

To consider

Chief Executive's Report

Issue

1. This report sets out progress on our strategic aims and significant changes in our external environment since Council last met:

- Section one: outlines developments in our external environment.
- Section two: reports on progress on our strategy.

Recommendation

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

Section one — Developments in our external environment

Strategic risks and issues

Responding to the report of the Public Inquiry into Mid Staffordshire NHS Foundation Trust

3. A number of the reviews commissioned in the wake of the Mid Staffordshire Inquiry have reported, including the Berwick Review of patient safety and the Keogh Review into the quality of care at 14 Trusts with high mortality rates. There are recommendations in each report which concern revalidation and doctors in training. We will address these in our overall response to the Inquiry next month. We have also engaged with the Clwyd-Hart Review into the NHS complaints system. The Farrar Review of Bureaucracy is also on-going and we have been engaged with the working group meetings.

4. A major theme arising from the Inquiry is that every patient should have an individual named clinician who would be accountable for the care that he or she receives. This was raised by our Chair in our meeting with the Secretary of State earlier this year and the Secretary of State has since asked the Chair of the Academy of Royal Colleges, Professor Terence Stephenson, to host a seminar of senior medical and nursing figures to discuss the idea on 25 September 2013 which we will attend. We have strongly supported the principle of strengthening individual accountability in the clinical team although we accept there are different models that could be adopted. This could depend on the nature of the service being provided. We are looking at our own guidance and what overall accountability should mean for senior doctors (consultants and GPs).

5. I attended a seminar run by the Professional Standards Authority (PSA) in July to discuss recommendation 235 of the Mid Staffordshire Inquiry report. This recommendation proposes inter alia that the PSA explore the possibility of moving towards a common independent tribunal service for healthcare professionals. The PSA has also been asked by the Department of Health (England) to provide advice on how professional regulation can encourage healthcare practitioners and social workers in England to be candid when care goes wrong and we have been feeding into this work. At the time of writing, the PSA was finalising its draft.

Inquiry into University Hospitals of Morecambe Bay NHS Foundation Trust

6. The Department of Health (England) has commissioned a review into events at University Hospitals of Morecambe Bay NHS Foundation Trust between June 2008 and September 2010. I had already asked Sarndrah Horsfall, formerly interim Chief Executive of the National Patient Safety Agency, to conduct an independent review into our interactions with the Trust and we will ensure that report is available to Bill Kirkup who is leading the government's review.

7. I have also asked Sarndrah Horsfall to conduct two other internal reviews. First she will examine those cases where a doctor has committed suicide while under a fitness to practise investigation, and consider whether there is more we can do to

support vulnerable doctors in our procedures. I have also asked her to consider whether our current process for reviewing each of these cases can be improved. Secondly I have asked her to examine the way we deal with our corporate complaints and again provide us with advice as to whether there are any areas where we can improve our processes and prevent avoidable distress.

Foundation Year 1 Programme

8. Discussions are on-going between Health Education England (HEE), the Chief Medical Officer (England) and other Department officials, the Medical Schools Council and other interested parties including ourselves about possible solutions to the likely oversubscription to the Foundation Programme Year 1. Our Chair has written to HEE's Director of Education Quality, Chris Welsh, who had asked whether, as part of a long-term solution, we would support moving the point of full registration to make it coterminous with graduation from medical school. Such a move would mean that students emerging from medical school would be fully registered as opposed to being provisionally registered as now. In his response the Chair made it clear that, while we are willing to discuss all options, our starting point has to be patient safety and the quality of medical education.

The Recognition of Professional Qualifications Directive

9. On 12 June 2013, European Union institutions reached a first reading agreement on a revised recognition of the professional qualifications Directive. Importantly, the agreement includes:

- a. Allowing regulators to assess language competence where there are patient safety implications after registration but before licensing.
- b. A proposal that the minimum duration of basic medical education will be 5 years and 5,500 hours (instead of the 6 years or 5,500 hours that many European organisations and some EU member states had called for). This longer stipulation would have made the 4-year UK graduate courses (plus the Foundation Year) non-compliant.
- c. Setting up a system which will require regulatory bodies throughout Europe to share information about doctors who have been subject to fitness to practise sanctions.

