

The **impact** of our work

2018



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Foreword



Our role is to protect patients.

We do this by setting the standards for all doctors working in the UK's healthcare systems, and by supporting them to follow these standards throughout their careers.

As part of our work, we oversee medical education and training, making sure doctors who join the UK medical register and those training to become specialists and GPs have the capability to provide a good standard of medical practice.

And, where necessary, we take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Our impact

Patient safety and public confidence are at the heart of everything we do.

In particular, we have found that the best way to protect patients is to support doctors in their efforts to deliver high-quality care. If doctors are supported in their work, they will be in a better position to give the level of care that is expected of them, and that we know they want to give.

This report shows some of the ways our work is having a positive impact on patients, doctors and the public, including:

- improving understanding of the standards we set, by giving doctors and medical students additional guidance and training
- protecting patient safety and doctors' professional development, by highlighting where improvements can be made to healthcare and training environments
- helping to make sure there's a continuous and sustainable supply of doctors into the UK's medical workforce.

As this report shows, we work closely with other stakeholders in the UK's healthcare systems to make sure that risks or concerns about patient safety are identified and addressed effectively, in the right way and at the right time.

We have a dedicated presence in all four countries of the UK with offices in Northern Ireland, Scotland and Wales, and in England in London and Manchester. We also hold bi-annual advisory forums with partners and key interest groups in Northern Ireland, Scotland and Wales to help us respond to the changing needs of diverging healthcare systems.

The best way to protect patients is to support doctors in their efforts to deliver high-quality care

Listening and learning

In 2018, a year when it was especially important for us to listen, we commissioned an external research agency, IFF Research, to conduct a survey of doctors, responsible officers, patients, and our key stakeholders. The findings have given us a better understanding of perceptions of us and of the profession.

Notably, patient and public confidence in doctors and in regulation remains high. And having some knowledge of our role is associated with higher levels of confidence in the regulation of doctors.

Our partners across the UK's healthcare systems also have confidence in us, with nine out of ten saying their overall working relationship with us is good. However, there is scope for us to improve this further by listening better and communicating our direction of travel more effectively.

The research also indicated that we need to do more to build our relationship with the profession.

Also crucial to our work is the strong relationship our employee liaison advisors have built with responsible officers, the majority of whom feel supported in their role. You can read more about our work with responsible officers in our [Annual report 2018](#).¹

This [research](#)² gives us a baseline from which to build.

Supporting a profession under pressure

We firmly believe that the best way we can protect patients is by supporting doctors in their commitment to deliver good patient care. As part of this work, we are committed to:

- taking forward recommendations from a UK-wide review we commissioned on doctors' and medical students' wellbeing
- helping doctors and medical students to become reflective practitioners and supporting healthcare teams in group reflection
- improving support for doctors to raise and act on concerns
- stepping up our work with healthcare providers to make sure doctors feel supported when they begin a new role or return to practice after time away
- responding to the findings of an independent review we commissioned on how gross negligence manslaughter and culpable homicide laws are applied in relation to medical practice
- making sure doctors are treated fairly in fitness to practise processes, and incorporating human factors training into the training of fitness to practise case examiners and of the medical experts engaged in our processes.

¹ www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/annual-reports

² www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/corporate-strategy-and-stakeholder-perceptions-baseline-survey

Using our data and insights to prevent harm and promote good care

In our [Corporate strategy 2018–2020](#),³ we commit to using and sharing our data and intelligence to identify emerging risks and opportunities. Our ultimate aim is to prevent harm, rather than address it after the fact. We are a listening and learning organisation, and we are using our insights to focus regulation on supporting a high-quality workforce in delivering good medical practice.

We can only have a positive impact on public safety if we work closely with others in the UK's healthcare systems

Many of the examples of impact described in this report speak to this commitment, demonstrating how using and sharing data and intelligence can help protect patients and improve care.

Importantly, we can only have a positive impact on patient safety if we work closely with others in the UK's healthcare systems – sharing our data and intelligence, and speaking out when systemic issues put patients

at risk. In doing so, we are particularly sensitive to differences between the UK's healthcare systems. We have invested in frontline engagement and data gathering across the UK's four countries, specifically to learn about these differences and adapt our work accordingly.

Looking ahead

In line with our *Corporate strategy 2018–20*, we'll continue to support doctors in maintaining good practice, and to increase our collaboration with others. We'll also work to strengthen our relationship with the public and doctors, and aim to be as responsive as possible to the changing healthcare landscape.

The following pages offer some examples of how we are putting our commitments into practice, and the impact this is having.

This report is best read in conjunction with our Annual report 2018 and the Medical Practitioner Tribunal Service's report to Parliament 2018, which contain more general information about our activities and performance, and place these examples in a wider context.

We'd like to hear what you think about our work and its impact too.



Charlie Massey
Chief Executive and Registrar

 [@gmcuk](#)

 [linkd.in/gmcuk](#)

 [facebook.com/gmcuk](#)

³ www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/corporate-strategy

01 Supporting the medical workforce in delivering good patient care



Our primary purpose is to protect patients.

The best way to do this is by supporting doctors in their efforts to deliver high-quality care, and reducing the pressures associated with the everchanging demands of the health service. Fundamental to this is listening to the public and to doctors, and using our data and insight to improve how we support the profession and the wider workforce. We are also increasing our capacity to test, register and support doctors from overseas, to make sure the workforce has the right skills, in the right places, at the right time.



“

A fantastic programme which I thoroughly enjoyed helping to organise. The practical exercises were particularly useful

”

We engaged with

24,804

doctors, and

15,481

medical students
across the UK

Engaging with the public, doctors and medical students

In 2018, our Regional Liaison Service in England and our liaison advisers in Northern Ireland, Scotland and Wales engaged with over 24,000 doctors and 15,000 medical students across the UK.

Our liaison services play a key part in raising awareness and understanding of our standards to support excellence in medical education and practice.

These services deliver *Duties of a doctor* workshops, which routinely receive good feedback. These workshops are designed to meet doctors' needs, focusing on specific ethical scenarios and helping them to understand how our guidance can support them in making difficult decisions in their practice.

