy and high-level policy as may be required
  - Progress towards strategic objectives
  - Development of the equality and diversity strategy
  - Policy issues and developments, derived from the corporate strategy, annual business plan or as required to in-year developments
  - Implementation of significant policy changes
  - Linkages across policy issues
  - Links between policy development and legislation, maintaining oversight of the legislative programme and progress against it
  - Research needs and priorities, informed by regular reports from the Research Forum

- 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.

## Reports and updates considered by the Strategy and Policy Board

- 1 This annex provides further detail regarding the other reports and updates received by the Board during 2014, which are not covered in the main report.

### *Reports from the Education and Training Advisory Board*

- 2 The Board received updates on the work of the [Education and Training Advisory Board](#) (ETAB), including its meetings on 5 November 2013, 4 February 2014, 3 June 2014, and 14 October 2014. 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.
- 3 During the course of the year, ETAB considered the timing of full registration, generic professional capabilities, the *Report of the Review of Quality Assurance of Medical Education and Training*, issues arising from the Review of the impact of *Tomorrow's Doctors*, findings from the review of undergraduate assessment including the package of evidence published on aspects of undergraduate education, the case for and the challenges of the introduction of a National Licencing Exam, and the Education surveys plan 2014-17.

### *Reports from the Revalidation Implementation Advisory Board*

- 4 The Board received updates following each meeting of the [Revalidation Implementation Advisory Board](#) (RIAB), including its meetings on 18 December 2013, 3 March 2014 and 18 June 2014. 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.
- 5 During the course of the year, RIAB considered progress with revalidation and plans for the evaluation of revalidation.

### *Report from the Quality Scrutiny Group*

- 6 The Board received two updates from the Quality Scrutiny Group (QSG), including an annual report of the Group's work in 2014. The purpose of the QSG is to consider the outputs of medical education quality assurance activity resulting from the Quality Improvement Framework (QIF). The QSG reviews operational quality assurance activity across medical education and training, identifying trends, and providing oversight of the outputs of our quality assurance work.
- 7 During 2014 the QSG considered visits to medical schools check reports; Medical School Annual Reports and medical school monitoring; Annual Specialty Reports; and Deanery reports progress updates. The Board agreed that it would receive updates from the QSG on an annual basis, and that the outcomes of each QSG meeting would be formally considered by the Director of Education and Standards instead of the existing arrangement that required the QSG to report to the Board after each of its meetings.

### *Equivalence Advisory Group*

- 8 The Board agreed proposals to establish an Equivalence Advisory Group to take forward the recommendations arising from the [Review of the routes to the GP specialist register](#), which were endorsed by Council at its meeting on 27 September 2012. The Group was established in recognition that further expertise was needed to implement the recommendations, and that the Group would help to draw on knowledge from employers and those bodies delivering medical education and training, standard setting and workforce planning.

### *Annual CESR and CEGPR report*

- 9 The Board considered and approved the first edition of the draft Certificate of Eligibility for Specialist Registration (CESR) and Certificate of Eligibility for General Practitioner Registration (CEGPR) annual report, Equivalence Applications 2013: [Alternative routes to the specialist and GP register](#), which was published in April 2014.

### *Curriculum and Assessment System activity annual report 2013*

- 10 The Board received a report of activity in relation to curriculum and assessment system changes in 2013, including where guidance had been sought from the Curriculum Assessment Group.

### *Report of the Professional and Linguistic Assessments Board*

- 11 The Board received a report of the work of the Professional and Linguistic Assessments (PLA) Board, responsible for the day to day conduct of the PLAB test, and its activity in 2013. It noted during 2013 a revised 'blueprint' (the Board's core

document) and overarching statement had been [published on our website](#) early in 2014. During 2013 there were 2,536 attempts at Part 1 of the exam of which 51% passed, and 1,779 attempts at Part 2 of which 64% passed. [DN the report specifically says 'The report does not include detailed reference to the independent review of the PLAB test that is currently underway. This is an activity outside the PLA Board's remit.'

#### *Update on records retention review project*

- 12** The Board agreed that we would begin to remove information from our system on enquiries which were closed at the triage stage of the fitness to practise process, and agreed the information that should be retained on enquiry records. The retention period is four years where the concern is not about a doctor or could never lead to a finding of impaired fitness to practise; and five years if the matter was more than five years old and there was not a public interest in proceeding. Work to dispose of older records started with those that pre-date 2010.
- 13** The Board also agreed a change to our Records Retention and Disposal Policy to now cover data provided to us by various third parties for research purposes, relating to postgraduate and undergraduate education and related statistical analysis.

#### *Process for prospective new medical schools to make applications to the GMC*

- 14** The Board agreed to the development of a new process for prospective new medical schools to make applications to the GMC to be added to the List of UK bodies entitled to award a primary medical qualification. The Board agreed that the process should make clear that the GMC has no view on the source of funding of medical schools, and that all applications would be treated equally, regardless of whether a medical degree programme was publicly or privately funded.

