Our plans for the next four years

The General Medical Council (GMC) plays a vital role in helping to protect patients and improve the standards of medical practice in the UK. We’re responsible for setting the standards for medical students and doctors, for supporting them in achieving and exceeding those standards and for taking action whenever these are not met.

We’ve changed a lot in the past 156 years and we continue to adapt to ensure we maintain our relevance to doctors and patients. We’ll need to continue to change to meet an increasingly challenging external environment.

This document explains how we intend to do that and what we aim to achieve over the next four years. At its core are five major aims that focus on us being more relevant and more collaborative, and having more impact.

While our organisation adapts to the complex world around us, some things won’t change. We’ll maintain our commitment to excellence in every area of our work.

We’ll also continue to work hard to retain the confidence of the public, patients, doctors and all the organisations we work with. It’s only by working effectively with the medical profession that we will be able to achieve our purpose of helping to protect patients and improve standards of medical practice.

Professor Sir Peter Rubin
About the GMC

The GMC is an independent organisation, established by the UK Parliament – our job is to help protect patients and improve medical practice across the UK.
We believe that every patient should receive a high standard of care. Our role is to help achieve this, working closely with other organisations and building confidence and trust between patients and doctors.

We do this by defining the knowledge, experience and behaviours that are required of doctors who work in the UK. We decide which doctors are qualified to work here and we oversee their training and education. We make sure that they continue to meet these standards throughout their careers, and that they are supported in doing so. We also have responsibility for looking into concerns about doctors and taking firm but fair action where the safety of patients is at risk or the reputation of the medical profession is at stake.

We are an independent organisation funded by the annual registration fee paid by doctors. We receive no money from government. We were created by statute and are accountable to the UK Parliament – the House of Commons Health Select Committee currently holds annual accountability hearings into the GMC.

We are also overseen by the Professional Standards Authority, which conducts an annual performance review of our work.

“We believe that every patient should receive a high standard of care.”
Our values

All our activities are underpinned by four core values.

- **Excellence** – we are committed to excellence in everything that we do.
- **Fairness** – we treat everyone fairly.
- **Transparency** – we are honest and strive to be open and transparent.
- **Collaboration** – we are a listening and learning organisation.

*Our Equality and diversity strategy 2014–17* (published alongside this document) outlines how we intend to make sure that these principles are embedded in the way we work, and in how we treat our staff and everyone we work for and with.

This will be supported by a people strategy to make sure we are the type of employer that encapsulates these values, and to help us deliver the aims set out in this corporate strategy.

Our work

Several core regulatory functions are central to our day-to-day work.

- **Registration and licensing**: we maintain a medical register of the doctors qualified to practise in the UK.
- **Revalidation**: every doctor with a licence to practise in the UK has to be regularly checked to make sure they meet our standards throughout their careers and are equipped to practise in the modern healthcare environment.
- **Fitness to practise**: we investigate concerns about whether a doctor is fit to practise and we make considered, fair decisions in response. The Medical Practitioners Tribunal Service, which is part of the GMC but operates autonomously, provides an adjudication service.
- **Regulating medical education and training**: we set the standards for undergraduate education, approve the curricula and programmes for doctors in postgraduate training and ensure that all doctors continue to learn and develop throughout their careers.

  We work with a range of partners to promote excellence in medical education and training, sharing information gathered through the course of our work.

- **Guidance and standards**: we provide up-to-date guidance on professional and ethical matters that we expect doctors to follow.

- **Communication and collaboration**: we work with doctors, employers, medical educators, patient groups and other national and local organisations to share data, information and intelligence that may help us to embed our standards, understand trends in medical practice and identify risks to patient safety. We do this as part of a healthcare system that is dedicated to improving the quality of care across the UK.

  This document sets out how we intend to maintain and improve the quality of our core services and functions, and meet the significant new challenges we are likely to face, over the next four years.
The environment in which we work

UK healthcare is a complex and changing environment that will continue to face major pressures over the next few years. As well as structural changes, healthcare organisations and the professionals who work for them are being asked to do more with the same or fewer resources.
The challenge of meeting the needs of a growing elderly population is certain to become even more demanding. Doctors will increasingly have to treat people with a range of conditions linked to longer life. In doing so, they will be working with patients who increasingly see themselves as partners in their own care.

We are working to understand and respond to these and other changes, such as increased working in multiprofessional teams, so that we can help keep patients safe and support the medical profession as it adapts to meet these new demands. Over the period of this strategy there will be a referendum on Scottish independence that, regardless of the result, will bring into focus the diverging health systems across the UK.

