

Agenda item:	15
Report title:	Report of the Strategy and Policy Board 2015
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Considered by:	Strategy and Policy Board
Action:	To note

Executive summary

This report summarises the work undertaken by the Strategy and Policy Board during 2015. Significant issues considered by the Board include:

- a** Joint explanatory guidance with the Nursing and Midwifery Council on the professional duty of candour.
- b** Fitness to practise legislative change.
- c** Proposals for the development of a UK Medical Licensing Assessment.
- d** Recognition of professional qualifications directive and temporary and occasional registration.
- e** International English language Testing System (IELTS) equivalent research.
- f** Revising the experience/foundation for future practice criteria for Section 19 and Section 21B applicants.
- g** 2015 equality and diversity plans.

Recommendation

Council is asked to note the Report of the Strategy and Policy Board 2015.

Background

- 1 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 2015 (on 3 February, 26 March, 21 May, 14 July, 6 October and 1 December 2015) and has also considered four issues by email circulation when urgent action was required to be taken between meetings. The Board's membership expanded in 2015 to include the Senior Medical Adviser and Responsible Officer.
- 2 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 2015

Joint explanatory guidance with the Nursing and Midwifery Council on the professional duty of candour

- 3 The Board considered updates on progress with the development of joint guidance with the Nursing and Midwifery Council, *Openness and honesty when things go wrong: the professional duty of candour*. The Board noted the quantitative analysis of responses to the consultation on the draft guidance, the final report on consultation findings, and agreed principles for revising the draft guidance. The final guidance was published on 29 June 2015.

Fitness to practise legislative change

- 4 The Board considered updates on amendments to the Fitness to Practise Rules to implement new powers introduced in March 2015 to establish the Medical Practitioners Tribunal Service in statute and establish the GMC's right of appeal. The Board noted the plans for a public consultation before it was considered by Council at its meeting on 24 February 2015. It also noted the consultation outcome report, response and recommendations and equality and diversity considerations, which were considered by Council on circulation in August and then at its meeting on 30 September 2015. In October 2015 the Board approved a range of related policies and guidance to support implementation.

UK Medical Licensing Assessment

- 5 The Board considered proposals for the development of a medical licensing assessment for doctors wishing to hold a licence to practise in the UK, including a business case which was then considered by Council at its meeting on 2 June 2015. Following Council's approval in principle to proceed with the development of a UK Medical Licensing Assessment, the Board agreed the project oversight and governance arrangements, including to establish a UK Medical Licensing Assessment Executive Strategy Group.

Recognition of professional qualifications directive and temporary and occasional registration

- 6 The Board considered updates on action taken to prepare for the implementation of the revised Recognition of Professional Qualifications Directive, and noted that the eventual introduction of the European Professional Card for doctors would have the potential to increase the number of doctors seeking Temporary and Occasional registration to practice in the UK.
- 7 The Board agreed to amend the GMC's acceptable overseas qualifications criteria to reflect the Directive's new basic medical education requirements of at least five years of study and 5,500 hours of theoretical and practical training provided by or under the supervision of a university.
- 8 The Board considered an update on a pilot to analyse three EU curricula in three EU countries, within the parameters of review set by the Department of Health, to determine differences between the UK and EU curricula as the Directive will also entitle specialists with EU qualifications to enter the Specialist or GP Register.
- 9 The Board also approved guidance for doctors, for publication in January 2016, as part of the planned online guidance on temporary and occasional registration.

IELTS Equivalent research project final report

- 10 The Board considered the outcome and recommendations following a study of the International English language Testing System (IELTS) equivalent research, and agreed that the GMC would not develop its own English language test or extend the list of acceptable English language tests, and agreed that the GMC would retain IELTS as a test of English language for the purposes of entry to the Register.

