

*To consider*

## **Chief Operating Officer's Report**

### **Issue**

- 1 This report provides an update on our operational performance.

### **Recommendations**

- 2 Council is asked to consider the Chief Operating Officer's Report, including:
  - Annex A - Performance against service targets and volumes of activity.
  - Annex B - Summary information on appeals and Judicial Reviews.

# Chief Operating Officer's Report

## Issue

- 3 This report provides an update on our operational performance.

### *Achievement of service targets*

- 4 All service targets included in Annex A were met during November and December 2014 other than the exceptions set out below.

### Performance exceptions

SLA target	November 2014	December 2014
Complete 95% of CESR and CEGPR applications within 3 months	100%	94%
Conclude 90% of fitness to practise cases within 12 months	92%	88%
Conclude or refer 95% of cases at the investigation stage within 12 months	95%	93%

### Registration processes

- 5 In December 2014 we missed our target to 'complete 95% of all Certificate of Eligibility for Specialist Registration (CESR) and Certificate of Eligibility for GP Registration (CEGPR) applications within three months' (achieved 94%). When processing these applications, we use evaluations from the medical Royal Colleges to help us make our final decision. This was due to delays in receiving evaluations from the Joint Royal Colleges of Physicians Training Board (JRCPTB) in excess of our SLA with them. As a result of this delay we were unable to meet our own SLA to issue decisions to applicants within the legal deadline of 90 days.
- 6 We are in on-going dialogue with the JRCPTB aimed at improving the evaluation process. We are also recruiting specialist associates to evaluate applications in those specialties where the College has difficulty in sourcing evaluators. This will help to reduce the pressure on the College, and improve our ability to meet this SLA.

## Fitness to practise processes

- 7** In December we missed our targets to 'conclude 90% of fitness to practise cases within 12 months' (achieved 88%) and to 'conclude 95% of cases at the investigation stage within 12 months' (achieved 93%).
- 8** This was driven by a larger than usual number of cases where additional relevant information was received between the sixth and ninth month of the investigation. Information received at this point requires further consideration and extends the normal period of our investigation. This was combined with an existing heavy caseload following a spike in cases during February, March, July and September 2014, so we were unable to conclude these cases as swiftly as we would have expected.
- 9** We reviewed resourcing for our Fitness to Practise directorate in June to reflect the higher caseloads being managed at that time. The additional staff should help us to meet our performance targets going forward, subject to the volume of complaints and the number of instances where information is received late in an investigation.

## *Significant rise in complaints*

- 10** There has been a significant rise in complaints at the end of 2014 and the start of 2015. Comparing the same period last year, there has been a 67% increase in overall complaints during the same period including a 58% increase in the number of email complaints. We anticipate a return to lower levels by the end of January 2015 and will continue to closely monitor this rise in complaints given the recent performance challenges outlined above.
- 11** These complaints are primarily from members of the public. A noteworthy proportion have been raised with us before complainants have engaged local complaints processes. We believe the increase could be related to recent media coverage highlighting the increasing pressures facing the NHS.

## *2015 Business Plan*

- 12** Following Council approval in December 2014, we have published our 2015 Business Plan, which highlights our priorities and key aims for the year. Our key priority for 2015 is maintaining the quality of our core regulatory functions in the challenging context outlined above. At the same time we will deliver a number of initiatives in support of the aims set out in our *Corporate strategy 2014–17*.

## *MPTS paperless hearings*

- 13** As part of our efficiency programme, the MPTS has commenced a pilot of electronic hearing documentation for IOP hearings. The pilot will run from November 2014 to February 2015. Information is provided to panellists and Legal Assessors on electronic tablets. Training has been provided on the system and it is currently being used in all

IOP hearings. Over a full year this initiative will avoid printing 6 million sides of paper, saving an estimated £102,000 per annum.

#### *Unrepresented Doctors Service*

- 14** In December the MPTS launched its Unrepresented Doctors Service. This includes an independent telephone help line on hearing processes and procedures provided by supervised postgraduate law students from Manchester Law schools. Feedback in the first weeks has been positive from doctors, their defence organisations and from MPTS Legal Assessors who currently engage with unrepresented doctors. An evaluation of the service is scheduled for March 2015.

#### *Establishing a Project Management Office*

- 15** The Performance and Resources Board agreed at its meeting on 20 January 2015 that we would introduce a central project management office (PMO) and a consistent organisational approach to project management. A standard approach based on best practice has the potential to immediately improve the efficiency and effectiveness of our project activity. Longer-term this approach will enable more effective whole-of-organisation appraisal and prioritisation of projects

#### *Contact Centre services*

- 16** In July 2014, the Performance and Resources Board agreed to review the current resourcing model of the Contact Centre. PA Consulting have completed their review which focused on developing a resourcing and forecasting model together with looking more widely at potential improvements to our service.
- 17** Based on their review of current practice and comparison with industry best practise, they have made several recommendations, which will be taken forward. These include reviewing management and processes within the Contact Centre, modernising the technology in use, and developing an overarching customer service strategy across the GMC to better understand the needs of our customers/key user groups and how they want to interact with us.

#### *Welsh language standard*

- 18** The Performance and Resources Board meeting on 20 January 2015 considered the requirements of the Welsh Language Standards that are being introduced to ensure the Welsh language is treated no less favourably than English. The full application of the standards could have significant operational and cost implications. Early estimates of cost suggest a figure in the region of £0.6m.
- 19** To assess how the standards will be applied the Commissioner is conducting a series of investigations (our response was submitted on 6 February) and will issue a report on the investigation on 30 May 2015. Any changes would take effect from 2016.