“Strengthening our relationships with other organisations and continuing to explore new ways to share our information will be a priority.”

Although there are certain to be a wide range of challenges over the next few years, we highlight here four key areas that we believe will have a particular impact on our work.
Increasing demand for greater collaboration among regulators, employers, doctors and patients

The Mid Staffordshire NHS Foundation Trust Public Inquiry and subsequent reports have highlighted the importance of professional and system regulators working together to protect patients. Never before has it been so vital for our work to be seen as part of a wider effort to improve patient safety, and to make quality of care the central organising principle of the healthcare system.

At the same time, the UK Law Commissions have been preparing a bill for the UK Parliament that will create a new legal framework for us and other professional regulators. This bill has the potential to transform professional regulation in the UK and may well shape professional regulation for at least a generation. The creation of one piece of legislation covering all the health professional regulators will bring significant challenges and opportunities. It is also likely to set the framework for how regulators can work more effectively together.

Additionally, our horizons will need to become more global – doctors and patients, and the information about both of them, are now moving around the world as never before.

We must continue to build closer relationships with other regulators, especially in the rest of Europe, to ensure patients are protected. In the same way, medical education is crossing borders with, for example, UK medical schools providing courses in other countries, which we will be required to quality assure.

Many of the activities highlighted in this corporate strategy should enable us to work more effectively with others so we can be alert to the range of factors affecting patient safety and deal with them efficiently. Strengthening our relationships with other organisations and continuing to explore new ways to share our information will be a priority.

We recognise too that we need to do more with patients and their representatives, partly to explain what we do, including the limitations, but also to make sure we too are listening to patients’ voices. This must include engaging with people in vulnerable situations who may have difficulty dealing with medical services.
More complex medical careers and roles

Doctors’ careers are becoming more diverse. They often work in a wider range of environments and are moving more often between jobs, departments and even countries.

With more flexible roles and careers, keeping in contact with individual doctors in the healthcare system becomes ever more important. If we are to provide effective and supportive regulation, it is crucial that we understand the changes that affect doctors throughout their careers and how different environments present their own challenges and risks.

We have introduced revalidation, the greatest change in medical regulation for more than 150 years, to make sure standards of doctors’ practice remain high throughout their careers.

There has been a move towards greater specialisation, which has brought significant benefits for patients. But there is also a growing need for doctors and other health professionals to provide more generalist care, overseeing and coordinating a range of interventions. The report of the Shape of Training review* sets out several ways in which we and others involved in postgraduate education need to respond to the changing demands on the medical profession and the different expectations of the next generation of doctors.

We are aiming to share more information to help doctors make choices about their careers and to encourage debate on emerging challenges to patient safety. We will focus on engaging with frontline doctors. And we will work with our partners on developing curricula that respond to the breadth of modern medical practice.

Increasing expectation for greater transparency

Patients expect the people who treat and care for them to be much more open – in England, for example, National Health Service (NHS) organisations will have a duty of candour alongside the professional duty we place on doctors. Without doubt, transparency will become more prominent in every aspect of healthcare as patients rightly demand to know more, not just about their own conditions and treatment, but also about the performance of healthcare institutions and the professionals who work in them.

At the same time, doctors are asking for more information, analysis and insight to help them provide better care and to enable them to understand more fully how their work compares with that of their peers.

The power of modern information systems and the quantity of data collected means that it is easier to understand, present and publish complex pieces of information. We will work with others to make our information and analysis more open and available to help maintain trust in the medical profession and improve standards.

“Transparency will become more prominent in every aspect of healthcare as patients rightly demand to know more, not just about their own conditions and treatment, but also about the performance of healthcare institutions and the professionals who work in them.”
Increasing volumes of complaints

Over the past three years, the number of complaints made about doctors to the GMC has risen by over 60%. Doctors and employers, as well as patients, feel more able to raise concerns with us than before. The number of complaints we investigate has risen sharply as a result, although this has also meant that we have seen a large increase in complaints that are not for us to deal with.

These increases put significant pressure on our systems and can add to the frustration of those who are raising complaints. Over the next four years, one of our priorities is to maintain and improve the quality of our services and, wherever possible, to reduce the time it takes to process complaints.