#### *Revalidating doctors in Gibraltar*

- 15** The Board considered an update on the revalidation of doctors practising in Gibraltar, in light of plans by the Government of Gibraltar to amend the way it regulates its doctors which would require all doctors to hold full UK registration with a licence to practise if they wished to practise in Gibraltar.

#### *Responding to the review of the Professional and Linguistic Assessments Board test*

- 16** The Board considered a report of the Professional and Linguistic Assessments Board test Working Group, its conclusions and recommendations, considered the prioritisation of workstreams arising from the recommendations, and noted the proposed next steps. The [Report of the Review](#) was considered by Council at its meeting on 25 September 2014.

### *Reviewing the impact of completed GMC research: Medical Education and Training, and Registration*

- 17** The Board received an update summarising the key findings and resulting actions from our programme of research, specifically research relating to medical education and training which covered the selection of medical students, the impact of the Working Time Regulations on foundation and specialty training, and the barriers and enablers to ongoing professional development. It also received an update on research relating to Registration, covering research on the Professional and Linguistic Assessments Board test and the International English Language Testing System.

### *Doctor and Complainant Survey Action Plans*

- 18** The Board received an update on an Action Plan for improvements to our fitness to practise procedures, in response to feedback from surveys of doctors and complainants. The implementation of the Action Plans, which included work for both the immediate and longer term, will be overseen by the Performance and Resources Board.

### *Establishing a scoping project for a Standards mobile application*

- 19** The Board approved a scoping project for a standards mobile device application to make the content of GMC guidance more readily accessible. A successful standards app would make our guidance accessible to doctors in a range of circumstances in which doctors have told us they use it, including at the point of care, teaching or preparing for interviews/exams. Following the scoping project, recommendations will be brought back to the Board for consideration in 2015.

### *External input into our research programme*

- 20** The Board agreed that a new strand of the GMC's research programme would be developed to operate through a call for expressions of interest. Plans would be further developed ahead of being launched at the GMC Conference in 2015.

### *Proposals for increased sharing of information with the Care Quality Commission*

- 21** The Board approved proposals jointly developed with the Care Quality Commission (CQC) for increased information sharing. This would include increasing the amount of information we share when we receive information that highlights a concern that does not pose an immediate risk to patients, but the information may also inform the CQC inspection programme and intelligence monitoring model.

### *Information sharing with other regulators*

- 22** The Board received an update on the information sharing pathway project (generic concerns), which was established to develop appropriate and robust information

sharing pathways and protocols with other health regulators, and progress of the work with other health regulators. A programme of work has been developed to enable joint working frameworks with healthcare system regulators which include producing operational protocols by the third quarter of 2015.

#### *Developing the GMC revalidation assessment*

- 23** The Board approved proposed principles for the development of the revalidation assessment, and next steps for development ahead of implementation in late 2015 or early 2016.

#### *Evaluation of our continuing professional development work stream*

- 24** The Board considered an update on work related to the GMC's commitments and developments on continuing professional development. The Board agreed that the GMC's continuing professional development work continues to meet our external commitments, addresses future risks and opportunities and supports other business areas of the organisation. The Board agreed to develop a formal project for continuing professional development that would include further guidance, practical support for appraisers and employers, as well as signpost key areas for doctors' continuing professional development.

#### *Establishing terms of reference for Specialist Applications Panels*

- 25** In September 2012, Council endorsed all of the recommendations of the Review of the equivalence routes to the specialist and General Practitioner (GP) registers. The Board agreed that recommendations 8-12 arising from the Review are now complete, and approved new Terms of Reference for Specialist Applications Panels.

#### *Consultations*

##### [Indicative Sanctions Guidance, the role of apology and warnings](#)

- 26** The Board considered updates on the arrangements for the review of Indicative Sanctions Guidance, the role of apology and warnings, including the public consultation launched on 1 August 2014. The Board agreed proposals for consultation, including to consult for a reduced period of eight weeks, ahead of consideration and approval by Council in June 2014. The consultation closed in October 2014 following a high level of response. The outcomes are to be reported to Council at its meeting in February 2015.

##### [The General Medical Council \(Provisional Registration\) \(Time Limits\) Regulations 2014](#)

- 27** The Board considered plans to undertake a consultation on the Regulations necessary for the introduction of a time limit on provisional registration, including proposals to

undertaken an eight-week consultation. Following the conclusion of the consultation, the Board received an update on the outcomes, including proposed amendments to the draft Provisional Registration (Time Limits) Regulations 2013, ahead of consideration by Council at its meeting on 10 December 2014.

### Publication of fitness to practise sanctions on the List of Registered Medical Practitioners

- 28** The Board considered the introduction of new time limits for the publication of information about fitness to practise (FtP) sanctions on the List of Registered Medical Practitioners (LRMP), and agreed that a consultation would be held in 2015 on the publication of FtP information, including publication of additional FtP history and the introduction of time limits.