We had over **480**
conversations with
patients who had raised
a concern with us

.....

A responsible officer who attended one of these workshops described it as: 'A fantastic programme which I thoroughly enjoyed helping to organise. The practical exercises were particularly useful.'

As well as these workshops, we held three roundtables with doctors in training in England, where we discussed topics that are relevant to them, including our UK-wide wellbeing review, our national training surveys, and early stage proposals for GMC-regulated credentials.

We also held over 480 meetings or phone conversations with patients or members of the public who had raised a concern about a doctor's fitness to practise. Feedback about our Patient Liaison Service shows that most people are very satisfied with the service and it made the experience of raising a concern or acting as a witness significantly easier for them.

Using data and intelligence to promote patient safety and support workforce development

It's essential that decisions regarding medical practice and education are based on solid evidence. Data can help identify issues and trends, and drive improvements for doctors, medical students and, ultimately, patients.





gmc Data Explorer

Over

9,000

people used the data tool in 2018

“ There is a huge amount of useful information in it which is of interest to medical schools and others ”

As the regulator for doctors in the UK, we have a wealth of data on the medical profession and on medical education at our disposal. We are committed to using and sharing our data and intelligence to promote patient safety.

One of the ways we do this is through [GMC Data Explorer](#).⁴ The online tool gives easy access to accurate, objective information on the makeup of the medical workforce, trends in medical education, concerns raised with us about patient safety, and more.

In 2018, we increased the capability of GMC Data Explorer so that users can now view statistics about doctors by healthcare authority in each country,⁵ county, parliamentary constituency, government office and NHS England/NHS Improvement region.

Over 9,000 people used the data tool in 2018, following its launch in April. The main uses of the data were recorded as research and workforce planning.

The tool can be particularly useful for workforce planners and medical schools. For example, the Chair of Education in a Scottish medical school, who is analysing the trends in specialties to help inform the school's curriculum, said: 'There is a huge amount of useful information in it which is of interest to medical schools and others. I was particularly interested in finding out what our graduates are doing now in terms of specialty training or registration – as part of our curriculum review we are keen to have an idea of what sort of careers our graduates are choosing.'

We also help to run a groundbreaking data programme – [the UK Medical Education Database \(UKMED\)](#)⁶ – which allows researchers to track cohorts of doctors from entry into medical school to postgraduate training and practice. You can read more about this in our Annual report 2018.

⁴ data.gmc-uk.org/gmcdata/home/#/

⁵ Read about how we have tailored our data to the different needs of the UK's four countries in our Annual report 2018.

⁶ www.ukmed.ac.uk



For patient safety to continue to be protected, the medical workforce must evolve to meet the changing needs of patients

Highlighting the state of medical education and practice in the UK

We commission research and use the results to produce and share reports on the shape of medical education and practice.

Key among these is [*The state of medical education and practice in the UK*](#),⁷ a yearly report that focuses on trends in the medical register, training and patterns of concerns.

The 2018 edition of the report paints a stark picture of unabated pressure on the UK's health services. Based on our data and on research on the realities of being a doctor in the UK, it calls for a concerted effort in workforce development, and for improvements to working conditions for the medical profession. For patient safety to continue to be protected, the medical workforce must evolve to meet the changing needs of patients. Workplace culture also has to improve and employers, who are also under tremendous pressure, must continue their work to reduce the pressures on doctors wherever possible.

The report was welcomed by our partners in the UK's healthcare systems, including medical royal colleges, health education boards and the NHS Confederation.

The Royal College of Physicians Edinburgh said: 'The GMC report highlights a number of issues that we know are causing strain on our NHS workforce across the UK. The warning signs that the report highlights are not new but must be addressed as a matter of urgency and we support the GMC's recommendations in this area.'

The report was also referenced in NHS England's *Long Term Plan*, which included some of our data on smarter working practices.

“

This @gmcuk report is really good – makes sad reading but important findings and shows GMC is listening to concerns of doctors

Dr Clare Gerada

”

⁷ www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk

97%

of survey respondents,
based across the
UK, said they now
understand revalidation
after reading the
simplified explanation



Making sure patients' voices are heard in the revalidation process

Revalidation is the process by which doctors working in the UK show that they're up to date and fit to practise, on an ongoing basis. Feedback from patients plays a crucial role in the process, helping doctors to improve their practice and the care they give.

As a result of this engagement and other work, we produced additional materials to support patients in giving feedback about doctors.

This included a simplified, patient-centric explanation of revalidation, called [How do we check doctors are giving good care?](#)⁸, which was viewed almost 5,000 times in 2018 after it published in May.

And it has already had a positive impact on the public's understanding of revalidation: 97% of National Association of Patient Participation survey respondents, based across the UK, said they now understand revalidation after reading the explanation.

We also developed clearer information about appraisal requirements to help doctors. We produced case studies for doctors with patients who can't give feedback, and for doctors who have limited patient contact, to make sure that patients' voices inform revalidation and appraisals as effectively as possible.

The case studies include advice on how to collect feedback when:

- patients are young, very unwell or have a limited mental capacity
- a doctor works in short-term posts or has limited patient contact
- a doctor works in an environment or context that is particularly challenging.

8 www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/how-do-we-check-doctors-are-giving-good-care

The revalidation resources for doctors were viewed over 7,000 times in 2018.

As part of our work to increase patients' involvement in revalidation, we also engaged with a wide range of patients and their representatives about what would make it easier for them to give feedback to their doctors. This included a workshop with patient organisations, and discussions with organisations representing those who can experience barriers in accessing healthcare, such as homeless people, refugees and the LGBTQ+ community.

