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| <b>Agenda item:</b>   | <b>M11</b>  |
| <b>Report title:</b>  | <b>Report of the Strategy and Policy Board 2016</b>   |
| <b>Report by:</b>     | <b>Charlie Massey</b> , Chief Executive<br><a href="mailto:chiefexecutive@gmc-uk.org">chiefexecutive@gmc-uk.org</a> , 020 7189 5037 |
| <b>Considered by:</b> | <b>Strategy and Policy Board</b>  |
| <b>Action:</b>        | <b>To consider</b>  |

## Executive summary

This report summarises the work undertaken by the Strategy and Policy Board during 2016. Significant issues considered by the Board include:

- a** Evaluation of Revalidation.
- b** The Differential Attainment programme.
- c** Seeking further assurance on appraisals for doctors without a connection.
- d** Developing a GMC intelligence model: findings from the pilot and next steps.
- e** Confidentiality guidance.
- f** Review of Acceptable Overseas Qualifications criteria.
- g** 2016 equality and diversity plans.

## Recommendation

Council is asked to note the Report of the Strategy and Policy Board 2016.

## Background

- 1 The purpose of the Strategy and Policy Board is to provide an advisory forum for the Chief Executive that is outward looking, focusing on drivers and implications of our strategic aims and policy developments and their impact on our key interest groups. The Board's remit is to have a perspective that is both current and future, monitoring progress towards existing strategic objectives and promoting well informed, evidence based and cross-functional input to future developments.
- 2 The Board met six times during 2016 (on 4 February, 22 March, 17 May, 20 July, 6 October and 1 December 2016) and also considered three issues by email circulation when urgent action was required to be taken between meetings. Former Chief Executive Niall Dickson chaired his final meeting of the Board on 6 October 2016 and Charlie Massey chaired the Board for the first time on 1 December 2016 after taking up his appointment as Chief Executive in November 2016.
- 3 Over the period of this report, the Strategy and Policy Board has undertaken a comprehensive programme of work which fulfils its full range of duties and responsibilities, as set out in the Board's Statement of purpose at [Annex A](#). Council has received regular updates on the Board's work through the Chief Executive's reports to Council.

## Key matters considered by the Strategy and Policy Board in 2016

### *Evaluation of revalidation*

- 4 Ahead of consideration by Council, the Board considered oral updates at its meetings on 4 February and 22 March 2016 on the progress of an interim report from the independent research consortium UMbRELLA, which was undertaking a three-year evaluation into revalidation including analysis of a survey of 160,000 licensed doctors. The interim report contained the quantitative findings of a survey sent to all licensed doctors, other than those in training, in the summer of 2015. It was expected that the qualitative findings would be the subject of the final report in 2018 and, potentially further interim reports in the intervening period.

### *The 2016 Equality and Diversity work programme*

- 5 At its meeting on 17 May 2016 the Board considered a report on the themes and priorities for the 2016 Equality and Diversity work programme to implement the GMC's Equality and Diversity strategy. The work programme ensures that the GMC remains compliant with equality and human rights legislation; delivers against the commitments made in the [Equality and Diversity Strategy 2014-17](#); and considers the relevant equality and diversity issues in the GMC's core activities. The Equality and Diversity Programme Board monitors progress, with reports to the Strategy and

Policy Board where appropriate for endorsement of plans or to note the delivery of significant parts of the strategy.

#### *Update on the differential attainment programme*

- 6 At its meeting on 17 May 2016 the Board considered an update on the programme of work to understand and respond to differential attainment in medical education and training. Analysis shows that gaps in attainment remain entrenched between white and black and minority ethnic UK qualified candidates across most specialty training pathways, as do patterns of difference between UK and European Economic Area (EEA) and international medical graduate qualified doctors.
- 7 The Board noted an action plan to build and share an evidence base on the issue, ensure that the framework for medical education and training promotes fairness and reduces the potential for discrimination and working with others to share best practice. The GMC is also convening an advisory group to support the work on differential attainment with four-country representation from key educational interest groups, as well as the British Medical Association and the main networks of Black Minority Ethnic (BME)/overseas qualified doctors. The Board agreed that there were no gaps in the outlined approach for the activities in 2016.

