

General Medical Council

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Strategy 2021 Consultation
Care Quality Commission
2nd Floor
2 Redman Place
London
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Dear Sir/Madam,

GMC's response to CQC's strategy consultation

GMC is pleased to have this opportunity to provide feedback on your draft strategy and are keen to continue to work closely with CQC to deliver wider health system goals.

We published our [Corporate Strategy 2021-2025](#) in November 2020. We enjoyed working with CQC colleagues on our respective strategies, and as per previous conversations recognise our common interests - particularly between your themes 'Safety through learning' and 'Smarter regulation', and GMC's 'Enabling professionals to provide safe care' and 'Making every interaction matter'.

It is good to see a similar emphasis throughout our respective strategies on promoting equality, diversity and inclusion (ED&I), and evidence-based decisions.

We are keen to continue exploring how we can best join up and align more effectively to ensure that organisational leadership helps improve working environments and cultures, and that patients therefore benefit from safer and better care. It is perhaps in this area that there are some opportunities for CQC to place greater emphasis in its strategy over the next five years. We believe that as regulators this means working collectively to drive better and more proportionate outcomes through, for instance, seeking to align more our frameworks for good governance, such as with the Well-Led Domain and the *Effective clinical governance for the medical profession handbook*, and going beyond

sharing data to creating shared data platforms across multiple regulators. A more explicit commitment to this is likely to be welcomed by providers and users of services alike.

General comments on CQC's strategy

1. We support CQC's move towards assessing care in both individual services and across different providers and organisations; changing the way it regulates digital services; and understanding and addressing inequalities.
2. GMC has put in place a framework to assess progress on the implementation of its strategy over the next five years through the use of a range of sources of evidence. We would be happy to share our approach and thinking in this area if helpful.

Specific comments in response to consultation questions

People and community

Question 1a. To what extent do you support the ambitions set out in this theme?

3. We welcome the focus on the people- and communities-driven approach. Similar sentiments underpin GMC's 'Making every interaction matter' theme, which includes our Patient and Public Involvement plans.

Question 1b. Please give more details to explain why you chose this answer.

4. Like CQC, GMC recognises the importance of patients' experiences, and is keen to do more to understand them and ensure they shape our work. For GMC also, this means empowering people and professionals through relevant and up-to-date information and agreed messaging and guidance, making it easy to communicate with us and listening to, and acting on, the views and experiences which are shared. We are conscious there is more we can do with CQC and other partners to ensure a joined-up approach. As various reviews and inquiries have noted, such as the Paterson Inquiry, greater regulatory alignment is in the interests of patients.

Smarter regulation

Question 2a. To what extent do you support the ambitions set out in this theme?

5. This theme also relates to GMC's 'Making every interaction matter', particularly in the sub-sections 'Targeted and dynamic' and 'Making it easier to work with us' with the emphasis on developing ongoing, collaborative relationships with services, built on openness and trust. We also welcome the greater emphasis on flexibility in regulation, though would welcome a more explicit articulation of the collective role regulatory partners can play, where the whole is greater than the sum of the parts.

Question 2b. Please give more details to explain why you chose this answer.

6. We deeply value the collaborative work we do with CQC and believe we share a commitment to make better use of data to be more targeted and dynamic, and in promoting good cultures and patient safety. However, we believe that to achieve this organisations like ours need to go beyond sharing data to developing shared insights – as providers and users of services expect us to.

Safety through learning

Question 3a. To what extent do you support the ambitions set out in this theme?

7. There is a strong read-across here with GMC's 'Enabling professionals to provide safe care', particularly the sub-sections on 'importance of culture', 'regulating safety' and 'consistent oversight and support'.

Question 3b. Please give more details to explain why you chose this answer.