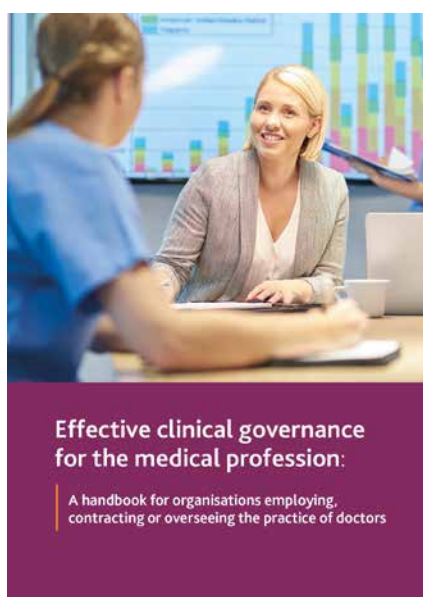
We continue to take revalidation forward in 2019, aiming to increase the role and importance of patient feedback in doctors' reflections and appraisals, and maintain confidence in the profession.

Improving local clinical governance

Effective clinical governance contributes to the safety and quality of patient care.

In November, we co-produced [*Effective clinical governance for the medical profession*](#),⁹ a revised clinical governance handbook for organisations that employ, contract or oversee the practice of doctors in the UK. The handbook outlines the role that boards and governing bodies should play in governance for doctors, and how this can contribute to high-quality patient care. It gives clear advice about clinical governance processes involving doctors, including annual appraisals, managing concerns and pre-employment checks.

We worked with eight other organisations across the UK, including regulators and improvement bodies, to update the guide so that it's relevant to the variety of settings in which a doctor might work. Changes in the revised handbook address Sir Keith Pearson's recommendation, in his 2017 report *Taking revalidation forward*, that the handbook should reflect learning and system developments from the first five years of revalidation.



Effective clinical
governance contributes
to the safety and quality
of patient care

9 www.gmc-uk.org/registration-and-licensing/employers-medical-schools-and-colleges/effective-clinical-governance-for-the-medical-profession

Since its launch, the handbook has been met with positive feedback, including from a member of the Department of Health and Social Care, who said: 'the handbook will certainly be a very helpful tool, providing guidance to organisations so they may strengthen and develop governance arrangements for their revalidation programmes.'

Throughout 2019, our employee liaison advisers are meeting with responsible officers to help embed the handbook within local systems and processes.

“

The Effective clinical governance for the medical profession handbook will be a helpful tool, providing guidance to organisations so they may strengthen and develop governance arrangements for their revalidation programmes.

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The number of overseas doctors sitting PLAB1 increased by a third:

3,200

March 2018

4,400

March 2019

Increasing our support for international doctors joining the UK medical register

Patient safety depends on the existence of a well-resourced and well-developed medical workforce, across different sectors of the UK's healthcare systems and within different specialties.

And, like with other healthcare professions, this depends on a regular influx of international doctors moving to live and work in the UK.

We're experiencing increased demand for exam places from doctors who want to relocate to the UK from overseas. And given the important contribution these doctors make to our health services, we're committed to making the process as straightforward and streamlined as possible, while retaining the high standards needed for practice across all four countries of the UK.

In 2018, we expanded the number of test sites for the Professional and Linguistic Assessments Board part one (PLAB 1) written test in the UK and in assessment centres abroad. The expansion included holding the exam for the first time in Cardiff and Edinburgh, which proved very popular with sessions reaching full capacity.



As a result of all these changes, the number of overseas doctors sitting the exam has risen by a third, from 3,200 in March 2018 to 4,400 in March 2019.

We've also made the process to check the IDs of international doctors easier. For example, we now check and verify international medical graduates' IDs when they sit part two of the PLAB exam, so that the majority of them only need to attend our office once.

The new process:

- reduces the wait time for an ID check and for an application to be granted
- saves doctors money on travel
- makes doctors available for work sooner.

The changes, which have been well received, mean we have been able to offer candidates far more flexibility and choice. By allowing more people to be assessed and eventually access practice in the UK, we're helping to address workforce shortages that are likely to become more pressing following our expected departure from the European Union.

Combined with the important work we're doing to retain and support doctors already working in the UK, assuring a continuous, healthy supply of new doctors into the medical workforce will help ease the pressures on stretched health services across all four countries.

Helping new recruits adapt to UK medical practice

As well as our [Welcome to UK practice](#) workshops,¹⁰ we're helping new recruits understand how the UK's health services operate with a virtual reality 360° video experience. *Patient journey to GP Practice* gives new international GPs immersive insight into GP practice in the UK from a patient's perspective.

Early responses from doctors who have taken part have been positive: 'Very realistic and interactive' and 'We need more of this'.

A series of five events using this technology are taking place for international doctors in 2019.

Easing financial pressures for early career doctors

We're determined to reduce the cost of regulation, both for individual doctors and the system as a whole. We've been extremely focused on driving efficiencies and this has resulted in savings, which we were able to pass on to doctors in 2018.

All doctors registered with a licence to practise benefited from a £35 reduction on their annual retention fee from 1 April 2018 onwards.

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onwards

In the first years of their work, doctors face a host of new expenses – student loans, indemnity insurance, monthly subscriptions and ongoing training. In recognition of the financial strain, we introduced reduced fees for doctors joining the register for the first time.

Eligible, newly-qualified doctors now receive a fixed-term discount, which could save them over £1,000 across five years. To date, approximately 7,000 newly-qualified doctors have benefited from these reductions.

We also continue to offer a discount on fees for doctors whose income falls below a certain threshold.

And we've removed the charge for those doctors paying their annual retention fee in instalments.

¹⁰ www.gmc-uk.org/about/what-we-do-and-why/learning-and-support/workshops-for-doctors/welcome-to-uk-practice/doctors



02 Working with doctors to maintain and improve standards

Every patient should receive high-quality care.

Our role is to help achieve that by setting the standards all UK-based doctors need to follow, and working with doctors and others to embed these standards into medical practice.

The primary examples of this are our latest initiatives relating to reflective practice, ethical issues and supporting patients with learning disabilities.

Helping doctors and medical students reflect on their work

Reflective practice – learning from both positive and negative clinical experiences – is crucial both for doctors’ and medical students’ professional development and to maintain and improve patient safety and care.

It’s key that doctors use their notes for honest and open reflection without fear of negative repercussion. In light of concerns about this, we held a series of workshops across the UK for doctors in training, medical students, appraisers and educators. We invited them to share their experiences of reflection and discuss the importance of reflective practice.

