

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:

- The UK Government has confirmed its intention to maintain the Recognition of Professional Qualifications (RPQ) framework after the UK's withdrawal from the EU. Nevertheless, as negotiations between the UK and the EU on the terms of withdrawal proceed, we will continue to make the patient safety case for reform to enable us to assess the competency of doctors arriving from Europe to work in the UK in future. The legal framework for qualifications obtained post-2019 is yet to be determined.
- NHS England and the Royal College of General Practitioners (RCGP) have launched a plan to recruit an additional 2,000 GPs from abroad to work in the NHS in England by 2020. We are part of the programme board supporting this work. While we are clear on the need to maintain rigorous standards of entry onto the medical register we are exploring ways in which our processes can be streamlined to support this ambition.

Recommendation

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

Developments in our external environment

Brexit and the Recognition of Professional Qualifications Directive

- 1 In June 2017, the UK Government published its [policy paper](#) on the status of European Economic Area (EEA) nationals after the UK's withdrawal from the European Union (EU). It has confirmed an intention to recognise existing professional qualifications after Brexit and to preserve the ability of these professionals to practise. The legal framework for qualifications obtained post-2019 is yet to be determined.
- 2 In that light, we continue to make the case for reform to the RPO framework to enable us to check the competency of EEA doctors and to ensure a single route to the medical register for all doctors in the future, regardless of where they qualified.
- 3 The UK Department of Health is currently exploring what amendments would be needed to the Medical Act in the event of the various EU exit scenarios. We are working with the Department both to identify which pieces of primary and secondary legislation impact on our work and may need re-drafting. Officials hope to introduce the necessary legislative changes via the special powers in the proposed EU Withdrawal Bill rather than via Section 60 Orders.
- 4 In the event that no deal is reached on Brexit, EEA doctors may fall into the International Medical Graduates (IMG) category. This would obviously have an operational impact on us, with an increased number of doctors required to take the Professional and Linguistic Assessments Board (PLAB) test.
- 5 In Northern Ireland we are working on a project to identify the range of regulatory issues that need to be considered further as the Executive's policy to increase the cross border delivery of healthcare is implemented. Any such work will need to be taken forward within the legislative frameworks that exist both before and after the UK exits the EU. We plan to convene a stakeholder event in early 2018 to discuss matters relating to cross border working on the island of Ireland further.

UK Shape of Training Steering Group report

- 6 In August 2017, the UK Shape of Training Steering Group published its [report](#) on the implementation of recommendations from Professor David Greenaway's [Shape of Training review](#). We welcome the report, which was supported by Ministers in the four countries, and will study its recommendations carefully.
- 7 Our new standards for postgraduate curricula, [Excellence by design](#), require medical colleges and faculties to demonstrate clearer links to patient and service needs in their curricula design. We have set a three-year timeframe for colleges and faculties to complete these reviews. We are working with the UK Medical Education Reference Group to make sure that service needs are understood and reflected in our curricula approvals process.

- 8** The latest report from the steering group also calls for credentialing to be developed beyond the scope agreed by Council in 2016. The report did recognise that legislation may be required to enable the GMC to appropriately regulate training after the award of a Certificate of Completion of Training (CCT) and we are working with the UK Medical Reference Group to explore the call for post-CCT credentials. In the absence of legislative change we continue to work within the scope agreed by Council, in particular with the Royal College of Surgeons to assess how cosmetic surgery could be developed as a credential.

Ian Paterson case

- 9** Ian Paterson was struck off the medical register on 25 July 2017, following his conviction and imprisonment on 17 counts of wounding with intent. The Government is committed to holding an inquiry to make sure lessons are learnt, and we have been in discussions with Department of Health officials about the potential scope of a review. We have already expanded our current programme of work in response to Sir Keith Pearson's [Taking Revalidation Forward](#) report to include a stronger focus on the issues raised by the Paterson case.

