CQC & NHS Improvement Thematic Review of Never Events

Question 1: What statutory role does your organisation play in improving patient safety within NHS Trusts?

The GMC's overarching objective is the protection of the public. Its core functions, set out in the Medical Act 1983, are to set the educational standards for all UK doctors through undergraduate postgraduate education and training; decide which doctors are qualified to work here and maintain the public register of all those who are licensed to practise; set the professional standards for doctors in the UK and make sure they demonstrate on a regular basis that they are up to date and fit to practise; and take action when we believe a doctor may be putting the safety of patients, or the public's confidence in doctors, at risk.

Improving and ensuring patient safety is an intrinsic focus of our standards for medical education and training. For example, *Promoting Excellence* enshrines patient safety as the first priority in the management and delivery of undergraduate and postgraduate medical education and training, with a specific focus on the safety of the environment (for both patients and doctors) in which training takes place. Furthermore, our annual National Training Survey provides valuable data on the training environment, enabling us and our partners to take action when required. Secondly, our Generic professional capabilities framework covers core capabilities (for postgraduate training) aimed at keeping patients safe, addressing individual roles and responsibilities in relation to safety with an emphasis on raising concerns and the importance of (participation in) quality improvement activities. Thirdly, *Excellence by design*, establishes a requirement for all postgraduate curricula to provide clarity on the expected levels of performance and the necessary breadth of experience needed for safe professional practice.

Question 2: Please outline any other role your organisation plays as part of your current priorities / strategy?

In addition to the above, our professional guidance provides a framework of ethical practice that doctors can use to support an open, patient safety culture and draw attention to systems, processes and practises which may compromise patient care. Specifically, in July 2015 we launched joint guidance with the Nursing and Midwifery Council on the professional duty of candour, re-emphasising that doctors need to be open and honest with patients when things go wrong. The need to speak up was also reiterated in our guidance Leadership and management for all doctors (2012) and our guidance on Raising and acting on concerns about patient safety (2012).

We also provide a confidential helpline to advise doctors who do not feel able to raise concerns locally. We have clear protocols in place about sharing information with the Care Quality Commission and other regulators, as well as offering detailed advice to callers on how to raise their concerns.

Our recently published Corporate Strategy (2018-2020) prioritises work to both improve identification of emerging risk and develop mitigation actions designed to support doctors in maintaining high standards of practice. Central to this will be a programme of work to identify, understand and act upon potential problems before they result in harm to patients

and doctors. By 2020 we hope to have piloted regulatory interventions on three themes of identified harm such as doctor-patient communication failure.

Question 3: Who are the main organisations you work with on patient safety and how are you collaborating with them?

We hold regular catch up meetings with the CQC, NHSE and NHSI, and also attend both the Regional Quality Surveillance Group (through our Employer Liaison Service) and the NHS Oversight Group. In the case of the latter, we exchange information on NHS providers (within England) where concerns are developing or already known, and collaborate on supporting improvement in priority areas.

We also attend the Health and Social Care Regulators Forum, within England, to improve data and intelligence sharing. Drawing on the lessons from the events at North Middlesex University NHS Trust (see below), this has already resulted in the development of a multi-regulator escalation protocol for identifying and responding to shared areas of risk and emerging concerns.

From an education perspective, we collaborate with a number of organisations to ensure our standards are implemented, including Postgraduate Deans, Health Education England, Health Education Wales, CQC, NHS Education Scotland, Northern Ireland Medical and Dental Training Agency, Health Improvement Scotland, Regulation and Quality Improvement Authority, Medical Schools Council and the Academy of Medical Royal Colleges.

Question 4: Are there any overlaps in the work you do with other organisations?

The GMC, like a number of bodies, collects intelligence to identify potential risk within the system – this will be drawn from a number of sources including the complaints we receive, our education quality assurance programme and visits undertaken by both our Regional and Employer Liaison Services.

Although this can lead to overlap (for example, our Employer Liaison Service overlaps with other regulators with regard to engaging Responsible Officers and / or Medical Directors at NHS Trusts) we have a defined role in looking at individual doctors and concerns about safety. And furthermore, our Corporate Strategy 2018-2020 sets out a commitment to work more collaboratively (with system and professional regulators) in order to provide a level of collective assurance that bridges our individual and separate regulatory responsibilities (and in doing so, minimise regulatory overlap through working towards joint solutions).

There may also be some overlap with regard to our focus on governance systems, as we also advise on systems issues affecting medical quality (e.g. quality of local investigation or revalidation/appraisal policy) but in general our role complements, rather than duplicates, the systems regulatory role.

From an education perspective, we task Health Education England local offices and Postgraduate Deaneries with managing the quality of the education and training in their regions. As HEE has its own role to play in quality assuring their local offices, there could be some overlap in our roles in this regard. We do face occasional criticism of our overlap with

systems regulators but, again, our roles and responsibilities are very different and we try to work together where complementary, through sharing relevant information and joint action where appropriate.

Question 5: How effective are these relationships? Please give examples

These can be very effective. As a recent example, training environments at East Kent Hospitals and North Middlesex University Hospital were not meeting our standards, and were being closely monitored through our enhanced monitoring process. However, progress was not apparent, and delivering sustainable improvements was challenging. In each case, we worked very closely with HEE to promote change. In the case of East Kent, we worked closely with HEE Kent, Surrey and Sussex to negotiate the removal of medical trainees from Kent and Canterbury Hospital, so that they could be redeployed at other sites within the Trust. At North Middlesex we formulated with HEE a plan for influencing key stakeholders to drive change. We used our statutory powers set conditions on their approval, which ensured HEE had a platform to closely monitor and work with the Trust to make changes. The unit is now significantly improved.