#### *Seeking further assurance on appraisals for doctors without a connection*

- 8 At its meeting on 17 May 2016 the Board endorsed proposed changes to the criteria for appraisers of doctors without a connection, as a first step towards an independent process to quality assure the appraisals for doctors who do not have a connection to a Responsible Officer or approved Suitable Person. The Board noted that a number of organisations had begun to offer appraisals as a commercial service, for a fee.

#### *Developing a GMC intelligence model: findings from the pilot and next steps*

- 9 At its meeting on 20 July 2016 the Board considered a presentation on the concept of a GMC harms reduction programme. The Board agreed that the need to develop a Harms Reduction Strategy should be linked to the development of the next Corporate Strategy. The Board recognised the potential longer term gains of this work in helping the GMC to understand which harms to pursue and therefore target resources more effectively.

#### *Confidentiality guidance*

- 10 The Board considered a report on the outcome of the public consultation on the revised [Confidentiality guidance](#) and seven associated explanatory statements at its meeting on 6 October 2016. The review of *Confidentiality* guidance was intended to make sure that our guidance on this important aspect of medical practice is clear, helpful, relevant to doctors' needs and compatible with the law throughout the UK.

Council approved publication of the *Confidentiality* guidance at its meeting on 14 December 2016. The revised guidance was published on 25 January 2017 and comes into force on 25 April 2017.

### *Review of Acceptable Overseas Qualifications criteria*

- 11** At its meeting on 1 December 2016 the Board considered proposed changes to the Acceptable Overseas Qualifications (AOQs) criteria, planned for implementation during 2017. The review of AOQs arose from the rapid expansion in the number of medical education programmes across the world as well as innovations in the way such programmes are delivered. The changes were intended to ensure that we have a robust, transparent and consistent policy rationale for assessing the acceptability of overseas primary medical qualifications.

### *Medical Licensing Assessment*

- 12** During the year, the Board received updates on progress with the development of the Medical Licensing Assessment, including through reports of the Assessment Advisory Board, which had devoted an entire meeting to providing advice on blueprinting, format, standard setting and the timeline for development; and a report from the Education and Training Advisory Board, which had held a detailed workshop to consider the scope, the model and moving forward towards implementation.

### *Consultations*

- 13** During the year, the Board received progress reports, governance arrangements updates, and outcome reports for areas of work which were subject to public consultation:
- a** [Guidance for all doctors who offer cosmetic interventions.](#)
  - b** [Generic professional capabilities.](#)
  - c** [Standards for curricula and assessment review.](#)
  - d** [Introducing regulated credentials.](#)
  - e** [Student fitness to practise guidance review.](#)

### **Other issues**

- 14** The Board has also received reports and updates on a number of other issues as summarised in [Annex B](#).

## M11 – Report of the Strategy and Policy Board 2016

### M11 – Annex A

## Strategy and Policy Board Statement of Purpose

### *Purpose*

- 1 The Strategy and Policy Board is an advisory forum for the Chief Executive. It is outward looking, focusing on drivers and implications of the GMC's strategic aims and policy developments and their impact on our key interest groups. The board's perspective is both current and future, monitoring progress towards existing strategic objectives and promoting well informed, evidence-based and cross-functional input to future developments.

### *Duties and activities*

- 2 The Strategy and Policy Board provides advice and recommendations to the Chief Executive on the following areas:
  - Advice to Council on the development of strategy and high-level policy as may be required
  - Progress towards strategic objectives
  - Development of the equality and diversity strategy
  - Policy issues and developments, derived from the corporate strategy, annual business plan or as required to in-year developments
  - Implementation of significant policy changes
  - Linkages across policy issues
  - Links between policy development and legislation, maintaining oversight of the legislative programme and progress against it
  - Research needs and priorities, informed by regular reports from the Research Forum

- Our external engagement in policy development and reviewing inputs as appropriate from task and finish groups, specialist advisory boards, liaison groups and forums.