Legislative reform

- 10** We understand that a consultation on the reform of professional regulation has been signed off by Ministers at the Department of Health, but the exact timetable for publication is yet to be confirmed. We are preparing for this, as well as continuing to explore with the Department options for secondary legislation that would deliver targeted reforms to improve patient safety and operational efficiency. We also understand that the Department plans to consult on the future regulation of Physician Associates but the date and details of the consultation have still to be confirmed.
- 11** In addition, we have been in discussions with the Professional Standards Authority (PSA) about their forthcoming report on a new framework for assurance across the health profession which is likely to inform the wider debate on the future of professional regulation.

Expansion of GP international recruitment programme

- 12** In August 2017, NHS England published an [action plan](#) to recruit an additional 2,000 GPs from abroad by 2020. This is part of the wider commitment in the [Five Year Forward View](#) to increase the number of GPs by 5,000 and reflects a renewed drive to help address the shortfall in GP numbers in England.
- 13** We are members of the programme board setup by NHS England and the Royal College of General Practitioners (RCGP) to take this work forward and have committed to doing two things:

- a** Reviewing our guidance on the evidence that doctors need to provide to demonstrate that they can speak English to the required standard. Doctors can provide evidence of their English language skills in a number of ways though routinely we only accept the academic version of the International English Language Testing System (IELTS) test. We are currently exploring whether we can be more flexible on this point while maintaining standards.
 - b** We are working with the RCGP to review the curriculum, training and assessment process for GPs who qualify in Australia to check their equivalence with the UK GP training programme. This would help us reduce the burden of paperwork that Australian GPs would need to provide as part of the Certificate of Eligibility for GP Registration (CEGPR) process. This would be a pilot and, if successful, we could look to other countries where programmes might also be deemed to be equivalent.
- 14** As part of supporting this initiative we will provide NHS England with any support they might need to encourage IMGs new to practice to consider training as a GP here.

Establishment of Health Education and Improvement Wales (HEIW)

- 15** In [November 2016](#), Vaughan Gething, Cabinet Secretary for Health, Well-being and Sport, announced the establishment of Health Education Wales, a new body to oversee strategic workforce planning, workforce design and education commissioning for NHS Wales. This organisation will replace the Wales Deanery and NHS Wales' Workforce, Education and Development Services (WEDS).
- 16** In [July 2017](#), Vaughan Gething confirmed that HEIW will be established by April 2018 bringing together these functions. It is proposed that the new organisation is formed as a Special Health Authority.
- 17** This is an exciting development in Wales and presents many opportunities to improve the way education and training are provided to health professionals. We particularly welcome the inclusion of responsibility for medical leadership development, and the new improvement function. Nevertheless, there is the potential for disruption to the Deanery's functions during the transitional period, a number of which we rely on in the delivery of our quality assurance role in education and for revalidation. We are therefore working closely with the Wales Deanery, and as part of the HEIW stakeholder group, to make sure the transition is as smooth as possible.

Online consultation and prescribing

- 18** Over the past year, we have been working closely with the Medicines and Healthcare products Regulatory Agency (MHRA), the Care Quality Commission (CQC) and other regulators to address patient safety concerns related to online healthcare services in England. As well as considering action on individual cases, we have been considering

the professional guidance which currently applies to online healthcare practice. In response to requests we published a [dedicated webpage](#) to make our existing guidance easier to find.

- 19** In the summer, CQC completed their first round of inspections of online providers. Following this a letter from CQC, ourselves and other regulators was sent to remind online providers of primary care services about expected standards of patient care. In particular, we have emphasised the responsibilities of professionals to identify individual patients who may be at risk of harm or need additional support and to respond appropriately in such cases. I am scheduled to be meeting with Steve Field, Chief Inspector of General Practice, at the CQC, in October to discuss these issues further.

Joint statement on conflicts of interest

- 20** In August 2017 we published a [joint statement](#) on avoiding and managing conflicts of interest with the nine other professional regulators overseen by the PSA. A joint statement has the benefit of creating shared expectations across all regulated members of the healthcare team, and complements our [existing guidance](#) on conflicts of interest, published in March 2013.

