Delivering responsive and proportionate regulation

Against the backdrop of a health care system that is under increasing pressure, we want to make sure doctors are supported by regulation that eases rather than adds to the pressures of the system they work within.

We need to be proportionate in the actions we take to protect the public and safeguard medical education and practice. In recent years we have been looking at how we can make our regulatory process as responsive as possible while ensuring patient safety is never jeopardised.

Based on feedback we received from doctors, we have taken steps to make the revalidation process less demanding for doctors. Our relaunched guidance[18] on the subject clarifies what information doctors need to provide for their annual appraisals. This helps to make sure doctors don't feel pressurised to gather evidence that is unnecessary or excessive.

Regulation of medical associate professions would help associates reach their full potential as a professional group while ensuring patient safety. And we believe we are well placed to provide that regulation.

We have also made it easier for doctors to remove their names voluntarily from the register by introducing a more flexible application process – and initial evidence suggests this has been welcomed, with an increase in applications compared to the past.

And as the case studies below show, we have extended our provisional enquiry process to make sure we only conduct investigations into doctors' fitness to practise where it is essential that we do so to address significant public safety issues; and we have invested in ways in which we can support doctors undergoing investigations.

We are also constantly looking to reduce the financial impact of regulation on doctors as much as possible. We reduced our annual retention fee for all doctors from April 2018, and introduced significant discounts on registration fees for newly qualified doctors.

And we are ready to take on new challenges. For example, we responded positively to the consultation carried out by the Department of Health and Social Care (England) regarding the regulation of medical associate professions: as medical associates work closely with doctors, we believe there is a strong argument that we should accept responsibility for them, and provided that adequate funding and legislative changes are put in place, we would be in a good place to regulate also these roles.

18 See www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation/about-this-guidance

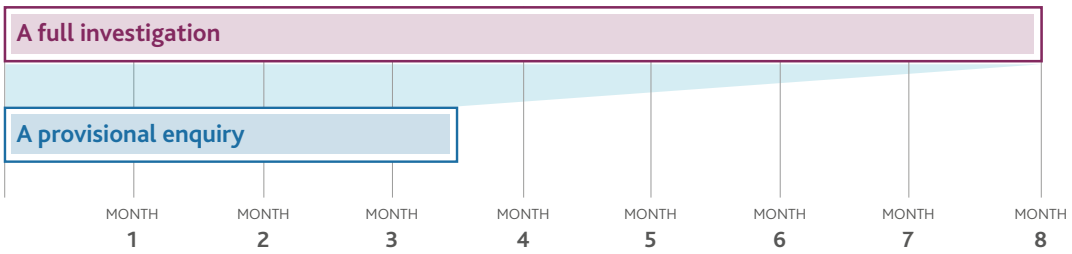
How provisional enquiries are reducing regulatory pressure

We take concerns raised about doctors' behaviour, health or performance very seriously, and, where necessary, we will take action to prevent a doctor from putting the safety of patients or the public's confidence at risk.

At the same time, there is every reason to avoid the costs and stress of a full investigation if risks to public safety are limited or can be addressed in other ways. And the evidence shows this is often the case. At present, around 75% of cases that we are required to investigate due to the current legislative framework do not result in substantive action.

In the last few years we have been working to address this by introducing a system of provisional enquiries – that is, making a few initial enquiries that allow us to assess whether or not we need to open a full investigation.

In 2017 we completed over 500 provisional enquiries and were able to close two thirds of the cases without a full investigation, saving time and stress for the doctors involved and allowing us to focus our resources on the more serious cases.



In addition we ran a pilot focusing on incidents where a doctor has made a one-off clinical mistake. Again, two thirds of the cases were closed with no further action. We also hope to extend provisional enquiries to some cases where the concerns relate to a doctor's health.

On average provisional enquiries take between three to four months to complete compared to eight months for a full investigation.

We have also updated our thresholds guidance[19] to make it clearer when we can and cannot take action. Responsible officers have told us this has helped them support some doctors – particularly those with health concerns – at a local level rather than referring them to us.

The guidance 'will empower responsible officers to act,' said one responsible officer. 'I feel [it] supports my management of concerns locally, where appropriate, for the benefit of the doctor, their service and patients in a timely and constructive manner.'

Doctor Contact Service is helping to reduce stress of hearings

Fitness to practise hearings can be confusing and stressful experiences for doctors, particularly those who are representing themselves without the support of a barrister. This is why the Medical Practitioner Tribunal Service (MPTS) recently set up its Doctor Contact Service.[20]

The service is provided by staff from across the MPTS who seek to support doctors and make their experience of the hearing process a little less daunting. Staff can point doctors to

19 See www.gmc-uk.org/-/media/documents/dc9089-referal-guidance_pdf-66767403.pdf

20 See www.mpts-uk.org/hearing/11905.asp

76 doctors seen
29 gave feedback
98% positive

> “I’m un-represented so it was lovely to have someone to talk to and clarify the procedures.”
>
> **Doctor taking part in a hearing.**

useful support materials and provide information about the process, which can help reduce doctors’ stress, anxiety and sense of isolation when attending a hearing.