### *Working arrangements*

- 3** The Strategy and Policy Board meets every other month (alternating with the Performance and Resources Board), for two hours. The executive leads for the Strategy and Policy Board are the Chief Executive and Director, Strategy and Communication. The Chief Executive agrees the agenda and papers are agreed by the sponsoring Director. Papers should follow the style of Council papers as far as possible, with the same principle of above or below the line review. Papers relating to a decision being made will be published. Papers in support of emerging policy in early stages of discussion will not be published.
- 4** The Board is chaired by the Chief Executive and attended by the Chief Operating Officer, all Directors and the Responsible Officer and Senior Medical Adviser. Other attendees are invited as required for the discussion of agenda items, so Assistant Directors with policy responsibilities are likely to be in regular attendance. All Assistant Directors are encouraged to attend the Board from time to time, to contribute to strategy and policy development and help facilitate cross-directorate working, corporate leadership and linkages.
- 5** Secretariat duties are undertaken by the Governance Team. The Board Secretary minutes each meeting and aims to circulate the minutes, as cleared by the Chief Executive, to the Chief Operating Officer, Directors and the Responsible Officer and Senior Medical Adviser for comments within two weeks of the meeting. The Board approves minutes at the next Board meeting. Minutes record the conclusions of the Board on the issues considered. A record of decisions is published.
- 6** As the Board meets bi-monthly, it is able to make decisions outside of its meetings on circulation of recommendations to the Chief Executive as the Board's chair. Decisions made in this way will be brought to the Board at its next meeting and included in the record of decisions.
- 7** The Strategy and Policy Board reports on its work to Council through the Chief Executive's report and submits an annual report to Council.

## M11 – Report of the Strategy and Policy Board 2016

### M11 – Annex B

#### Reports and updates considered by the Strategy and Policy Board

- 1 This annex provides further detail regarding the other reports and updates which are not covered in the main report.

##### *UK Advisory Forums Report*

- 2 The Board received updates on the work of the UK Advisory Forums in Northern Ireland, Scotland and Wales, the meetings of which took place during March and October 2016. The purpose of the UK Advisory Forums is to provide advice to the GMC so that its activities and policies are of equal use and effectiveness across the UK.
- 3 During 2016, the UK Advisory Forums considered updates on the GMC's priority programmes; local reviews; and gave advice in relation to the GMC's work to develop a UK Medical Licensing Assessment and the development of the next Corporate Strategy.

##### *Reports from the Education and Training Advisory Board*

- 4 The Board received updates on the work of the [Education and Training Advisory Board](#) (ETAB), including its meetings on 28 January and 24 May and a workshop on 20 October 2016. The purpose of ETAB is to enhance our ability to protect, promote and maintain the health and safety of the public by advising the GMC on matters concerned with the delivery of undergraduate and postgraduate education and training and ongoing career progression.
- 5 During the course of the year, ETAB considered the proposed changes to guidance for doctors on confidentiality, plans to review the standards for curricula, developments in patient safety education and training, cosmetic interventions guidance and student fitness to practise guidance.
- 6 ETAB held a workshop on 20 October 2016 devoted to health and disability. The workshop was attended by members of ETAB and some additional invitees with an interest in health and disability at each level of medical education. The workshop

focused on the remaining issues faced by medical students and doctors in relation to health and disability through the continuum of medical education, with the outputs from the workshop feeding in to the GMC's future work in this area.

#### *Reports from the Revalidation Advisory Board*

- 7** The Board received updates on the work of the [Revalidation Advisory Board](#) (RAB), including its meetings on 8 December 2015 as well as 8 March and 9 June 2016. The purpose of the Revalidation Advisory Board is to provide advice to the Chief Executive about revalidation, in order to support the GMC in fulfilling its regulatory objectives.
- 8** During the course of the year, RAB considered progress with revalidation, licence to practise appeals, assurance on appraisals for doctors without a connection and the Patient and Public Involvement project.

