



Business plan  
2018

# Business plan 2018

This business plan sets out what we want to achieve in 2018. How we will make progress in the first year of our new three year corporate strategy, so that we are more responsive to the changing environment.

How we will make sure our core regulatory functions are fair and effective. And how we will bring changes to the way we work as an organisation so that we are more inclusive, more agile, and more engaged.

## About the GMC

### Our mandate

Our role is to protect the public\* and act in the public interest. We work to:

- Protect, promote and maintain the health, safety and well-being of the public,
- Promote and maintain public confidence in the medical profession, and
- Promote and maintain proper professional standards and conduct for members of that profession.

It is in the public interest to have healthcare systems in the UK, both public and private, where well qualified doctors work to high ethical and professional standards to provide the best possible medical care.

### Our mission

To prevent harm and drive improvement in patient care by setting, upholding and raising standards for medical education and practice across the UK.

\* Medical Act 1983 (as amended)

# Our strategic aims

- 1 In 2018, the first year of our new corporate strategy for 2018–2020, we'll begin to deliver against four key strategic aims as set out here.

## Strategic aims 1: Supporting doctors in maintaining good practice

- 2 The best way we can protect patients is by supporting doctors in their efforts to deliver high quality care. Our priority is making sure that doctors joining our register have the capabilities to provide a good standard of medical practice and feel supported in doing so. We'll focus our efforts on working with and supporting doctors to prevent harm and drive improvement before harm occurs to patients. We will continue to take action where it is necessary to protect patients and public confidence in the profession. To do this we must use our developing data capabilities to better anticipate, understand and help address the challenges doctors are facing across the health services and also within training environments.
  - 3 Over the next few years we aim to develop a medical licensing assessment (MLA). It will make sure that doctors who get registration and a licence to practise medicine in the UK can meet a common threshold for safe practice. In 2018, we'll develop our plans for introducing a MLA taking account of the feedback on our 2017 consultation proposals.
  - 4 In 2018 we'll continue to work with the Royal College of Surgeons of England to understand how credentialing processes which recognise doctors' capabilities in particular practice areas may be taken forward. One aim of the pilot will be to provide further assurance to patients that doctors are working safely in cosmetic surgery.
- The pilot will also allow us to test our proposed approach for credentials for areas outside of these specialties. We are also working with members of the UK Medical Education Reference Group to work out how best we can meet the Shape of Training principles, including what aspects of curricula might be delivered outside of postgraduate training.
- 5 We'll also continue to work with the Academy of Medical Royal Colleges (AoMRC) in exploring options to capture doctors' scope of practice information. In particular, we will consider how we can use this information to take more of a risk based approach to regulation. Collecting information about doctors' scope of practice would help us to work with others in supporting good medical practice.
  - 6 We recognise the limited flexibility of current training pathways. In 2018, we'll continue our review on making training pathways more flexible. This includes working with the Academy of Medical Royal Colleges to identify common outcomes and shared components of training across groups or families of specialties and implementing Generic Professional Capabilities across undergraduate and postgraduate education.
  - 7 We'll begin to scope, develop and put in place a programme to help us better understand how and when patients or doctors come to harm, and to develop targeted interventions to prevent this from occurring. We'll develop a mechanism for identifying areas of "harm" for further study, which aims to drive improvement rather than taking action only once harm has occurred. This will link to work we undertake on upstream regulation under strategic aim two.

- 8 We'll enhance our data, intelligence and horizon scanning capabilities. This is so we can better understand our registrant population, their training and practice environments, and the emerging risks and opportunities for safe and ethical medical practice. This will help to inform a programme of work to identify and act upon critical problems which present a risk of harm to patients and doctors.
- 9 We'll undertake further work to look at the incidence and trends in low level complaints about doctors. We'll also explore the development of an educational support programme for doctors who have been subject to complaints which have not yet reached the threshold for action. By intervening early we would seek to reduce the risk of more serious problems and regulatory action later on.
- 10 We will also be expanding our Welcome to UK Practice (WtUKP) programme for new registrants. WTUKP is a free half-day learning session to help doctors new to practice, or new to the country, to understand the ethical issues that will affect them and their patients on a day to day basis. During 2018 we will work towards our target of 80% participation for all doctors new to practice or to the country.