In its first year the Doctor Contact Service saw 76 doctors. Of these, 29 gave feedback and the satisfaction rating of 4.9 out of 5 indicates it is having a positive impact.

In one case a doctor who had arrived alone for a hearing was clearly in a distressed state. A staff member sat down with them and assured them there was plenty of time to compose themselves before the hearing began. They also had the chance to ask questions about the process and discuss their immediate concerns. As a result the doctor was able to refocus and begin preparing for the hearing.

Afterwards the doctor said how grateful they were for this support. ‘I’m unrepresented so it was lovely to have someone to talk to and clarify the procedures. It was good to be able to raise one or two points in my case. An invaluable service.’

Supporting doctors experiencing health-related issues

Over the course of last year we have invested in ways to support doctors who are unwell or vulnerable, before and during investigation processes.

For example, in March 2017 we set up a dedicated communication investigation team, tasked with overseeing communications to doctors undergoing investigation who are experiencing health-related issues. The team ensures that in our letters to these doctors we only include what the doctor needs to know at that particular point in the process and what they need to do next. This avoids the doctor having to process additional information at a stage where it is not yet relevant. These letters also give earlier advice about the Doctor Support Service,[21] provided by the BMA on our behalf and available to help all doctors through the investigation process.

Dr Anna-Maria Rollin at the Royal College of Anaesthetists told us that these changes represent a huge improvement in our communication, and that our ‘increased emphasis on support for the doctor, through the medical defence organisations and the Doctor Support Service, is welcome.’

Our Employer Liaison Service[22] can also help to facilitate local conversations to support doctors with health concerns. This prevents concerns from being escalated to the GMC

21 See www.gmc-uk.org/concerns/information-for-doctors-under-investigation/support-for-doctors/doctor-support-service
22 See www.gmc-uk.org/about/how-we-work/liaison-and-outreach/employer-liaison-service

when they could be addressed in other ways, and is particularly helpful where a number of organisations are involved.

For example, one of our employer liaison advisors (ELAs) helped in a case where there were long-running health concerns about a doctor in training. Whilst these concerns did not cross the GMC threshold for action, it was recognised that the doctor needed support in several ways including occupational health. Our ELA was concerned that there was a lack of dialogue between Health Education England and the employing provider about arranging support for the doctor. The ELA arranged a three way conversation for the provider and Health Education England to discuss what support had been in place for the doctor at other training locations to give all parties assurance that the doctor would be able to practise safely and there was no risk to patients or the doctor concerned.

This helped provide a joined up and proportionate response to the issue, focusing on making sure that the doctor received the support they needed rather than referring them to our fitness to practice procedures.

Our aim is to make sure that regulation happens in the right way, in the right place and at the right time. That means we will continue to look for ways of streamlining the present regulatory system, for the benefit of both doctors and the public. In doing this we believe we will create a model of regulation that can anticipate and be responsive to changing healthcare systems and workforce strategies.

Over the next three years we will:

- explore and pilot a 'local first' approach when dealing with concerns about doctors. The aim will be to manage more cases at a local level rather than referring on to a more formal hearing. This will reduce unnecessary referrals and achieve more timely resolutions
- explore the development of an educational support programme for doctors who have been subject to low level complaints that have not yet reached the threshold for action against their registration to reduce the risk of more serious problems and regulatory action later on
- keep our fees structure under review, making sure our fees remain robust, equitable and transparent
- work with other regulators and health organisations to make our processes more user friendly for doctors, student, educators and healthcare providers
- continue to campaign for legislative reforms that will enable us to streamline our processes and help us deliver ever more responsive and proportionate regulation.

CONCLUSION

The case studies presented in this report are just a few examples of how our work can impact positively in many different ways on public safety and the quality of care.

In particular we have seen how working with doctors to maintain and improve standards, and assuring the quality of education and training, are key elements of our regulatory role and can have a big impact on both doctors' and patients' wellbeing.

We could do much more in this respect if the laws governing our work were changed. The outdated and prescriptive legislation we are subject to frustrates our ability to innovate and meet the changing needs of UK healthcare, and prevents us from having the impact we'd want.