10. These are all very welcome developments.

11. Discussions are also underway about the implementation of the European Professionals Card to facilitate free movement of professionals in Europe. We are writing to the Commission to try and make sure that if the proposals do include doctors there are no unintended consequences on our registration procedures and the robustness of our identity checks.

The Inquiry into Hyponatraemia-related Deaths

12. The Inquiry into Hyponatremia-related deaths in Northern Ireland, chaired by John O'Hara QC, has resumed receiving oral evidence. We are continuing to monitor the progress of the Inquiry to identify any actions arising for us.

The Vale of Leven Hospital Inquiry

13. We anticipate that the Vale of Leven Hospital Inquiry may publish its report in the next few months. The Inquiry was set up to look into the circumstances of deaths and illness at the Vale of Leven Hospital between 1 January 2007 and 1 June 2008 which are attributed to *Clostridium difficile* infection. We have been monitoring the progress of the Inquiry and we will review the report once it has been published to identify whether there are any actions arising for us.

Report of the review of the Liverpool Care Pathway

14. Baroness Neuberger's review of the Liverpool Care Pathway reported on 15 July 2013. The report underlines the importance of having a clearly accountable clinician for every patient. The report praises the GMC's guidance on end of life care but calls on us to emphasise decision making responsibilities and to give more weight to the vital importance of oral nutrition and hydration. It also calls for a review of undergraduate and postgraduate training in this area and for us to ensure that practising doctors maintain and improve their knowledge and skills.

15. We will incorporate these recommendations into existing work programmes such as the review of the impact of *Tomorrow's Doctors 2009* and the promoting professionalism project. The Department of Health (England) has already accepted the recommendation to establish an alliance of key organisations to respond to the report. We have agreed to join the alliance and to take part in the Department-led working group which is considering changes to the guidance in this area.

Working Group on secondary care locums

16. The Parliamentary Under Secretary of State for Health, Dan Poulter, has established a Locum Doctor Working Group to consider how governance arrangements for secondary care locum doctors could be strengthened. We are engaging with this group which is due to report at the end of the year and providing advice on the likely impact of revalidation on the governance of this group of doctors. I have also undertaken that we will report back to the Minister in October with our assessment of how the new system of Responsible Officers for locum agencies is working based on intelligence gathered by our Employer Liaison Advisers.

17. We are drafting a response to the Welsh Health and Social Care Committee's consultation on the work of the Healthcare Inspectorate Wales. We continue to monitor the consultations on the reconfiguration of health services in Wales and any implications for our work.

Key engagements

18. We have continued to engage with MPs and Peers and held a reception at the House of Lords on 23 July 2013. The Commons Health Committee has confirmed that our annual accountability hearing will be on 10 December 2013. We will attend the three main UK Party Conferences at each of which we will be holding a dinner as well as a staging fringe event with the British Medical Association (BMA) and the Royal College of Physicians.

19. We have had discussions with the Department of Health (England), the Minister (Dan Poulter) and NHS England about progress in revalidation and in particular the Minister's keenness to ensure the NHS in England has the systems in place to underpin the process. The Minister supported our plan to write jointly with the Care Quality Commission (CQC) and Monitor to the Chairs of all Designated Bodies to make sure they are aware of their responsibilities and have the appropriate arrangements in place to support revalidation. The letter is currently being reviewed by the CQC and Monitor and our intention is to send it out towards the end of October.

20. I have also met with a number of Department officials including Una O'Brien (Permanent Secretary), Dame Sally Davies (Chief Medical Officer (England)), Anna Dixon (Director of Quality and Strategy) and Gavin Lerner (Director of Professional Regulation) to discuss some of the issues in this report.

