

Agenda item:	M3
Report title:	Chief Executive's Report
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Action:	To consider

Executive summary

This report outlines developments in our external environment and progress on our strategy since Council last met.

Key points to note:

- We expect the Department of Health to consult imminently on plans for the UK-wide reform of professional regulation and, separately, on the statutory regulation of Physician Associates.
- We launched our consultation on the establishment of a UK Medical Licensing Assessment on 31 January 2017. The consultation is open until the end of April 2017.
- We are finalising our report to Ministers in the four countries of the UK on making training pathways more flexible for doctors in training.

Recommendation

Council is asked to consider the Chief Executive's Report.

Developments in our external environment

Pressures on the health service

- 1 On 26 January 2017, the Chair [wrote](#) to all registrants. His letter recognised the fierce pressure facing health services across the UK with emergency services and primary care in particular struggling to cope with demand.
- 2 Although the GMC has no role in decisions about the delivery or funding of healthcare this is the context in which we operate. In the months and years ahead it is likely that pressure on the health services will remain very high and as a patient safety organisation, we have a responsibility to patients to make sure that our standards continue to be met, that we are proportionate in the way we regulate the profession and support doctors, and that we speak out where we have concerns.
- 3 In November 2016 we highlighted the 'state of unease' which exists in the medical profession through our [State of Medical Education and Practice in the UK](#) report 2016. The report on our [2016 National Training Survey](#), published in December, warned of the increasingly heavy workload doctors in training were facing and the implications this had for training. As highlighted, medical training is so often a bellwether for the quality and safety of patient care and we will continue to monitor this closely.

The future shape of professional regulation

- 4 We understand that the Department of Health will imminently launch their consultation on plans for the UK-wide reform of professional regulation. Reform of our legislative framework is long overdue: the Medical Act is now over 30 years old and, as the Chair said in his message to the profession in January, it frequently slows us down and places unnecessary stress on doctors and patients.
- 5 We continue to work closely with officials to seek reform to our legislative framework and are also in discussions about the possibility of Section 60 Orders to secure further, much-needed, reforms.

Medical workforce

- 6 In November 2016, the Secretary of State for Health in England made a [speech](#) on leadership, morale and flexible working in the NHS. Among his proposals, he asked the GMC:
 - a To work with the Faculty of Medical Leadership and Management (FMLM) and the Nursing and Midwifery Council (NMC) to explore how we can provide greater incentives for clinical leaders to take up management roles.

- b** To work with Health Education England (HEE) to examine how clinical leadership can be incorporated as a core component of all specialty training and consider whether this should be established as a specialty or sub-specialty in its own right.
 - c** To work with the Royal College of Nursing, NMC and HEE to review whether it is possible to create a career path for advanced nurse practitioners who wish to re-train as doctors.
- 7** In response, we are contributing to an advisory group led by the FMLM which is examining the barriers and enablers to clinicians moving into senior leadership roles. It will involve a range of in-depth interviews with clinicians, including doctors, nurses and associated health professionals in senior roles about their experiences, and the testing of emerging findings with targeted audiences across the UK. This work is on course to deliver a clear set of actionable proposals by the end of March.
- 8** Leadership is already an essential part of our generic professional capabilities framework which will form part of our new standards for postgraduate medical curricula. As the framework is embedded into specialty curricula this will mean leadership skills become a core requirement of all speciality training. In addition, we recognise the most senior clinical leaders may need and value additional training, support and recognition of their advanced skills and we are working closely with HEE on this.

Physician Associates

- 9** In the same speech on 30 November 2016, the Secretary of State for Health in England also confirmed that the Department of Health will consult on the statutory regulation of Physician Associates. Though the launch date for this consultation has still to be confirmed, we understand this is likely to be short and contain specific recommendations about who regulates this professional group.

