

General
Medical
Council

"Supporting doctors, protecting patients"

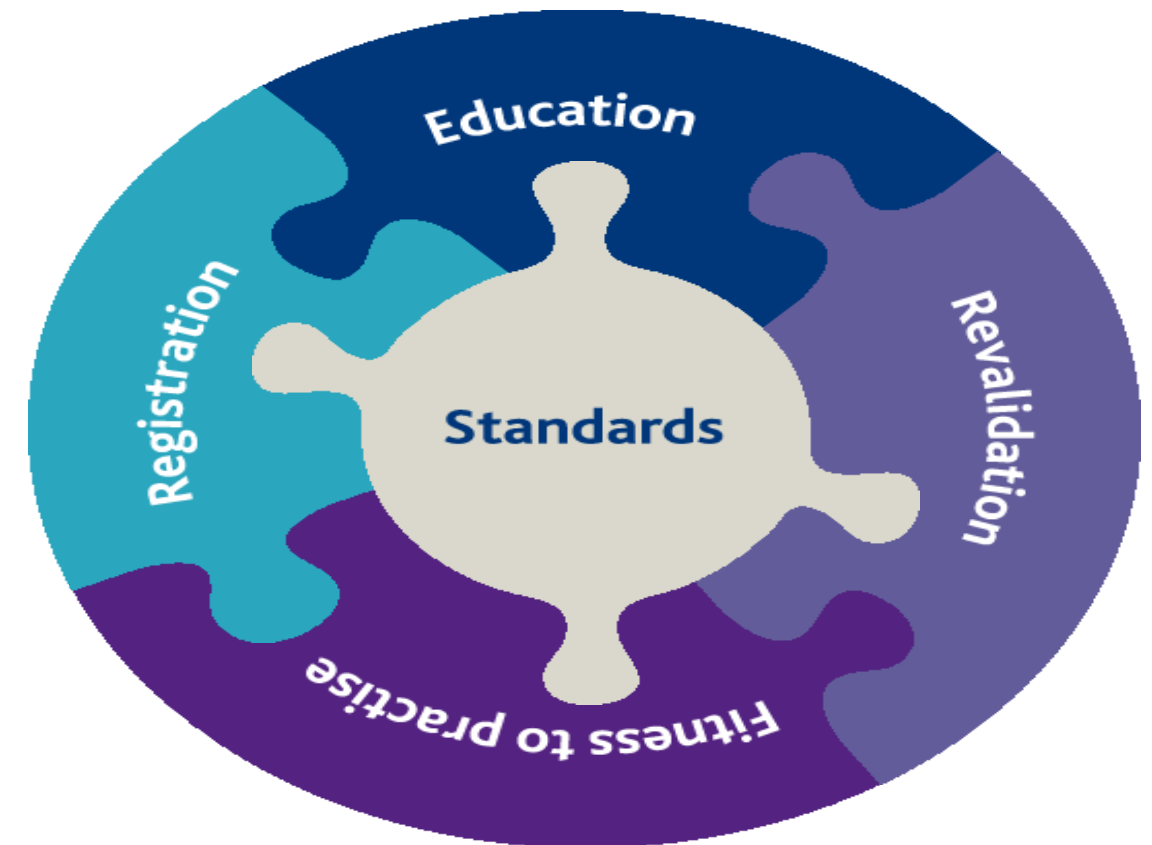
GMC's Future Strategy

SMEC 2018

Working with doctors Working for patients

The GMC's mission and responsibilities

To prevent harm and drive improvement in patient care by setting, upholding and raising standards for medical education and practice across the UK.