We will continue to develop the new relationship we have with responsible officers within health services, and to explore whether more concerns can be handled at the local level by those best placed to deal with them. At the same time, we will take forward several measures aimed at supporting doctors and patients involved in our procedures to reduce anxiety and stress, while making sure that patient safety remains the clear focus and overriding priority.
Opportunities

All these changes present significant challenges. But there are also valuable opportunities for us to increase the impact of our work. We will have access to more data than ever before and the ability to do more with it. Digital communication allows us to tailor our message and services to different groups and individuals. There is also a greater interest in how professional practice relates to other parts of the system, such as the culture of the institutions in which doctors work.

As we look forward to 2017, it is clear that we will need to keep responding to these and the other changes that unfold.

“Digital communication allows us to tailor our message and services to different groups and individuals.”
Our ambition for the next four years

Over the past four years, we have begun a major transformation of our organisation, moving from what was essentially a reactive model of regulation towards one that seeks to engage with the system and understand risks better.
We now have the advantage of a UK-wide liaison service that includes our regional and employer liaison advisors, as well as our offices in Northern Ireland, Scotland and Wales. This has already enabled us to work more closely with medical students and frontline doctors, as well as those who train and employ them. At the local level, we are also collaborating with those who run health services and with patient groups, medical royal colleges and professional associations. This in turn is helping us to acquire a better understanding of the daily pressures doctors face, the areas of risk, and the ways we can best support the development of good practice. It has also given us a better understanding of how doctors and others would prefer to communicate with us.

We have made good progress in recent years, and we are determined to maintain momentum and respond to new challenges. Our ambition for 2014–17 is to develop our model of regulation to make it as responsive and proactive as possible. This will help to prevent harm from occurring and to embed professional standards more effectively.

“At the local level, we are also collaborating with those who run health services and with patient groups, medical royal colleges and professional associations. This in turn is helping us to acquire a better understanding of the daily pressures doctors face, the areas of risk, and the ways we can best support the development of good practice.”
We will focus on five strategic aims to help us deliver this ambition.

1. **Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients.**
   We will use and share information in smarter ways to support high standards of medical practice and to help reduce risks to patients. Putting the information we hold to best use will help to create a more open system and to safeguard the interest of patients.

2. **Help raise standards in medical education and practice.**
   We will develop our standards, our guidance and the way we support particular groups of doctors to help them deal with professional challenges. We will ensure that medical education equips doctors to meet these standards.

3. **Improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety.**
   We will work with local partners to clarify where concerns should be tackled at the local level and when it is appropriate to involve us. This will help ensure that, where possible, concerns are addressed on the ground.

4. **Work more closely with doctors, medical students and patients on the frontline of care.**
   We will have more contact with doctors, medical students and patients so that we have a better understanding of their lives and work. More of them will be aware of our guidance and use it to help them maintain standards of patient care.
5 Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions.

We recognise there are often barriers to better collaboration within and between organisations – we will work across teams within the GMC to make best use of all available knowledge and skills to help us deliver effective regulation.

The 2012–13 report of the Professional Standards Authority noted that we are already an effective regulator, meeting all the standards it sets for health professional regulators. By 2017, we aim to be even more effective, working more closely with others to improve standards of medical practice and, where we can, taking preventative action to protect patients from harm.

“By 2017, we aim to be even more effective, working more closely with others to improve standards of medical practice and, where we can, taking preventative action to protect patients from harm.”
Our purpose
Help protect patients and improve medical practice across the UK.

Our values
Excellence
Fairness
Transparency
Collaboration

Strategic priorities 2014–17
Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients.

Help raise standards in medical education and practice.

Improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety.

Work more closely with doctors, medical students and patients on the frontline of care.

Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions.

Changing environment
- Increasing demand for greater collaboration among regulators, employers, doctors and patients.
- More complex medical careers and roles.
- Increasing expectation for greater transparency.
- Increasing volumes of complaints.

Our purpose
Our values
Strategic priorities 2014–17
Changing environment
How we will achieve our ambition

We have identified a range of activities that will help us deliver our strategic aims between now and 2017.
Strategic aim 1: Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients

What this is about
We are part of a complex health system and have an important role to play with others in identifying and acting on risks to patient safety.

We will seek to improve how we share information and data on doctors and the environments in which they operate, working with patient organisations, doctors, regulators and employers. This – together with further research into findings in the 2013 report on the state of medical education and practice in the UK – will increase ours and others learning about how different cultural and environmental contexts may affect doctors’ professional standards.

We will continue to invest in our data systems and infrastructure, to enable us to understand more about the medical profession we regulate and the risks and challenges it faces. Our greater presence on the ground – through our employer and regional liaison services, and the continuing work of our offices in Northern Ireland, Scotland and Wales – will also provide useful intelligence on issues and concerns, so that they can be addressed at an earlier stage.