Progress on our strategy

Review on making training pathways more flexible

- 10** During the recent industrial dispute between doctors in training in England and the Government deep-seated concerns were identified by doctors in training about the inflexibility of current pathways in postgraduate training; concerns which resonate with themes in successive reports, most recently the independent [Shape of Training Review](#).
- 11** As part of the [agreement reached in May 2016](#) between the Government and the BMA, we agreed to conduct a review into making training pathways for doctors in training more flexible.
- 12** In that context, our review is examining:

- a** How to enable greater flexibility across postgraduate medical education and training.
 - b** How to address the current legal barriers that are working against the spirit of flexibility.
 - c** How we can build on reforms we are introducing such as generic professional capabilities and credentialing which will promote increased flexibility both for doctors in training and the service.
- 13** The report is likely to emphasise the need for system-wide oversight to help coordinate and lead the changes. The powers to improve the flexibility of training do not all lie with the GMC, but through our discussions with doctors in training and others, we have identified ways in which the system could be improved, and where appropriate, we will be seeking commitments from other bodies.
- 14** We are committed to delivering a set of actionable recommendations that will meaningfully improve the experience of doctors in training across the UK who wish to change specialties. We will deliver our report to Ministers in the four countries by the end of March 2017.

Medical Licensing Assessment

- 15** We launched a [public consultation](#) on establishing a Medical Licensing Assessment (MLA) on Tuesday 31 January 2017. The consultation is open until 30 April 2017 and follows extensive preparatory work over several years with key stakeholders to get our plans to this point.
- 16** While the quality of undergraduate medical education remains high and our processes to admit entry to the register are robust, we believe our current arrangements could be made simpler, stronger and fairer with the introduction of the MLA.
- 17** The MLA would create a single objective demonstration that doctors entering UK practice have met a common threshold for safe practice. This consultation is an opportunity to hear views on a series of fundamental questions – including how the MLA should be structured, what it should test, when it should be introduced and how it should be delivered.
- 18** We are pleased that on the launch of the consultation several organisations issued statements welcoming our approach and the opportunity for further engagement. These organisations include the Medical Schools Council, the Academy of Medical Royal Colleges, the Royal College of Physicians and NHS Employers.
- 19** Nevertheless the consultation is just one step on the road to delivering the MLA. We intend to work closely with organisations responsible for healthcare and medical education and training across the four nations of the UK in the years ahead in order

to refine our plans, develop an assessment blueprint, pilot thoroughly and decide how best to implement the MLA in practice.

Taking Revalidation Forward

- 20 Sir Keith Pearson's independent report [Taking Revalidation Forward](#) was published on Friday 13 January 2017. We asked Sir Keith to review the impact of revalidation since it was launched in December 2012 and to make recommendations about how the process could be improved.
- 21 We welcomed the report and committed to taking forward the recommendations in collaboration with others. Alongside the report, we published the [GMC response](#) setting out our five key priorities to improve revalidation. We are now working with key stakeholders to explore the recommendations and to design an implementation plan which we will bring back to Council later this year.
- 22 Sir Keith's work will be complemented by the independent evaluation being conducted by the [UK medical revalidation collaboration](#) (UMbRELLA) whose final report will be available in early 2018.

Collaboration with other regulators

- 23 Collaboration is one of our [core organisational values](#) and we recognise its importance in working with other health regulators to deliver maximum efficiency and public safety. We are committed to working collaboratively with others building on previous work such as our [joint guidance](#) on the professional duty of candour with the NMC in June 2015.
- 24 We are currently working with other professional regulators to consider how best to coordinate and align our support for registrants on avoiding, managing and declaring potential and actual conflicts of interest. The shape of this work is currently being determined and is likely to include case studies, communications activities and a common position statement or guidance, building on existing guidance such as our 2013 statement on [Financial and commercial arrangements and conflicts of interest](#).
- 25 We are also in discussions with the other professional regulators about how we can better collaborate across the full range of our functions. To underpin this work there have been discussions about a common statement of intent indicating a 'presumption of collaboration' across the professional regulators, subject to Council's agreement.

Disclosure to the Gosport Independent Panel

- 26 The [Gosport War Memorial Hospital investigation](#) into unexpected deaths and failures of care for elderly patients began work in February 2015. Its scope of interest extends from 1980 to the present day.