In response to the general themes of the workshop discussions, we co-produced new advice to support doctors in being reflective practitioners, in collaboration with the Academy of Medical Royal Colleges, the Conference of Postgraduate Medical Deans and the Medical Schools Council.

“

It is imperative that doctors are able to reflect openly and honestly to develop learning and ultimately deliver better, safer care, and this is helpful and clear guidance that directly responds to concerns the BMA has raised with the GMC on behalf of the profession.

”

Dr Jeeves Wijesuriya, Chair of the BMA’s Junior Doctors committee (February 2017 to September 2019)



60% of doctors polled on our website found the advice helpful. For those who didn't, the main reason cited was that reflective notes should be legally protected. We're not in the position to determine this, as it's a matter for the UK Government, but we have called for the UK and devolved governments to provide legal protection for reflective notes. We don't ask for doctors' reflective notes as part of our fitness to practise investigations, although doctors may choose to share their notes as part of the process.

We'll continue to foster an open and honest learning culture, and work with doctors, medical students and employers to help health professionals to reflect.

80%
of the visitors to
the new ethical
hub said they
had found the
guidance they
were looking for

Making it easier for doctors to access our guidance on-the-go

Our new website, launched in May 2018, includes an ethical hub, which gives doctors and medical students quick and easy access to our ethical guidance.

In a survey conducted a few months after launch, 80% of the visitors to the ethical hub said they had found the guidance they were looking for and that it was useful, compared with 70% in 2017.

To make sure all patients receive consistent, high-quality care, the hub sets out the core values, knowledge and behaviours that we expect of doctors, through case studies, decision tools, flowcharts and videos.

The collection of learning resources supports doctors with everyday ethical issues, including adult safeguarding, trans healthcare, remote consultations and maximising a patient's ability to make decisions.

Doctors are working under immense pressure to meet rising patient demand. We are committed to doing what we can to provide timely and effective support.



Helping doctors to work with patients and make decisions together

Our [*Decision making and consent*](#)¹¹ guidance sets out the principles of good practice for doctors, to help them work with patients to make decisions about care together. Consent is at the heart of the doctor–patient relationship, and getting it right is fundamental to good medical practice.

Consent is at the heart of the doctor-patient relationship and getting it right is fundamental to good medical practice

As part of our work to update our *Decision making and consent* guidance, we launched a survey to find out what matters to patients when making decisions with doctors about their care. We received 599 responses, which along with the consent-related enquiries our Standards team receive, shaped our updated guidance. We also ran a number of focus groups with doctors who work in a range of specialties, in primary and secondary care, and who are at different stages in their careers, to explore.

To make sure patient and professional views are represented, we consulted on the revised guidance between October 2018 and January 2019. This resulted in 582 written responses, 317 of which came through a short survey of patients and members of the public. We also invited 100 people to take part in focus groups.

We also held 21 workshops and events around the UK with a wide range of practising doctors and healthcare professionals, to make sure the final guidance reflects the lived experiences of both doctors and patients.

¹¹ www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/consent

Over

300

patients and members of
the public helped us develop
our guidance on decision
making and consent

Together, the views of patients and doctors are helping us to shape this guidance, which will be published towards the end of 2019. The clearer guidance will be easier for patients to understand and for doctors to apply in practice. And ultimately, it will help patients and doctors make decisions about treatment and care together.



There are around
1.4 million people with
a learning disability in
the UK

Equipping doctors to support patients with learning disabilities

It's estimated that there are around 1.4 million people with a learning disability in the UK.¹² It's vital that they get the right level of support and the same opportunities as other patients when accessing healthcare. In 2018, we set out to learn more about the barriers that patients with learning disabilities face.

We attended the first meeting of Mencap's strategic health working group and supported their [Treat me well](#) campaign. Alongside this, we emailed all UK doctors about the fundamentals of mental capacity.

We also met with people with a learning disability, their families, carers and support workers across the UK. During these meetings, we filmed interviews to help doctors understand how they can tailor their care and communication to patients with a learning disability.

The video, [Every patient is unique](#), accompanies our updated advice about patients with learning disabilities in our ethical hub.¹³

We have a responsibility to safeguard the rights of patients who lack mental capacity and can't make decisions for themselves. In 2018, we introduced several initiatives to raise awareness of mental capacity considerations in our fitness to practise processes.

- All staff working on investigations received training about mental capacity.
- There are now mental capacity leads at each stage of the investigation process, who help to address any uncertainty around mental capacity issues in a case.
- We introduced a quality assurance process for expert reports associated with the care of patients who lack mental capacity.

¹² www.mencap.org.uk/learning-disability-explained/research-and-statistics/how-common-learning-disability

¹³ www.gmc-uk.org/ethical-guidance/ethical-hub/learning-disabilities

Patient perspectives – Russell

Russell shared his thoughts and feelings about his healthcare experiences and the challenges he faces, to help doctors understand the unique support that patients with learning disabilities need.



“

Going to the doctors is important to me to be able to diagnose symptoms that I'm having and explain what problems I'm having with my health. Having a variety of health conditions, it helps me to manage and get the knowledge of these health conditions in a manner that I can understand and manage in real life.

When I go to the doctors I can feel quite anxious. Although my doctor is very good, being in the doctors' surgery and waiting on the doctors can seem like forever.