### *Annual staff pay award*

- 20** The annual staff pay award was discussed by the Performance and Resources Board at its meeting on 20 January 2015 and its recommendations subsequently approved by the Chief Executive. The 2014 pay award applies from 1 April 2015. It is made up of a core award of 1% plus scope for additional progression based on performance (equating to 1% for an employee in the middle zone).
- 21** This approach is consistent with our focus on driving greater efficiency but is also aligned to latest forecasts for pay growth in 2015.

### *GMC Services*

- 22** The GMC's strong international reputation has led to us being approached to offer services outside the UK over and above our current statutory role in the quality assurance of undergraduate medical education provided by UK medical schools at overseas campuses (such as Newcastle/Malaysia). Advice from leading counsel has confirmed that there is no bar to the GMC recovering costs or making a profit from such activities via a trading subsidiary (funded and resourced by the GMC), provided those services are 'incidental or conducive' to our statutory functions, and any profits are reinvested into our objectives under the Medical Act.
- 23** This is particularly timely bearing in mind Council's wish not to increase the annual retention fee beyond the rate of inflation over the next few years. Achieving this goal will require us to develop a mix of significant efficiency savings and new revenue streams\*. Paid-for services we could offer within our existing legal and charitable framework could include, for example:
- Development programmes for overseas regulators, hosted at the GMC
  - The provision of *Welcome to UK Practice* as part of locum agency or other overseas recruitment/training programmes
  - The provision of general consultancy support and advice to another country or its regulator (although not simply for the purposes of meeting the needs of the foreign regulator)
  - The Law Commission Bill would open up additional activities including the quality assurance of non-UK medical education institutions.
- 24** At this stage, we wish to commission a feasibility study for Council to consider in due course. A provision of £100,000 has been made in the Strategy and Communication

\* As long as we can conclude that the undertaking of such work will protect, promote and maintain the health and safety of the public within the UK.

budget. We will continue to provide at least some support and advice from the UK pro bono where appropriate, for example, to a delegation from the regulator in a developing country who would not be in a position to pay a commercial rate and where there would also be a benefit to the UK from them improving their regulatory system.

## Supporting information

- Welsh Language Commissioner's Standards  
Investigations: <http://www.comisiynyddygybraeg.org/English/Publications/consultations/Pages/consultations.aspx>

**If you have any questions about this paper please contact: Susan Goldsmith, Chief Operating Officer, [sgoldsmith@gmc-uk.org](mailto:sgoldsmith@gmc-uk.org), 020 7189 5124.**

## Performance against service targets and volumes of activity – fitness to practise, registration and revalidation

- 1 These graphs show our performance against our fitness to practise, Medical Practitioners Tribunal Service (MPTS), registration and revalidation service targets over the past two months, and the volume of activity we have handled. This includes the performance of our Contact Centre and reception services which support the whole organisation.
- 2 For the service targets, we illustrate the volume of activity and the proportion of total activity handled within and outside the target timeframe. The traffic lights show our monthly performance, and indicate whether or not we achieved our target.

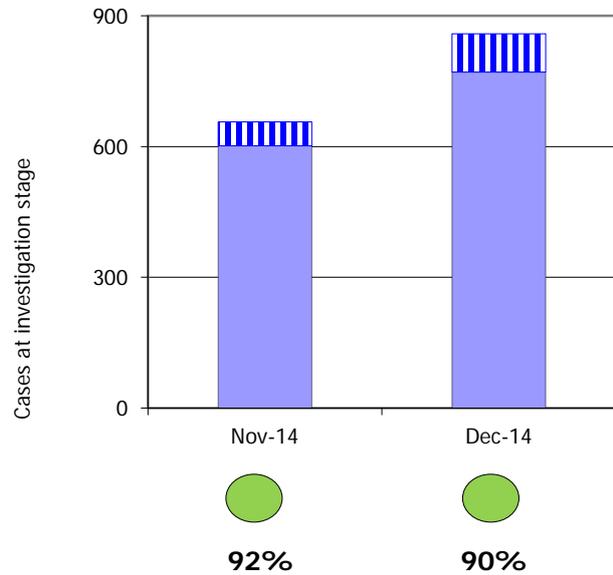
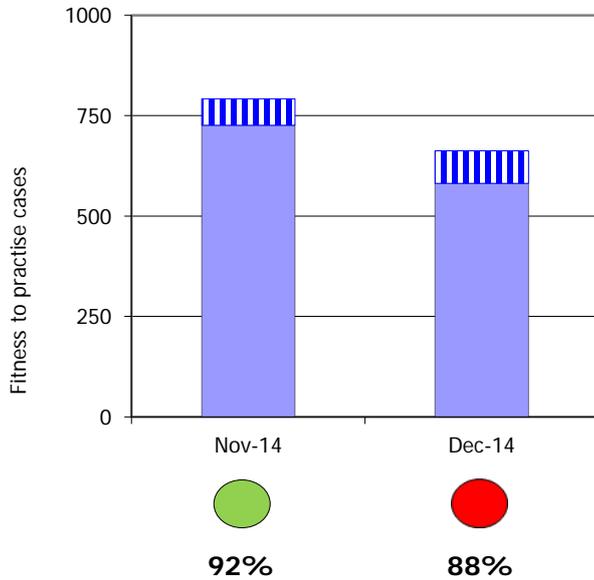
# Fitness to practise

## Service targets



To conclude 90% of fitness to practise cases within 12 months<sup>1</sup>

To conclude or refer 90% of cases at investigation stage within 6 months<sup>2</sup>



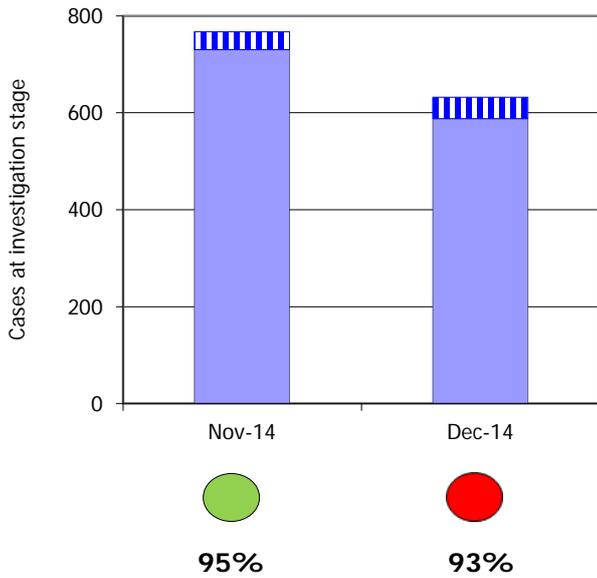
**Commentary:** See Paragraphs 8-10 of main report.