#### *Report from the Quality Scrutiny Group*

- 9** The Board received an [annual report from the Quality Scrutiny Group](#) (QSG), providing a summary of activity since November 2015. The purpose of the QSG is to consider the outputs of medical education quality assurance activity resulting from the Quality Improvement Framework. The QSG reviews operational quality assurance activity across medical education and training, identifying trends, and providing oversight of the outputs of our quality assurance work. The number of meetings in 2016 was reduced from the planned three to two, reflecting the timing and impact of the change programme on the Education and Standards Directorate.
- 10** During 2016 the QSG considered regional visit reports, enhanced monitoring development and the Quality Assurance Framework (following new education and training standards).

#### *Applications to the GP and Specialist Registers 2015 Report*

- 11** The Board approved publication of the [Applications to the GP and Specialist Registers 2015 Report](#), which was published in July 2016. The report provided data on applications for Certificate of Eligibility for Specialist Registration (CESR) and Certificate of Eligibility for General Practitioner Registration (CEGPR). After publication of the 2013 and 2014 reports, feedback was sought from a wide-range of key interest groups, which was used to inform the 2015 report.

#### *Professional and Linguistic Assessments Board review implementation - progress report*

- 12** The Board considered an update on work to implement the [recommendations](#) of the Professional and Linguistic Assessments Board (PLAB) review group. The PLAB test is the main route by which International Medical Graduates demonstrate that they have the necessary skills and knowledge to practise medicine in the UK. The Board noted further progress towards implementing the review group's recommendations and

particularly the significant changes to the Part 2 practical assessment. A new version of the PLAB test was introduced from September 2016.

### *Reports from the Assessment Advisory Board*

- 13** The Board received reports on the first four meetings of the [Assessment Advisory Board](#) (AAB) on 15 October 2015, 5 February, 10 May and 7 September 2016. The purpose of the Assessment Advisory Board is to provide expert advice to the Chief Executive on the development and operation of GMC assessments and assessments overseen by the GMC, in order to support the GMC in fulfilling its statutory purpose.
- 14** The AAB provided advice and views on the implementation of the PLAB test review, development of the Medical Licensing Assessment, Differential Attainment work programme, acceptable alternatives to the Revalidation Assessment, joint working with the Medical Schools Council Assessment Alliance, the role of lay assessors in the GMC Performance Assessment processes, governance and oversight of the GMC's tests of competence and the Standards for Curricula and Assessment Review.

### **Developing guidance and processes**

- 15** During the year, the Board approved and noted updates to guidance which had been developed to support staff/decision makers in our fitness to practise processes, doctors and external key interests:
  - a** *Single Clinical Incidents and concerns – thresholds guidance and Provisional Enquiries:* The Board considered an update on plans to pilot greater use of provisional enquiries for single clinical incidents and concerns. The use of provisional enquiries would help to reduce the administrative burden and was a part of ongoing work to improve the GMC's fitness to practise processes.
  - b** *Guidance for decision makers on assessing the impact of health in conduct and conviction or caution cases:* The Board approved new guidance for decision makers to clarify when a conduct concern linked to health may be addressed by taking action to address the health issue alone, or when action must be taken to address both the health and conduct concerns.
  - c** *Case Review Team monitoring – unlicensed doctors:* Following a review of the GMC's approach to the monitoring of doctors with undertakings who have relinquished their licence, the Board approved guidance which proposed to cease monitoring a doctor's undertakings where they had relinquished their licence, other than in exceptional circumstances.
  - d** *When failure to maintain adequate insurance or indemnity cover raises fitness to practise concerns:* The Board approved guidance for decision makers in relation to the requirement in the Medical Act for licensed and practising doctors to have in force adequate insurance or indemnity cover.

