

<b>Agenda item:</b>	<b>M3</b>
<b>Report title:</b>	<b>Chief Executive's Report</b>
<b>Report by:</b>	<b>Charlie Massey</b> , Chief Executive, <a href="mailto:chiefexecutive@gmc-uk.org">chiefexecutive@gmc-uk.org</a> , 020 7189 5037
<b>Action:</b>	<b>To consider</b>

## Executive summary

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

Key points to note:

- There are significant concerns about the safety of postgraduate training at Kent and Canterbury Hospital. We have been working closely with Health Education England (HEE) to make sure that our standards are met.
- We have submitted our report into making UK postgraduate training pathways more flexible to the four governments of the UK.
- We are making some changes to the internal structure of the GMC to help us become a more agile and pacy organisation.

## Recommendation

Council is asked to:

- a Consider the report.
- b Approve the reappointment of Liz Butler as a co-opted member of the Audit and Risk Committee for a further period of four years, effective from 24 July 2017, and the appointment of Deirdre Kelly as a member of the Board of GMC Services International.

## Developments in our external environment

### *European issues*

- 1 The UK Government will bring the existing body of European Union law into UK statute before the UK formally leaves the EU. This means that elements of our legal framework which are currently governed by EU law, such as the mutual recognition of professional qualifications directive, will continue to apply until parliamentary time is found to amend or replace it.
- 2 At the end of February 2017, I gave [oral evidence](#) to the House of Commons' Health Committee's inquiry on [Brexit and health and social care](#). It was an opportunity to highlight some of the reforms to the Medical Act that we would like to secure following the UK's withdrawal, such as being able to assure the clinical competency of doctors from the European Economic Area and introducing a Medical Licensing Assessment (MLA).

### *The future shape of professional regulation*

- 1 We have for some time been expecting a consultation on the future shape of professional regulation by the four governments of the UK. Professional regulation as a whole is in urgent need of reform. For our part we remain constrained by over-prescriptive legislation and need reform so we can be more agile, proportionate and responsive in the way we fulfil our statutory obligations. While we understood that the consultation had been imminent, it had been unclear when the Government would find parliamentary time to introduce much-needed primary legislation. Given this, we have been pressing hard for a Section 60 Order to update the Medical Act should primary legislation not be forthcoming. However, the announcement by the Prime Minister that there will be an early general election on 8 June 2017 means that any consultation will be postponed and it remains to be seen where reform of professional regulation will sit in the priorities of the next UK Government.

### *Clinical leadership*

- 2 We supported the Faculty of Medical Leadership and Management (FMLM) in producing a report for the Secretary of State for Health in England exploring the barriers and enablers for clinicians moving into senior leadership roles. This follows the Secretary of State's [speech](#) in November 2016. The FMLM report emphasises the need to identify and develop leadership talent in a more structured way but concludes that regulation, and specifically the potential 'double jeopardy' of being accountable as a senior leader and a registered professional, is not thought to be a significant barrier to clinicians moving into leadership roles.
- 3 Linked to this, we have also been working with the Royal College of Nursing, the Nursing and Midwifery Council and HEE to review whether it is possible to create a career path for advanced nurse practitioners who wish to re-train as doctors. We

have held discussions with these bodies and plan to write shortly to the Secretary of State.

#### *East Kent Hospitals University NHS Foundation Trust*

- 4 There are serious concerns about the safety of core medical training at Kent and Canterbury Hospital, within East Kent Hospitals University NHS Foundation Trust. We are working closely with HEE, as well as NHS England and NHS Improvement to make sure that our standards for medical education and training are maintained and this remains a safe environment for both patients and doctors in training.
- 5 Core medical training at Kent and Canterbury Hospital was put into our [enhanced monitoring](#) process in April 2014. We have supported Health Education Kent, Surrey and Sussex (HEKSS) on a number of visits since. In early March 2017, we joined HEKSS on an urgent visit which highlighted serious concerns, including inadequate clinical supervision, particularly in the Urgent Care Centre.
- 6 In late March 2017, we returned to the site where little improvement was found. We fully support HEE's decision to move approximately 40 doctors in medical training posts from Kent and Canterbury Hospital to other sites across the Trust. The Trust and system partners have requested that HEE extend the date for moving the doctors in training from 8 May to 19 June 2017. This has been agreed by HEE in light of the work undertaken by the Trust, and system partners to ensure that the delivery of patient care and training is safe in the intervening period.
- 7 We continue to monitor the situation closely and will not hesitate to escalate our response if needed to maintain safety and standards for both patients and doctors in training.

#### *Investigation into Dr Rowe*

- 8 As I have updated Council previously, there has been significant public concern about the death of Ellie May-Clark in January 2015 and our subsequent investigation into Dr Rowe.
- 9 Following an investigation, the decision was made to issue the doctor with a formal warning. This was a serious conclusion and remains on the doctor's public record for five years. I have written to the Clark family to give the reasoning for our decision, and to apologise that we did not communicate with them directly about the outcome of our investigation. We will shortly be making changes to our procedures to make sure this does not happen again.
- 10 I met with the Welsh Cabinet Secretary for Health, Vaughan Gething, as well as Andrew RT Davies, the leader of the Welsh Conservatives, to discuss the case. I have also written to Dr Dai Lloyd, Chair of the Health Committee, explaining the actions we have taken.