## Strategic aim 2: Strengthening collaboration with our regulatory partners across the health services

- 11 We recognise the need to work with others to achieve a shared understanding of the challenges confronting the system, and the contribution that professional regulation can make to finding solutions. We'll strengthen collaboration with our partners across the health systems. This will reduce the risk of harm to both patients and doctors, reduce unnecessary burden and deliver

more proportionate and targeted regulatory interventions.

- 12 The improvements we make during 2018 to our data and insight capabilities will enable us to anticipate emerging risks across the health service. For example, by developing a sustainable model for UKMED\* beyond the current platform, we will have a wider view of trends to inform research and policy development. We'll identify relationships between performance and training/ education performance to help us target upstream education interventions and the sharing of best practice.
- 13 We'll begin to explore initiatives to improve the effectiveness with which concerns about the fitness to practise of doctors are addressed. This is so they're managed in the right way, in the right place, at the right time. At present, around 75% of cases that we're required to investigate do not result in substantive action. With healthcare providers, we'll explore the application of a 'local first' principle in dealing with concerns. This would aim to support the successful management of cases at a local level where they do not need referral to us. Effective partnership with providers in the local handling of cases will support the more efficient disposal of cases, reduce the damaging effects for doctors of unnecessary referrals and achieve more timely resolution of complaints for patients.
- 14 We will explore how we can help to improve the mental health and wellbeing of the profession by working with other bodies in the health and care system. A symposium on this important topic will take place in the first quarter of 2018.
- 15 We'll also continue working with NHS England and CQC on a range of working groups linked to defining quality and informing CQC's future approach to the Primary Care sector. And, working with CQC in relation to digital providers,

\* <https://www.ukmed.ac.uk/>

we will clarify points from our guidance and answering any questions that come up through the inspection programme. We will also build on the work of the quarterly Joint Working Groups which we set up to review and consider areas of development for our information sharing protocols. This will include working towards developing joint escalation protocols.

### Strategic aim 3: Strengthening our relationship with the public and the profession

- 16** We want to be an independent and authoritative body ready to speak and act in the interests of patient safety and high quality care. We want the public and the profession to find it easy to engage with us and influence our work, and have a compassionate and consistent experience when they do.
- 17** Transforming the services we provide by putting the needs of the public and profession at the centre of everything we do is key to this. As part of this, we'll continue our Digital Transformation, including migrating our website content onto a new website platform during the first quarter of 2018 so that our information is more accessible and user centred. Our communication and engagement channels with the public and the profession will also be streamlined – resulting in a better customer experience on all our digital channels. This includes further work to improve the hearing environment at the MPTS, involving more reliable technology for those providing evidence via video conferencing.
- 18** Our public and patient engagement programme will see the creation of strategic partnerships with health organisations and new communication channels for patient and public engagement launching in 2018. This will provide us with greater assurance that the patient and public voice is heard and acted on. We will also use our data and research to explore how to signpost more effectively to those who want to make a complaint about a doctor. This will help make sure that concerns about doctors are dealt with in the most appropriate way.
- 19** We'll continue to explore the introduction of facilitated meetings between doctors and patients. This will be in cases where a patient has suffered serious clinical harm and has not already met the doctor or provided with an explanation for what went wrong with their care at a local level. Doctor-patient meetings will bring to life our guidance on the professional duty of candour and give patients an increased voice in the complaint framework. Meetings will run in parallel but separate to our fitness to practise procedures. They would not replace our role in taking action to protect patients and maintain confidence in the medical profession. In 2018 we'll pilot meetings facilitated by both GMC staff and external facilitators with some held in GMC offices and some local to where the patient lives.
- 20** We will also introduce a general Annual Retention Fee (ARF) reduction for all doctors, coupled with a further fee reduction for newly qualified doctors in their first five years of registration. We recognise that doctors are under considerable pressures, and it is important for us to be able to pass on savings where we can.

## Strategic aim 4: Being responsive to the changing political landscape and the needs of the health services across the four countries of the UK.