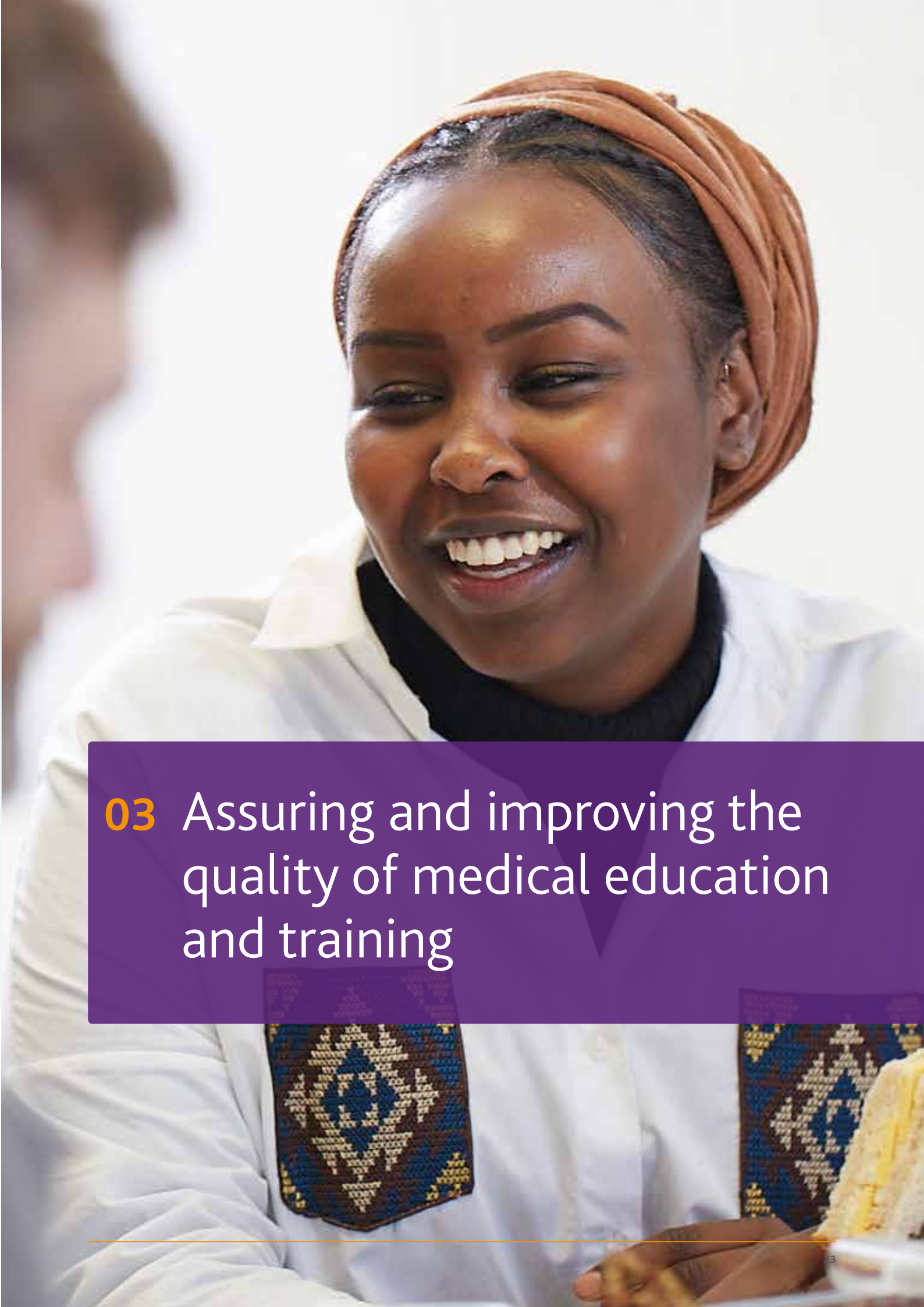
How doctors could make it better for us when we visit is quite a wide question. There is a lot that could be done differently. I would say being person-centred from the moment a person walks through the door of a practice and meets everybody on that journey is a big factor right through to the end of the consultation when somebody leaves the building.

a step towards
bridging the gap
between doctors
and people
with learning
disabilities

I can communicate well but there are people with learning disabilities that cannot communicate well or are non-verbal. I find it difficult to understand large terminology. I've got to ask questions about large terminology at a point that I'm already exasperated over coming in ... the everyday effects of coming into big medical practices, A&E, doctors ... All these add to our anxieties. These barriers need to be broken down to make it easier for the person to be able to understand and communicate their health.

”

In response to being involved in the Every patient is unique video, Russell said: 'I was happy to be involved in the video, as I feel that being able to put across my experiences at the doctors helps them to get an understanding of how I feel. It is a step towards bridging the gap between doctors and people with learning disabilities.'

A close-up photograph of a woman with dark skin, smiling warmly. She is wearing a white lab coat over a black turtleneck and an orange headwrap. The background is softly blurred, showing another person's face. A purple rectangular box with a white triangle graphic is overlaid on the lower half of the image, containing the section header text.

03 Assuring and improving the quality of medical education and training

Over
70,000
trainers and doctors in
training responded to our
national training surveys



The report sparked
widespread
discussion among
doctors, medical
students and
education providers,
as well as across
mainstream media
outlets