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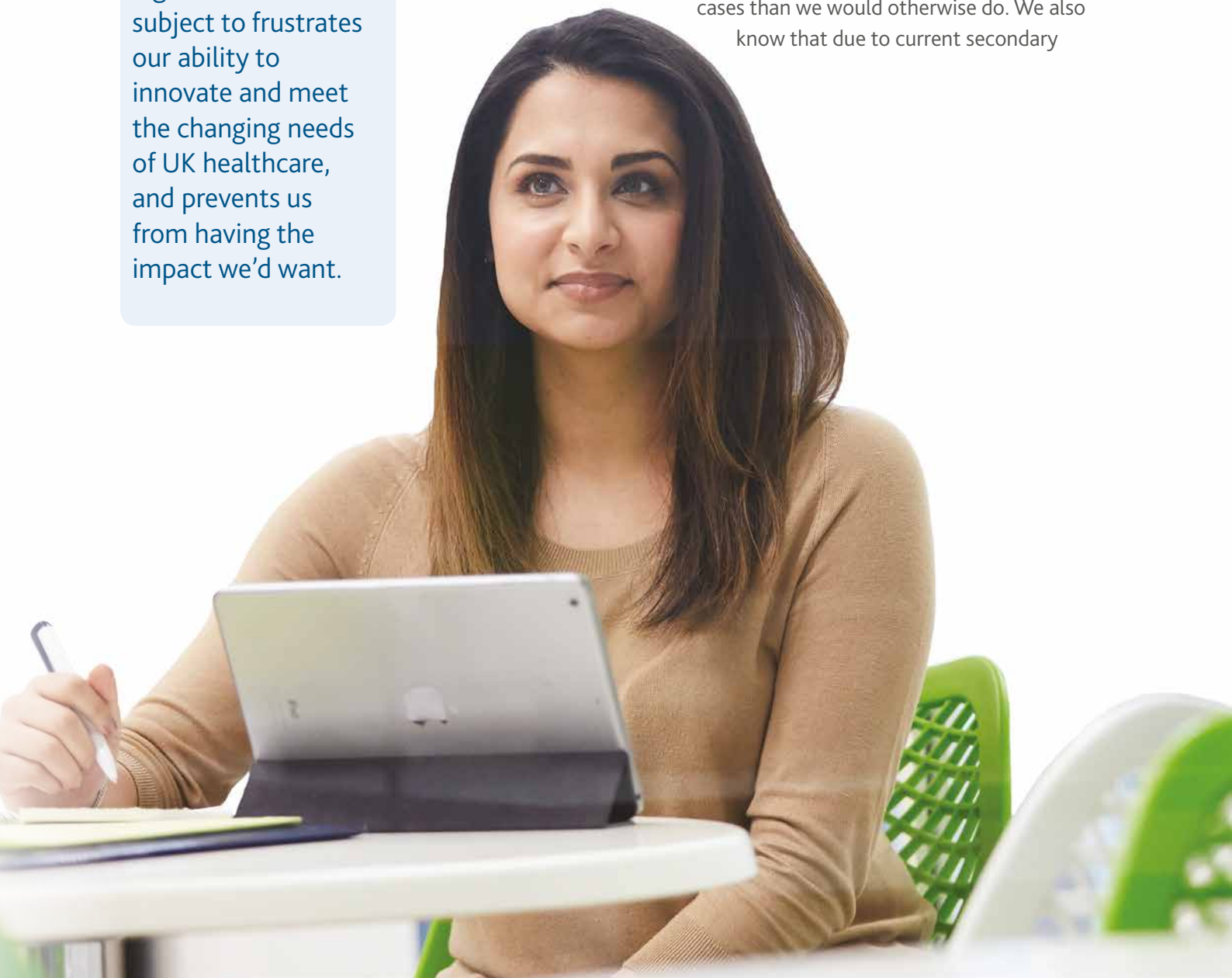
So for example we have to investigate many more cases than we would otherwise do. We also know that due to current secondary



legislation, doctors who have not gone through a conventional training programme but wish to demonstrate they have the equivalent knowledge to apply to our specialist or GP register are forced to partake in a slow and burdensome application process.

At the same time it is also clear that with health services under enormous pressure, the need for vigilance to maintain standards is more important than ever. The case studies in this report show how, by working together with our partners, we have been able to make a real difference, and we will continue to collaborate with them.

More recently we have also been considering the impact our decision to appeal the MPTS's ruling on the GMC v Bawa-Garba case has had on the medical profession, and have begun work to address the issues this case has brought to light. We will account for this work in next year's edition of this report.

Much of this work is already in line with our corporate strategy for 2018–20,[23] which includes plans to deliver ever more responsive and proportionate regulation, change our culture to achieve a clearer sense of purpose, and measure the impact of our work more rigorously.

In doing all of this we will continue to focus on our role in protecting the public – working with doctors, for patients, in everything we do.

For more information on our activities see our Annual report 2017 as well as past impact reports at www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/our-impact, or feel free to contact us on 0161 923 6602 or gmc@gmc-uk.org.

23 See www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/corporate-strategy