



Business plan
2019

Business plan 2019

Our business plan sets out what we want to achieve in 2019. How we will make progress in the second year of our [corporate strategy 2018–20](#), 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

In 2019, the second year of our corporate strategy, we will continue to build on our work to support doctors, through collaboration with others in the sector. We will work to deliver on our fourteen key strategic benefits:



Strategic aim 1: Supporting doctors in delivering good medical practice

We know that to deliver high quality care, doctors need to feel supported. There are many factors that can affect this, such as quality of education environments and workforce issues.

Supporting a profession under pressure

Doctors often work in very challenging circumstances. In 2018 we launched a major programme of work looking at how we can help ensure doctors feel better supported, called Supporting a Profession under Pressure ('SAPUP'). Our activities to take this work forward in 2019 will include:

- **Health and wellbeing** – We will consider how best to take forward recommendations from the UK-wide review we commissioned of medical students and doctors' wellbeing, led by Professor Michael West and Dame Denise Coia.
- **Medical manslaughter review** – The independent review chaired by Dr Leslie Hamilton which we commissioned into how gross negligence manslaughter and culpable homicide are applied to medical practice will report in early 2019.
- **Raising and acting on concerns** – We will continue to collaborate with the BMA, the wider profession, the four UK governments and our national partners to improve the consistency of how all doctors can register safety concerns about working in under-resourced environments.
- **Reflective practice** – In 2018, we co-produced new guidance to help doctors and medical students reflect on their practice with confidence. In 2019, we will continue to work with other health regulators towards an approach which supports team-based reflection.
- **Fairness** – We will consider what implications there are for our work following the major, independent research programme we commissioned. The research will look into what drives the disparity between groups of doctors that are referred to us for fitness to practise concerns and is led by Roger Kline and Dr Doyin Atewologun. The research will be completed in early 2019. In parallel, we continue to embed human factors principles within our key functions – such as the outcomes we expect at all stages of UK medical education and training, in areas which are critical to the delivery of effective clinical care such as teamwork, communication and the use of equipment. In 2019, we will also roll out new training for our fitness to practise decision-makers in human factors
- **Induction and returners** – We will continue working with healthcare providers to highlight the importance of our standards and to make sure all doctors are supported when they begin a new role, or return to practice after time away. As part of this we will continue to expand access to our free workshops, Welcome to UK Practice, which bring our guidance to life using interactive scenarios. In addition to SAPUP we will also work to enhance support doctors by:
- **Working to make postgraduate training more flexible**. In 2019, we will complete work with the Academy of Medical Royal Colleges and issue refreshed guidance on the development of shared curricula and process for transferability of competencies between specialties.
- **Launching revised guidance for medical schools on supporting students with health and disability issues**. We consulted widely on this guidance, *Gateways to the profession*, in 2018.

- **Taking forward our plans to introduce credentialing.** Credentialing is designed to address significant patient safety risks in areas of limited regulation, such as cosmetic interventions. It will also help to address service gaps by enabling training in optional areas to meet patient and service needs, and offer more flexible career development and lifelong learning for doctors. We are proposing that optional components within specialty training or substantial areas existing outside training will become credentials. We will launch the final framework in Spring 2019 after engaging widely with our stakeholders
- **Continuing our work to deliver the Medical Licensing Assessment (MLA),** which will set a common threshold for safe practice. We will establish arrangements for working with medical schools and other delivery partners so that we can develop the operational aspects of MLA, working towards implementation by 2022. We will also engage extensively with stakeholders to ensure the purpose and scope of the assessment is well understood.

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

We will continue to strengthen collaboration with our partners across the health systems to reduce the risk of harm to both patients and doctors, reduce unnecessary burden and deliver more proportionate and targeted regulatory interventions. We will work towards this in 2019 by:

- **Introducing our model for 'collective effect'.** We cannot achieve our strategic aims without working together with others effectively. To achieve this we have developed a model for analysing how we can use our relationships, our data and intelligence to best enhance our collective effectiveness.
- **Continuing to develop our Local First programme.** In 2019, this will include making more support available at a local level, through further extending our engagement with responsible officers. Our aim is to reduce duplication between local and national investigations. We will raise awareness of the principles of a good investigation, and monitor the extent to which they are applied in practice.
- **Maximising the potential of our devolved offices and field forces.** By aligning our liaison services and elements of our key functions more closely to regions within England, we can enable a shared view of risk in the system with our regulatory partners and better respond to the concerns we identify. This builds on our work to make sure our regulatory approach takes into account the needs and characteristics of different healthcare systems and ways of working across the UK.

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

We seek to be recognised by all stakeholders as an independent and authoritative body ready to speak and act in the interests of patient safety and high quality care. In 2019 we will achieve this by:

- **Enhancing the way we communicate and engage**, so that we can relate to doctors, patients and others in more impactful ways and ensure that the views of our stakeholders are at the heart of our regulatory model. We will refresh our engagement with patients and the public, appointing a patient champion to ensure diversity of patient needs can be taken into account in our work. Our work to Support a Profession under Pressure, outlined under Strategic aim 1, is also key to how we listen and learn to doctors.
- **Using our data and intelligence to inform the way we work**. Our work to develop our internal systems will help ensure that new policies and processes are informed, relevant and effective.
- **Training all of our fitness to practise decision makers, case examiners and clinical experts in human factors**. As set out under our work on Supporting a Profession under Pressure, we will also consider advice on modifying investigation processes, as part of a collaboration agreed with Oxford University's Patient Safety Academy, that will help ensure our processes and decisions are rooted in the realities of clinical practice. More information is available on [our website here](#).