**Commentary:** Service target achieved.

<sup>1</sup> This target measures all fitness to practise enquiries received by the GMC that result in a stream 1 investigation, stream 2 investigation or immediate closure and excludes cases that are criminal convictions, statutory inquiries, determinations and restoration applications. Each bar (by month) shows the number of cases that were opened 12 months before.

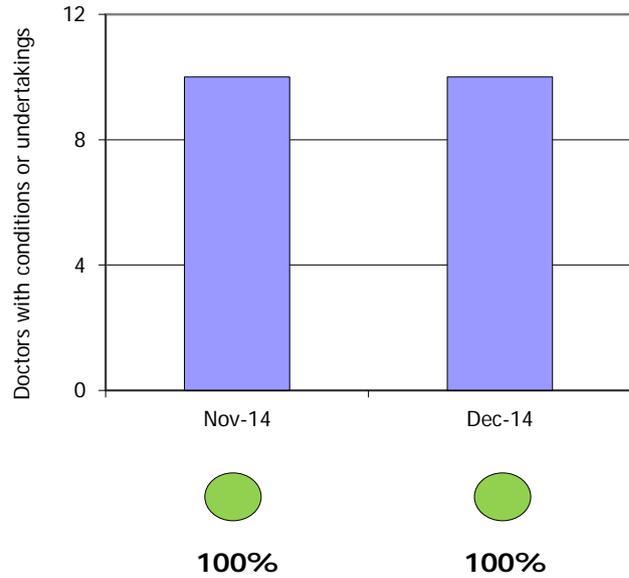
<sup>2</sup> This target measures all fitness to practise enquiries received by the GMC that result in a stream 1 investigation, stream 2 investigation or immediate closure including cases that require health assessments, performance assessments and those that are considered by the Investigation Committee. It excludes from consideration cases that are criminal convictions, statutory inquiries, determinations and restoration applications. Each bar (by month) shows the number of cases that entered the investigation stage six months before.

To conclude or refer 95% of cases at the investigation stage within 12 months<sup>3</sup>



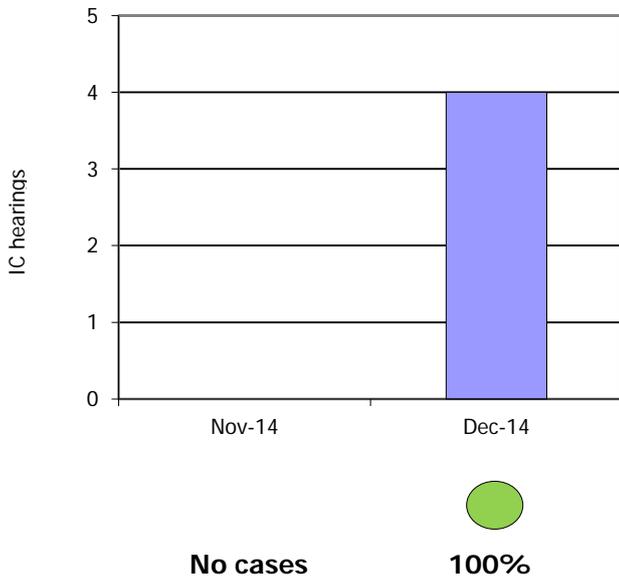
**Commentary:** See Paragraphs 8-10 of main report.

To review 100% of doctors with conditions or undertakings attached to their registration before being returned to unrestricted registration



**Commentary:** Service target achieved.

To commence 100% of IC hearings within 2 months of referral



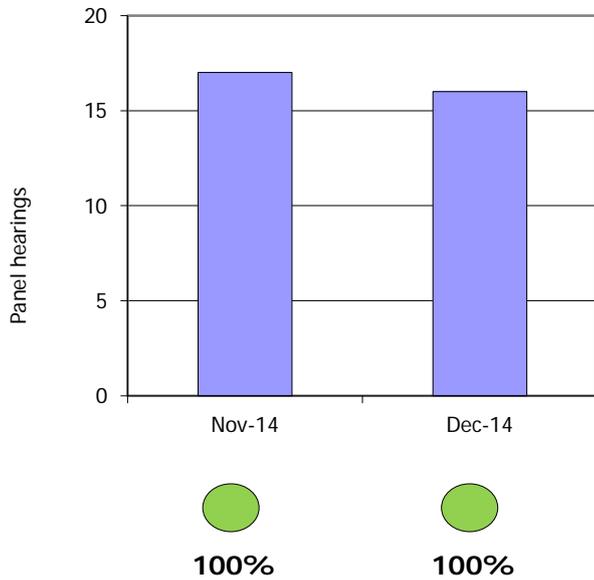
**Commentary:** Service target achieved.

<sup>3</sup> This target measures all fitness to practise enquiries received by the GMC that result in a stream 1 investigation, stream 2 investigation or immediate closure including cases that require Health Assessments, Performance Assessments and those that are considered by the Investigation Committee. It excludes from consideration cases that are criminal convictions, statutory inquiries, determinations and restoration applications. Each bar (by month) shows the number of cases that entered the investigation stage 12 months before.