Our work in context – GMC in Scotland



NHS Scotland 20:20 Vision

Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

Quality Education for a Healthier Scotland

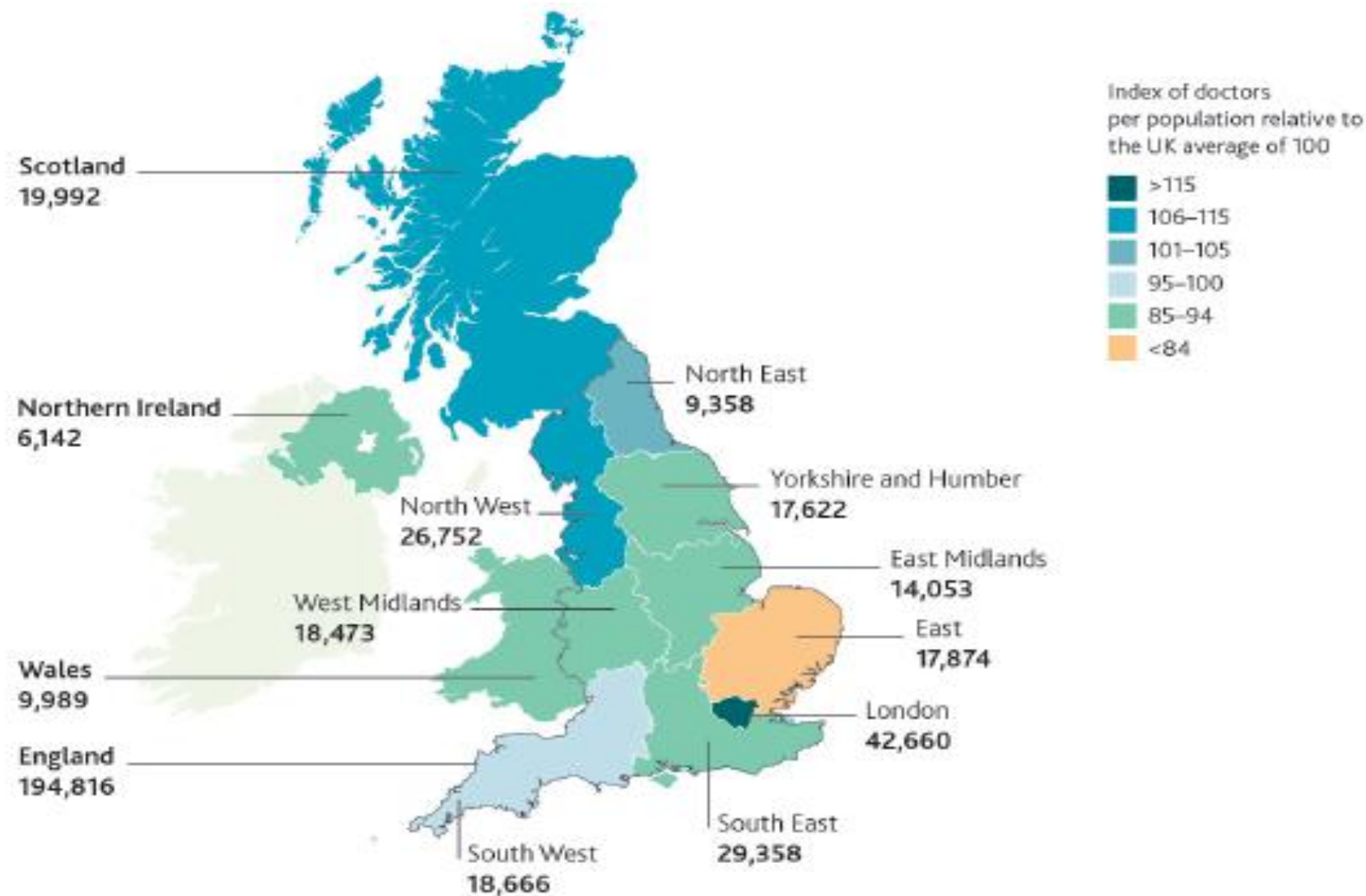


REALISTIC MEDICINE
CAN WE:

- CHANGE OUR STYLE TO SHARED DECISION-MAKING?
- BUILD A PERSONALISED APPROACH TO CARE?
- REDUCE HARM AND WASTE?
- REDUCE UNNECESSARY VARIATION IN PRACTICE AND OUTCOMES?
- MANAGE RISK BETTER?
- BECOME IMPROVERS AND INNOVATORS?