21. I met David Behan, Chief Executive of the CQC, on 5 August and 12 September 2013. The main area of discussion was how to address the challenge set by the Mid Staffordshire Inquiry of working together more effectively (see paragraph 40 below). With Jane Malcolm, Assistant Director — Employer Liaison Service, I met David Bennett, Chief Executive of Monitor, on 6 August 2013 and we hope to develop a closer relationship between our two organisations as we have done with CQC.

22. The Chair and I met Norman Williams, President of the Royal College of Surgeons to discuss the recommendations affecting both of our organisations in the Mid Staffordshire Inquiry Report. Following this discussion we will explore the idea of jointly-badged training (Academy of Royal Colleges and GMC) for clinicians who are engaged in quality assurance work. We also met with Archie Prentice, President of the Royal College of Pathologists, to discuss the findings of the Hillsborough Independent Review Panel. We have agreed to meet again once the re-opened Inquests have reported next year.

23. David Haslam, Chair of the National Institute for Health and Clinical Excellence (NICE), met the Chair, me, Luke Bruce (Assistant Director — Strategy and Communication) and Judith Hulf (Responsible Officer and Senior Medical Adviser) to discuss the potential overlap between the Quality Standards that are being developed by NICE and our own professional standards. We have agreed to engage with NICE more systematically when they develop topics which are relevant to professional standards such as end of life care.

24. I attended a meeting of the National Quality Board on 16 July 2013 where the main item under discussion was the publication of Bruce Keogh's review of the mortality rates at 14 Trusts. On 24 July I also attended a meeting of the Health and Social Care Forum which is run by the CQC. We agreed revised Terms of Reference which included making the workings of the group more transparent by publishing papers on each of the members' websites and an annual report of our activity.

25. The Chair and I met Mark Porter on 9 July 2013 and the new Chair of the BMA Consultants' Committee, Paul Flynn on 24 July. Both raised the issue of our prescribing guidance and Mark agreed to provide more detailed comments. We also discussed how the GMC engages with the BMA in light of the helpful routine meetings between us and our new governance arrangements.

26. Paul Philip, Anthony Omo and I had a constructive dinner with the Chief Executives of the three Medical Defence Organisations on 17 June 2013 and discussed a range of matters of mutual interest including the progress being made in our pilot of meetings with doctors.

27. On 2 August 2013, I gave oral evidence to a Fatal Accident Inquiry at Glasgow Sheriff Court. Of interest to the Sheriff was whether doctors were acting in line with our guidance and notifying the Driver and Vehicle Licensing Agency (or the DVA in Northern Ireland) where they believed a patient was unsafe to drive. We have already written to colleges and faculties asking them to raise awareness of this issue and we have drawn attention to it in our e-newsletter to doctors. We anticipate that the Sheriff will make his determination towards the end of the year and we will consider whether any further action is required from us at that time.

28. During the course of June and July 2013, I have spoken at a number of events in hospitals and other institutions to engage medical students and doctors at all levels in a debate about the future of medical professionalism.

29. As you know I will be taking a short sabbatical this autumn. The idea grew out of conversations the Chair and I had over a year ago around the likely direction of travel of health regulation and the importance of understanding regulatory models in other jurisdictions. We agreed that once the new Council was in place I should undertake some research in this area and I will be doing this from 9 October to 12 November 2013. In my role as Chair Elect of the International Association of Medical Regulatory Authorities (IAMRA) conference I will also be promoting the next IAMRA conference which we are hosting in London in September 2014. While I am away Paul Philip will be acting Chief Executive and Registrar.

Other points of interest in the external environment

Doctors' contract negotiations

30. The Junior Doctors Committee of the BMA has agreed to enter into formal contract negotiations with NHS Employers and employer representatives in the Devolved Administrations. The BMA's Consultants Committee has published a draft heads of terms to form the basis of a negotiation and are now seeking a mandate from their membership. The BMA consultants' committees in Scotland and Wales have not taken part in the preliminary talks with NHS Employers. The formal negotiations, if they go ahead, will therefore only affect consultants working in England and Northern Ireland.