Revising the experience/foundation for future practice criteria for Section 19 and Section 21B applicants

- 11** The Board agreed that updated patterns of experience would be required for doctors applying for full registration under Section 19 and Section 21B of the Medical Act 1983 (as amended), which would replace the patterns agreed by the former Registration Committee in 2005 and 2007. Section 19 and Section 21B applicants must satisfy the Registrar that they have the practical medical experience equivalent to that expected from a provisionally registered doctor who has successfully completed Foundation Year One. The Board also agreed that the updated patterns of experience could be used as guidance for the recognition of professional traineeships in a relevant European state, as required by the revised recognition of professional qualifications Directive 2013/55/EU.

Consultations

- 12** During the year, the Board received progress reports, governance arrangements updates, and outcome reports for areas of work which were subject to public consultation:
- a** [Review of the Confidentiality guidance.](#)
 - b** [Developing guidance for doctors who offer cosmetic interventions.](#)
 - c** [Generic professional capabilities.](#)
 - d** [Insurance and Indemnity.](#)
 - e** [Medical student professional values and Medical student professionalism.](#)
 - f** [Publication and disclosure policy.](#)
 - g** [Sanctions guidance and the role of apologies and warnings.](#)

2015 equality and diversity plans

- 13** The Board agreed the themes of the plans for activity in 2015 to ensure that the GMC remains compliant with equality and human rights legislation; delivers against the commitments made in the [Equality and Diversity Strategy 2014-17](#); and considers the relevant equality and diversity issues in the GMC's core activities.
- 14** The Board also noted the findings of a review of Council and Board papers for compliance with the Equality Duty, which found that the relevant equality and diversity considerations had been reflected in a proportionate way.

Other issues

- 15** The Board has also received reports and updates on a number of other issues as summarised in [Annex B](#).

M15 – Report of the Strategy and Policy Board 2015

M15 – 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:
 - 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, all Directors and the Responsible Officer and Senior Medical Adviser. 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, Directors and the Responsible Officer and Senior Medical Adviser 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.

M15 – Report of the Strategy and Policy Board 2015

M15 – Annex B

Reports and updates considered by the Strategy and Policy Board

- 1 This annex provides further detail regarding the other reports and updates which are not covered in the main report.

UK Advisory Forums Report

- 2 The Board received updates on the work of the UK Advisory Forums in Northern Ireland, Scotland and Wales, the meetings of which took place during March and October 2015. The purpose of the UK Advisory Forums is to provide advice to the GMC so that its activities and policies are of equal use and effectiveness across the UK.
- 3 During 2015, the UK Advisory Forums considered updates on the GMC's priority programmes; local reviews; and gave advice in relation to the GMC's work to develop a UK Medical Licensing Assessment.

Reports from the Education and Training Advisory Board

- 4 The Board received updates on the work of the [Education and Training Advisory Board](#) (ETAB), including its meetings on 4 February, 15 June, and 20 October 2015. 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.
- 5 During the course of the year, ETAB considered mapping outcomes against *Good medical practice*; the Trainer Survey; the Review of standards for education and training; generic professional capabilities; the GMC's consultation on credentialing; standards for curricula review; and the review of the Quality Improvement Framework.

Reports from the Revalidation Advisory Board

- 6 The Board received updates on the work of the [Revalidation Advisory Board](#) (RAB), including its meetings on 30 September and 17 December 2014, as well as 4 March, 10 June and 1 September 2015. The purpose of the Revalidation Advisory Board is to provide advice to our Chief Executive about revalidation, in order to support the GMC in fulfilling its regulatory objectives.
- 7 During the course of the year, RAB considered progress with revalidation; revalidation for doctors with no connection; appraisal and local systems supporting revalidation; the progress report on the impact of revalidation; and how revalidation is working in relation to secondary care locums. Council approved a change to RAB's name, agreeing to remove 'implementation' from its title to reflect that revalidation had moved out of its implementation phase, and to remove from its statement of purpose the reference to its work lasting for one year.