Our work in context – medical profession in Scotland



- There are more GPs per head of population in Scotland than any other country in the UK
- 52% of licensed doctors in Scotland are female, compared to the UK average of 47%
- With 4,958 medical students Scotland has the highest ratio of Medical Students to doctors (~1:4)
- Scotland has a higher reliance on UK-trained doctors than the UK average, with a lower proportion of non-UK graduates (17%)
- Given many IMGs are also BME, the lower proportion of BME doctors in Scotland (19%) is partly explained by this
- Rates of investigations ending in sanction or warning were almost the same across the UK

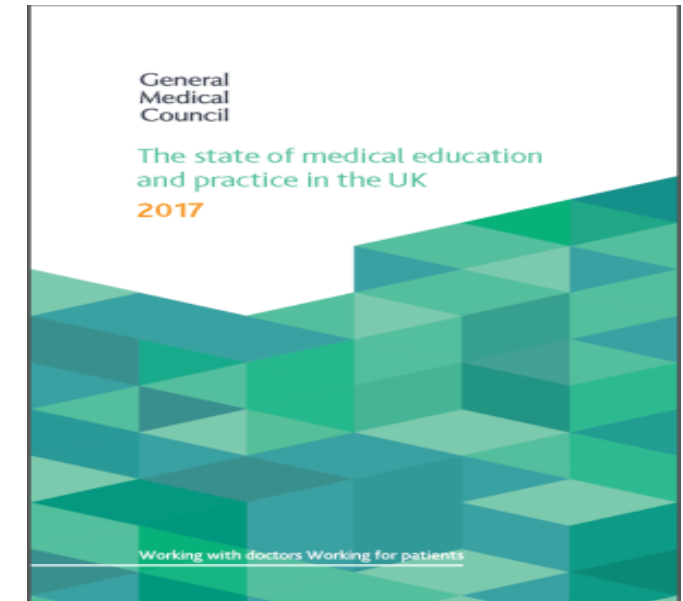
Our work in context – systems under pressure

Four warning signs

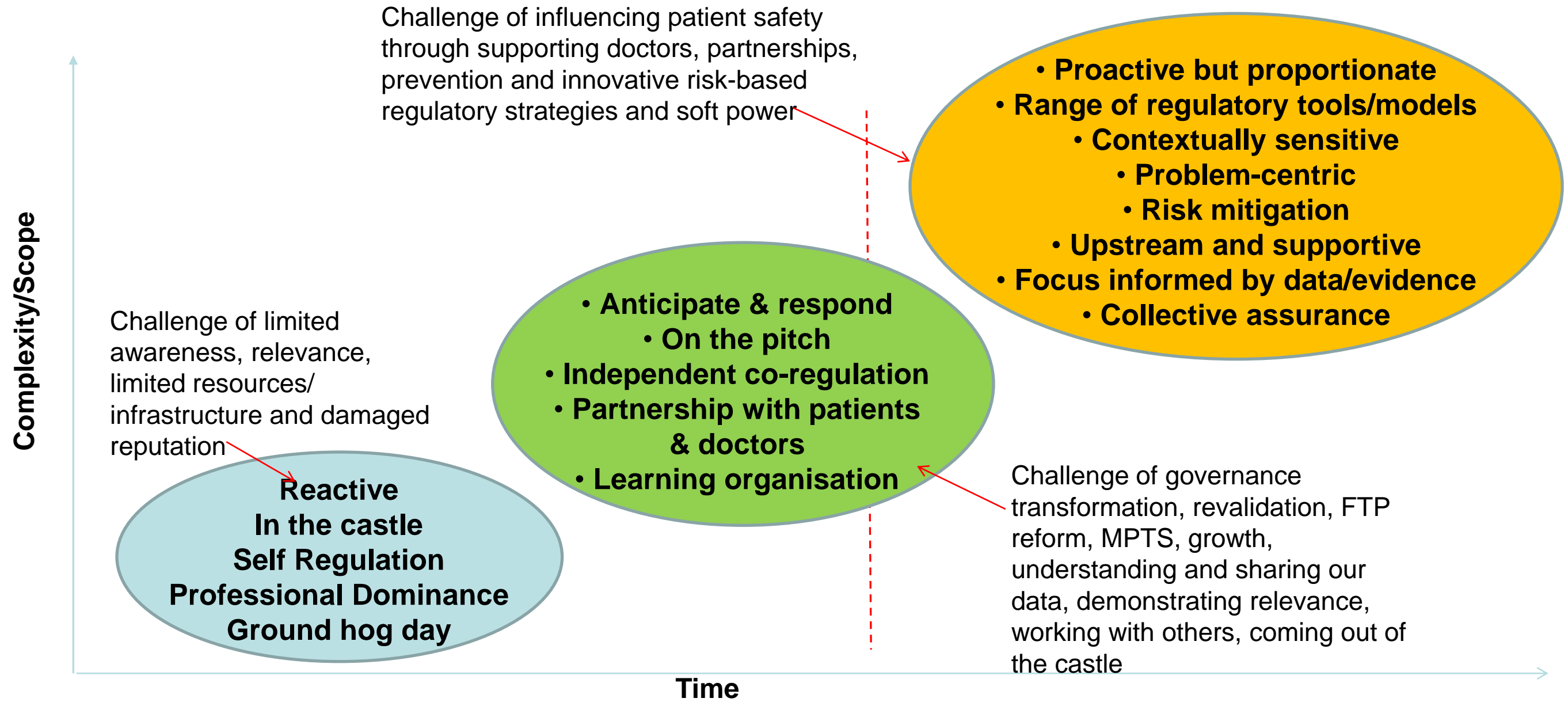
- supply of new doctors has not kept pace with demand
- dependence on non-UK qualified doctors increased in some specialties
- at risk of becoming a less attractive place for overseas doctors to work
- strain on doctors training and being trained continues

