

## 2017 update: Our work to address the recommendations of inquiries and reviews

- 1 We believe that professional regulation has an important part to play in helping protect patients and supporting doctors in maintaining good practice. Inquiries and reviews help us reflect on our systems and practice, identifying lessons for us and the system as a whole. That is why, following Sir Robert Francis' 2013 report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry, we published three bi-annual [updates on our website](#) to show our progress against his recommendations. Since then, we have published [annual updates](#) on our work to address the themes from recently published inquiries and reviews (previously including the Freedom to speak up [review](#) (pdf)).
- 2 In 2017 no major inquiry or review publications directly commented on our work, but we have continued to work closely with various ongoing inquiries and reviews. A number of the recommendations from Sir Robert Francis' 2013, became part of our business as usual activities and the core themes from the review were integrated into the GMC corporate strategy 2014-2017. These included increased transparency and making better use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients.
- 3 As a listening and learning organisation, we will continue to assist inquiries and reviews in the work they do and provide as much assistance and information as possible.

### Patient Protection

- 4 Our function, to help protect the public, patients and improve medical education and practice is set out in law. Patients are at the heart of what we do and we strive to ensure that sufficient information is available to help patients and the public understand when and how we can help. However, the recommendations of inquiries and reviews have shown that we could improve how we do this. We have reformed and improved our processes and services in this area such as:

  - **Patient Information Service:** Since 2015, we have continued our work to improve patient understanding of our fitness to practise processes through our face-to-face and telephone meetings. We found our face to face meetings with complainants successful and now also offer telephone or face-to-face meetings to

cases that may not make it to hearing stage. We are also completing a year-long pilot of telephone meetings with complainants where there is limited information to help us decide whether we should investigate further, refer the complaint to the doctor's responsible officer or close it with no further action. In certain situations we also take telephone complaints where changes to our standard approach may be necessary. We liaise with other vulnerable complainants if required, for example, where consent and cooperation is essential for the progression of an investigation.

- In 2017 we held a total of 556 meetings. The meetings are an opportunity for our Patient Liaison Officers to explain the investigation or enquiry process, listen to the complainant's concerns, manage expectations, answer any questions, and signpost to other relevant organisation. We continue to receive positive feedback, with nearly 92% of complainants expressing that their meeting was 'very good'.
- **Revalidation:** Revalidation is the process which requires all licenced doctors to demonstrate on a regular basis, usually every five years that they are up to date and fit to practise. In January 2017 we published Sir Keith Pearson's report [Taking Revalidation Forward](#). The report found that revalidation is becoming embedded locally and starting to encourage more doctors to reflect on their practice. But revalidation is still a relatively new process and we recognise the difficulties and challenges Sir Keith has identified. We are determined to take forward Sir Keith's recommendations, working collaboratively to implement these, and offering support and information to other stakeholders where required.
- Since the beginning of last year, we've been speaking to responsible officers across the UK to gather feedback on Sir Keith Pearson's recommendations to improve revalidation. In June, we set up a new UK wide group of organisations which will work together to oversee the delivery of improvements to revalidation – known as the Revalidation Oversight Group. The group is made up of the four UK health departments, the British Medical Association, training bodies, employer and primary care representatives, patient representatives and others from across the UK. At the group's first meeting, we reflected on all the feedback on the recommendations so far and agreed a practical plan of action.
- As part of our [Taking Revalidation Forward Action Plan](#) we are updating our guidance on the supporting information doctors must collect and reflect upon at their appraisal. We will make our requirements clearer so that doctors can see what is needed for revalidation, as distinct from other appraisal requirements set by their employer/organisation. We are also working on materials that will help local healthcare organisations to explain how revalidation works to patients and the public and how they can input to the process.
- Alongside Sir Keith's report we also want to find out what impact revalidation has had so far, which is why we commissioned UMBRELLA (UK Medical Revalidation Evaluation Collaboration) to undertake a long term evaluation of revalidation. In

April 2016, we published the interim findings from the research which found that the vast majority of doctors licensed to practise by the GMC are engaged in the annual appraisal processes (90.3% reporting they had a medical appraisal at some point in their career, 95.4% of within the last 12 months). Over a quarter of respondents (42.4%) indicated they had made changes to their clinical practice, professional behaviour, and/or learning activities as a result of their most recent appraisal. We are due to publish the final report in early 2018.