Report from the Quality Scrutiny Group

- 8 The Board received an annual report from the Quality Scrutiny Group (QSG), providing a summary of activity since November 2014. The purpose of the QSG is to consider the outputs of medical education quality assurance activity resulting from the Quality Improvement Framework. 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.
- 9 During 2015 the QSG considered Deans' reports; undergraduate assessment review; enhanced monitoring; regional visit reports; the Quality Improvement Framework; Annual Specialty Reviews; and the National Training Survey.

Applications to the GP and Specialist Registers 2014 Report

- 10 The Board approved publication of the [Applications to the GP and Specialist Registers 2014 Report](#), which was published in May 2015. The report gives figures on outcomes from Certificate of Completion of Training (CCT), Combined Programme, Certificate of Eligibility for Specialist Registration (CESR) and Certificate of Eligibility for General Practitioner Registration (CEGPR) decisions, and covers some of the issues and learning points from the process.

Report of the Professional and Linguistic Assessments Board 2014

- 11 The Board received the report of the Professional and Linguistic Assessments (PLA) Board, which met for the final time in March 2015, including a summary of its work during 2014. During 2014, the PLA Board considered the use of Specialty and Associate Specialist (SAS) doctors as examiners and panel members; candidate guidance; development of the Examinations Management System; and reports from the PLAB Part 1 and PLAB Part 2 Panels.

- 12** The Board had previously agreed proposals to establish an Assessment Advisory Board to have oversight of the GMC's assessment activity across the organisation, and that the PLA Board would cease its work in early 2015.

PLAB review implementation - progress report

- 13** The Board considered an update on work to implement the [recommendations](#) of the Professional and Linguistic Assessments Board (PLAB) review group, and agreed that the name of the PLAB test would not be changed in light of Council's decision in June 2015 to develop a UK Medical Licensing Assessment (UKMLA).

Establishing the Assessment Advisory Board

- 14** The Board received updates on progress towards establishing the [Assessment Advisory Board](#), which met for the first time on 15 October 2015. The purpose of the Assessment Advisory Board is to provide expert advice to the Chief Executive on the development and operation of GMC assessments and assessments overseen by the GMC, in order to support the GMC in fulfilling its statutory purpose.

UK registration 2014 post peak report

- 15** The Board received a report on [Fitness to practise matters that UK medical graduates declared to the GMC 2014](#), containing information and statistics on the fitness to practise declarations made by applicants for provisional registration in 2014. The report highlighted the issues and trends that are seen by the GMC and how this information could be used to support medical students and medical schools.

Patient Safety Intelligence Forum: July 2015 update

- 16** The Board received a report on the work of the Patient Safety Intelligence Forum, including the progress made to date and the forward programme of work for the following year. The purpose of the Forum, which was established in February 2014, is to coordinate information from across the GMC that may demonstrate concerns about patient safety or medical practice and ensure the appropriate response.
- 17** During the year, the Forum made improvements to its system for tracking emerging issues; introduced a cross-directorate triage group to inform the Forum's decision-making; piloted a provisional risk assessment tool to review issues referred to the triage group; and developed a draft escalation criteria to inform future referrals to the Forum.

Annual report of the Equivalence Advisory Group

- 18** The Board received the annual report of the Equivalence Advisory Group, which provided an overview of progress made against [recommendations](#) agreed by Council in September 2012 following the review of the routes to GP and Specialist Registration (CESR/CEGPR processes).

Task and finish groups for standards and ethics projects

- 19** The Board considered an update on the establishment of task and finish groups for the development of new guidance for doctors who offer cosmetic interventions, and for the reviews of the GMC's Confidentiality and Consent guidance, noting the proposed schedules of work, reporting and governance arrangements.

Annual research report and new governance arrangements for research and external requests for data

- 20** The Board received the annual GMC research report, and considered proposals to strengthen the governance of the GMC's research and external requests for data. The Board approved in principle plans to strengthen the governance of the GMC's research and external requests for data by creating special periodic meetings of the Research Policy Forum, initially twice each year, to consider proposals and allow input from external experts, subject to more detailed work being undertaken to model the additional costs of using external experts.