Four priorities for the healthcare systems

- maintain a healthy supply of good doctors
- Help the medical profession evolve to meet the future needs of patients and healthcare
- reduce the pressure and burden on doctors wherever possible
- improve workplace culture; employment and training more supportive and flexible



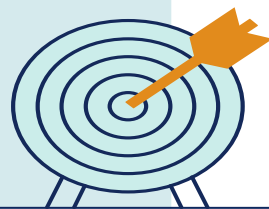
The GMC's changing approach to regulation



Aim 1: Supporting doctors in maintaining good practice

Where we've come from

The majority of our focus, resource and expenditure on fitness to practise issues where harm to patients or doctors has already occurred.



Increased initiatives to support doctors in delivering good practice and prevent harm to patients. Implementation of revalidation to check that all doctors are up to date and fit to practise.

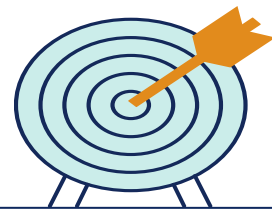
Where we're heading

Investing resources in supporting all doctors to maintain good practice. Early, supportive interventions targeted to areas of greatest need.

Aim 1: Supporting doctors in maintaining good practice

What we are already doing?

- In 2017 we held interactive guidance training sessions with 4,000 doctors and medical students in Scotland
- Introducing a medical licensing assessment (MLA) by 2022, taking account of the feedback on our 2017 consultation proposals.
- Expanding our Welcome to UK Practice (WtUKP) Programme
- Embedding our Generic Professional Capabilities in training curricula
- Taking forward work on Credentialing and Flexible Training Pathways with partners across the UK
- Undertaking a review of Health and Disability in medicine
- Using our data and partner insights to identify emerging concerns about training environments and acting on those threats to doctors' training and patient safety e.g. North Middlesex and East Kent
- Undertaking joint research with the Scottish Government on communication failures in care to assist us in identifying opportunities to support doctors
- Commissioned an independent review of how we can best support the health and wellbeing of the medical profession – led by Dame Denise Coia



Aim 1: Supporting doctors in maintaining good practice

By 2020 we expect...



Continued our work to embed **Generic Professional Capabilities** and support **more flexibility in how doctors train and work**



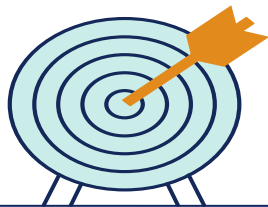
Participation in our WtUKP Programme by doctors new to UK practice will have increased from 33% to 80%.



