

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 Government is currently consulting on the reform of professional regulation as well as the future regulation of the Medical Associate Professions. We are hopeful that there is now a momentum building to help deliver critical reforms to the framework of professional healthcare regulation in the UK.
- In December 2017, Health Education England (HEE) will be publishing a whole-system workforce strategy for the NHS in England covering the next 20 years.
- In November 2017 we published our report looking at the medical training environment, based on our survey of more than 75,000 doctors across the UK. While the quality of training remains good in most cases, the report shows that both trainees and trainers are under significant time pressure.
- Concerns have re-emerged about the safety and suitability of the training environment within the Emergency Department at North Middlesex University Hospital NHS Trust. We are working with HEE to monitor the situation and will take further action if necessary.

Recommendation

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

Developments in our external environment

Brexit and the Recognition of Professional Qualifications

- 1 The future of the Recognition of Professional Qualifications (RPQ) framework in the EU-UK withdrawal negotiations remains unresolved. At the moment it looks likely that a small cohort of professionals with an application for registration in place at exit day will benefit from preserved RPQ rights for the duration of that application. However, the legal framework for qualifications obtained post-2019 is yet to be determined and it is also unclear what status the recognition of professional qualifications framework will have in any future trade agreement between the EU and UK.
- 2 In that light, we continue to make the case for reform to the RPQ framework to enable us to check the competency of doctors from the European Economic Area (EEA) and for a single route to the medical register for all doctors in the future, regardless of where they qualified.
- 3 In Northern Ireland we are working 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.

Healthcare workforce in England

- 4 The Secretary of State has announced that [Health Education England](#) (HEE) will publish a whole-system workforce strategy for the NHS in England covering the next 20 years. The strategy will be published in draft form for consultation in December and in its final form in summer 2018.
- 5 We continue to support NHS England's GP international recruitment programme. The initial focus of the work is on recruiting from EEA countries where GP qualifications are automatically recognised for the purposes of entry to the GP Register. NHS England has also established a central recruitment office which is modelling the numbers of GPs required and matching them to areas where they are most needed.
- 6 Before Christmas we will publish our report on the State of Medical Education and Practice in 2017 which will highlight some of the current workforce challenges across the UK.

NHS pressures

- 7 As we head into winter we are conscious of the pressure on all parts of the NHS system and that these are challenging times for all those working in the health service. We note that the 2017 Budget has provided an extra £335 million for the

NHS in England this year, with additional funding also made available in 2018-19 and 2019-20.

- 8** While it is not for us to enter into debates about healthcare funding, our role is to uphold and maintain standards – for education and training providers as well as for individual doctors – and we must not let these standards become casualties of system pressure.

North Middlesex University Hospital NHS Trust

- 9** Concerns have re-emerged about the safety and suitability of the training environment within the Emergency Department at North Middlesex University Hospital NHS Trust. We wrote to the Trust in October 2017 giving our opinion of the need to impose additional conditions on our approval of training. Since then the Trust has developed a plan of action to address the problems, which we are monitoring closely. We continue to work closely with HEE as we monitor the situation and will set additional conditions where required.

The future of health professional regulation

- 10** The Government are currently [consulting](#) on the reform of professional regulation. We hosted a roundtable of professional regulators on Monday 27 November 2017 to consider how, across all the regulators, the proposed reforms can best protect patients. The consultation is open until 23 January 2018 and we plan to respond early in the New Year.

Regulation of Medical Associate Professions

- 11** The Government are also [consulting](#) on the future regulation of Medical Associate Professions (MAPs). As agreed with Council, we have responded to the consultation setting out our view that there is a strong patient safety case for the statutory regulation of these four roles. We also think that MAPs could make a significant and greater contribution to the NHS if they were regulated and that MAPs should be seen as one professional group with four different areas of practice.
- 12** Of course, it is for the four UK governments to decide which roles should be regulated and by whom. However, we think we are well-placed to do so contingent on reassurances from government about funding the set up costs of this regulation, that the timing and sequencing would be worked through and agreed, and that the underlying legislative framework would be fit for twenty-first century regulation.

Progress on our strategy

National Training Survey, 2017

- 13** On Monday 27 November 2017 we [published](#) our report looking into training environments in 2017. This is based on a survey of more than 75,000 doctors across the UK. The findings highlight the pressures on both trainers and trainees, with many working beyond their rostered hours, and signs that trainers do not have the time they need to devote to training. Despite these pressures, it is not all bad news, with over three quarters of doctors in training described the quality of their training as 'good' or 'very good'.
- 14** At the same time we have also published a new analysis exploring how doctors move in and out of training following graduation from medical school. This is the first in a series of reports to help those who are responsible for medical education and workforce planning, to better understand how doctors progress through training. Like our national training surveys, over time this research may also help us to learn more about the quality of the training programmes and environments that we approve.