## Supporting vulnerable doctors

- 16** At its meeting on 22 March 2016, the Board considered an update on progress of the Supporting Vulnerable Doctors project. In September 2015 the GMC asked Professor Louis Appleby to oversee a fundamental review of the impact of fitness to practise processes on vulnerable doctors with a particular focus on doctors with health problems, and help develop proposals for improvement. The Board approved the updated *Guidance for assessing risk in health cases* and noted progress towards implementing the agreed proposals.
- 17** At its meeting on 20 July 2016, the Board considered proposals to reduce the impact of our fitness to practise processes from a review of the GMC's approach to fitness to practise cases relating to a doctor's health, and of the GMC's interactions with doctors who might be vulnerable, which had been led by Professor Louis Appleby. The Board approved amended proposals following discussion of the draft proposals at a stakeholder workshop in April 2016. The amended proposals included considering direct communication with doctors and their legal representatives early in the investigation, pausing an investigation to enable a doctor to get treatment and raising awareness of the approach to investigating cases to tackle misconceptions and reduce overall anxiety about being subject to a GMC complaint.
- 18** At its meeting on 6 October 2016, the Board considered options for managing the overlap between two separate projects: work to implement a standardised and coordinated approach across the GMC for managing communications with vulnerable doctors; and work arising from the review by Professor Louis Appleby. The Board agreed to pause the current vulnerable doctors project, and to expand the scope of the Appleby proposals work to include correspondence with all doctors who are particularly vulnerable as well as those who are subject to investigation by the GMC.

## Independent review of whistleblowing

- 19** In September 2014, the GMC asked Sir Anthony Hooper to review how the GMC handles cases involving individuals who regard themselves as whistleblowers. The Board considered an update on the progress of the GMC's response to Sir Anthony's review. The Board agreed that no changes were required to the proposed approach to implementing the action plan. The Board had previously noted the anticipated introduction of a requirement to report to Parliament disclosures of information made by whistleblowers to the GMC. Implications across the organisation have been identified and the GMC will establish a corporate project board to address these.
- 20** Sir Anthony had recommended that the GMC ought to have more understanding about the circumstances surrounding referrals from organisations and the timeline of events leading to the referral. As a result, a series of measures are being piloted which are intended to give us greater understanding about the circumstances surrounding the

referral and the timeline of events leading to the referral. The Board noted an update on the first three months of the Hooper pilot, progress to date and the proposal to run the pilot for more than six months.

## Other issues

### *Influence of previous interim orders of suspension on substantive orders*

- 21** The Board considered an update on the issue previously the subject of a public consultation in 2014 on changes to the Sanctions guidance which included a question as to whether, in cases where a substantive suspension is being imposed solely to uphold public confidence in the profession, the tribunal should be able to take into account any time a doctor has been suspended under an interim order when determining the length of the substantive sanction.
- 22** The Board noted the recent High Court judgment which examined the issue as part of an appeal against a decision by the General Pharmaceutical Council, and which contained a robust rationale for why an interim order should have no influence on the substantive order imposed. In light of this decision, the Board agreed that the GMC would not consider further the proposal to allow an interim order of suspension to be taken into account by tribunals considering the imposition of a substantive suspension.

### *The role of tribunals in the wider regulatory system*

- 23** The Board noted a report on the plans to strengthen the existing process for Medical Practitioners Tribunal Service tribunals to share information presented at a hearing that suggests a risk within the remit of another regulator or other body.

### *Amending the Certificate of Current Professional Status template*

- 24** The Board agreed a proposal to bring the GMC's standard Certificate of Current Professional Status (CCPS) document in line with the template set out in the Edinburgh Agreement. The GMC issues a standard CCPS to demonstrate to overseas medical regulators that a doctor is, or has been, registered in the UK and is in good standing; and a non-standard CCPS to reflect any fitness to practise restrictions on a doctor's registration in the public domain. The GMC previously did not issue a CCPS for any doctor subject to an ongoing fitness to practise investigation until the conclusion of the investigation. This led to delays, poor customer service and could impact on the freedom of movement of European doctors. The revised CCPS template would address these issues.

### *Update on the assurance assessments pilot*

- 25** The Board noted an update on progress of the assurance assessments pilot which had started in January 2015. The pilot sought to test an objective assessment of a doctor's remediation before removing restrictions on practice in cases involving concerns about clinical failings or deficient performance. The experience of running the pilot has

clarified that, while assurance assessments are likely to be a useful addition to our patient protection framework, primarily in undertakings cases, throughput will continue to be slow on an ongoing basis, and once we move to phase two is likely to be appropriate in a maximum of 8-10 cases a year.