Plans for the introduction of MLA and a linked assessment of professionalism **will have been confirmed.**



We will have **piloted** an upstream regulatory intervention on three themes of identified harm using our research and data capabilities, such as doctor-patient communication failure.



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

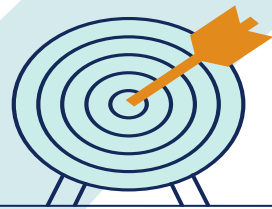
Where we've come from

Regulators pursuing objectives independently, with limited collaboration and information sharing.

Improved information sharing and collaboration on a range of joint initiatives.

Where we're heading

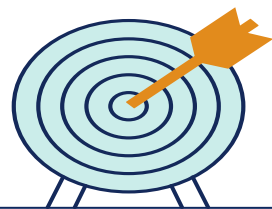
A more integrated form of regulation with a shared approach to identification and resolution of concerns and opportunities for improvement. Supporting local cultures of professionalism, learning and openness



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

What we are doing already?

- We are working with HIS and NES through the National Information Sharing Group to improve the use of our data for quality care in Scotland
- We're working with Employers in Scotland – through the Scottish Government Management Steering Group – to use our data to support workforce development
- We are continuing our work on the UK Medical Education Database (UKMED) with partners including NES, UKFPO, MSC and Jon Dowell so that we can better understand entry into and progression through medical education and training
- We convene the UK Network of Medical Professionalism Teachers – supporting their work in the teaching of professionalism in Medical Schools
- Preparing to review our approach to Education QA and Enhanced Monitoring
- We are working with partners to progress initial research to help characterise 'failing environments' with a particular focus on PG Training environments
- We are co-producing guidance on Reflection and Reflective Practise with the BMA, the Academy and other professional bodies – with a specific focus on Doctors in Training



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

By 2020 we expect...



We will have **piloted a complaints handling approach** based on the 'local first' principle.



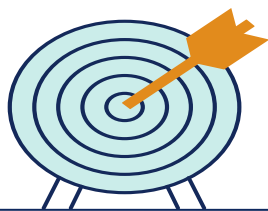
We will have **consulted on a new approach** to Education Quality Assurance and **piloted a protocol** for how organisations will work together when training environments give rise to the most serious concerns.



We will have **piloted joint regulatory interventions** for three themes of identified patient risk/harm.



Our stakeholder feedback surveys record **improvements** in perceptions of our collaborative working.



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

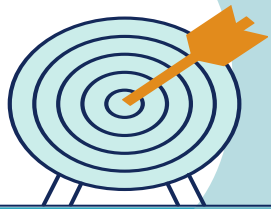
Where we've come from

Pre-revalidation, the only contact we had with the profession was at registration and if doctors were referred into our fitness to practise processes.

We have been speaking out occasionally but not consistently. The profession has recently questioned our independence and relevance.

Where we're heading

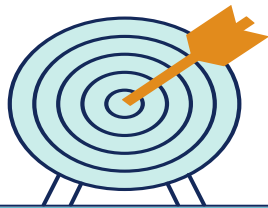
Valued by the profession, and seen to speak out about challenges faced by doctors in meeting our standards and providing high quality care to patients. Trusted by the public who have dealings with us.



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

What are doing already?

- We work closely with the Scottish CMOs team to support the realisation of Realistic Medicine and in particular are working with them now to review our guidance on Consent
- We have hosted 69 meetings with Patients and Carers in Scotland to support them to understand our processes better when part of a GMC investigation.
- We engage with every medical school in the UK to support the teaching of professionalism and help prepare students for being part of a regulated profession – our longstanding work with Scottish Medical Schools in this area has been used as good practise to inform our related programme in other parts of the UK
- We have developed a range of digital mobile apps which provide doctors with support on their CPD and how to apply our guidance in education, training and practise
- Extended our national surveys to Trainers and exploring the feasibility of similar surveys for other profession cohorts including SAS doctors
- Updating guidance for the Recognition and approval of trainers



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

By 2020 we expect...



A **strengthened perception** of the fairness and effectiveness of our regulatory processes across all groups of doctors.