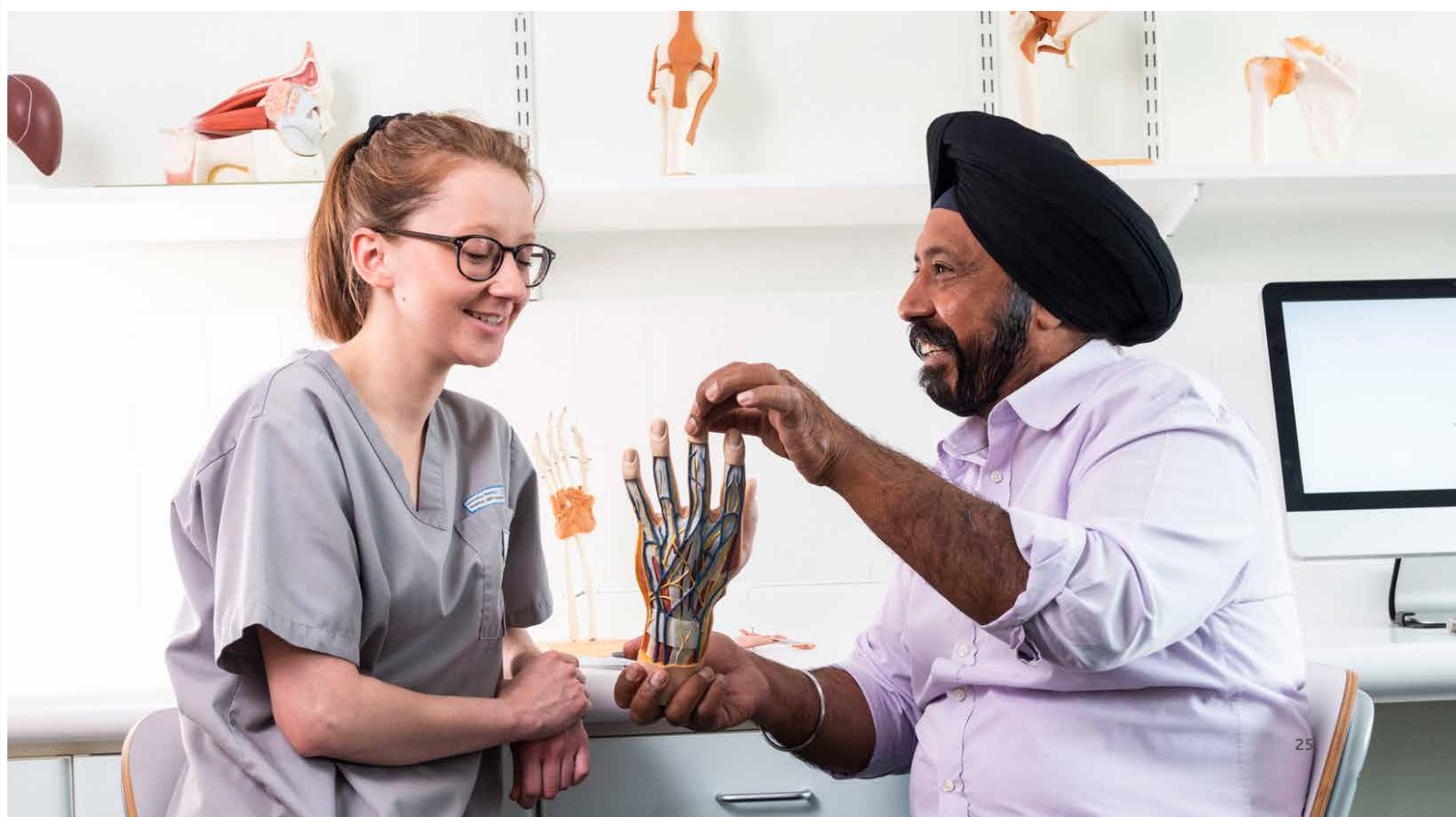
We set the standards for medical education and training across the UK.

These standards help to make sure medical students and doctors in training receive high-quality, supportive training in an environment where patients are safe. We constantly monitor the learning experience to support improvements.

Raising awareness of the effect of burnout on medical education and development

Each year, we run our national training surveys, where we ask all doctors in training and trainers about their experiences of training.

The feedback from over 70,000 doctors is essential to help us, along with education providers and postgraduate deans, drive improvements in the quality of medical education and training.





We will continue to use our data and insights to raise awareness of the pressures that are affecting doctors and having implications for patient safety

In 2018, we introduced new survey questions on burnout – a state of prolonged physical and psychological exhaustion, which is perceived to be related to a person's work. In response to the new questions, almost a quarter of doctors in training and one fifth of trainers told us they felt burnt out. Our analysis of the results showed that burnout may be associated with high workloads, rota gaps and the lack of a supportive working environment. All of these factors have the potential to put patients at risk.

Our message to employers in our 2018 report was loud and clear – they must protect time for training to address the underlying causes of poor wellbeing in doctors and risks to patient safety.

The report sparked widespread discussion among doctors, medical students and education providers, as well as across mainstream media outlets.

National Medical Director at Health Education England, Professor Wendy Reid said: 'Health Education England recognises the issues that the latest GMC national training survey raises. We know that being a junior doctor is rewarding, but it is also challenging, and can be more stressful when there is poor rota planning or lack of support.'

We'll continue to use our data and insights to raise awareness of the pressures that affect doctors and can have implications for patient safety.

Creating training and working environments that encourage positive wellbeing is in the interests of both doctors and the patients they care for. That's why in 2018 we also commissioned an independent review of doctors' and medical students' wellbeing. The review, chaired by Dame Denise Coia and Professor Michael West, aims to improve understanding of the circumstances behind poor mental health and wellbeing in medicine, and to identify interventions that can make a difference for doctors, students and for patients.

We are ideally placed
to drive forward
more flexibility and
choice for doctors
in training

Increasing the flexibility of training pathways

Ultimately, it is patients who will benefit most from changes to training, by having doctors who can care for patients with conditions that cross specialty boundaries.

In March 2017, we delivered a report called *Adapting for the future: a plan for improving the flexibility of UK postgraduate medical training* to the health ministers of the four UK governments. The report made a number of commitments, including our intention to introduce educational reforms that would support greater flexibility through outcomes and more generic professional and transferable skills.



In addition to implementation of our reforms in 2017, including the Generic professional capabilities framework and related new guidance for the development of postgraduate specialty curricula, we've taken action to increase flexibility on a number of other fronts.

We've updated our guidance to give greater clarity and support for those who cannot or do not wish to do full-time training – while making sure standards for training are maintained. In May 2019, we published revised advice to support medical students and trainees with health conditions and disabilities.

We also recognise that doctors are making choices about their careers and work-life balance, including moving to different specialties which may be more suited to their skills, taking time out from training to develop new skills and gain experience in other healthcare systems. As part of our review of flexibility in postgraduate training, our intention is to make sure that training pathways are as flexible as possible, they are attractive to doctors and that the integrity of workforce and service planning are protected.

In addition to this, we're working with the Academy of Medical Royal Colleges, which has developed new guidance to better support doctors who transfer between specialties, and take away the need to start from the beginning again – the 'snakes and ladders' effect as it's sometimes called. We expect the new guidance to be implemented in early 2020.

We are also working with education bodies across the UK to make sure there are safeguards for doctors who take a break from training, so they can have relevant time counted towards their UK training when they return. And we're exploring where elements of training are common, so they can be shared between specialties and reflected in curricula.

We are also keen to explore how flexibility could help other doctors, including those in non-training roles.

We've updated our guidance to give greater clarity and support for those who cannot or do not wish to do full-time training



Strengthening the quality of education and training through enhanced monitoring

When local action alone is not enough to address concerns about the safety and quality of education and training, we can participate in visits to educational and training settings to support deaneries in Northern Ireland, Scotland, and Wales, and Health Education England local offices to manage such concerns.