Review of advice at the end of fitness to practise investigations

- 21** Following the public consultation on the GMC's Sanctions Guidance, the Board considered an update on the review of our approach to issuing advice, and agreed that Fitness to practise Case Examiners and/or the Investigation Committee would only issue specific advice in cases where the concerns related to low level breaches of *Good medical practice* and the underlying facts were admitted, or are beyond dispute and/or there was a likelihood of repetition.

Developing guidance and processes

- 22** During the year, the Board approved and noted updates to guidance which had been developed to support staff/decision makers in our fitness to practise processes, doctors and external key interests:
- a** *Guidance for decision makers when assessing the impact of a doctor's health in misconduct cases:* developed to assist decision makers in dealing with cases where there were findings of misconduct, and that misconduct may be partly or wholly a result of a doctor's health problems.
 - b** *Guidance on reporting alleged or suspected criminal conduct to the police:* operational guidance, developed to ensure a consistent and proportionate approach.
 - c** *Disclosing information to the Disclosure and Barring Service and Disclosure Scotland:* operational guidance for staff in making referrals where the GMC has information that a doctor poses a risk of harm to patients. The Board also noted that the GMC had received written confirmation from the Department of Health agreeing to a set of principles which would apply to all health regulators.

- d** *Revalidation arrangements for doctors involved in our fitness to practise processes:* revised guidance to clarify when the GMC would exercise its powers to postpone some or all revalidation activity in relation to a doctor involved in fitness to practise processes.
- e** *Guidance for Colleges on Equality and Diversity considerations for curricula and assessment system:* produced for medical Royal Colleges to support them in understanding the evidence about the relevant equality and diversity issues required when submitting curricula change requests.
- f** *Section 14 of the Medical Act 1983 (as amended):* development of a policy framework governing the use of Section 14 of the Medical Act 1983 (as amended), which allows the GMC to consider alternative evidence to completion of Foundation Year 1 training in applications for full registration.
- g** *Safeguarding and referrals to Social Services:* outlining the GMC's approach to cases in which concerns are raised about the welfare of children and vulnerable adults and may require referrals to children or adult social services.
- h** *Adverse information:* to improve understanding about the types of information that Responsible Officers and others need to refer to the GMC, 'adverse information' was renamed to 'supplementary fitness to practise concerns' to help clarify the definition of what information is required, and streamline the information received and speed up fitness to practise procedures.
- i** *New UK medical schools application process:* the implementation of a new UK medical schools application process which identifies the structure and main tests of a new school application at each stage within the process.
- j** *Engaging local processes to support more proportionate regulation:* an approach to closer engagement with local procedures in handling complaints and concerns in order to support more focussed and proportionate regulation.
- k** *Retention of Fitness to Practise incident location information:* a policy for disposal of GMC files which may or may not contain incident location data for Fitness to Practise cases and enquiries pre January 2007, in line with the GMC's Records Retention Policy.

Pilot programmes

Provisional Enquiries (Rule 4(4)) pilot

- 23** The Board received updates on the Rule 4(4) pilot where the use of provisional enquiries was being piloted. A provisional enquiry is a limited, initial enquiry at the first stage of the fitness to practise process which helps the GMC to decide whether to open an investigation. A report on the first phase of the pilot was received in July 2015, and

it was agreed to roll-out provisional enquiries as business as usual activity. The Board agreed that a second phase of the pilot should be initiated, so scope and plan how the GMC could streamline the way that single clinical concerns are investigated.

Assurance assessments

- 24** The Board received progress reports on a pilot of assurance assessments. Assurance assessments are targeted assessments that specifically test the areas of a doctor's practice that were previously found to be a concern and which the GMC considers will provide objective evidence for decision makers when reaching a decision on whether it is appropriate to lift restrictions. The pilot started in January 2015, and is anticipated to run for 18-24 months.