- 21** We'll begin work to ensure our approach to UK wide regulation is relevant and shaped to meet the needs of all four countries. Our liaison services and devolved offices will continue to work with doctors, medical students, patients, and employers in all four countries; and we will look at expanding this provision within 2018.
- 22** We'll create a suite of data packages relevant to each country's needs, and our work to expand Welcome to UK Practice (WtUKP) as mentioned at paragraph 10 will help make sure that doctors new to practice in all four countries are supported to understand the ethical challenges they will face on a day to day basis.
- 23** We'll respond to the UK's changing relationship with Europe in a way which continues to protect patients and supports good medical practice. Once a settlement is reached on the terms of the UK's exit from the EU, we'll assess the potential impact on the way we regulate, including a fundamental review of our registration framework.
- 24** The continuing development of GMC Services International (GMCSI) will see us marketing our regulatory expertise to other organisations and cement our reputation as a world leader in medical regulation.
- 25** In October 2017 we welcomed the Department of Health's consultation on the future of regulation, and the government's recognition that the current legislation is not fit for a 21st century health service. The current legislation prevents us from improving the timeliness and efficiency of our core regulatory functions on the scale that we would like. In 2018 we'll continue to work with the Department of Health and

other partners to influence the fundamental reform of the regulation of health and care professionals and help to inform the debate about expanding professional groups and their regulation, such as physician associates.

- 26** And we'll continue working with the Royal College of General Practitioners (RCGP), Health Education England (HEE), British Medical Association (BMA) and NHS England to continue to provide a streamlined application process for GPs.

## What this means for the way we will work

### Our values

- 27** Our values describe the kind of organisation we want to be, and how we will go about our work:
- Integrity – we are honest and share what we see. We listen to our partners, but remain independent of them.
  - Excellence – we are a learning organisation, committed to achieving high standards.
  - Collaboration – we work with others to support safe, high-quality care.
  - Fairness – we respect people and treat them without prejudice.
  - Transparency – we are open and account for our actions.
- 28** 2018 is also the first year of our new Equality, Diversity and Inclusion (ED&I) Strategy 2018-2020. The principles in this strategy are embedded throughout our values, and interwoven with the delivery of our corporate strategy.
- 29** A key objective under our ED&I strategy is to provide leadership and use our influence to identify, understand and address inequalities for

doctors and patients in the wider healthcare system. One of the areas we will focus on is a better understanding the barriers for some doctors wanting to pursue a career in medicine in the UK, including international medical graduates, disabled doctors and specialty grade doctors.

- 30** To help achieve this we will continue our work to understand the unexplained variations in the performance of some groups of doctors on exams and other assessments across every stage of medical education and training. In 2018 we will commission research into the root cause, and potential interventions, to address this. We will also deliver a programme of engagement to share current knowledge, with a view to influencing cultural change within the training system.

explore how we can work in a more agile way, so that we can be more responsive to changes in the external environment when needed

- 33** This will involve the creation of two new directorates (Strategy and Policy, and Strategic Communications and Engagement) in January 2018 to help us improve our focus on the external environment and more agile and strategic in our policy and process development. This replaces our previous single Strategy & Communication Directorate. In conjunction, we are making some changes to help our data and policy teams work more effectively together and join-up our data so it can be used to drive improvement and manage risk more effectively.

### Changes to the way we work

- 31** To equip us to deliver our corporate strategy, and become a more inclusive organisation, we will transform the way we work. We will do this by:

- Enhancing our strategic direction.
- Empowering, investing in, and developing our people.
- Improving our pace, agility and cross-organisational working.
- Enhancing our collaboration with the healthcare system.

- 32** We will place greater emphasis on personal development and behaviours. We will also improve the ways we attract, develop and retain our people. We will promote a culture of learning and encouraging challenge. In 2018 we will apply for accreditation from Investors in People, which sets a recognised standard for people development and management. We will also

# Maintaining and enhancing our core regulatory functions

**34** Although our strategy is about changing the way we regulate, our priority of delivering a high-quality service across our core regulatory functions remains. We strive for operational excellence in all areas, and continually monitor our performance to ensure that we learn and improve, and achieve high levels of customer service. The sections below describe how we will achieve this in our core regulatory functions.