We have made a start in this area through the first three reports on the state of medical education and practice in the UK,* and we will continue to publish our insights into the challenges faced by doctors. We will also build on our engagement with regulators, commissioners and providers, sharing appropriate information more widely at national and regional levels. We take part in risk quality summits and quality surveillance groups in England and in equivalent discussions elsewhere in the UK.

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Our work between 2014 and 2017

- **Deliver a new data strategy**, setting out how we will develop and use data. This work will allow us to identify, analyse and understand trends and areas of risk. We will use this intelligence to develop the way we regulate and reflect it back to the medical profession and the healthcare system.

- **Establish a patient safety intelligence forum** to help us bring together intelligence from across the GMC about patient safety. This will draw on both quantitative data and qualitative intelligence to identify potential issues and risks to patient safety that we need to address.

- **Strengthen our relationships and ways of working with other organisations**, including the system regulators across the UK and the NHS, so that we can share information effectively and help identify shared concerns. In 2013, we launched a joint operational protocol with the Care Quality Commission in England – this establishes clear ways in which we will work closely and share information quickly and efficiently. We are also increasingly working with system regulators in Northern Ireland, Scotland and Wales.

- **Publish insights drawn from our data and intelligence** on a range of themes affecting medical practice and patient safety in *The state of medical education and practice in the UK*.

- **Continue to develop and extend our national training survey** which is recognised as an important source of information for improving postgraduate medical education and training and helping to protect patients. We will introduce a new survey of trainers.

- **Keep the standard of language competency we require under review and continue our review of the Professional and Linguistic Assessments Board (PLAB) examination**. We will consider whether to introduce a national registration examination for both UK and international medical graduates.
The benefits
By sharing and using information and data in smarter ways, we will help reduce risks to patients and improve overall standards of medical care. We will be more able to spot specific issues affecting individual doctors or the locations in which they work. And we should also be able to identify more precisely the groups of doctors who may need support in delivering the best care to patients.

In the longer term, it will help us gain a greater understanding of how working environments affect doctors’ ability to deliver the best care to patients, and it will help us develop our model for risk-based regulation.

By sharing intelligence in this way, we will also contribute to the openness and transparency that will be essential to safeguard the public interest.

“We should be able to identify more precisely the groups of doctors who may need support in delivering the best care to patients.”
Strategic aim 2: Help raise standards in medical education and practice

What this is about
We believe promoting professionalism for doctors throughout their career will help achieve higher standards of medical practice and care for patients.

It is not enough for us just to make sure that doctors operate at the minimum standard to avoid our fitness to practise proceedings. We require all doctors to practise at an acceptable level, but we also have a duty to help improve standards of medical practice.

As the statutory body charged with setting out what it means to be a good doctor in the UK, we have a vital and leading role in this area.

We already support doctors in practice and in training by providing learning resources on topics such as raising concerns, protecting children and treating patients with learning disabilities. We also set the knowledge, skills and behaviour that students learn in UK medical schools.

We know we cannot do this work alone – it is vital that we work with others, such as medical schools and local groups of doctors and patients, as well as medical royal colleges and professional associations.

We see revalidation very much as a part of this process. Our aim is for every doctor in the UK to reflect on their practice and to take responsibility for their continuing professional development and medical education.

We must make sure that our guidance is relevant to the everyday work of frontline doctors and is provided in practical ways that help these doctors put patient safety first, even in difficult situations.
Our work between 2014 and 2017

- **Review and develop how we quality assure education providers.** We will complete our current review of this area and continue to monitor the effectiveness of the data we collect and of our visits, checks and inspections.

- **Review key education and training standards.** This will include completing the review of our core standards in *Tomorrow’s Doctors* and *The Trainee Doctor*, and our standards for curricula, examinations and assessments. We will work collaboratively with medical schools, medical royal colleges, deaneries and local education and training boards.

- **Take forward the recommendations from the Shape of Training review, subject to decisions by the four UK governments.** Working with all those involved in postgraduate education, we will seek to bring about major reforms in the structure and approach to postgraduate training to make sure tomorrow’s doctors have the training and support they need to meet patients’ needs in the future.

- **Review our guidance on confidentiality and develop new guidance where appropriate, including on cosmetic practice.** This includes consulting with doctors and others on what is needed.

- **Review how we develop and disseminate our guidance on professional standards** and continue to make sure the range of guidance is relevant and useful.