Strategic aim 4: Meeting the changing needs of the health services across the four countries of the UK

The future of the UK's relationship with the EU and the status of the recognition of professional qualifications post EU exit are not clear as at end 2018, but the impacts are likely to be far reaching, providing significant uncertainty as to the future implications of the GMC's work. In 2019 we will meet these challenges by:

- **Continuing work with the Department of Health and Social Care ('DHSC') on Medical Act amendments in the run-up to EU exit.** We have developed initial contingency plans to identify the changes to GMC registration policies, processes and systems required for each potential model of Brexit. However, the extent of these plans is limited by ongoing uncertainty of the final model including factors such as the future status of professional qualifications in the post-Brexit landscape. We therefore remain extremely concerned about the risk of a very short timeframe for implementing contingency plans, especially systems amendments, and have highlighted the need for clarity for [European doctors post-Brexit](#). We will continue to work closely with the DHSC to provide detailed legal and policy comments on proposals for Medical Act amendment.
- **Working with the government and others to influence and support opportunities for legislative change.** Legislative reform is essential to pursue our ambitions of a more flexible, proportionate and agile regulatory model. Should the government consult on regulation of Physicians Associates during 2019 as expected, we will set out proposals for the GMC to be considered for this new responsibility.
- **Contribute to solutions for issues relating to workforce.** We will ensure existing commitments such as reviewing training pathways and credentialing help address workforce issues wherever possible. We will explore with partners what additional flexibility there is with the performers' list. We are seeking legislative reform to help further streamline processes for doctors seeking to join the specialist or GP register by an equivalence route, and are expanding our Clinical Assessment Centre capacity as below.
- **Increasing our capacity to deliver Professional Language Assessment Board (PLAB) 2 assessments,** which all International Medical Graduate (IMG) doctors currently need to take to work in the UK. In recent years we have seen significant increases in demand for PLAB, which is delivered by our Clinical Assessment Centre. Expanding this capacity in 2019 will ensure we can continue to facilitate the flow of internationally qualified doctors into the UK workforce.
- **Looking at how telemedicine, artificial intelligence and digital health** are affecting medical practice now, and future developments, so that we can ensure our regulatory model is adapted to new ways of working.

Maintaining and enhancing our core regulatory functions

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 the enhancements we will introduce in 2019.

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

Our standards define what makes a good doctor. They set out the professional values, knowledge, skills and behaviours required of all doctors working in the UK.

- Launch revised consent guidance, which outlines what doctors should consider when discussing treatment and care with patients. It will include more advice on which steps to take in different circumstances, so it's easier for doctors to apply in practice.
- Ensure our standards and ethics guidance is accessible and relevant. We will look at ways to enhance the range of tools, including our digital standards app that we offer to help doctors apply our guidance in practice across a range of scenarios.
- Review our approach to quality assurance of education and training. This will consider how we

can make best use of our data and intelligence, strengthen our stakeholder relationships and improve our processes. The aim is to ensure our assurance activities achieve consistency and accountability while being collaborative, and proportionate.

- Make improvements to the quality assurance of the appraisals of doctors do not have a prescribed connection to an RO.

We check every doctor's identity and qualifications before they can join the register. In 2019 we will:

- Review routes to registration for IMG doctors. We want to ensure that our processes continue to be robust and fit for purpose, to complement the proposals we're currently developing for the MLA- and if needed, to take account of changes arising from EU exit. We will also continue to develop our preferred options for Certification of Eligibility of Specialist Registration and Certification of Eligibility of GP Registration reform. We need legislative change to make any further improvements in this area, and our work to prepare will put us in the best position should this opportunity become available during 2019.
- Prepare for the introduction of a new state insurance and indemnity scheme for GPs in England and Wales, once further clarification from the DHSC and Welsh Government's Department of Health and Social Services is received. Such a scheme would also provide a degree of further assurance about the indemnity and insurance cover for doctors practising in primary care in these countries.

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

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. In 2019 we will:

- Developing our range of guidance to support consistent and timely Tribunal decisions. This will include refreshing guidance on sanctions, restoration and voluntary erasure – taking into account how to achieve proportionate and consistent sanction decisions, through public consultation where needed.
- Evaluate our provisional enquiries process. We filter the complaints we receive about doctors, by making early stage enquiries to help us decide whether we need to investigate a complaint or close it with no action. This helps reduce unnecessary stress for those involved in an investigation. In 2019 we will assess whether there is potential to expand the application of this process even further.
- Bringing assessments of the standard of a doctor's professional performance in-house, so we can be better assured they are delivered in a consistent and efficient way.

Transformation programme

Begun in 2017, our Transformation Programme is changing the way we work and the building our internal capability to ensure we can deliver on our ambitious corporate strategy. We want to work in a more collaborative way, be more responsive and invest in our greatest asset; our people. We will continue to invest in our four work streams throughout 2019:

- **Empower** - Empowering and developing our people
- **Engage** - Enhanced engagement with the healthcare system
- **Enact** - Pace, agility and cross-organisational working
- **Envision** - Clearer sense of purpose; greater prioritisation and measuring of impact.