Executive summary
The GMC Corporate Strategy 2018-20 was launched in January 2018. This report provides an update on the progress we have made.

We have made good progress on all of our strategic aims, but there are some areas that we need to address in the rest of 2019 and the 2020 business plan to deliver on all our commitments.

We have also achieved several other programmes of work that were not related to our strategy but further our strategic aims, including delivering three large-scale reviews as part of the Supporting a Profession Under Pressure work, and coped with unprecedented increases in operational activities in several areas of the business particularly Fitness to Practise and Registration.

Recommendation:
Executive Board is asked to note the progress we have made towards achieving our corporate strategy.
Progress on 2018-2020 Corporate Strategy

1. We have achieved many of the projects set out in the corporate strategy and are working on others. We have also delivered an additional wide programme of work which furthers our strategic aim, Supporting a Profession Under Pressure, including delivering three large scale reviews. We have also successfully managed unprecedented increases in operational areas such as Fitness to Practise and Registration. The rest of this paper highlights some of the key achievements and the commitments in progress.

Aim 1: Supporting doctors in delivering good medical practice

2. We have commissioned extensive research published in SOMEP to understand doctors’ experience of practice and motivations.

3. We have made significant progress on increasing attendance at Welcome to UK Practice, with a 52% increase in attendance at our workshops in 2018 (an extra 930 doctors). An independent evaluation has shown that WtUKP improves awareness and understanding of the ethical issues. In 2019 we expect to provide training to ~5,148 doctors. Whilst this exceeds the 80% figures projected at the time of the corporate strategy (4,874), it now only represents 58% given the very significant and unforeseeable increase in IMGs coming into the UK in the last year.

4. We’ve completed one of three harms reduction projects as stated in the corporate strategy on communication and are currently identifying next steps to take this forward. A second project - exploring the standards that we receive the greatest number of complaints for is currently on hold due to reprioritisation. We have also begun implementing additional harms-related projects, such as piloting the Professional Behaviours and Patient Safety programme. We are undertaking other work including on induction and returners and clinical leadership which focus on safety and culture in the clinical environment.

5. The education policy team is scoping out a project on CPD for next year.

6. We are planning to phase aspects of the MLA in from 2022, replacing the PLAB exam in 2023 and requiring UK students to pass the MLA as part of their degree from 2024 for the award of a UK PMQ.

Aim 2: Strengthening collaboration with our regulatory partners across the health services

7. We have launched the emerging concerns protocol to share and escalate information at an early stage with regulatory partners. New Regulatory Review Panels are becoming an established part of the regulatory environment in England.
8 We developed the Professional Behaviours and Patient Safety programme in collaboration with others.

9 We are currently identifying pilot sites for local first, with pilots due to start in autumn 2020. The corporate strategy commits us to have piloted local first by the end of 2020.

**Aim 3: Strengthening our relationship with the public and the profession**

10 We have progressed our digital transformation strategy including launching new GMC and MPTS websites. Further opportunities in this space will be identified in the Expenditure and Investment review.

11 As part of the better signposting project, we have carried out research on patients’ needs so we can signpost them to the most appropriate organisation to support them. We will be publishing research we commissioned about what patients and the public consider when they want to raise a concern about a doctor. We are now scoping out workstreams to identify and take advantage of earlier opportunities to effectively signpost members of the public.

12 As well as reflective practice guidance and support for speaking up, the Supporting a Profession Under Pressure programme has led to publication of the Gross Negligence Manslaughter and Culpable Homicide review and (shortly) the Fair to Refer review, with the Mental Health and Wellbeing review due in autumn. We are proactively planning how to ensure maximum value and impact through coordination across the GMC.

13 We have published a white paper on legislative reform, entitled “Why does healthcare regulation matter?”, contributing towards our corporate strategy commitment of undertaking a campaign of work to increase understanding of the value of regulation.

14 We’ve completed an audit of all our engagement with medical students across all our channels. Our existing reference community of medical students will be engaged in the development of a full engagement plan.

15 Our patient and public engagement plan is in progress with significant engagement led by Susan Goldsmith as Patient and Public Engagement champion including for example, the patient and public engagement forum, the draft patient and relatives charter, the patient safety summit Susan spoke at, the RLS engagement (albeit more limited this year), the patient breakfast at the GMC Conference, the public/patient newsletter, and the GMC support for the Patient Safety Learning Organisation.
Aim 4: Meeting the changing needs of the health services across the four countries of UK

16 We have created new data products, which are tailored to each of the four countries and were shared at UKAF in autumn 2018, and incorporated them into the publicly available GMC Data Explorer as well as our internal data dashboards.

17 We have reviewed our outreach teams and we’ll start implementing a new structure from January 2020 onwards, establishing our regional model for England which will work alongside our national offices in Wales, Scotland and Northern Ireland.

18 We have extended the range of services in the four countries (eg. successfully running PLAB1 in Scotland and Wales).

19 We have made extensive preparations for Brexit.

The next Corporate Strategy

20 We have begun development of the next corporate strategy. As Executive Board agreed in April, this will be a 10-year vision, 5 year strategy and 3 year business plan.

21 We have convened a project group, allocated work streams, and have begun engaging with teams to identify the key themes in the next corporate strategy. Initial engagement with the Senior Leadership Team and Heads of Section has been positive.

22 Initial work with Council members on developing thinking on the key themes for the next Corporate Strategy will be undertaken in July at the Council Away Day.

23 Work being undertaken on the Expenditure and Investment Review will provide a significant input to the development of the next corporate strategy, in particular around how we work and the use of technology.

24 Key lessons from the current strategy we should bear in mind when developing the new one include:

a Ensuring we sequence the corporate strategy products correctly – starting from a benefits-led approach (with a smaller number of impactful benefits than the 14 linked to the current strategy) and ensuring baselining occurs at the beginning of the strategy, rather than considering these after publication. Similarly, ensuring the timing of the strategy allows business planning processes to link to the new strategy.

b Stating clear responsibilities for delivering and monitoring the strategy, for example between business planning, strategy and data/research/insight teams.
c  Ensuring that the strategy is meaningful and relevant to all staff regardless of their particular role. The Investors in People (IIP) diagnostic review reported that the communications approach taken with the current corporate strategy had been well received, and that staff feel included and are clear about how the strategy links to their work, although anecdotal feedback from operations teams paints a different picture. So, we will work to ensure the new strategy is also communicated effectively and work to ensure staff are engaged in development of the strategy as well as after publication.

d  Better aligning the corporate strategy with the transformation programme required to deliver it and ensuring greater consistency across strategic initiatives.

e  Being clearer on the likely resource requirements needed to deliver the strategy.