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

- 35** Our standards define what makes a good doctor. They set out the professional values, knowledge, skills and behaviors required of all doctors working in the UK.
- 36** In 2018 we'll continue to review our guidance to make sure it's up to date, and communicated effectively. Including our guidance on end of life care, consent and recognition and the approval of trainers.
- 37** We'll deliver many events throughout the year to promote medical professionalism among doctors and medical students. We'll continue to engage with Medical schools, deaneries and local education and training boards (LETBs) to ensure they continue to deliver high quality training that meets our standards for undergraduate and postgraduate medical education.
- 38** The Department of Health in England has committed to providing an extra 1500 medical school places from September 2018. We welcomed the proposed expansion in medical student numbers and will use our standards set out in *Promoting excellence* to make sure the quality of training and the quality of graduate is maintained at the highest level.
- 39** To ensure we can support and resource additional GP registration applications, we look at how we can streamline the registration of International Medical Graduate (IMG) GPs. This will include an assessment of overseas curricula in conjunction with the Royal College of General Practitioners (RCGP), and contributing to a single point of information for GPs.
- 40** Since the launch of revalidation in 2012, we have revalidated over 180,000 doctors. In January 2017 Sir Keith Pearson carried out an independent review of the operation and impact of revalidation. Through our Taking Revalidation Forward Programme, we'll continue to put in place the recommendations of the review, working closely with a range of organisations and groups involved in revalidation.

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

- 41** There are approximately 288,000 doctors on the UK medical register. 243,000 of whom currently hold a licence to practise. We expect to register approximately 21,000 doctors in 2018 – including around 6,500 who have qualified at medical schools outside the UK. We check every doctor's identity and qualifications before they can join the register.



**42** Around 60% of International Medical Graduates (IMGs) show they have the necessary skills and knowledge to practise medicine in the UK by taking the Professional and Linguistic Assessments Board (PLAB) test. We've seen a marked increase in the number of IMGs sitting the PLAB test in 2017 and expect this trend to continue in 2018. In 2018 we'll continue to explore options for increasing the capacity of our Clinical Assessment Centre, so we can continue to meet demand for test places from doctors seeking to apply for registration in order to join the UK workforce.

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

**43** When a serious concern about a doctor's behaviour, health or performance has been raised, we investigate to see if the doctor is putting the safety of patients, or the public's confidence in doctors, at risk.

**44** Based on trend analysis we expect to receive around 8,500 enquiries about a doctor's fitness to practise in 2018. Of these, we may need to open investigations into approximately 1,300. The Provisional Enquiries process continues to support our efforts at getting more information earlier in our investigations, to ensure we make them as timely as possible. Having piloted this on specific types of concerns, during 2018 we will be reviewing whether we further expand this process, to help make sure that our full investigations are focused where they are really needed.

**45** Approximately 190 hearings will be run by the Medical Practitioners Tribunal Service (MPTS), for those doctors where there are serious concerns about their fitness to practise. The section 60 reforms introduced many changes

which continue to make our tribunals operate more efficiently and effectively. These include the introduction of legally qualified chairs, review hearings 'on the papers', binding pre-hearing case management decisions and a right of appeal for the GMC.

**46** We publish information about doctors who have faced sanctions following fitness to practise investigations as part of their online record. In 2018 we will consider how best to implement time limits for the publication and disclosure of sanctions and warnings. This follows public consultation in 2015 of our publication and disclosure policies, and further thinking since on how to strike an appropriate balance between proportionality for the doctor, and transparency for patients, the public and employers.

# Meeting our statutory obligations and business critical activities

- 47** There is a range of work that we will undertake in order to ensure that we are compliant with new legislation, are maintaining our statutory functions, and are fulfilling our duties as an employer.
- 48** Data protection is something we take very seriously. The EU General Data Protection Regulations (GDPR) will apply in the UK from 25 May 2018. The government has confirmed that the UK's decision to leave the EU will not affect the commencement of the GDPR. We have been working to ensure that we are compliant with the regulations across the range of our work.
- 49** We will also ensure that we are fully prepared for a post EU exit landscape by seeking to influence the UK government's position in the EU withdrawal negotiations. We will undertake further scenario planning, operational preparedness and risk mitigation.