New curricula

- 15** We have completed our first cycle of assessing curricula change submissions against our new standards, [Excellence by design](#) and in light of the [Shape of Training](#) report. We have assessed whole scale changes from the Joint Royal Colleges of Physicians Training Board to update their core medical training curriculum to a new internal medicine curriculum and from the Royal College of Paediatrics and Child Health to update their paediatrics curriculum and their 17 sub-specialties.
- 16** There remain some points of detail that need resolving before the internal medicine and paediatrics curriculum documents can be approved against our new standards. To this end, we are working closely with the colleges concerned, our Curriculum Oversight Group (COG) – made up of bodies responsible for UK medical workforce planning and education – and the four health departments to agree how our standards can be demonstrated. We're currently working with other colleges and faculties to schedule dates for the submission of their curricula in 2018.
- 17** These are important steps in realising our ambition for developing a set of postgraduate curricula which build in our new [generic professional capabilities](#) framework and equip the doctors of tomorrow with the training and skills they need to be excellent doctors.

Credentialing

- 18** We are running a pilot of credentialing with the Royal College of Surgeons of England. The pilot will allow us to test a model certification scheme for cosmetic surgeons. The scheme will assure patients that doctors are meeting clinical and

professional standards in cosmetic surgery, and help meet the expectations set out in the [Review of the Regulation of Cosmetic Interventions](#), by Sir Bruce Keogh. The pilot will also allow us to test our proposed approach for credentials more generally and will run through 2018. We aim to publish the findings in March 2019, alongside new standards for credentialing.

Mental health and wellbeing

- 19** We will host a workshop in the New Year looking at how to better support and improve the mental health and wellbeing of all doctors. We look forward to bringing together key players from across the four nations of the UK to consider what action we can take together to address this important and pressing issue for the future of the medical workforce.

Widening access to the medical profession

- 20** Through our work with the [UK Medical Education Database](#) (UKMED) we are looking to build understanding of the issues restricting greater access to the medical profession. UKMED is looking at the impact of selection tests on applicants, and their future progress through school and practice. We currently have rich data on students who enter medical school but no data on the applicant pool as a whole.
- 21** We are therefore seeking the cooperation of the Universities and Colleges Admissions Service (UCAS) in providing data on the applicants to medical school. I have written jointly to the chief executive of UCAS, along with the Chair of UKMED and the Chief Executive of the Medical Schools Council, seeking to reach agreement on this matter.

Less than full-time training

- 22** In November 2017 we updated our [position](#) on less than full-time (LTFT) training for doctors working towards a Certificate of Completion of Training. It sets out conditions to make sure that the duration, level and quality of LTFT training is not less than that of continuous training.
- 23** While the updated position does not amend the minimum time requirement for LTFT training (which remains not less than 50 per cent of full-time training) it does clarify that how a doctor spends their time outside their training programme hours, including part-time work, is not something we set conditions on.
- 24** Throughout 2017 we have taken steps to improve the flexibility of UK postgraduate medical training. Our [seven point plan](#), published earlier this year, included our commitment to revise our current policy on LTFT training. We want doctors to be able to adapt their training to reflect their own personal circumstances; and we want to provide clearer and more consistent guidance to help Postgraduate Deans, colleges and employers consider requests to train more flexibly.

Executive Board

25 The Executive Board met on 18 September 2017 and agreed:

- a** In principle to the establishment of a GMC Medical Advisory Board to advise on issues relating to vulnerable doctors. The proposal to increase senior medical input into our work follows on from the [review](#) that we undertook with Professor Louis Appleby in 2016 to help identify changes to our investigation procedures to help reduce the stress they can cause doctors, particularly those with health concerns.
- b** To the introduction of a new two-year time limit for the publication of warnings instead of the current five years. The Board agreed that this would not be applied to existing warnings and that warnings would continue to be disclosed indefinitely to current employers. This followed from our consultation on the Indicative Sanctions Guidance and the role of apologies and warnings in 2014, the [outcomes](#) of which were brought to Council in February 2015.
- c** The introduction of a new webpage for the publication of case examiner decisions to agree undertakings with doctors or give warnings, in order to be more consistent in our approach to sharing information about case examiner decisions compared with decisions taken by the Investigation Committee or by a Medical Practitioners Tribunal. The need for greater transparency about these decisions was highlighted by the [concerns raised](#) after the death of Ellie May-Clark in January 2015 and the warning given to Dr Rowe following our investigation.
- d** An increase in the financial approval limits set out in the Schedule of Authority, for which decision-making is formally assigned to the Chief Executive. The Board also noted the intention to propose to Council as part of the Governance and Council Effectiveness Review that the detail regarding financial limits will be removed from the Governance Handbook and that any future changes will be reported to Council through the Chief Executive's report.
- e** A slight increase in the overnight rate for hotel rooms in London and an update to the preferred list of hotels for 2018. The Board also agreed to delegate future such decisions to the Director of Resources and Quality Assurance.