Draft Code of Practice for Northern Ireland's Mental Capacity Act

- 21** The Mental Capacity Act (Northern Ireland) 2016 has major implications for day to day health care practice, and for the education and training of current and future practitioners in Northern Ireland. We are providing ongoing support and feedback to Department of Health officials in Northern Ireland to help develop the draft Code of Practice that supports the implementation of the Act. It is important that the draft code is informed by the views and experience of a wide range of healthcare professionals and that the requirements in the code and in professional standards are aligned to avoid any unhelpful ambiguities or conflicts between legal and regulatory standards.

Scottish Parliamentary inquiry into NHS Governance

- 22** The GMC has [responded](#) to the Scottish Parliament Health and Sport Committee's call for views on clinical governance. The call for views is part of a wider inquiry that the Committee is undertaking into NHS Governance which is also looking at staff and corporate governance issues. Our reply outlines the value the GMC lends to clinical governance structures aimed at improving patient safety. It also affirms the importance we place on working with partners to share intelligence and insight and work collectively to reduce risk.

Gosport Independent Panel

- 23** We have been supporting the [Gosport War Memorial Hospital investigation](#) into unexpected deaths and failures of care for elderly patients through the disclosure of materials which we hold which may assist the Panel's investigation. We have now completed our disclosure of materials and the redaction of unrelated, personal data contained within. The Panel is scheduled to report its findings in spring 2018.

Child sexual abuse inquiry

- 24** We have been invited to take part in a seminar as part of the [Independent Inquiry into Child Sexual Abuse](#) on 26 and 27 September 2017. The seminar is specifically for those in the health sector and will explore a range of matters connected to the prevention of and response to child sexual abuse in healthcare settings. In support of that event we have already responded to a questionnaire from the Inquiry giving details about our role and the measures in place (both now and in the past) to protect children from such abuse.

Progress on our strategy*Doctors in training*

- 25** We continue to be concerned about the health and welfare of all doctors, but particularly doctors in training. This matters because of the impact on doctors themselves, the potential impact on patients and the risk that, unaddressed, good doctors can end up leaving the profession altogether.
- 26** Supporting more flexible training is an important consideration and we are working to implement the commitments outlined in our [plan for improving the flexibility of training](#), published in March 2017.
- 27** In July 2017 we published the initial findings of our [National Training Surveys](#), an annual UK-wide survey of more than 53,000 doctors in training. The findings showed that workload pressure remains high with over half of those surveyed saying they work beyond their rostered hours at least weekly, and more than a fifth claim working patterns regularly leave them short of sleep. Our data also shows that increasing numbers of doctors in training are taking career breaks after Foundation Year Two.
- 28** We recognise that an improved work-life balance is a concern for many doctors in training, and we have prepared revised guidance on less than full-time training which we intend to publish in the autumn. The guidance will underline the flexibility that deans have to approve less than full-time training, subject to safeguards around service need and continuity of training. We are also considering what further contribution we can make in this area.

Supporting medical students and trainees with disabilities

- 29** We have established a [Health and Disability Review Steering Group](#), chaired by Professor Bill Reid, to look at how disabled students and doctors are supported throughout medical education to improve access to the profession.
- 30** The steering group met for the first time on 16 June 2017 and we plan to hold roundtable events across the UK this autumn bringing together students, doctors, educators and employers to discuss their experiences, current challenges, examples of good practice and possible solutions.
- 31** The work of the group will lead to a revision of our [Gateways to the professions](#) guidance aimed at educators. In addition to guidance for medical schools and postgraduate deans, we will produce dedicated guidance for medical students and trainees. We also intend to update our web-resources relating to the support and reasonable adjustments which should be made available to medical students and trainees who have health and disability issues.

#GMCexplained

- 32** In June 2017, we started a new series of communications to help doctors and other key audiences better understand our fitness to practise procedures, using the hashtag *#GMCexplained*. This was prompted by intelligence from our regional and devolved office liaison teams and the [2016 Tracking Survey](#), which identified a number of misconceptions about the way we work.
- 33** The initial response has been positive, suggesting that doctors are interested to know more about the fitness to practise process and hearing from GMC colleagues. The [blog](#) on what happens when someone raises a concern has been the most widely read blog on fitness to practise we have released (with over 7000 views within 2 weeks) and the [video](#) of John Smyth, Assistant Director of the Case Examiner Team and former GP, was also viewed over 3,000 times in the same period.
- 34** The focus of *#GMCexplained* this month is on clarifying how we work with doctors with health concerns. This will include a blog from the team dedicated to working with doctors with health concerns, which has been established following [the proposals](#) we developed with Professor Louis Appleby to reduce the impact of our investigations on doctors.

