

Business plan 2014

Our role

The General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical practice across the four countries of the UK.

We do this by defining the knowledge, experience and behaviours that are required of doctors. We decide which doctors are qualified to work in the UK and meet our high standards. And we oversee their training and education. We make sure that they continue to meet these standards throughout their careers, and that they're supported in doing so. We look into concerns about doctors and take firm but fair action where the safety of patients or the reputation of the medical profession is at stake.

We believe that every patient should expect a high standard of care and that it's a vital part of our role to contribute to improving healthcare across the UK. We work closely with other organisations to do this and to build confidence and trust between patients and doctors.

Our plan for 2014

Our work this year is designed to set us firmly on the road to achieving the strategic aims in our new *Corporate strategy 2014–17*, and to ensure we continue to deliver a high quality service across our range of core regulatory functions. A more detailed operational plan underpins all of the activities in the business plan. The operational plan is overseen by our Performance and Resources Board, which will monitor our progress against the activities throughout the year.

Our continuing core work includes:

- delivering high quality registration, certification, revalidation and licensing services to our published service targets
- dealing efficiently and appropriately with concerns raised about doctors' fitness to practise
- making sure that medical education and training meet our standards
- working with others to develop effective relationships that will enhance patient safety, both locally with employers, doctors and patients through our liaison services and with other UK and international organisations.

Our strategic aims

The *Corporate strategy 2014–17* introduces five strategic aims which set our direction for the next four years. These will allow us to enhance and expand on our core work.

- 1 Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients.
- 2 Help raise standards in medical education and practice.
- 3 Improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety.

- 4 Work more closely with doctors, medical students and patients on the frontline of care.
- 5 Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions.

The activities set out below are the main pieces of work we will undertake to help us achieve our aims during 2014.

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

We'll continue to develop smarter ways of using our data. In a rapidly changing healthcare environment with more information available than ever before, this will allow us to understand better what is happening on the ground. We'll use this both to inform our own decision and policy making and to share with employers, other regulators and patients so that risks can be acted on quickly.

Our work in 2014 will include the following.

- Continuing to develop our relationships and ways of working with other organisations, including the systems regulators across the UK and the NHS, so that we can share information effectively and help identify concerns.
- Delivering a new data strategy for the organisation so that we can make links between information more quickly and easily.
- Publishing insights drawn from our data and intelligence on a range of themes affecting medical practice and patient safety. Continuing to develop *The state of medical education and practice in the UK* and other reports will allow us and others to explore in depth issues affecting medical practice.
- Establishing a patient safety intelligence forum that will bring together information from a range of sources to help identify potential issues and risks to patient safety.

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

We will work with doctors to make sure they have the tools they need to achieve high standards of professionalism and medical ethics, and to meet the challenges of a modern healthcare environment.

Our work in 2014 will include the following.

- Continuing to support the development of revalidation within the healthcare system. An important focus in 2014 will be supporting doctors to make their prescribed connection to enable them to revalidate, or to tell us when they don't have one. We will also finalise our approach for revalidation with doctors without a connection so that the system is accessible to all. We will process revalidation recommendations for nearly 70,000 doctors in 2014.
- Delivering an evaluation framework to determine the extent to which revalidation is delivering a real improvement in practice standards and patient safety.
- Taking forward the recommendations from the Shape of Training review (published in October 2013), which will include looking at the timing of full registration and developing a regulatory framework for credentialing.
- Reviewing a number of areas of our work relating to professional standards including the Professional and Linguistic Assessments Board test and consulting on a revised set of standards for education and training.
- Beginning to develop new guidance on a range of topics, including confidentiality and cosmetic practice.
- Making changes to our registration and licensing processes to make sure they are as robust as possible. This will include using new legislation to ask doctors coming from Europe for evidence that they have the necessary knowledge of English and, if needed, refusing to grant a licence to practise until such evidence is provided.

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

We will work with doctors, employers, patients and other organisations to make sure that when a concern is raised, timely and appropriate action is taken.

Our work in 2014 will include the following.

- Using our new relationships with responsible officers to reform how we handle complaints so the best placed people deal with them. We will develop processes to refer complaints to a doctor's responsible officer when they do not warrant investigation by us and would be more efficiently dealt with locally.
- Improving how we deal with complaints, so that we are able to resolve issues that do not need further investigation more quickly. This will include making better use of the fitness to practise rules during the initial stage of an investigation to determine which cases do not need further investigation and can be closed earlier in the process.
- Continuing to pilot meetings with doctors and patients involved in an investigation, with the aim of reducing stress associated with being involved in a fitness to practise case.
- Review the information and online support we give to doctors, complainants and witnesses during hearings. We will examine whether we need to give extra support to unrepresented doctors and develop a guide on self-representation.

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

We will develop more tailored approaches to delivering our work that help doctors and medical students meet the variety of challenges they face in their increasingly diverse roles. We will also take steps to support patients further by being clear about what they can expect from their doctors, and by making their interaction with the GMC as stress-free as possible.

Our work in 2014 will include the following.

- Launching an annual tracking survey of doctors, doctors in training, patient representative bodies, patients and the public that will provide intelligence on how the GMC and its services are perceived.
- Developing smartphone applications and other ways to communicate and share our guidance with doctors and patients.
- Piloting a trainer survey, which will tell us more about the experiences and perceptions of the senior doctors who support doctors in postgraduate training, to complement our annual national training survey.
- Using our liaison services to promote our guide *What to expect from your doctor: a guide for patients* to patients and patient groups across the UK.
- Building on the success of our pilot programme – welcome to UK practice – we will evaluate and develop our support for doctors new to practice in the UK.

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

It is likely that we will see a major change in the legal framework that underpins our work in 2014–15, and we must prepare both internally and with others to ensure that the new arrangements enhance patient safety. We will set up a new team to plan our detailed work in preparation for the change, and to provide legislators and officials with the information they need.

As we expand and evolve, we need to make sure we work together so that everyone in the organisation is aware of how their work helps us fulfil our regulatory objectives and the contribution that other teams make towards this. We will continue to challenge ourselves to find the best ways of being highly effective in using our resources to protect patients and improve medical practice.

Our work in 2014 will include the following.

- Developing a people strategy as part of continued investment in our people, their learning and development, their working environment and the information systems and infrastructure that support them.
- Implementing recommendations from the working groups set up following the last staff survey.
- Continuing our corporate efficiency programme, making sure our resources are used effectively, including reforms to our fitness to practise function, fostering a culture of excellence and continuous improvement.

Summary operating budget

2014 budget summary by expenditure type	£000	%
Direct staffing costs	47,902	49.4%
Indirect staffing costs	3,262	3.4%
Office costs	6,620	6.8%
Accommodation costs	6,470	6.7%
Legal costs	5,806	6.0%
Professional fees	4,604	4.7%
Council and members' costs	388	0.4%
Panel and assessment costs	14,973	15.4%
Depreciation	6,696	6.9%
New initiatives fund	250	0.3%
Total	96,971	100%

2014 budget summary by directorate	£000	%
Chief Operating Officer's Office	1,123	1.1%
Fitness to Practise	29,989	30.9%
MPTS	10,471	10.8%
Strategy and Communication	10,822	11.1%
Education and Standards	5,499	5.7%
Registration and Revalidation	11,625	12.0%
Resources and Quality Assurance	14,026	14.5%
Accommodation	6,470	6.7%
Depreciation	6,696	6.9%
New initiatives fund	250	0.3%
Total	96,971	100%