



Protecting the safety of the public and supporting the medical workforce

Protecting the safety of the public is our primary responsibility. That means taking firm and timely action where there have been serious failings in medical practice. But it also means working with doctors to support them – because if doctors are well supported they are more likely to give patients the best possible care.

In 2017, our Regional Liaison Service in England and our liaison advisers in Scotland, Wales and Northern Ireland engaged with over 26,000 doctors and over 23,000 medical students and educators across the UK.

In 2017 we engaged directly with over **26,000** doctors and over **23,000** medical students and educators across the UK.

This service plays a key part in raising awareness and understanding of our standards to support excellence in medical education and practice. A consultant who attended the *Duties of a doctor* sessions offered by the service said, 'it helped me gain insight into how I can empower and enable junior doctors to speak up, raise concerns and be more involved'.

We also introduced a number of changes to our support scheme for doctors or members of the public who appear as witnesses at medical practitioner tribunal hearings. These include increasing phone communication and keeping in touch on a more regular basis.

And we held over 500 meetings or phone conversations with patients or members of the public who had made a complaint about a doctor's fitness to practise. Feedback about our Patient Liaison Service² shows that most are very satisfied and that it has made the whole experience easier for them.

The following case studies show in more detail the impact that our work to support patients and doctors can have, directly or indirectly, on the safety of the public.

Working with partners to make online prescribing safer

Online and remote prescribing – whether by phone, Skype or website – has become increasingly popular in recent years and offers many benefits. But it is also open to abuse, and we have come across examples of very poor practice where patients' safety is put at risk.

Prescribing was the second highest topic of interest when doctors emailed or phoned us for standards guidance.

Our guidance makes clear that a doctor's obligations are the same whether prescribing remotely or face to face,³ and that doctors should only prescribe when they know enough about the patient to be satisfied the medicines meet their needs.

In 2017 we worked collaboratively with other regulators across the UK's healthcare systems to highlight the extent of the problems associated with remote/online prescribing, and share what we have learned with the wider medical community. We signed a joint statement and a letter⁴ to online care providers and this united front is already bearing fruit.

2 See www.gmc-uk.org/concerns/information-for-patients/how-we-handle-concerns/support-for-patients-and-complainants

3 See www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices/remote-prescribing-via-telephone-video-link-or-online

4 www.cqc.org.uk/news/releases/care-quality-commission-advises-people-take-care-when-using-online-primary-care

For example, during 2017 the Care Quality Commission (CQC) flagged up concerns about unsafe prescribing in relation to a number of online primary care providers. We worked with the CQC inspection team to clarify points of our guidance, and they referred a number of doctors to us. As a result of this collaborative work, the CQC found improvements when it re-inspected providers in March 2018.

We now hold regular forums where the main regulators and online providers meet. We also attend monthly inter-regulatory meetings on the topic, coordinated by the CQC.

Doctors operating online also increasingly prescribe to patients in other countries via a website or video link. This also carries risks, which we discussed with other European regulators at a meeting of the European Network of Medical Competent Authorities in May 2017.

Protecting the public through robust registration checks

The public needs to be confident that all doctors on the register are properly qualified to do their job. For this reason we have robust systems in place to make sure that every registered doctor is who they say they are and that they have the right qualifications to practise medicine.

Two years ago we received an application to join the register from someone claiming to be a doctor who had qualified in another European country. We have a thorough checking system and work closely with other regulators to verify qualifications, and, in this case, our suspicions were raised by the information we received.

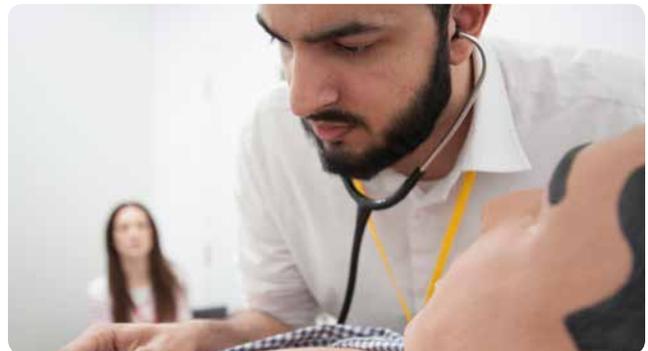


In 2017 we granted registration to **20,623** doctors.

We also learnt that the applicant was currently working in a non-clinical position at a provider in England but was applying to take up a medical post. One of our employer liaison advisers raised our concerns regarding the individual's qualifications and experience with the provider. Following an internal investigation, the individual's contract was terminated.

As a result of the work by the provider and ourselves, we were able to produce a case file about the individual, which we submitted to the police. In 2017 the case was brought to court, the individual pleaded guilty to fraud and was sentenced to 15 months' imprisonment.

The case shows not only that our systems for spotting registration fraud are robust, but that by working in partnership with others, we can help to make sure that people who seek to cheat the system are exposed for what they do.



More flexibility and choice for candidates taking the PLAB 1 exam

The PLAB (Professional and Linguistic Assessments Board) exam⁵ is the main route through which doctors who qualified outside the European Economic Area or Switzerland can join our register and practise in the UK. In recent years demand to take the first, written part of the test has been growing, with many of our exam centres around the world reporting they are at capacity or even oversubscribed.

In 2017 we conducted a full review, which has led to a 34% increase in our annual assessment capacity – from 2,978 to 3,978 exam places.

⁵ See www.gmc-uk.org/registration-and-licensing/join-the-register/plab

Increases in Lagos were as follows:

November 2016



March 2017



November 2017



The review showed there were particular issues in our one UK centre in London, where demand always outstrips supply, and West Africa has only one location, Lagos in Nigeria, which is heavily oversubscribed.

As a result from November 2017 we increased our annual capacity in Lagos from 450 to 1,000 places. We also added three new centres – in Accra, Ghana; in Toronto, Canada; and in Sydney, Australia.

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And we opened a new centre in Manchester for candidates sitting the test in the UK. This has capacity for 225 people a year, which will ease the pressure on our London venue.

The changes, which have proved extremely popular, mean we have been able to offer candidates far more flexibility and choice while maintaining demand for the exam. And by enabling more people to be assessed and eventually access practice in the UK, we are helping to address workforce shortages that are likely to become more pressing following our expected departure from the European Union.

As these case studies illustrate, we're seeking to shift our emphasis away from acting when things have gone wrong to preventing harm happening in the first place. At all times we work to make sure the needs of patients and doctors sit at the heart of everything we do.

Over the next three years we aim to:

- develop processes that help us identify and better understand how and why patients or doctors come to harm. We will set up pilots on different themes of identified harm such as doctor-patient communication failures
- enhance the ways in which we engage with doctors and patients to understand their views and experiences and shape our work accordingly
- have greater assurance about doctors' capabilities when joining the register and at each stage of their careers, to meet the needs of patients
- provide more guidance and support to help people understand how best to get their concerns addressed and when to complain to us or to another organisation.

