

Business plan 2017

Our role

Every patient should receive a high standard of care. As an independent organisation, we work to protect patients and improve medical education and practice across the UK. We will achieve this by working closely with doctors, their employers and patients.

Our plan for 2017

Our priority will remain to deliver a high-quality service across our core regulatory functions. These are set out below, along with some of the work we'll do in 2017 to achieve them.

Deciding which doctors are qualified to work here, and overseeing UK medical education and training.

- We plan to visit at least 40 medical schools, deaneries and local education and training boards (LETBs) to check they are complying with our standards for undergraduate and postgraduate medical education. We'll also continue to approve trainers, training environments and curricula to make sure they are in line with our standards. We expect that our work in this area will grow in 2017, due to the recent increases in the number of UK private medical schools, and overseas campuses looking to provide a UK primary medical qualification.
- We expect to register approximately 11,500 doctors for the first time in 2017 – including 4,500 who have qualified at medical schools

outside the UK. We'll develop our plans to introduce the Medical Licensing Assessment (MLA) – a single standard of entry to the UK medical register. We believe that introducing the MLA will help us ensure consistently high standards of safe practice for all doctors who want to join the register, whether they have trained within the UK or elsewhere.

Setting the standards doctors need to follow, and making sure they continue to meet these standards throughout their careers.

- In 2012, we introduced revalidation – the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen specialism. Since then, we've revalidated approximately 164,000 doctors. We've also withdrawn licenses from 3,395 doctors, where they had failed to engage in revalidation. In 2017, we will use the findings of the independent review of revalidation that we commissioned to take forward improvements to this key aspect of how we protect patients.
- We will continue to review our guidance to make sure it is up to date, and is being communicated effectively. In 2017, this will include our guidance on consent, treating patients who are nearing the end of their life, confidentiality, and treating children and young people.

Taking action to prevent doctors putting the safety of patients, or the public's confidence in doctors, at risk.

- We expect to receive around 9,500 enquiries about a doctor's fitness to practise in 2017. Of these, we may need to open investigations into approximately 1,500.
- For the doctors where there are serious concerns about their fitness to practise, approximately 250 hearings will be run by the Medical Practitioners Tribunal Service (MPTS). The MPTS was established in June 2012 to provide a clear separation between our investigation function and the adjudication of hearings. In 2017, the MPTS will be enhancing its guidance and making it more accessible to support its tribunal members. It will also provide more support and guidance to doctors who have chosen to represent themselves at hearings.
- In 2015, we ran a public consultation on the information we publish about doctors who have been through a fitness to practise investigation and received a sanction, aimed at making the information more open and transparent for patients, but also fairer to doctors. In 2017, we will complete the first phase of this work, which includes implementing time limits for the publication and disclosure of sanctions. We will also begin to review other areas of our policy, including the information we share with third parties during a fitness to practise investigation.

Our strategic aims

In 2017, the final year of our current corporate strategy, we will continue to deliver against the five strategic aims as set out below.

Strategic aim 1: Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients

The development of our data strategy over the past few years has allowed us to identify, analyse and better understand trends and areas of risk, making use of both external and our data. We are now able to explore aggregate data across all our functions, helping us to better understand the environments doctors work in, and respond to some enquiries quicker. In 2017, we will develop ways to share this capability for the benefit of our partners and the public.

We've also been piloting our UK Medical Education Database (UKMED), aimed at bringing UK undergraduate and postgraduate data together into one central place. In 2017, we will continue to evaluate and explore the wide-ranging benefits from UKMED, including how we can effectively share this with others to help protect patients.

Strategic aim 2: Help raise standards in medical education and practice

The limited flexibility of current training pathways was highlighted by our independent Shape of Training Review and the 2016 industrial dispute between doctors in training in England and the UK Government. In 2017, we will also complete our review on making training pathways more flexible.

In 2016 it became evident that the health system was facing continued stretched resources, and other pressures. We will continue to work with others to support doctors in upholding professional standards during these very difficult times, and ensure that quality of UK medical education and training is protected. Our continuing work in 2017 with the

Academy of Medical Royal Colleges to develop a framework of generic professional capabilities will help build the foundation for taking forward a more flexible system. Generic professional capabilities support the essential broader human skills – such as communication and teamworking – that are needed by doctors as part of the range of skills to help them provide safe and effective patient care.

We will also further explore a new process called credentialing to recognise doctors' capabilities in particular practice areas. In 2017, we'll work with a small number of early adopters to evaluate and test the cost effectiveness and efficacy of our credentialing model.

Strategic aim 3: Improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety

In 2017, we'll continue with our reforms to speed up fitness to practise cases and reduce their impact on doctors. This will include evaluating our pilot of how we handle cases where doctors are alleged to have made a one off mistake involving poor clinical care. Building on the success of our approach to provisional enquiries, introduced in 2015, this should help us deal with cases in a proportionate way where we are satisfied there is no ongoing risk to patients.

Another approach we are taking to assess whether a full investigation is necessary, is asking designated bodies – such as NHS organisations and independent healthcare providers – to disclose whether the doctor we've received a complaint about has previously raised any patient safety issues. This will help reduce the risk of doctors who have acted as whistleblowers subsequently being disadvantaged – a key recommendation from the independent review we commissioned by Sir Anthony Hooper into whistleblowing and our processes.

We will also continue to enhance our support to vulnerable doctors who are involved in our fitness to practise procedures, implementing recommendations from the independent review we commissioned from

Professor Appleby in 2015. This will include reviewing our communications to vulnerable doctors, and making sure we notify doctors as quickly as possible about the outcome of an investigation.

Strategic aim 4: Work more closely with doctors, medical students and patients on the frontline of care

In 2017, we'll continue to embed our customer service strategy within all of our services. We want everyone who interacts with us to experience a consistent level of customer service, wherever they are based and however they choose to engage with us.

As part of this, we will strengthen our approach to working across the four UK countries. We'll continue to strengthen our working relationships with doctors, medical students, patients, and employers through our liaison services. And we'll enhance the quality of video conferencing facilities for MPTS witnesses, enabling them to give evidence from remote locations more easily.

A key part of how we are transforming our customer engagement is through our Digital Media Strategy. We began work in 2015 to enhance the impact we have as an organisation, by making our digital presence more customer-focused, efficient and collaborative.

In 2017, we'll continue to embed the technology and ways of working across the organisation. We will also revise and migrate our website content onto the new technology, and make our information more accessible and user centred. We'll also take forward work to make the UK medical register more helpful, relevant and accessible – drawing on learning from our 2016 public consultation.

Strategic aim 5: Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions

In 2016, we implemented some major changes to the way we work, through our change programme. The changes make sure we're able to continue to deliver a model of regulation that is fit for purpose, and delivers value for money. We believe this particularly important in the current challenging financial environment.

In 2017, we will continue to make sure our organisational design and capability allow us to carry out our ambitious programme of reform. The development of our Central Analytics team in 2017, for example, will allow us to centralise key functions such as our data sharing, give better assurance, consistency, and leading to efficiencies overall.

Transforming our organisation's way of working has given us a strong foundation for the development in 2017 of our next corporate strategy. We will also develop our equality and diversity strategy for 2018 and beyond, making sure we give consideration to how our work affects others in everything we do.