## Progress on our strategy

### *Flexibility of training review*

- 11 We submitted our report [\*Adapting for the future: A plan for improving the flexibility of UK postgraduate medical training\*](#) to the four health ministers of the UK at the end of March 2017. It identifies five core problems that create barriers to more flexible training arrangements, and sets out how each of these problems could be addressed.
- 12 The solutions proposed will seek to ensure that training is more focused on outcomes rather than on time constraints and that related curricula can share outcomes across specialties so that trainees can transfer more easily between specialties. We will reduce the burden of our approvals process and we will promote existing mechanisms for flexible training. We will also look at how we can better support doctors with specific capabilities and needs.
- 13 It is clear that the legislation underpinning our responsibilities and powers for medical education remains a partial barrier to more flexible postgraduate training and, for this reason, we are calling on the UK Government to work with us, in consultation with the devolved administrations, to make the legislative framework less restrictive.

### *Changes to the structure of the GMC*

- 14 The GMC is a high-performing organisation, with a number of great strengths. To improve further, I have decided to make some changes to how we are structured. We will create a new Strategy and Policy Directorate to coordinate policy development across the organisation, and Paul Buckley, our current Director of Strategy and Communication, will lead this new Directorate. We will also create a new Strategic Communications Directorate to lead our communications and engagement work and foster the development of these capabilities across the organisation. We will shortly be advertising for a new Director to lead this function, and I hope we will have that person in place by the autumn.
- 15 The ambition is that these changes will mean we are more collaborative and nimble in our work with external stakeholders, and work more closely with the healthcare system during a period of continuing pressure on the frontline.

### *Medical Licensing Assessment*

- 16 The [consultation](#) on our proposals for the MLA is open until 30 April 2017. In June 2017, we will give Council a summary of the consultation and in September 2017 we will ask Council to approve a draft consultation report and to give views on a

proposed approach to implementing the MLA. Building on this through stakeholder engagement, a cost-benefit analysis and legal checks, we will then seek Council's agreement to recommendations in December 2017.

### *Taking Revalidation Forward*

**17** Since Sir Keith Pearson's report [\*Taking Revalidation Forward\*](#) was published in January 2017, we have been engaging with stakeholders on how to best implement the recommendations. Overall the report has been very well received and there is strong support for most of the recommendations. We have set up a cross-directorate Programme Board to co-ordinate the GMC's work to implement the recommendations, as well as other revalidation improvement projects. We are working towards publication of a detailed implementation plan in June 2017, with the vast majority of improvements to be in place before the second 'cycle' of revalidation begins in spring 2018.

### *Strategy and Policy Board*

**18** The Strategy and Policy Board met on 22 March 2017 and:

- a** Agreed in principle to the introduction of a pre-registration primary source verification scheme to verify the validity of international medical graduates' (IMGs) medical qualifications. The new scheme will require all IMGs to provide evidence that their medical qualifications have been verified independently, in advance of registration and at their own cost.
- b** Agreed the direction of travel and priorities for the GMC's 2017 Equality and Diversity action plan.
- c** Agreed, subject to Council's approval, to establish a Revalidation Oversight Group chaired by the Chief Executive to co-ordinate action by the GMC and other stakeholders to implementation of Sir Keith Pearson's recommendations. The new Oversight Group, with a limited lifespan of 12 to 18 months, will have members representing the organisations impacted by the recommendations.

## **Appointments**

### *Re-appointment to the Audit and Risk Committee*

**19** The term of office for one of the co-opted Audit and Risk Committee members, Liz Butler, expires on 23 July 2017 and the Committee is recommending that Council reappoint her for a further four year period, commencing on 24 July 2017, subject to the satisfactory outcome of the Disclosure and Barring Service checks which are part of the reappointment process.

### *GMC Services International*

- 20** Professor Michael Farthing will stand down as a Director of GMC Services International. Council is asked to approve the appointment of Professor Deirdre Kelly as a member of the GMCSI Board.

### *GMC Staff Superannuation Scheme Board of Pensions Trustees*

- 21** At the Board meeting on 28 February 2017 the members of the Board of Pension Trustees elected Professor Jim McKillop to succeed Archy Kirkwood as Chair.

## **Key engagements**

### *UK Advisory Fora*

- 22** We hosted our UK Advisory Fora in Wales, Scotland and Northern Ireland in consecutive weeks through March 2017. The context in each country was notably similar with consistent discussion on workforce recruitment, retention and education, structural reform, quality improvement as well as quality assurance and pressures on the safe delivery of care. Brexit, and its implications for the medical workforce and regulation, was also discussed, particularly in Northern Ireland given its land border with the Republic of Ireland.

### *Collaborating with others to move regulation upstream*

- 23** I convened a productive meeting with Mike Richards (CQC) Kathy Mclean (NHS Improvement) and Ian Cumming (HEE) in March 2017. The meeting explored how we could join up more effectively across organisations in England to share intelligence and insight about providers and sites that are in difficulty. We agreed that going forward the GMC and HEE will join a regular meeting of the CQC and NHS Improvement to discuss these issues.

## **In tribute**

- 24** It is with sadness that I close this report by saying that Vicky Osgood, our previous Director of Education and Standards, passed away peacefully at her home at the end of March. Although I did not have the opportunity to work with Vicky personally, it is clear that she was a hugely popular and supportive Director, a fantastic colleague and consummate professional. Over her five years at the GMC, Vicky made a significant contribution to the organisation and was well-respected both as a member of the senior management team and as a doctor, seeing her job as a vocation in the best traditions of public service. Her good humour and kindness were revered by many and she will be greatly missed.