Other issues

The scope of medical regulation: physician associates

- 25** The Board noted an update on plans to explore the arguments and possible models for regulation of physician associates so that the GMC would be in a position to offer a considered response if invited to do so by the four governments of the UK. It is expected that this work would include, among other things, examining the case for statutory regulation of physician associates, and the resource implications and start-up costs in the event that the GMC was to take on this role.

GMC regulation in Crown Dependencies and other overseas territories

- 26** The Board considered a set of principles to inform GMC regulatory interventions outside the UK, and concluded that further work was needed to refine the principles before they can be applied in practice. A further update will be provided to Council once this has been completed.

Overseas undergraduate programmes: update and next stages

- 27** The Board received an update on the quality assurance of overseas programmes delivered by UK medical schools that lead to the award of a UK primary medical qualification. The update included the challenges to quality assure overseas programmes; plans for the quality assurance of the programme for provisionally registered doctors; and potential implications of overseas programmes for the development of GMC services.

Review of the Devolved Offices

- 28** The Board considered an advisory report by from independent auditors Moore Stephens on the operation and effectiveness of the GMC's Devolved Offices, to which Council members in those countries contributed. The review confirmed the success and value of the Devolved Offices as well as posing a number of operational and strategic questions for the GMC to consider. The Board accepted the findings of the review and the associated action plan.

Understanding differential attainment in postgraduate medical education and training

- 29** The Board received an update on the work programme investigating differential attainment in postgraduate training and assessment, and endorsed the publication of reports on exam and recruitment training outcomes in March 2015, including reports by ethnicity, gender, age, place of qualification, and where UK qualified by graduating medical school. The Board also noted that the work was collaborative in nature, and could not be delivered by the GMC alone.

Update on response to the independent review of whistleblowing

- 30** In September 2014, the GMC asked Sir Anthony Hooper QC to [review](#) how the GMC handled cases involving individuals who regard themselves as whistleblowers who have appropriately raised concerns in the public interest. Sir Anthony made a number of recommendations and the GMC developed an [action plan](#) to take this work forward. During the year, the action plan was approved by the Board and it received updates on progress. The Board noted that the planned workshop to explore the possibility of an externally hosted and resourced online facility to record details of when and with whom healthcare professionals have raised concerns would be delayed until after the Care Quality Commission's National Guardian had been appointed and was in post.

Welsh Language Standards Investigation

- 31** In 2011, the Welsh Government introduced the Welsh Language Measure, which granted the Welsh language official status in Wales and established the office of the Welsh Language Commissioner. It also announced that Welsh Language Schemes, such as the GMC's, would need to be replaced by Welsh Language Standards. In order to assess how the Standards will be applied, the Commissioner conducted a series of investigations in 2014/15. The Board agreed the terms of the GMC's investigation response with reference to the [Welsh Government draft regulations](#). It is likely that the Welsh Language Commissioner will issue compliance notices detailing standards individual organisations are expected to meet by January 2017 at the earliest.

Medical Associates licence to practise requirements

- 32** The Board considered an update on a review of the requirement for all medical Associates to hold a licence to practise when providing services to the GMC, and agreed a series of changes, including that the GMC would move to registration only as the standard requirement for all appointments to medical Associate roles, and that any requirements for having up-to-date and current clinical practice would be managed through the role specification and contract for services. The Board noted that a change to secondary legislation would be necessary to remove the need for Associates to have a licence to practise and have registration only, and that future work would include what arrangements would be put in place if a licence to practise was not required, which would be reported to the Performance and Resources Board.

Revalidation assessment for doctors without a prescribed connection update

- 33** The Board endorsed plans to introduce a revalidation assessment for licensed doctors who do not have a connection to a Responsible Officer or Suitable Person, from early 2016.