We also work with other bodies to encourage them to make the improvements needed to meet our standards. We call this enhanced monitoring.

In 2018, we dealt with

66

issues affecting the safety and quality of education and training that needed enhanced monitoring

The issues that trigger this sort of intervention are those that relate to patient safety, the safety of doctors in training and the quality of the learning environment, which can't be resolved locally without our support.

In most cases, the process leads to a turnaround, with NHS organisations, deaneries and HEE all working together to correct the failings. When this doesn't happen, our ultimate sanction allows us to withdraw approval for specific settings to be used for training.

In 2018, we dealt with 66 issues that needed enhanced monitoring. By working in partnership with deaneries and health boards, we found evidence of improvements and were able to close cases at 12 organisations. Ultimately, this assured patients and doctors that the identified issues had been addressed. We continue to monitor and support improvement in the other cases.

We now publish any updates to enhanced monitoring cases on our website within 24 hours. The public should know where we have identified issues that affect them and what steps are being taken in response. Publishing this information gives some assurance that organisations are meeting our standards.

We also believe that transparency drives improvement. Publishing this information encourages a culture of information sharing and openness around quality improvement. Educational and training organisations have the opportunity to learn from one another and improve training environments. They are publicly accountable for making sure that trusts and health boards provide safe, high-quality training.

Enhanced monitoring led to improved quality of training at Caithness General Hospital

Caithness General Hospital, in Wick (Scotland), was going through our enhanced monitoring process from March 2015 because of concerns about patient safety linked to training.

We used enhanced monitoring to support NES and NHS Highland to find a safe and sustainable solution to the lack of senior supervision at the hospital.

In Autumn 2018, we were able to lift our enhanced monitoring, following a report from NES – responsible for managing training across the country – which proved that Caithness was providing a supportive training environment for doctors in training.

This was confirmed by the positive feedback we heard from doctors in training at the hospital. Most had requested a placement at the hospital because they'd heard about the excellent training experience. They also told us they'd encourage others to train there, because it would make them a more confident doctor.





We introduced end of life care requirements for new UK medical graduates, so that patients who are near or at the end of their life receive appropriate and compassionate treatment

Improving the quality of end of life care through new curriculum standards for medical students

Patients who are near or at the end of their life have a right to appropriate and compassionate treatment. Doctors must be able to provide this, by involving patients, their relatives, carers or other advocates in care decisions, making referrals, and seeking advice from colleagues when appropriate.

In 2018, we introduced specific end of life care requirements in [Outcomes for graduates](#), which outlines the knowledge, skills and behaviours that new UK medical graduates must be able to show.¹⁴

We've outlined a range of skills and abilities that are essential for newly-qualified doctors to give good care at what can be an emotionally challenging time for patients and their families, and for doctors themselves. This includes giving bad news, collaborating with patients and colleagues, and prescribing medicines safely and appropriately.

Medical schools have until the summer of 2020 to embed the new outcomes into their curricula, and we will be monitoring progress closely to ensure that newly-qualified doctors are equipped to begin to practise in the NHS.

14 www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates

04 Addressing concerns about patient safety in effective ways



When it comes to patient safety, prevention is better than cure.

So, we're shifting our emphasis from acting when things go wrong to preventing causes for concern, by identifying risks to patient safety and developing targeted interventions at an earlier stage.

Key to this is understanding how and when patients can come to harm, and working with doctors and other partners in the UK's healthcare systems to prevent that. This, together with our efforts to make our investigation processes more flexible and efficient, is an essential part of our work to protect patients and public safety.

Resolving concerns promptly and proportionately through provisional enquiries

While our primary duty is to protect patients, we are committed to reducing the impact that investigations can have on everyone involved, by responding more swiftly and proportionately to concerns.

Provisional enquiries – introduced to a limited number of cases in 2014 – involve gathering initial information, such as medical records or a local investigation report, to help us decide much earlier whether we need to open a full investigation. Provisional enquiries take around six weeks, compared with six to eight months for a full investigation.

519

concerns were considered under
provisional enquiries

142

resulted in a full investigation



In 2018, around 80% of doctors involved in a provisional enquiry faced no further action as there was no significant risk to patient safety and, where appropriate, the doctor had taken steps to avoid repetition of anything of concern.

Cases must meet specific criteria to go through a provisional enquiry. As a result of their positive impact, we have broadened the scope of provisional enquiries to include cases involving a one-off clinical concern. These early interventions are among a wide range of reforms to improve the way we address concerns, so that we can give an efficient and timely response while protecting public safety.

We will continue to look at ways in which we can expand provisional enquiries to broaden their positive impact.

Handling concerns about doctors with health issues

Our fitness to practise investigation staff regularly get advice and training from medical experts on spotting the signs that a doctor may be unwell and on how to respond appropriately.

The types of health issues vary from person to person, and our response is affected by what help the doctor is receiving, how much insight they have into their condition and the support network they have.

When possible, in cases where health issues are at the root of a concern and there are no risks to patients, we avoid a full investigation, focusing instead on early treatment for the doctor. Where the health of a doctor has an impact on patient care, we put arrangements in place to protect the public. To reduce the impact on the doctor, we aim to do this by mutual agreement with the doctor, where possible.

In 2018, we made early stage enquiries about 21 doctors with health concerns. Of these, we were able to close 16 of the cases as our enquiries assured us that the doctor's health condition was being managed locally and there was no risk to patient safety.

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the doctor

We opened four full investigations as we were unable to obtain assurance through our enquiries. In all four cases, we needed to formally assess the doctor's health.

We were able to conclude one investigation by agreeing undertakings with the doctor – this is where we agree with the doctor to restrict their future practice or make a commitment to retrain. We only offer undertakings when we decide they are enough to protect patients and the public, and address the concerns about the doctor.

Three full investigations are currently ongoing and we are still completing early stage enquiries for one case.

If a doctor under investigation is very unwell, we can pause the process, so they can receive medical treatment.