# Medical Practitioners Tribunal Service

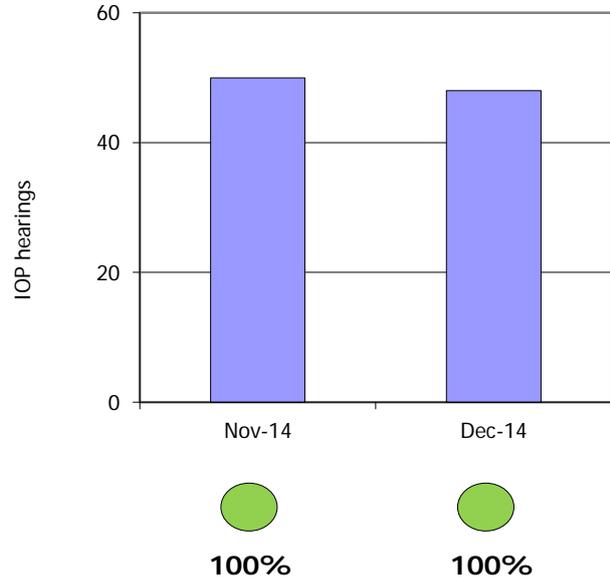
## Service targets

To commence 90% of panel hearings within nine months of referral<sup>4</sup>



**Commentary:** Service target achieved.

To commence 100% of IOP hearings within 3 weeks of referral<sup>5</sup>



**Commentary:** Service target achieved.

<sup>4</sup> This target excludes cases that have concluded prior to a FTP panel hearing within nine months of referral from investigation (i.e. referral cancellations, voluntary erasures etc). Each bar (by month) shows the number of referrals to a Fitness to Practise Panel nine months before.

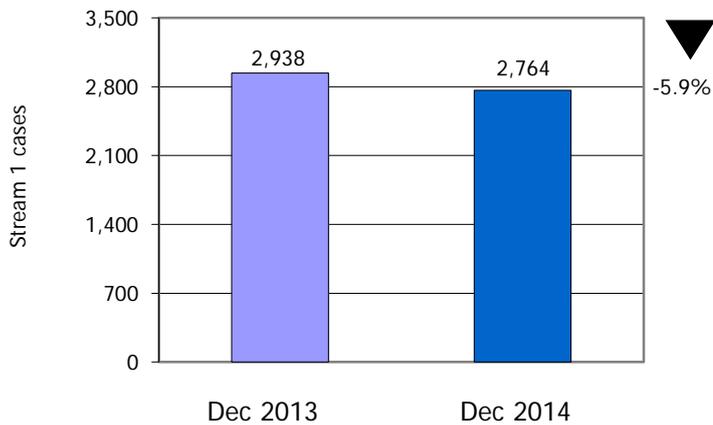
<sup>5</sup> Each bar (by month) shows the number of referrals to an Interim Orders Panel three weeks before.

## Fitness to practise

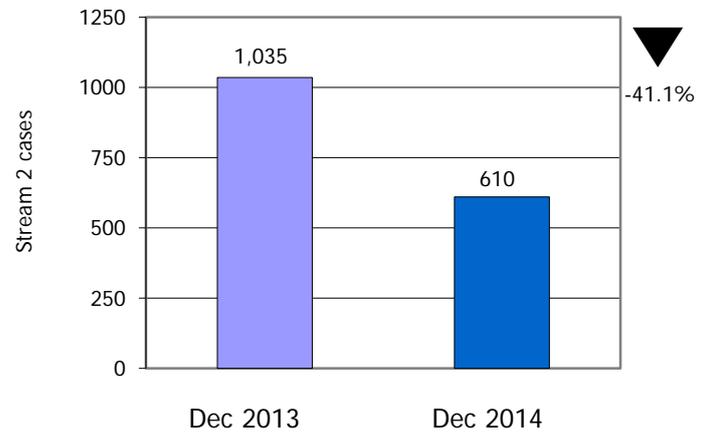
### Case intake

- 3 These graphs show our accumulated case intake levels to the end of December 2013, compared with the accumulated levels to the end of December 2014, and indicate the percentage change.

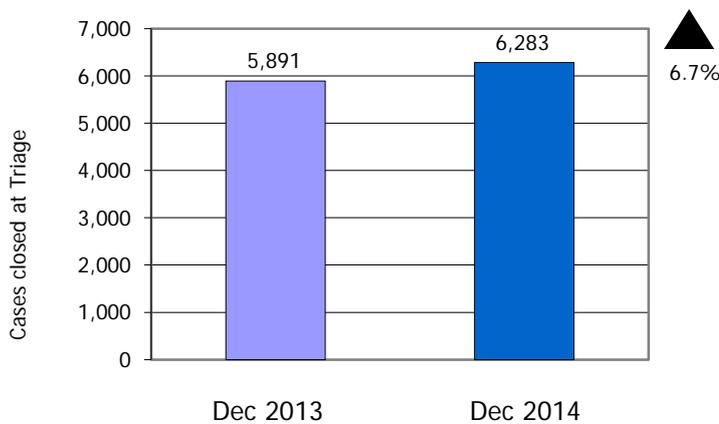
*Year to date (YTD) Stream 1 case intake: accumulated to December 2013 and December 2014*