### Department of Health Section 60 Order Consultation and fitness to practise legislative change

- 29** The Board approved the GMC response to the Department of Health's consultation on the Adjudication Section 60 Order to establish the Medical Practitioners Tribunal Service in statute. The [response](#) was approved by Council on circulation ahead of its meeting on 25 September 2014.
- 30** The Board also approved proposals for the Medical Practitioners Tribunal Service governance structure including the MPTS Committee structure, arrangements for cessation of office, delegation and deputising, and other discretionary rules such as transitional arrangements for Chair/Committee members, education and training of Committee members, and attendance at meetings. The Board considered the draft Rules required to implement aspects of the Section 60 Order and introduce other elements of our reform programme, which Council will consider in early 2015.

### Education and training standards consultation

- 31** The Board considered an update on the GMC's plans to undertake a consultation on our standards for medical education and training, including proposals to undertake an eight-week consultation in early 2015.

### *Guidance*

#### Guidance on the investigation and adjudication of cases involving language concerns

- 32** The Board approved new guidance, and an update to existing guidance, needed to support the implementation of new powers to require doctors under investigation to undergo a language assessment, and also to indefinitely suspend those who repeatedly fail to remediate in relevant cases. Following the Board's approval, updates were made to *Good medical practice*, the guidance for case examiners on deciding the outcome of a case at the end of an investigation, the conditions and

undertakings banks, and to the interim order and Indicative Sanctions Guidance. New guidance was also issued for MPTS fitness to practise panels and case examiners on when to direct a language assessment, as well as a new factsheet for doctors under investigation due to concerns about their knowledge of English.

#### Fitness to practise guidance for whistleblowers

- 33** The Board approved [Whistleblowing Guidance](#) for doctors and other healthcare professionals who wish to confidentially or anonymously raise concerns about a registered doctor's fitness to practise.

#### Criminal conduct, convictions and determinations, Fixed Penalty Notices and Penalty Notices for Disorder

- 34** The Board approved the approach to reporting, investigating and requesting information from the police about Fixed Penalty Notices for Disorder, as well as the presumption of referral of criminal convictions with non-custodial sentences directly to panel, and the Registrar's discretion to refer these cases to a medical and lay Case Examiner. The Board approved related changes to [Reporting Guidance and Triage Guidance](#), and criteria that would inform the Registrar's decision on which non-custodial convictions to refer to Case Examiners.

#### Updated guidance on obtaining consent and disclosing information in fitness to practise proceedings

- 35** The Board approved updated guidance on obtaining and disclosing information in fitness to practise proceedings, which had been amended to take into account case law and planned changes to procedure.

#### Guidance on assessing the seriousness of concerns relating to self-prescribing or prescribing to those in close personal relationships with doctors

- 36** The Board considered and approved new *Guidance on assessing the seriousness of concerns relating to self-prescribing or prescribing to those in close personal relationships with doctors*.

#### Revised guidance for doctors on giving advice to patients on assisted suicide

- 37** The Board approved amendments to the guidance for doctors on giving advice to patients who raise the issue of assisted suicide. The changes were made to *Guidance to the Investigation Committee and case examiners when considering allegations about a doctor's involvement in encouraging or assisting suicide* and *When a patient seeks advice or information about assistance to die*, including the addition of a further statement to clarify our position on doctors giving objective advice about the clinical options available where a patient has reached a settled decision to end their own life. The updated guidance is expected to be published before the end of 2014.

## Managing and responding to information about revalidation

- 38** The Board approved a proposed approach to and guidance for managing and responding to any information we receive which may lead us to question the reliability of revalidation recommendations. The framework is expected to be published by the end of November 2014.

## Guidance on reporting convictions and regulatory proceedings

- 39** The Board approved updated guidance [Reporting criminal and regulatory proceedings within and outside the UK](#).

## Updated guidance for case examiners for the revocation and variation of undertakings

- 40** The Board approved the updated *Guidance for decision makers on revocation and variation of undertakings under Rule 10 and Rule 37A(3) of the GMC (Fitness to Practise) Rules 2014*, which had been updated in light of improvements to our processes identified as part of the Lean review of the case review process in late 2013.

## Doctors at risk of suicide and referral to the Disclosure and Barring Service and Disclosure Scotland

- 41** The Board agreed draft *Guidance for dealing with doctors at risk of suicide who may be referred to the Disclosure and Barring Service and Disclosure Scotland*, and noted that this would be further reviewed following the final report of the independent review of how we deal with sick doctors and, in particular, doctors who are at risk of suicide, which is due to report at the end of 2014.

## Significant Event Review Guidance

- 42** The Board endorsed refreshed guidance for undertaking a Significant Event Review for staff.