Section two — Progress on our strategy

Strategy and Policy Board

31. The Strategy and Policy Board has met twice since the last Council meeting on 15 July and 10 September 2013. At the meeting on 15 July it was agreed:

- a. That we should engage with the Medical Schools Council via their Selecting for excellence group to discuss relevant outcome data to validate selection to medical schools. Paul Buckley represents us on this group. The Board also agreed that we should continue to collect data on student selection through the Medical School Annual Return and to analyse the responses on socioeconomic status in this year's National Training Survey.
- b. We should move to a published schedule setting out when we will carry out regional education visits over a five year period.
- c. To implement a common approach for all doctors with no Responsible Officer or suitable person. This will include doctors submitting information about their own scope of practice and completing, at their own expense, an assessment acceptable to the GMC. We will offer an assessment based on the Professional and Linguistic Assessments Board (PLAB) test but will also accept a limited number of acceptable alternatives.
- d. To support the government's detailed proposals to test the language skills of doctors from the European Economic Area after registration but before a licence is granted where there is doubt over their ability to speak English and the required changes to the primary and secondary legislation.
- e. To pilot the introduction of a modular approach to performance assessments in certain types of cases before extending this to a wider group of cases.
- f. To approve the guidance on supporting medical students with mental health conditions.

32. At the meeting on 10 September the Board:

a. Discussed the review of the Approved Practice Settings. The previous Council agreed in December 2011 to seek legislative change to remove the Approved Practice Settings provisions from the Medical Act given that its function would be superseded by the introduction of revalidation. Following the recommendations in the Mid Staffordshire Inquiry Report, we have been reviewing how the system operates. The review has made a number of recommendations and we are undertaking preparatory work on these before bringing a paper to Council in December. However, the position remains that agreed by Council and we will seek to repeal these provisions in the next available legislative vehicle and this view will be reflected in our updated response to the Mid Staffordshire Inquiry in October.

b. Discussed the establishment of an Equality and Diversity Liaison Group as envisaged as part of the new governance model approved by Council on 7 February 2013. Further work has been done on how best to engage with the range of views from across our Equality and Diversity interest groups and we are still working on how to do this in the most effective manner. We will bring proposals for discussion by Council early in 2014.

c. Agreed to the publication of the review of the Membership of the Royal College of General Practitioners (MRCGP) examination which we commissioned from Professor Aneez Esmail, subject to fact checking. The review was established to look into differential pass rates following concerns raised by the British Association of Physicians of Indian Origin about the Clinical Skills Assessment (CSA) part of the examination. At the time of writing, the report is being finalised, although a draft had inadvertently been published on the internet. We plan to publish the final report as soon as possible.

33. Following the discussion at Council on the Corporate and Equality and Diversity strategy, we will review our new draft Equality and Diversity Strategy at the Strategy and Policy Board meeting on 21 November 2013. This will be aligned with the draft Corporate Strategy 2014-17, which Council will review in December.

34. The Board also agreed by circulation to the proposal by the Chair of the MPTS to establish a Case Management Working Group.

Corporate Strategy

35. We are continuing to develop the Corporate Strategy and will be discussing this in more detail later in the agenda. As noted above we have held a number of events internally with staff on the emerging themes since the Council awayday in June 2013. This included a number of well attended drop-in sessions as well as a postcard drop to all staff inviting comment on what they would do if they were Chief Executive for a day and an online form so that every member of staff had the opportunity to contribute. During September, as well as discussions with external interests (including Mark Porter (Chair of BMA Council), Harry Cayton (Chief

Executive of the PSA), Gavin Larner (Director of Professional Standards at the DH(E) and Dean Royles (Chief Executive of NHS Employers) among others) about the emerging direction, I hosted a roundtable with patient organisations on 11 September 2013.

PSA performance review 2013–14

36. The PSA performance review 2013–14 has now been published and concluded that the GMC has 'continued to maintain its performance as an effective regulator across all its regulatory functions' (also considered at agenda item 5).