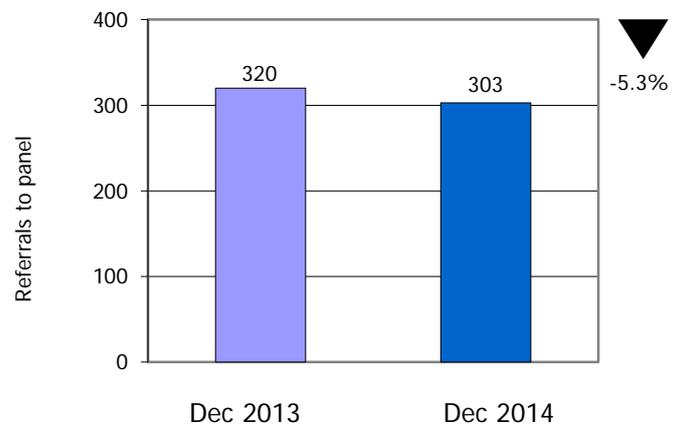
*YTD Stream 2 case intake: accumulated to December 2013 and December 2014*



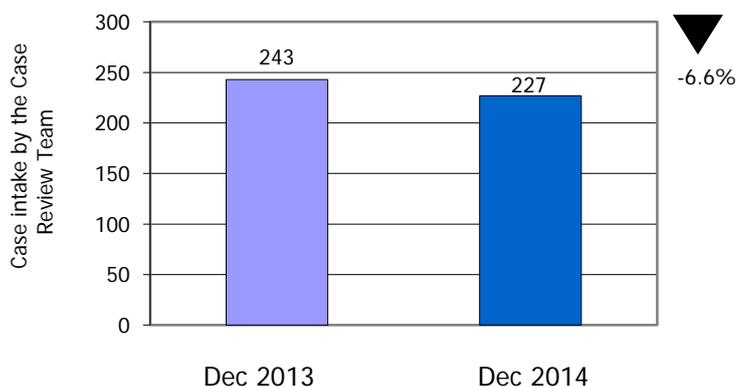
*YTD cases closed at Triage: accumulated to December 2013 and December 2014*



*YTD number of referrals to panel: accumulated to December 2013 and December 2014*



*YTD case intake by the Case Review Team accumulated to December 2013 and December 2014*