However, working collaboratively in this way presented, and continues to present, significant challenges, particularly in those cases where institutional priorities conflict or misalign. Therefore, we recognise that more work is required to make these relationships more effective – and achieving this is one of our core strategic aims in our new Corporate Strategy 2018-2020.

Secondly, the Employer Liaison Service has developed effective working relationships with Responsible Officers (RO's) through its programme of regular visits. This enables RO's to seek GMC input, outside of our scheduled meetings, on patient safety issues arising from concerns about a doctor. The GMC addresses thousands of such requests for advice on an annual basis, with the aim of supporting robust and effective local action, where it is safe and possible to do so.

Question 6: Do you work directly with trusts, directly with staff or in another capacity?

Our Employer Liaison Service (ELS) works with responsible officers, medical directors and medical managers to protect patients and support doctors to meet our standards. We support medical leaders in all sectors, including the NHS and independent providers, and meet with responsible officers of every NHS Trust in England regularly (three times annually). In particular, we:

- Work with responsible officers to make sure concerns about doctors are addressed in the right place and at the right time. This includes supporting the management of concerns at a local level.
- Help responsible officers apply our thresholds, including advice to support quality referrals that are fair, timely and underpin effective investigation. This includes activities such as the review of all Never Event reports where a doctor is involved, and any serious

incident and significant event reports which raise a serious question about the competence or actions of a doctor.
- Support the continuous development of local clinical governance systems that are a part of the responsible officer function, including making revalidation recommendations.
- Learn about the environments in which doctors practice. This helps us support our aim to be ready to speak and act in the interests of patient safety and high quality care.

Our Regional Liaison Service works with doctors through the delivery of interactive workshops showing how GMC guidance can be used practically and how it should support good decision making. During 2017, our team of 12 Regional Liaison Advisers taught over 23,000 doctors (working within a number of prioritised NHS Trusts across England) and 18,000 medical students. During the same period, the RLS delivered 294 teaching sessions with doctor and medical students on our guidance on raising patient safety concerns.

Question 7: How do you involve patients / families / carers in your work?

Direct engagement and consultation with patients, families, carers and the organisations that represent them is an integral part of our guidance development work. We do this through face to face meetings, commissioned focus groups, and by providing targeted opportunities to contribute to written consultations.

Where complaints about a doctor's fitness to practise are raised by patients or their families, we offer a meeting at the outset of our investigation process to explain our remit and processes and to invite any additional information about their complaint. We also offer a further meeting at the end of the investigation to explain the outcome. More widely, we run public consultations on significant changes to our policy and practice, and engage with patient organisations and networks in order to obtain their input.

Question 8: What quality improvement do you do regarding your patient safety responsibilities / function and is there any particular work ongoing?

We have produced our "Best Practice Principles of an Investigation" which has been endorsed by NHS England and attached to the "Responding to Concerns" guidance issued to all responsible officers from NHS England. We feed back to Trusts and systems regulators on investigation reports and/or activity which appear to be to be particularly effective or ineffective via the Employer Liaison Service. We are currently considering how to build in a human factors element to our consideration of concerns as they arise about doctors, and how to ensure Trusts do the same.

The Assurance Team within our fitness to practise function also carries out a number of internal assurance activities on a regular basis, to ensure systems and processes used by operational teams are effective and up-to-date, as well as coordinating external quality/assurance reviews and audits.

Externally, our Regional Liaison Advisers also work with Trusts and doctors to recognise the importance of QI activity and how this can be applied to their practice though our sessions on Leadership and Management. In addition, our Welcome to UK practice programme helps doctors new to practice to understand the ethical issues that will affect them and their

patients on a day to day basis. During 2016, 90% doctors who attended said that they would change their practice as a result of attending the workshop.

And finally, our Duties of a doctor programme help doctors to understand how our guidance can support them in making difficult decisions in their practice. We use a mixture of case studies and interactive learning techniques to bring the subject areas to life and show how our guidance applies in practice.

Question 9: What one thing would you do to improve how you work with other organisations?

Firstly, professional regulation has a key contribution to make in this area through working with a range of stakeholders including employers and educators. However, our contribution is constrained by the inadequacy of the legislative framework within which we are required to operate. We have lobbied for many years for changes to that framework and although Governments have repeatedly promised us reform, they have consistently failed to deliver.

More practically, we would suggest continuing to explore the scope for further information sharing – with a particular emphasis on the sharing of 'live' intelligence (within the constraints of existing information legislation) relating to fitness to practise concerns, clinical governance concerns and concerns relating to the environment in which medical education and training is delivered.

Key to delivering this will be improved communication between regulatory bodies and as part of this an improved understanding of each other's roles and responsibilities (which goes beyond simply agreeing a Memorandum of Understanding). To help facilitate this, throughout 2018, we are exploring opportunities to attend and shadow engagement events and visits held by other regulatory bodies (e.g. CQC and NMC), reciprocating where possible.

Question 10: What one thing would you do to improve how you work with NHS Trusts and their staff?

Work increasingly closely with Trusts to support and advise on local systems, in order to encourage appropriate local resolution of concerns about doctors where that is the most effective and efficient way of securing protection for the public.

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