- **Ensure our regional liaison service and offices in Northern Ireland, Scotland and Wales** engage with doctors, medical schools and patient groups on our professional standards.

- **Make decisions on revalidation recommendations for an increasing number of doctors** accurately and in a timely way.

- **Establish an evaluation framework for revalidation.** We will evaluate the impact of revalidation and develop plans for revising and improving the model based on what we have learned.

- **Build our relationship with, and support for, responsible officers.** These senior doctors are critical to the success of revalidation and we will continue to look for ways we can support and engage with them to make sure they are able to do their jobs effectively.

- **Make sure that doctors have an alternative route to revalidate** if they are not connected to an organisation to support their revalidation.

**The benefits**

By supporting doctors more effectively in ways that enable them to improve their capability, we will help them to deliver safe, high quality care.
Strategic aim 3: Improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety

What this is about
We have seen a significant rise in the number of complaints about doctors. To respond to this and address concerns about the quality of medical care, we need to keep developing our relationship with doctors, employers and patients or their relatives who have complained.

We will make sure that concerns about doctors are first addressed locally wherever possible. This means helping employers to understand the complaints they should be tackling and when it is best to involve us. We will explore how we can use the developing experience of responsible officers (and their accountability to us) to manage concerns about doctors more effectively at the local level.

We are already piloting new ways to reduce the stress for those involved in our fitness to practise procedures. These include meetings with doctors and with patients who have complained to increase the speed and efficiency of the process.
Our work between 2014 and 2017

- Use our new relationships with responsible officers to reform how we handle complaints, so that the best placed people deal with complaints. This will involve reforming the way we refer complaints back to the employer.

- Review whether responsible officers could play a bigger role in dealing with some complaints linked to medical competence.

- Review options for giving the public and patients more information about what the GMC does and where they should go to complain. This follows the introduction of the new online complaints form, which helps clarify what types of complaints we can deal with.

- Consider the roll out of our meetings with doctors and patients described above. Subject to legislative change we plan to extend this to more cases, thereby speeding up our processes, and reducing stress as far as possible for everyone involved.

- Change our fitness to practise rules to enable us to close some cases earlier where further investigation is not needed.

- Take forward reforms in the Medical Practitioners Tribunal Service, including better case management, the use of legally qualified chairs and the GMC’s right to appeal panel decisions. These reforms are designed to improve the speed and quality of decision making.

- Give doctors, complainants and witnesses as much support as possible during hearings. We will review the information and online support we give to these groups, what extra support we need to give to unrepresented doctors, and how we could engage more effectively with potential support bodies. We also plan to produce a guide on self-representation.

The benefits

Both the GMC and employers will be able to respond more quickly and more effectively to concerns raised by patients and their relatives.

We can make better use of our resources and focus on the most serious risks to patient safety.

The knowledge we gain from local partners will help to reduce future risks through deeper insight into pressure points on medical practice across the UK.
**Strategic aim 4: Work more closely with doctors, medical students and patients on the frontline of care**

**What this is about**
To support the medical profession in raising standards, we need to work closely with patients, doctors, educators, employers and other health professionals and regulators. We have to understand their needs and what helps them provide good medical practice so we can provide support that is both relevant and effective.

Part of this is about understanding the everyday challenges that these groups face and how they make use of what we offer. Increasingly we will capture more detailed information on how doctors want us to communicate with them, so we can tailor our approach accordingly. We will do more user testing and jointly develop new products and services that build in flexibility for individual preferences from the start.

Building the dialogue with these groups will enable us to make sure that the support we offer is helpful and practical. A mature, mutually respectful relationship with doctors will give us greater authority and credibility to influence their practice in order to protect patients. Our regional liaison service and offices in Northern Ireland, Scotland and Wales are already running events to talk to patients, doctors and medical students about professionalism in medicine.
Our work between 2014 and 2017

- Introduce a new survey to track perceptions of the GMC so we can better understand the impact of our work and how we can support and communicate more effectively with the medical profession and patients.

- Exploit new technology to make our professional standards easier to access and to target messages more specifically to the variety of doctors’ roles. This will include developing a smartphone application to help communicate our guidance. We will also improve the accessibility of GMC Online (the secure area of our website for doctors) and communicate with all doctors electronically as far as possible.

- Undertake a review of the List of Registered Medical Practitioners (the online medical register) to explore ways of making it more accessible and more useful for patients, employers, and doctors.