## Registration, PLAB and certification

### Service targets

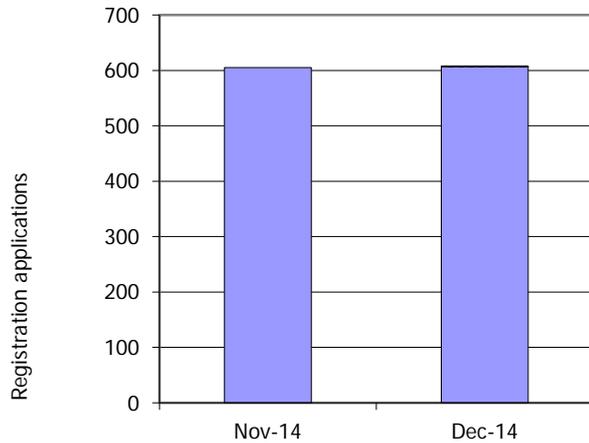


Handled within the service target



Handled outside the service target

To respond to 95% of registration applications within five working days



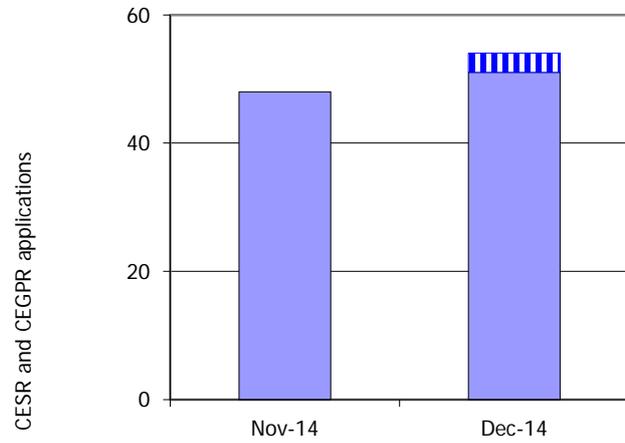
100%



100%

**Commentary:** Service target achieved.

To complete 95% of CESR and CEGPR applications within 3 months



100%



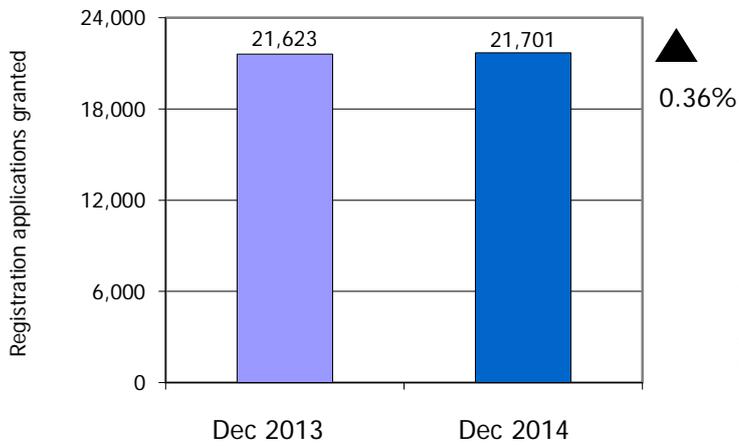
94%

**Commentary:** See Paragraphs 5-7 of main report.

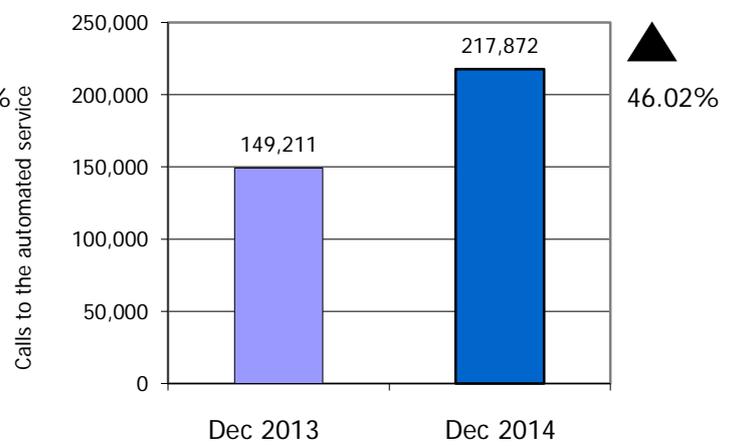
# Registration, PLAB and certification

## Activity levels

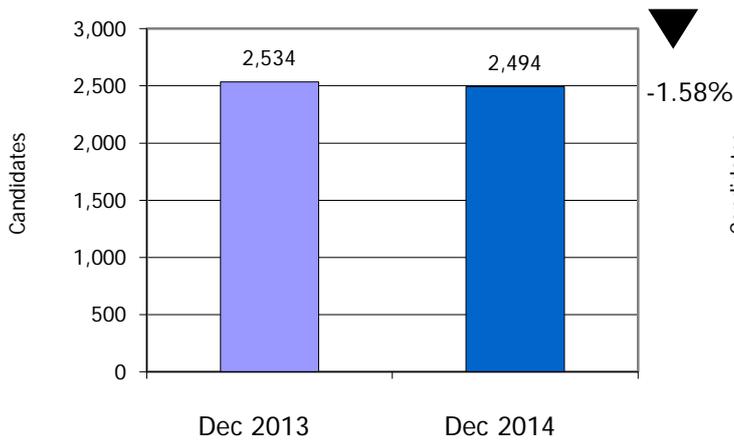
Registration applications granted (excl. specialist registrations, incl. restorations): accumulated to December 2013 and December 2014



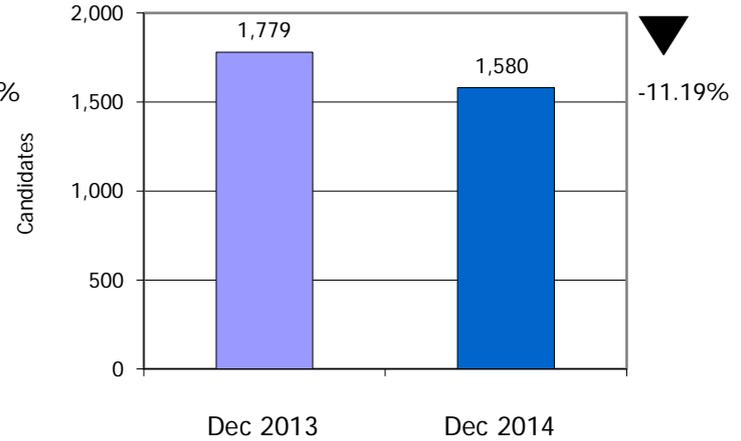
Calls to the automated service confirming a doctor's registration status: accumulated to December 2013 and December 2014



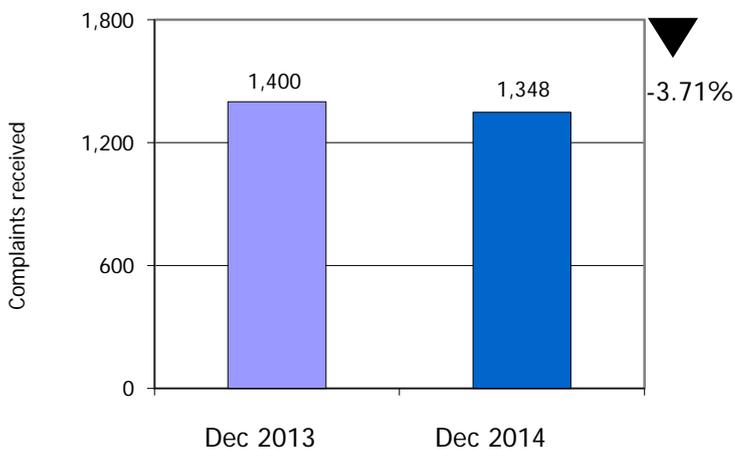
Candidates taking Part 1 of the PLAB test: accumulated to December 2013 and December 2014



Candidates taking Part 2 of the PLAB test: accumulated to December 2013 and December 2014



Complaints received by the Registration and Revalidation Directorate: accumulated to December 2013 and December 2014