## **Being open and honest**

- 5 In August 2017 we published a [joint statement in conjunction with the eight other professional regulators overseen by the Professional Standards Authority](#). On avoiding and managing conflicts of interest, the joint statement creates shared expectations for all regulated members of the healthcare team, and complements our existing guidance on conflicts of interest.

## **Raising concerns**

- 6 Across numerous reviews, a key theme has developed in ensuring staff in healthcare providers, of all levels, feel confident enough to come forward and raise concerns regarding patient safety and quality of care. In 2017, we became subject to a statutory duty to report on the information we receive about whistleblowing.
- 7 Throughout 2017, we have tried to make it easier for doctors and doctors in training to raise concerns with us. Whilst the number of overall complaints from doctors themselves has dropped since 2013, mechanisms like the confidential hotline have received over 4000 calls. This could indicate that doctors have found it to be a useful way to confidentially raise concerns or to raise issues where they feel they can't do so with their employers at a local level.
- 8 Our employer liaison advisers provide an opportunity for early conversations about potential professional conduct/performance issues. We encourage doctors to participate in local systems to identify and address safety and other concerns in their workplace or their own or colleagues' practice.
- 9 This approach is fully in line with our aim to refocus regulation so that we are better able to support doctors in maintaining good practice. We want to play our part, working with the wider healthcare and regulatory systems, to promote a learning culture which identifies and addresses risks at the earliest possible point and to help to prevent avoidable harm from occurring in future.
- 10 We launched a pilot in July 2016 to implement a number of recommendations made by the Right Honourable Sir Anthony Hooper concerning how we deal with doctors who raise concerns in the public interest. For example, clearly identifying when a doctor has raised a concern, training our investigation teams and exploring an online system for recording action. The pilot is ongoing and we are monitoring the progress

of cases through the pilot procedures. In 2018, we will conduct an evaluation and publish the results. We will continue to encourage doctors training in England to report concerns about their education, through the new exception reporting system managed locally by guardians of safe working hours. During 2018 we should begin to receive annual reports from the guardians and we will use this data, alongside the evidence from our national training surveys, to develop a more forensic understanding of the pressures within training environments. We will support similar reporting initiatives in the other three countries of the UK such as the scheme introduced in Scotland to monitor the working hours of doctors in training.

## Professionalism

- 11 Recent inquiries continue to highlight areas where medical professionals seemed to lack sufficient awareness of our standards and guidance. Doctors are professionals and there are fundamental values and modes of behaviour that are intrinsic to their role. Our standards define what makes a good doctor by setting out the professional values, knowledge, skills and behaviour required of all doctors working in the UK.

### Education and training

- 12 The foundations of professionalism are established in education. [Promoting excellence: standards for medical education and training](#) outlines our expectations of how undergraduate and postgraduate medical education programmes teach and embed professionalism. We undertake quality assurance visits to ensure these standards are being met. Our cycle of visits ends in 2018, and we're now undertaking a review to determine how we'll continue to deliver quality assurance in future.
- 13 In May, we launched a package of inter-related reforms in medical education and training. based around our new standards for [curricula in excellence by design](#). The standards set out the requirements for the development of curricula including the integration of our new [Generic professional capabilities framework](#) (GPCs) – referred to in our 2017 update. We see GPCs as integral and equally important to the clinical content of curricula and will expect colleges and faculties to contextualise the framework to the needs of their specialties.

### Promoting professionalism

- 14 We continue to undertake a broad range of work to raise awareness of our standards and encourage doctors to embody these principles and values in their work. The following paragraphs highlight our recent work, since our last update, on providing early and supportive intervention, helping to ensure that fundamental values are embedded within the healthcare environment.
- 15 Our [Regional Liaison Service](#) (RLS) in England and the [Devolved Office teams](#) in Northern Ireland, Scotland and Wales all continue to raise awareness of our guidance through their work. They offer;

- interactive sessions to groups of doctors
- sessions explaining revalidation
- speak to medical students about professionalism
- help get people involved in shaping our work through consultations
- and run the *Welcome to UK Practice* (WTUKP) Programme for doctors new to our register.