8. GMC aims to work with partners across the UK health services to improve working environments and cultures, making them supportive, inclusive and fair for medical professionals and more effective and safe for patients and service users.
9. We are keen to continue to our work with you and others on what good safety culture looks like, supporting professionals and systems with appropriate guidance, and to promote environments, governance and leadership which focus on learning and improvement rather than blame across all care settings. As system and professional regulators, it is when we bring our insights together to create a shared view of risk that we can better identify concerns and act on them collectively.
10. Particularly important here is how we strike the balance between compliance on the one hand and learning and improvement on the other. We would also be happy to discuss the work we have done around human factors in fitness to practice and undergraduate and postgraduate curriculums to improve our understanding of the drivers of clinical error.

Accelerating improvement

Question 4a. To what extent do you support the ambitions set out in this theme?

11. GMC shares CQC's commitment to improvement through active support and collaboration with the healthcare system, particularly 'collaborating for improvement', 'making improvement happen', and 'an approach based on evidence'. Arguably there are opportunities to place even greater emphasis on how CQC can work in partnership with fellow regulators to deliver upon this ambition.

Question 4b. Please give more details to explain why you chose this answer.

12. GMC is supportive of the principle here and recognises that there is a lot that needs to be considered to firm up where CQC might focus its efforts given other work in this space, and current pressures on the system. We are keen to continue to work with CQC to develop joint thinking in this area, eg taking a more joined-up approach to leadership and clinical governance (such as in future development of the Well-Led

Framework, and through closer working between GMC's regional teams and CQC inspection teams.

Core ambitions

Question 5a. To what extent do you support our ambition to assess health and care systems?

13. We believe that these ambitions are well-served by the draft strategy though might be more explicit on how we can all collaborate to deliver on the ambition. GMC supports the whole systems approach, reduced reliance on inspections, a greater focus on ongoing relationships and data sharing, smarter regulation and more up-to-date ratings, multi-disciplinary teams and a move from safety processes and evidence of harms to safety culture and evidence of risk.

Question 5b. Please give more details to explain why you chose this answer.

14. Critical success factors will be agreeing what good safety culture looks like, the resourcing of the new approach and the new skills and capabilities which will be required, and engagement with providers to gain their understanding and support. Collaboration with partners will be key to ensure duplication and unnecessary burdens are minimised, whilst at the same time maintaining visibility of system and workforce risks.

Question 6a. To what extent do you think the ambitions in the strategy will help to tackle inequalities? Question 6b. Please give more details to explain why you chose this answer.

15. It is good to see CQC has embedded the need to reduce health inequalities and associated opportunities; the balance of local collaboration and national coalitions; and commitments to collaborate on reducing inequalities through data sharing.

16. There are a few areas GMC think it would be helpful to explore further, including the role of organisations showing leadership and influence at regional level; how system and professional regulators might work together to be more proactive in addressing known inequalities; and how CQC will inspect integrated services with more than one provider to understand how they are improving health outcomes for disadvantaged groups.

Measuring the impact on equality

Question 7. We'd like to hear what you think about the opportunities and risks to improving equality and human rights in our draft equality impact assessment. For example, you can tell us your thoughts on:

Whether the ambitions in the strategy will have an impact on some groups of people more than others, such as people with a protected equality characteristic.

Whether any impact would be positive or negative.

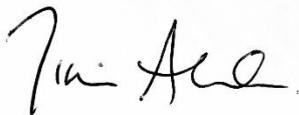
How we could reduce or remove any negative impacts.

17. The strategy recognises that the pandemic has accelerated change, and that new and innovative types of service have started up using digital channels and the growth of artificial intelligence and advances in data analytics. The strategy acknowledges the benefits of this and where digital services can meet people's needs. Its commitment to regulation driven by people's experiences and needs is laudable.
18. Inevitably these positives have a flipside – and it would be helpful to understand eg the risks associated with differences in digital accessibility; and how to ensure a representative and diverse set of perspectives.
19. Finally, the section of the strategy on cultures could include more on the focus of organisational culture impacting on healthcare professionals and staff and therefore the resulting impact on patient safety. We know that some groups experience differential treatment more than others in the workplace, and that this can impact on patient safety.

In summary

I hope this is helpful – we look forward to continuing to work with you and would be happy to discuss at any point.

Yours faithfully,



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