- Develop our welcome to UK practice programme with our regional liaison service and our offices in Northern Ireland, Scotland and Wales, following the evaluation of the pilot.

The benefits

If we are able to build up our contact with the medical profession, provide more support that is useful, and listen to what is happening on the clinical frontline, we will increase awareness of our guidance and raise our influence to improve standards of patient care. Similarly, by supporting and engaging with patients, employers and, where relevant, other health professionals and regulators, we can bring about a better understanding of what we do and ensure our guidance and wider work reflects patient and employer experience of medical practice.
Strategic aim 5: Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions

What this is about

Our organisation has grown in recent years as we have taken on new responsibilities – most significantly, starting to regulate postgraduate education and training and introducing revalidation. Together they have brought us much closer to the delivery of frontline care and required us to be more proactive. As a result, we have embraced a more ambitious agenda, creating new functions, such as the regional and employer liaison advisers who work closely with those who deliver local services.

Although we work in a controversial area, quite often dealing with both doctors and patients who are under considerable stress, we take pride in doing everything we can to treat everyone fairly and efficiently. We are also determined to become more responsive, listening to the people we work with and encouraging them to have their say about our work.

In our annual operational plans that underpin this strategy, we will regularly be monitoring and evaluating our progress against our strategic aims. The new governance arrangements we have developed during 2013 are working well and will allow us to make in-flight adjustments to our plans in response to this monitoring.

As we develop our activities, we need to make sure we work effectively together within our organisation. It is crucial that every one of us at the GMC understands and embraces the organisation’s purpose and ambition. We are here to protect patients and raise standards of medical practice – that is everyone’s job, no matter what their position or what role they have in the organisation.
We will make progress by:

- listening to and learning from each other and people outside the GMC
- treating everyone with respect, no matter what their background, and developing our work on equality and diversity
- evaluating the impact of what we do and demonstrating the difference we make
- involving staff at all levels as we develop our policies and practices.

Progress in these areas will help us work together to make the most of our combined knowledge and energy.

We are already reviewing how we work in fitness to practise, by using Lean management methods to speed up processes and make them more efficient.

We have begun to join up our planning through our business champions, sharing insight and best practice, and raising awareness of each directorate’s achievements. And we are showcasing talent and expertise across the GMC through our Valued Awards for colleagues who go out of their way to demonstrate our values in their work.
Our work between 2014 and 2017

- Develop a **people strategy** that sets out how we will ensure that we are able to attract, retain and develop people who can deliver our ambitious programme of work. As we expect healthcare organisations to do, we too will continue to foster a culture of openness – in which our staff are able to raise concerns so we can learn from our mistakes.

- Do regular **staff surveys**, learn from what they tell us and implement improvements in response.

- Continue our **corporate efficiency programme**, making sure that our resources are used effectively.

- **Bring more of our processes online**, including more use of e-learning for staff and expanding our e-billing service for doctors. Our services will become easier to access and more interactive.

The benefits

We will become more agile, open and able to respond to the changing context in UK healthcare. We will make the best use of all our knowledge and skills.

We will become better able to meet the challenges of delivering this strategy.
Making best use of our resources

We can only implement this strategy and deliver our statutory functions over the next four years if we continue, with careful governance and planning, to make the best use of our resources (both human and financial). We will continue to redeploy the resources saved through our efficiency programme to priority areas that will help us deliver the aims set out in this strategy.
Between 2014 and 2017, we will carefully monitor how we use our resources. We will need to strike a balance between day-to-day operational performance, driving improvement and delivering the complex policy developments that we face.

We will monitor progress against the strategy and the business and operational plans that support it. Our Performance and Resources Board oversees this work. We evaluate what we do and seek to learn from how other organisations go about their work.

Our performance as an effective regulator with good operational performance has been recognised in the most recent report from the Professional Standards Authority, to whom we are accountable. We need to maintain that while responding to the many new challenges we face. We must continue to demonstrate that our funding, provided by doctors on the UK medical register, is put to best use.

**Financial framework**

We are an independent body funded entirely from fees paid by doctors. We derive the bulk of our income from the annual retention fee which is levied according to the principle that all doctors should contribute to the costs of regulation, irrespective of the extent of their medical practice or the income they derive from it.

We will continue our efficiency programme to ensure that every pound of fees paid by doctors is spent in meeting our objectives.

We hold reserves sufficient enough to protect against financial risks and to enable us to meet additional responsibilities that might arise over a rolling three-year period. We take into account an assessment of the environment in which we operate and the guidance published by the Charity Commission.