Introducing provisional enquiries is just one of a series of changes we've made to our fitness to practise procedures to reduce the stress that investigations cause for doctors – particularly those considered vulnerable.

If a doctor under investigation is very unwell, we can pause the process, so they can receive medical treatment

Doctors under investigation now have a single point of contact throughout the process to reduce anxiety caused by receiving correspondence from different members of staff.

Fitness to practise decision makers, case examiners and clinical experts now receive human factors training.

We consulted widely with the profession and the public on these reforms, which come in response to the independent review we commissioned Professor Louis Appleby to carry out in 2015. You can read more about these reforms in our Annual report 2018.



Helping doctors to speak up when they have concerns about patient safety

Doctors who attend our workshops are clear that they wouldn't hesitate to raise a concern when immediate patient safety is at stake. But they face a number of barriers that can make this difficult.

The main challenges relate to understanding the reporting routes and complications with the local systems in place for raising a concern. To tackle this, our workshops introduce doctors to the support that is available at their workplace, by making connections to the Freedom to Speak Up Guardians and other local systems for raising concerns in the four countries.

Our liaison services run workshops to help doctors feel confident speaking up

Doctors in training told us the workshops helped them to realise that even concerns that don't seem to relate to patient safety can and must be raised.

As part of our efforts to support doctors to speak up, we are extending our partnership with the national Freedom to Speak Up Guardian and the network of guardians across England. This includes on-the-ground support for guardians and sharing information on risks to the profession and patients across England. We have also appointed our own Freedom to Speak Up Guardian at the GMC.

In Scotland, we are working with the Scottish Public Services Ombudsman on the implementation of the new Independent National Whistleblowing Officer for NHS Scotland.

Our liaison services will continue to work closely with doctors and their employers across England, Northern Ireland, Scotland and Wales to provide support to those who speak up.

We've also introduced a number of safeguards to protect doctors who raise a concern. You can read more about this in our Annual report 2018.

Supporting members of the public who raise concerns about a doctor

Raising concerns about a doctor can be a stressful experience. Our Patient Liaison Service gives dedicated, personal communication to patients, their relatives, or members of the public who have raised a concern about a doctor's fitness to practise.

Our patient liaison officers listen to concerns and explain how our investigation process works, including the possible outcomes. They also make sure that patients or their representatives understand what we do, signposting other organisations that may be able to help where we can't.

Patient liaison officer meetings usually take place in one of our offices in Belfast, Cardiff, Edinburgh, London or Manchester, but we can also discuss concerns on the phone if patients

About

90%

of respondents rated
their meeting as 'very good'
or 'good'

Over **90%** felt their concerns were understood

or their representatives are unable to travel. In 2018, 482 meetings took place. Over 140 patients or members of the public completed a survey about their experiences of our Patient Liaison Service. And around 90% rated their meeting as 'very good' or 'good', with over 90% feeling their concerns were understood.

Intervening earlier to address risks to patient safety

A doctor's ability to provide high-quality patient care depends on the environments they train and practise in. Inadequate premises, resources and systems can pose a risk to patient safety and confidence. It's our mission to protect patients by taking action when there are concerns about the environments in which doctors work.

Since we launched the Emerging Concerns Protocol¹⁵ with other regulators in July 2018, we've jointly intervened swiftly and effectively five times to prevent serious issues occurring.

In one instance, one of our Regional Liaison Advisers used the protocol to convene a review panel with other partner organisations after a doctor flagged concerns about poor-quality surgical equipment. The supplier had also provided equipment to several other public and private care organisations. The issue was escalated immediately within the GMC, and after the protocol was invoked, the organisations involved in the panel worked to address the issue as a matter of urgency. Within hours, the inadequate surgical items were removed, protecting both patients and staff.

The protocol has also been used to address concerns about:

- a doctors' experience of training and supervision
- a trust's emergency department and maternity unit
- a particular treatment pathway.

The protocol, which covers England, provides a clear way for organisations with a role in ensuring the quality and safety of care to share information about risks to services that will affect patients, their carers and families, or medical professionals.

We'll continue to track the impact of the protocol to make sure it's being used to its full potential.

¹⁵ You can read more about the Emerging Concerns Protocol in our Annual report 2018.

Conclusion

The case studies and examples presented in this report show just a few of the ways our work can have a positive impact on patient safety and the quality of care.

We have seen, in particular, how working more flexibly, while continuing to set the highest standards has helped to make significant improvements in vital areas, such as international recruitment and fitness to practise.

Nobody can be in any doubt about the challenges currently facing those working in the UK's health services

Through our engagement with the public and doctors, we've increased the effectiveness of our advice and guidance, making sure our standards of patient care are consistently met.

A big increase in the number of places we offer for the practical exam for international graduates, across more locations, has allowed us to respond swiftly to the rising number of applications from international doctors.

We have also been able to significantly reduce the numbers of formal fitness to practise investigations – reducing the stress suffered by both doctors and patients, while making sure patient safety remained paramount.

All this is happening against the backdrop of a profession under the most intense pressure.

Nobody can be in any doubt about the challenges currently facing those working in the UK's health services.

And the uncertainties surrounding Brexit and its impact on the supply of doctors to this country add yet another significant challenge.

We are already addressing some of these issues, as this report shows. We conducted one of the biggest-ever studies into doctors' burnout and we are now seeking assurances from employers that they will give doctors protected training time.

We have also opened up the wealth of data we hold about doctors to researchers and workforce planners, to help them make informed decisions about future policy. And we have introduced modifications



Over the past year, our focus more so than ever has been based on listening to both the public and doctors

to our investigation process to try to prevent doctors who raise public interest concerns from being victimised.

Our mission to protect patients and the public lies at the heart of all these initiatives.

Over the past year, our focus, more so than ever, has been based on listening to both the public and doctors.

This engagement will continue to be fundamental to everything we do in the future and will help to shape our policies, campaigns and regulatory approach. And as ever, the proof of success will be the impact that our work has on patient safety.



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Published October 2019

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The GMC is a charity registered in England and Wales (1089278) and
Scotland (SC037750).

Code: GMC/IOOW2018/1019

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