Legislative reform

37. The Department of Health (England) remains hopeful that it will succeed in bringing forward a Bill arising from the Law Commissions work in the 2014/15 Parliamentary session. However we will not know for certain until such a Bill is announced in the Queen's speech. In our engagement with Ministers, Departmental Officials, MPs and Peers we have continued to stress the need for such a Bill to address the risks contained in our current legislation including the quality assurance of medical education overseas and the need to deal with fitness to practise cases more swiftly and proportionately. If this Bill is not introduced, the risk of planning blight and the lead-in time to make changes via one or more Section 60 Orders will be highly significant.

38. We are now delighted that the Department has also now published its consultation on language capability which will run to 2 December 2013. Our own consultation with proposals to make the necessary changes to the secondary legislation has also been published.

Shape of Training Review

39. The Expert Advisory Group and the Sponsoring Board of the Shape of Training Review are due to have their final meetings before the report is published. We anticipate this is likely to be in late October 2013 although no date has yet been agreed.

Partnership working

40. We have now published our joint Operational Protocol with the CQC. Although we have a joint Memorandum of Understanding which sets out our commitment to share concerns, we have now produced this practical guide to help our staff work more effectively together at different levels within the two organisations. The guide sets out the key contacts as well as when and how to share information. It also spells out which teams are involved and how we should decide when a joint visit or inspection is necessary. The new approach will be supported by joint staff training, and careful monitoring. We will discuss setting up similar arrangements with the systems regulators in Scotland, Wales and Northern Ireland.

41. Our Regional Liaison Service and our Devolved Offices are continuing to engage with front line doctors, medical students and educators as well as patients. In May, June and July 2013 they have met with nearly 9,000 doctors and medical students. They have also engaged with a range of patient groups. In the same period our Employer Liaison Service has met with 349 Responsible Officers, providing advice and support on revalidation and fitness to practise issues.

42. This month our Chair is hosting the first round of UK Advisory Forum meetings in Northern Ireland, Wales and Scotland. I will provide an oral update on these at the Council meeting. In addition to these, the Chair and I will be meeting the Chief Medical Officers for Northern Ireland and Scotland.

Being transparent

43. We are undertaking further work on the publication of verified education concerns. To ensure absolute clarity, we want to review how we present the data and test the proposed format with key interests before we finalise our plans. In order to achieve this I have agreed a revised timetable of December this year for publication.

Supporting information

- DH(E) consultation on older people strategy:
<http://betterhealthandcare.readandcomment.com/>
- DH(E) consultation on refreshing the NHS mandate
<https://www.gov.uk/government/consultations/refreshing-the-nhs-mandate>
- The Inquiry into Hyponatraemia-related Deaths
<http://www.ihrdni.org/index.htm>
- The Vale of Leven Hospital Inquiry
<http://www.valeoflevenhospitalinquiry.org/faq.aspx>
- CQC/GMC Operational Protocol:
<http://www.gmc-uk.org/about/partners/23383.asp>
- For our guidance on reporting concerns to the DVLA:
http://www.gmc-uk.org/Confidentiality_reporting_concerns_Revised_2013.pdf_52091821.pdf
- PSA Performance Review
<http://www.professionalstandards.org.uk/docs/scrutiny-quality/performance-review-report-2012-13.pdf?sfvrsn=0>
- Berwick Review of Patient Safety
<https://www.gov.uk/government/publications/berwick-review-into-patient-safety>
- Keogh Review of 14 Trusts with high mortality rates
<http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf>
- Review of the Liverpool Care Pathway
<https://www.gov.uk/government/publications/review-of-liverpool-care-pathway-for-dying-patients>
- Consultation on the work of the Healthcare Inspectorate Wales
[Consultation: The work of the Healthcare Inspectorate Wales](http://www.hi.wales.nhs.uk/consultation-the-work-of-the-healthcare-inspectorate-wales)
- Consultation on language capability
<https://www.gov.uk/government/consultations/ensuring-doctors-have-sufficient-english-language-capability>
- Consultation on assessing English language skills
<http://www.gmc-uk.org/news/23407.asp>

If you have any questions about this paper please contact: Niall Dickson, Chief Executive, ndickson@gmc-uk.org, 0207 189 5291