26 The Executive Board met on 3 November 2017 and agreed:

- a** Draft decision-making guidance for provisional enquiries relating to single clinical incidents and a proposal to expand the current provisional enquiries pilot to cover single clinical concerns where the events are very recent.
- b** The next phases of 360 degree feedback roll-out for staff and plans for talent mapping feedback in 2018.

27 The Executive Board met on 20 November 2017 and considered a stocktake of our work to move our regulatory activities more upstream. The Board agreed on the need

for a more robust definition and scope for upstream regulation and our priority activities, such as improving participation rates in Welcome to UK Practice sessions.

28 The Board also agreed:

- a** The draft Budget and Business Plan 2018 for submission to this meeting of Council.
- b** The draft Equality, Diversity and Inclusion Strategy 2018-20 which Council will be asked to approve on circulation.
- c** Draft guidance on Consent which Council will be asked to consider at its meeting in February 2018.

Use of the Corporate Seal by the Chief Executive under his delegated authority in 2017

29 During 2017, in addition to the Regulations made by Council, as Chief Executive, I 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.
- b** Relating to property:
 - i** Lease related to the sixth floor of Centurion House, Manchester.

Public affairs engagements

- 30** The GMC had a presence at the annual party conferences of the Conservatives, Labour, Liberal Democrats and the Scottish National Party this year. At the Conservative party conference in Manchester we arranged a tour of our offices for the Minister of State for Health, Philip Dunne MP, and his Parliamentary Private Secretary, James Cartlidge MP. This was an opportunity to demonstrate the challenges we face due to the prescriptive legislation that governs some of our key functions, and in particular the complexity of the current 'equivalence process' for non-EEA qualified doctors seeking to join the GP and specialist registers. Since then, the Minister has publicly acknowledged the challenges we face on more than one occasion.
- 31** We continue to engage with leading parliamentarians as we seek to advance our legislative reform priorities as well as highlighting some of the opportunities that the UK's exit from the EU could present. We have recently held meetings with Sarah Wollaston, Chair of the Health Select Committee, Jonathon Ashworth and Justin Madders from the Labour shadow health team, Philippa Whitford, SNP health

spokesperson at Westminster and Vaughan Gething, Welsh Cabinet Secretary for Health and Social Services.

- 32** In addition, we have responded to the ongoing inquiry by the Migration Advisory Committee into the role of EEA nationals in the wider UK workforce. This inquiry will help to shape the Government's approach to immigration policy in the forthcoming immigration bill which was announced in the 2017 Queen's Speech.

UK Advisory Fora – autumn 2017

- 33** We hosted our UK Advisory Fora in Wales, Scotland and Northern Ireland in consecutive weeks through late October and early November 2017.
- 34** In each country there was a focus on workforce recruitment, development, retention and education; structural reform; quality improvement and the huge pressures on the safe delivery of care. In Northern Ireland, the pressures on the system and implications for the GMC regulating in that context, was a particular focus.
- 35** The importance of data in workforce planning as well as identifying and responding to risk was also a consistent theme. It was pleasing to hear that GMC data is being used actively by partners in each country and there was unanimous support for our data products, particularly the commitment to enhance our country and region specific datasets.
- 36** The UK Advisory Forum (UKAF) meetings are open to Council members to attend and are an excellent opportunity to engage with key stakeholders and staff in each of the devolved countries. If you are interested in attending a future UKAF meeting please get in touch with the Governance team to make arrangements.
- 37** Whilst in Scotland I also spoke on a panel session at the Annual Regulation Conference, which we co-sponsor with the Scottish Government and other UK health regulators. My remarks focused on the future of professional regulation and the need for urgent and wide-ranging reform to our outdated legislation.

Improving our approach to consultations

- 38** In response to Council's feedback, we are producing a practical guide on developing and delivering consultations to support all GMC policy staff to carry out consultations in line with the law, and internal and external best practice. This will be brought to Council for review in February 2018.
- 39** We have also taken steps to better coordinate our approach to responding to external consultations. We keep a central log of the consultations we respond to and responses that require cross-directorate input are coordinated centrally. Do let me know if you would like more information on any aspect of this work.