## Contact Centre and reception services

### Service targets

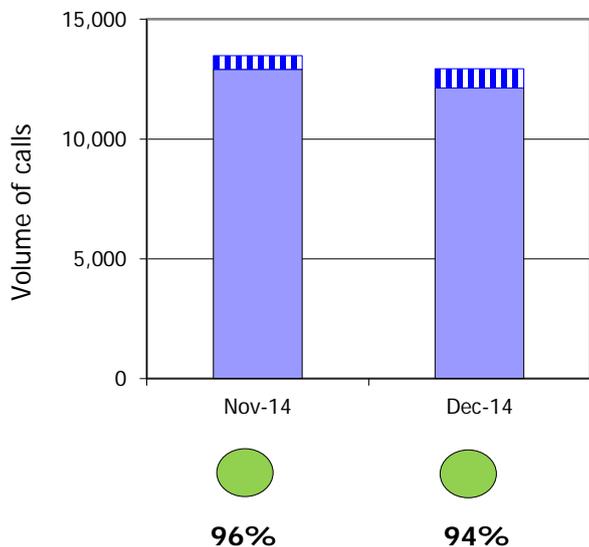


Handled within the service target



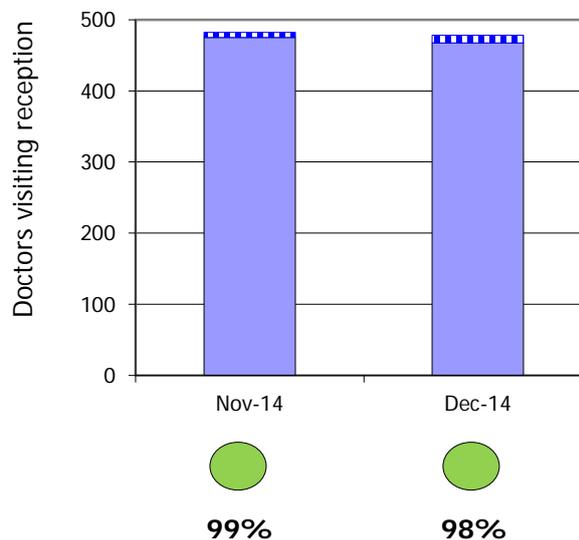
Handled outside the service target

To answer 90% of calls within 15 seconds<sup>7</sup>



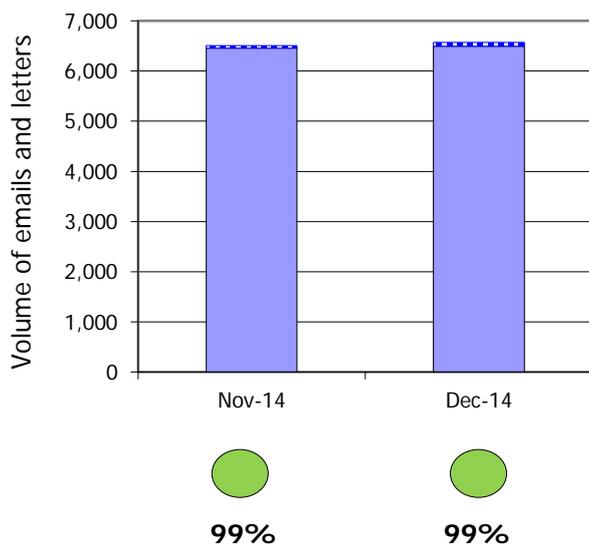
**Commentary:** Service target achieved.

To see 95% of doctors visiting reception within 10 minutes of their arrival



**Commentary:** Service target achieved.

To answer 95% of emails and letters within five working days<sup>8</sup>



**Commentary:** Service target achieved.

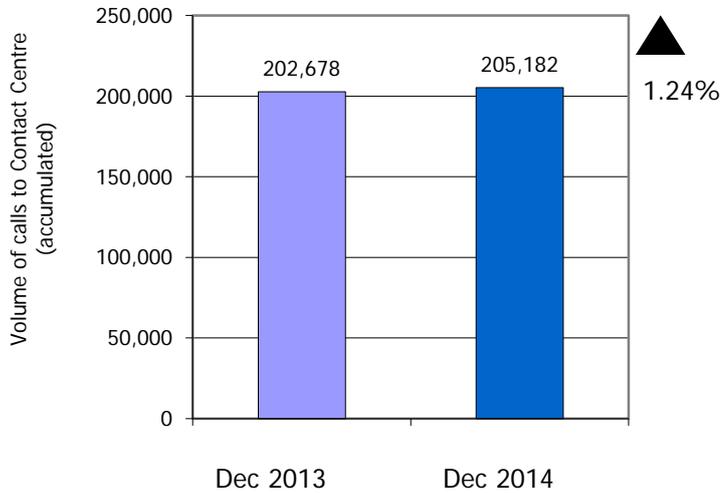
<sup>7</sup> Excludes lost calls. This is consistent with the industry standard.

<sup>8</sup> Only providing a substantive response is counted as having met the target.

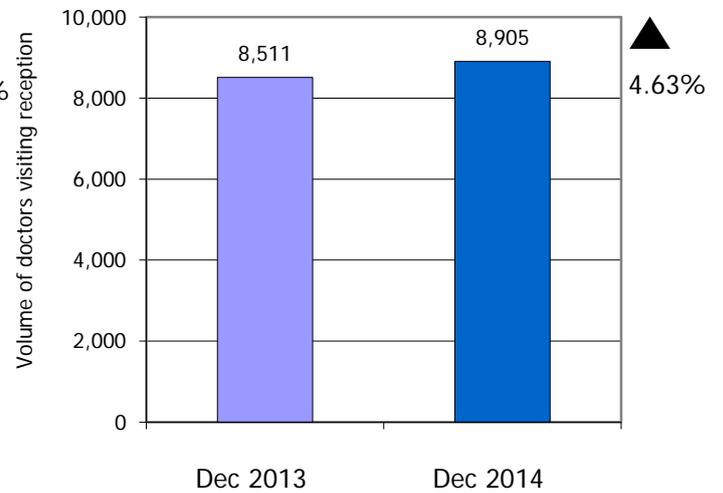
## Contact Centre and reception services

### Activity levels

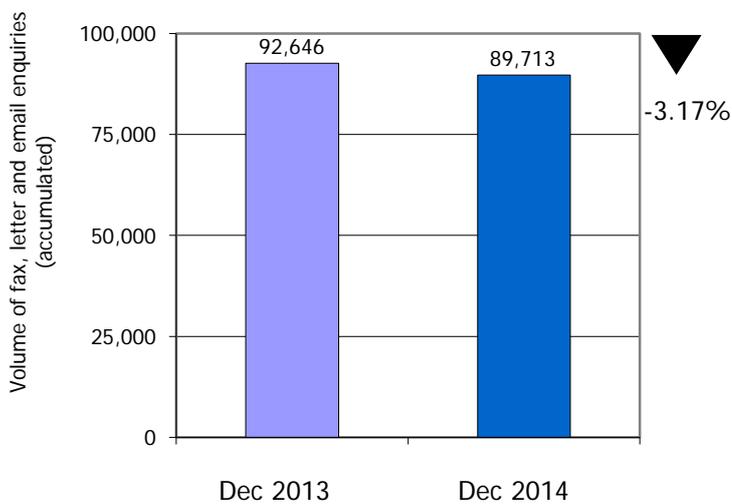
*Call volume to Contact Centre: accumulated to December 2013 and December 2014*