*Guidance for tribunal members on deciding the facts of a case where the doctor whose fitness to practise is in doubt has raised concerns locally*

- 26** The Board noted a report on updated guidance which had been developed for tribunal members on the approach to take when deciding the facts of a case where the doctor involved has raised public interest concerns locally. The guidance for tribunal members was also to be incorporated into the *Principles for decision makers* launched as a supplementary guide to the *Sanctions* guidance.

*Update on piloting the Provisional Enquiry process for Single Clinical Incidents*

- 27** The Board noted a report on the progress of the Single Clinical Incident pilot and the next planned steps for the project. It was hoped that the pilot would reduce the impact on doctors of opening unnecessary investigations, speed up the handling of single clinical incidents and concerns, enable the GMC to respond to complaints more effectively and proportionately, and reduce the number of cases closed following a full investigation with no action being taken against the doctor. The interim evaluation indicated that after three months the process had been working well.

*Records retention and disposal review project - stream two cases*

- 28** The Board considered an update on the records retention and disposal review project, and proposals for the information the GMC would retain and dispose of for stream two fitness to practise cases – which relate to low level concerns that were closed without referral to a fitness to practise panel.

*Patient Safety Intelligence Forum*

- 29** The Board received an annual report on the development of the Patient Safety Intelligence Forum. The Board noted that the Forum's plans are focused on the refinement of three priority areas: purpose and referral criteria; presentation of data and intelligence; and definition of regulatory levers.

*Criminal disclosure at the point of registration*

- 30** The Board noted a report on the GMC's policy on criminal disclosure at the point of registration, following changes introduced by the Scottish Government in February 2016 to the criminal disclosure system in Scotland. The Board noted that legal advice had been received, and agreed that the GMC's current criminal disclosure policy was correct.

*Amendments to the Guide for Doctors to the General Medical Council (Licence to Practise and Revalidation) Regulations 2012*

- 31** The Board noted a report on the changes made to the *Guide for doctors: Revalidation and maintaining your licence*. The changes were not the result of a full review of the guide but reflect the evolution to policy, process and terminology, and also provide some clarifications on the basis of feedback and learning since the guide was introduced in December 2012.

*Update on review of the routes to the Specialist/GP registers*

- 32** The Board considered a report on progress toward implementing the 13 recommendations concerning applications for specialist and GP registration which were agreed by Council at its meeting on 27 September 2012. The Board noted that progress on those recommendations outstanding has been affected by not being currently able to secure the necessary legislative change. The Board agreed that the GMC would not undertake further work on implementing the outstanding recommendations until a specific timescale for the required legislative changes was known.

*GMC Regulation in Crown Dependencies and other overseas territories*

- 33** The Board considered and agreed proposals for a policy framework for helping to decide when it is appropriate for the GMC to extend its regulatory processes to Crown Dependencies and other overseas territories, which had previously been decided upon on a case-by-case basis.

*Annual Research Report*

- 34** The Board noted and agreed to the publication of the [Annual Research Report 2015](#). The report provided a summary of the research projects managed and funded by the GMC's research team during 2015 and provided an overview of the work of the research function, highlighting some externally commissioned projects such as those supporting the redrafting of our guidance on confidentiality, the Differential Attainment programme of work and development of the Medical Licensing Assessment.

*Refining the approach to handling reviews and inquiries*

- 35** The Board considered an update on the development of arrangements for monitoring and managing the GMC's interaction with reviews, inquiries and similar reports. The Board noted the further development of those arrangements, including refinements to mechanisms for monitoring and responding to inquiries and reviews, and work to raise awareness of the agreed approach with staff across the organisation.

*Organisational policy development cycle*

- 36** The Board noted the initiation of a project to improve the GMC's policy development process, which was being taken forward by the Regulation Policy team on behalf of the Policy Network, and with the support of policy teams from across the GMC.