Published **updated guidance on Consent** and supported its adoption aligned with the principles of **Realistic Medicine**



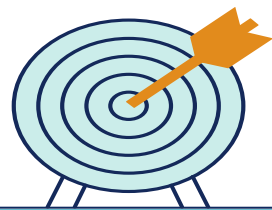
Increased engagement with digital content and mobile apps that support good practice.



We can demonstrate how engagement with the public and the profession has shaped our policies, content and campaigns.



Providing more guidance and support to help people to understand how to best get their concerns addressed and when to complain to the GMC or to another organisation.



Aim 4: Meeting the changing needs of the health services across the UK

Where we've come from

No presence in Northern Ireland, Scotland or Wales. Regulating wholly from England, with limited understanding of 4-country or regional needs and profiles.



Regulatory approach applied consistently across all countries and systems but with limited targeting to local needs.

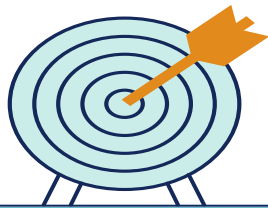
Where we're heading

Applying consistent standards fairly, but flexing our operational approach across increasingly diversified systems. Data and evidence based regulation targeted to local needs and profiles.

Aim 4: Meeting the changing needs of the health services across the UK

What are we already doing?

- Working with the four UK Governments and others to ensure that our regulatory model and data can support current and future workforce development needs – including credentialing, widening access agenda and graduate entry programmes here in Scotland
- Working with partners across the UK to understand the potential implications of Brexit on the medical workforce noting the different implications in each country linked to the make up of the medical workforce
- Investing in our local presence and extending our National Advisory Fora to ensure our work is informed by and relevant to the issues of workforce, quality and safety in each country
- Shaping our outreach teams that work with frontline doctors, healthcare providers and systems regulators to align with local systems to support the delivery of our re-focussed approach to regulation
- Extending the range of our services in each of the four countries of the UK (for example, WtUKP and meetings with patients and complainants)



Aim 4: Meeting the changing needs of the health services across the UK

By 2020 we expect...



To have undertaken a **review of our registration framework** to reflect any impact of Brexit on free movement



To have **created a suite of data packages** relevant to each country's needs.



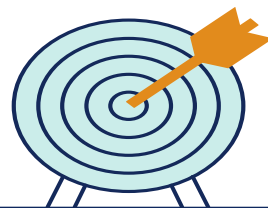
Increased provision of GMC services in the four countries.



That feedback from the four countries demonstrates that **our regulatory offering is appropriately tailored** to meet their needs.



The **re-alignment** of our outreach teams to best support the system structures and objectives in each country.



GMC - Education and Training for excellence

Developing Professionals & Excellent Patient Care

Our aim

Developing professionals who can deliver excellent care

Stages of training



Cross cutting themes

- Supporting the development of an environment that supports education
- Working with others to create consensus establish direction in the sector and hold providers to account
- Helping organisations, learners and trainers to achieve outcomes and raise standards

Future strategy – Education and Training map

Supporting doctors in maintaining good practice

- MLA
- Credentialing
- Scope of practice
- Flexible training
- Senior doctors research
- Health and Wellbeing
- Disability review
- WTUKP

Strengthening collaboration with regulatory partners

- UKMED
- QA And EM Review
- Reflective Practice
- Failing Environments
- Data to support education and workforce planning
- Clinical Placement advice

Strengthening our relationship with the public and profession

- Consent review
- Reflective Practice
- CPD and GMP app development
- MyGMP
- Surveys development
- Updating guidance on recognition of trainers

Meeting the changing needs of UK health services

- National and local data and insight
- Guidance reviews – 4 country proofing
- Brexit analysis and insight
- Widening Access and GEPs
- New Medical Schools



Rebuilding trust: Our strategy and the Dr Bawa-Garba case



Future Strategy.....final reflections

- Supporting doctors to protect patients – QI as well as QA
- Together, not alone - part of wider system of assurance
- Data and evidence based
- Moving “upstream” - proactive vs reactive
- Relevant, proportionate, transparent and trusted for, not just in, each country of the UK

.....and with modern, 21st Century legislation.....