The workshops help doctors to learn about our guidance, guide them through ethical issues they may face in their practice and find out what support is available from the GMC. In all four countries over 4500 doctors have attended workshops this year. In Northern Ireland we have engaged with 1150 doctors through our promoting professionalism programme and in Scotland we have delivered 65 workshops to over 1800 doctors covering a range of GMC Guidance. In coming years we will expand our successful WTUKP programme, which currently reaches around 28% of new registrants. As part of our new corporate strategy 2018-2020 we intend to increase this figure to 80%, opening up this programme to thousands of doctors every year.

## Collaboration and information sharing

- 16 In order to improve patient safety, we recognise there is a continuing need for a more integrated form of regulation, with a shared approach to identification and resolution of concerns throughout the UK healthcare systems.
- 17 We believe that data sharing between healthcare regulators including systems regulators could help identify potential harm to the public earlier. Many recent inquiries and reviews have taught us that collaboration and information sharing between regulators is essential. Indeed, these have pointed towards an institutional reluctance to look beyond their immediate statutory responsibilities and develop a shared view of risk (leading to direct patient harm in the case of Morecambe Bay).
- 18 Over the past year, we have been working closely with the Care Quality Commission (CQC), the General Pharmaceutical Council (GPhC), Medicines and Healthcare products Regulatory Agency (MHRA), and other regulators to address patient safety concerns related to online healthcare services across the UK.
- 19 In the summer, CQC completed their first round of inspections of online providers. Following this a letter from CQC, ourselves and other regulators was sent to remind online providers of primary care services about expected standards of patient care. In particular, we have emphasised the responsibilities of professionals to identify individual patients who may be at risk of harm or need additional support and to respond appropriately in such cases.

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- 21** We have recently begun to attend the NHS Oversight Group in order to share intelligence on individual NHS providers (within England) for which we have a concern. We have also reached agreement with the National Quality Board (NOB) to attend the NOB on an ad-hoc basis to strengthen links between our work and the work of the Board as the Five Year Forward View is implemented.
- 22** We have already put in place a number of measures to promote data transparency and data accessibility. These include our new web-based tool ‘GMC Data Explorer’ which allows a user to explore our data on the composition of the medical register in great detail. Our data is also shared directly and automatically with systems regulators and employers of doctors through our Designated Body Dashboard – allowing those bodies to look at patterns to better understand the issues faced by their workforce.
- 23** However, we know that there is significantly more that we can do in this area and our new Corporate Strategy 2018 – 2020 signals our intention to address this. For example, improving how we gain insight from the data that we hold, as well as that held by our partners, to identify, understand and address potential problems before they result in harm is a key component of this (and represents a shift towards a more supportive model of regulation). Collaboration will be central to this approach – both in terms of sharing data to identify risk in the first place, but also co-producing potential remedial and supportive interventions on the back of this.
- 24** In 2017, we strengthened our relationships with numerous external healthcare bodies including the Care Quality Commission (CQC), Health Improvement Scotland, Monitor, NHS Trust Development Authority (now part of NHS Improvement) and Health Inspectorate Wales. We attended the Health and Social Care Regulators Forum, the Concordat Cymru (Wales) and met with the Northern Ireland Health and Social Care Communication and Public Affairs Forums to share the work that we have been doing and collaborate. Our Employer Liaison Advisors (ELAs) also regularly attend Regional Quality Surveillance Group Meetings as a means of sharing intelligence and identifying risks as early as possible with bodies such as NHS England, Clinical Commissioning Groups, the CQC, Monitor and Public Health England.

### **The future shape of regulation**

- 25** We remain committed to developing a more proactive approach to regulation and are determined to play our part in promoting patient safety, while recognising that many of the issues highlighted within the public inquiries and reviews go well beyond professional regulation.
- 26** Our response to recommendations from various inquiries and reviews reflect our commitment to be a more outward facing, proactive and responsive regulator.
- 27** At the time of preparing this update we are also responding to two Department of Health consultations *Promoting professionalism reforming regulation* and *The*

*regulation of Medical Associate Professions in the UK* which have the potential to change how we work. Our hope is that the results of these consultations will give us the flexibility and autonomy to take further steps to change the way we work so that we are better able to protect patients and support doctors.