Executive Board

- 35** The Executive Board held its first meeting on 5 June 2017 and agreed:
 - a** Its statement of purpose, working arrangements, proposals for handling legacy oversight issues from the former Strategy and Policy Board and Performance and

Resources Board, and a revised approach to reporting operational performance and risk information.

- b** A new process for dealing with trainers who are within fitness to practise processes to reduce duplication.
- c** That interim and immediate orders will cease to appear on a doctor's record as soon as the orders expire.

36 The Executive Board met again on 26 June 2017 and had a wide-ranging discussion on empowering and developing our people. The Board agreed:

- a** To move to an annual cycle of staff surveys which would be punctuated by more targeted and regular 'pulse' surveys.
- b** To introduce a simpler model for setting objectives from January 2018 with a 50:50 split between work and developmental objectives. To introduce a simpler three-level rating system for assessing performance, behaviours and development from 2018 with tighter guidelines and audit to achieve more consistency.
- c** To continue the work started with the 2017 pay award with a focus on progressing staff in the lower part of the pay range.
- d** Subject to successful piloting, to introduce 360 degree feedback for all staff to inform 2017 end of year reviews.
- e** To ensure all staff can access coaching, mentoring and shadowing programmes, with Directors having objectives for availability and participation in their areas.
- f** To launch our integrated online learning package for managers in July 2017.
- g** To develop a bank of secondment opportunities to enable staff to develop the skills and capabilities identified in their personal development plans.

37 The Executive Board met on 24 July 2017 and:

- a** Agreed to delegate the decision to commit to rolling quality assurance resources for new medical schools and programmes to the Education Directorate – subject to the authority to authorise expenditure against financial limits.
- b** Approved guidance on sharing information with the police if we have a reasonable belief that criminal conduct has taken place.
- c** Approved guidance on sharing information with social services if we believe that a child or vulnerable adult is at risk of harm.

- d** Approved new guidance for Investigation Officers to provide support and practical advice on handling particularly vulnerable doctors in a number of situations.
- e** Approved the updated version of Provisional Enquiries Guidance (Rule 4(4)), to support a model for a pilot to ensure we only conduct health assessments where necessary and to strengthen medical input into decision making in cases about a doctor's health.

IAMRA symposium

- 38** On the 5 and 6 October 2017, the GMC will be hosting the [IAMRA Symposium on Continued Competence](#) in London. The event has attracted over 100 confirmed delegates from 18 countries worldwide, from Canada and Australia to South Sudan and Indonesia. The theme is *'Continued competence systems: measuring their value and impact'* and the Symposium will provide a unique forum for medical regulators and educators from across the globe to discuss and evaluate systems designed to ensure the continued competence of medical professionals.
- 39** Six Council members are scheduled to attend the Symposium as delegates. During day two, the GMC's Chair, Terence Stephenson, will chair a panel session on next steps for continued competence. Denise Platt will also be a member of this panel.

Medical Practitioners Tribunal Service (MPTS) Committee appointments

- 40** We are planning to launch a campaign to appoint a new member of the MPTS Committee. We expect the campaign to close in mid-October and to seek Council approval of the appointment of the recommended candidate in late December 2017.

Staff update

- 41** Professor Ian Curran, Assistant Director - Education and Standards, left the GMC at the end of August 2017 to take up the prestigious position as Vice Dean of Education at Duke-National University of Singapore Graduate Medical School.
- 42** Ian made a significant contribution to the reform of post graduate medical education and training including leading the development and launch of Promoting Excellence in 2016, and most recently *Excellence by Design* which incorporates the new *Generic Professional Capabilities Framework*.