*Doctors visiting registration services: accumulated to December 2013 and December 2014*



*Fax, letter and email enquiries: accumulated to December 2013 and December 2014*



# Revalidation

## Service target



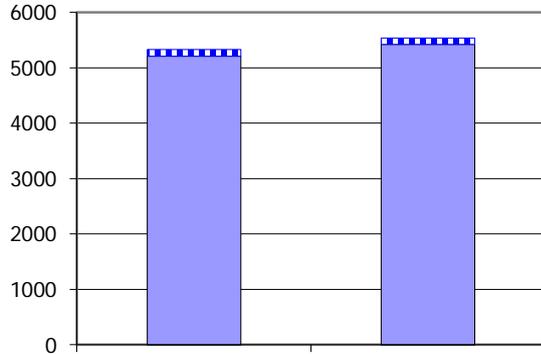
Handled within the service target



Handled outside the service target

*To process 95% of revalidation recommendations within 5 working days*

Volume of revalidation recommendations (monthly)



Nov-14

Dec-14



98%



98%

## Summary Information on Appeals and Judicial Reviews

1 The table below provides a summary of appeals and judicial reviews as at 16 January 2015:

	Open cases carried forward since last report	New cases	Concluded cases	Outstanding cases
Appeals	18	2	8	12
Judicial Reviews	10	3	4	9
IOP Challenges	1	1	1	1

### *Explanation of concluded cases*

2 Appeals:

- a 6 appeals dismissed.
- b 1 permission to appeal refused.
- c 1 successful.

3 Judicial Reviews:

- a 1 dismissed.

**b** 3 permission refused.

**4** Interim Order Panel (IOP) challenges:

**a** 1 application dismissed.

*Any new applications in the High Court challenging the imposition of interim orders since the last report with explanation; and total number of applications outstanding*

**5** There has been 1 new challenge to an IOP order since the last report.

**6** The current position in the 1 case outstanding is:

**a** Hearing date awaited.

*New referrals by Professional Standards Authority (PSA) to the High Court under Section 29 since the last report with explanation, and any applications outstanding*

**7** There has been one new referral by the PSA since the last report:

**a** One matter listed for hearing on 28 April 2015.

**b** PSA has confirmed its intention to withdraw the new referral.

*Any other litigation of particular note*

**8** We continue to deal with a range of other litigation, including cases before the Employment Tribunal and the Employment Appeals Tribunal.

**9** The table below provides a detailed breakdown of outstanding appeals as of 14 November 2014.

No	Case	Decision appealed	Current status
1	A	Appeal against the Fitness to Practise Panel decision.	Hearing listed for 24 March 2015.
2	AI	Appeal against Fitness to Practise Panel decision.	Court has ordered that appeal be limited to appeal against sanction only. Awaiting listing.
3	G	Appeal against Fitness to Practise Panel decision.	Hearing listed for 25 February 2015.
4	K	Appeal against Fitness to Practise Panel determinations.	Hearing listed for 27 January 2015.
5	L	Appeal against Fitness to Practise Panel decision.	Hearing listed for 12 February 2015.

No	Case	Decision appealed	Current status
6	N -P	Appeal against Fitness to Practise Panel determinations.	Hearing listed for 20 January 2015.
7	O	Appeal the determination at Fitness to Practise Panel.	Hearing listed for 10 February 2015.
8	P	Appeal against Fitness to Practise determination.	The GMC have agreed that the appeal be stayed until the conclusion of the criminal investigation. An Application Notice and Consent Order were filed at Court on 22 December 2014 by defence solicitors.
9	S	Appeal against Fitness to Practise Panel decision.	Hearing listed for 17 March 2015
10	Sc	Appeal against Fitness to Practise Panel decision.	Hearing to take place on 29 June until 1 July 2015.
11	So	Appeal the determination at Fitness to Practise Panel.	Awaiting Judgement following hearing on 11 December 2014.
12	T	Appeal the determination at Fitness to Practise Panel.	Hearing listed for 17 March 2015.

10 The table below provides a detailed breakdown of outstanding judicial reviews as at 16 January 2015.

No	Case	Claim	Current status
1	A	Judicial Review claim to challenge the Rule 12 decision.	Acknowledgement of Service due to be filed by 2 February 2015.
2	AM	Judicial Review to challenge GMC guidance of assisted suicide case	The stay on proceedings has been lifted and the Claim is proceeding. GMC has filed and served its Summary Grounds and a decision is awaited from the Court on the application for permission.

No	Case	Claim	Current status
3	B	Judicial Review claim regarding the GMC's decision to refuse the doctor's application for restoration.	Acknowledgment of Service and Summary Grounds of Opposition filed. Court decision on permission awaited.
4	M	Judicial Review claim regarding the Rule 12 decision.	Acknowledgement of Service filed and served. Decision on permission awaited.
5	P	Judicial Review against a Fitness to Practise Determination.	Hearing listed for 20 January 2015.
6	R and A	The Judicial Review is a challenge to the decision of the GMC not to treat the Claimants as 'exempt persons' for the purposes of a Registration application.	Permission granted. GMC Detailed Grounds and Evidence due for service on 25 January 2015.
7	S	Judicial Review to challenge the Fitness to Practise Panel's decision to admit five family court judgements and one judgement of the Court of Appeal in to evidence.	Permission hearing listed on 22 and 23 January 2015.
8	T	Judicial Review of a Rule 4 (5) decision.	Permission was refused but an application for renewed permission has been made. Awaiting hearing date.
9	W	Judicial Review challenging advice of Case Examiner at Rule 8 stage.	Awaiting hearing date. Application for permission has been adjourned by order of the Court to an oral hearing; meanwhile, case stayed by order of Court pending conclusion of a related Rule 12 procedure which remains ongoing.