

GMC response to CQC consultation on Our next phase of regulation: consultation 3, independent healthcare

Q2a. Do you agree that this is the right approach?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Q2b What impact do you think this proposal will have?

We welcome the development of an insight tool to monitor data about the quality of independent healthcare services, and thereby enable a more risk based proportionate approach to regulation. We would also draw CQC's attention to our own web-based tool 'GMC Data Explorer' (which allows a user to explore our data on the composition of the medical register in great detail) and would support any move to share and compare data where appropriate (in order to develop a shared view of risk).

Q3a. Do you agree that this is the right approach?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Q3b. What impact do you think this proposal will have?

We welcome the proposal to collect information regularly from independent healthcare providers if this does not cause unnecessary burden on the system and those working within it. We believe that the insights produced by this would not only enable a more proportionate and risk based approach to regulation but would also potentially contribute to thematic analysis of risks. We would therefore also be interested in exploring opportunities for potential data sharing to identify and better understand how, when and why patients or doctors come to harm. As we commit to in our Corporate Strategy 2018-2020, collaboration and information sharing between regulatory bodies is essential to support safe, high quality care.

Q11a. Award a rating for CQC's five key questions (are services safe, effective, caring, responsive and well-led) and aggregate these up to an overall rating at service and/or location level.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

The GMC would support CQC continuing to award a rating against each of the five key questions for all providers inspected. The consultation document clearly identifies the importance of the 'well-led' domain, and it is essential that this continues to be inspected and rated in all healthcare providers that CQC visits.

Q11b. What impact do you think this proposal will have?

Assessing the same categories helps provide a consistent, clear and simple approach for the public across both the NHS and independent sector. Variation in ratings or questions assessed for the independent sector could undermine the public's interpretation of ratings, as it would mean that the aggregated ratings would not be truly comparable with their NHS counterparts.

Using the same questions and ratings also helps to embed a consistent approach to acceptable standards within all areas of the healthcare system in England.

The CQC's proposed approach is helping to embed the recommendations and learning arising from the Kennedy review of the care provided by Ian Patterson. We are aware that challenges exist in relation to organisations sharing data, and this can be particularly exacerbated when an individual is undertaking work for multiple organisations (including for independent sector organisations). This consistent approach to standards and assessment will support the availability and sharing of information between organisations, and will therefore have a positive impact for NHS bodies who commission services from, or who have employees who work within, independent sector providers.

A consistent approach to inspection and assessment will help to embed and drive improvements around the CQC's expectations for safe, effective and high quality care. As a particular example the fact that the CQC's assessment framework includes checking that appraisal is undertaken for all staff members will provide a helpful driver and lever for ensuring that all healthcare professionals have access to appraisal – particularly within the independent sector. The GMC welcomes this, as it will help to ensure access to appraisal for all doctors, and therefore support their continuing professional development and revalidation, and through this help to ensure patient safety.

Q14. Do you have any other comments on our proposed approach to regulating independent healthcare services?

The GMC's [Governance Handbook](#) is an example of collaboration between regulators across the UK, which is supporting the principles of the CQC's 'well-led' domain. The [Taking Revalidation Forward](#) Report undertaken at the request of the GMC identified the important role for Boards and governing bodies ensuring that safe and high quality care is being delivered. As recommended in this report, the GMC are currently updating our [Governance Handbook](#), in collaboration with the CQC and other signatories. In collaborating on the handbook, the signatories committed to using the handbook to support their statutory roles, and the principles within the handbook have therefore been informed by, and echoed in, the standards, and

assessment frameworks of the system regulators (and others) across the four countries of the UK. The handbook is a good example of collaborative working, and burden reduction, between the UK regulators: we are providing consistent support for effective leadership through the guidance in the Handbook, and driving improvements through the lever of inspections and assessment.

We would certainly support the CQC position that the 'well-led' domain must continue to be an integral part of inspecting and assessing independent sector providers, just as it is for NHS providers. Findings in the TRF report, CQC's ['Driving Improvement'](#) report, and the Kennedy Review have all indicated the key role leadership of an organisation has in supporting and driving improvements in the safety and quality of care provided. Addressing the 'well-led' question at each inspection could provide information which helps to identify causes of deterioration (and therefore factors for assisting improvement), and also a supplementary indicator for providers at biggest risk.

General Medical Council