- 27** We are committed to doing all we can to support the work of the investigation. Since we last reported to Council on this matter in April 2016 we have completed our disclosure to the panel of the documentary evidence we hold that may assist its investigation.
- 28** I met the panel in January 2017 to clarify their intentions in relation to the publication of materials we have disclosed. To comply with our legal obligations, and to meet the wishes of the panel, it is estimated that we will now need to review approximately 100,000 pages of material to redact sensitive personal data before it is put in the public domain.
- 29** We have been clear to the investigation panel that we will do this as quickly as reasonably possible and the panel has agreed to consider whether it is able to make a contribution to our costs.

Statement on GP Specialist Register proposals

- 30** We issued a [statement](#) on 25 January 2017 clarifying our support for the establishment of a single advanced register – for both specialists and GPs – to replace the current system of two separate registers. We believe that making such a change would support our ambition to make the entire medical register more helpful and informative for the millions of patients, employers and doctors who use it every year.
- 31** Of course, changing the register in this way would require the UK Parliament to update the Medical Act, the piece of legislation which determines our powers and the scope of the medical register.

Strategy and Policy Board

- 32** The Strategy and Policy Board met on 9 February 2017 and made the following recommendations:
- a** To agree a move towards publication of warnings for one year on the face of a doctor's record and a further year on the history page, rather than the current five years on the face of the record, which is considered disproportionate given that warnings are the lowest level of regulatory action.
 - b** To approve the proposal that the GMC would expand the limited range of criminal matters that we do not investigate under our fitness to practise procedures so that our investigations are proportionate and such matters are only investigated where they may raise a fitness to practice concern.
 - c** To approve the Health and Disability work programme for education, which would include an update and expansion of our *Gateways to the professions* guidance and building on the resources on the GMC website to provide a comprehensive resource hub for students and doctors with disabilities.

33 The Board also received updates related to:

- a** The January meeting of the Revalidation Advisory Board.
- b** Equality and Diversity work in education and agreed terms of reference for the Education Equality and Diversity Advisory Group.
- c** The annual research report for 2016.
- d** Implementation of the recommendations from Sir Keith Pearson's *Taking Revalidation Forward* report.

Use of the Corporate Seal by the Chief Executive under his delegated authority in 2016**34** During 2016, in addition to the Regulations made by Council, the Chief Executive has exercised the power delegated by Council to apply the Corporate Seal on the following occasions:

- a** Relating to pension arrangements – GMC Staff Superannuation Scheme:
 - i** Deed of Appointment and Removal of Trustee – The GMC Staff Superannuation Scheme.
 - ii** Deed of Amendment – The GMC Staff Superannuation Scheme (ending final salary accrual and introducing career average benefits from 1 January 2017)
- b** Relating to property:
 - i** Licence for alterations at Centurion House.

Key engagements*Patient group roundtable*

35 I hosted a roundtable with patient and public groups in England on 1 February 2017. Attendees were supportive of our proposals for the MLA and our ambition to increase patient feedback as part of doctors' revalidation, in line with Sir Keith Pearson's recommendations. I will be meeting with patient leaders from the other nations in the near future, as well as considering how we improve our collaborative working with patient organisations.

Meeting representatives of doctors in training

36 On 8 February 2017 I hosted a roundtable discussion with representatives of doctors in training across the UK. Topics included our priorities for UK medical education and training, in particular our flexible training review and the development of the National

Training Surveys (which, following concerns raised by doctors in training, will this year include new questions to determine the effectiveness of local rota design). Discussions were positive and presented an opportunity to clarify our role and responsibilities. Representatives agreed that we should meet on a quarterly basis.

Oral evidence to the Health Committee

- 37** We have been invited to give oral evidence to the [House of Commons Health Committee inquiry](#) into Brexit and the implications for health and social care. I am due to appear before the committee on Tuesday 28 February 2017. Jackie Smith, chief executive of the NMC, is also set to give evidence during the same session.