professional standards authority

Annual review of performance 2018/19

General Medical Council

About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of 10 statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation.[1] We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at www.professionalstandards.org.uk.

1 *Right-touch regulation revised* (October 2015). Available at www.professionalstandards.org.uk/policy-and-research/right-touch-regulation.

Contents

About the General Medical Council

The General Medical Council (the GMC) regulates the medical profession in the United Kingdom. Its work includes:

- Setting and maintaining standards of practice and conduct
- Maintaining a register of qualified professionals
- Assuring the quality of medical education and training
- Requiring doctors to keep their skills up to date through continuing professional development
- Taking action to restrict or remove from practice registrants who are not considered to be fit to practise.

As at 30 September 2019, the GMC was responsible for a register of 309,782 doctors. Its annual retention fee for registrants is £399.

At a glance

Annual review of performance

Regulator reviewed: **General Medical Council**

Standards of good regulation

Core functions	Met
Guidance and Standards	**4/4**
Education and Training	**4/4**
Registration	**6/6**
Fitness to Practise	**10/10**

1. The annual performance review

1.1 We oversee the 10 health and care professional regulatory organisations in the UK, including the GMC.[2] More information about the range of activities we undertake as part of this oversight, as well as more information about these regulators, can be found on our website.

1.2 An important part of our oversight of the regulators is our annual performance review, in which we report on the delivery of their key statutory functions. These reviews are part of our legal responsibility. We review each regulator on a rolling 12-month basis and vary the scope of our review depending on how well we see the regulator is performing. We report the outcome of reviews annually to the UK Parliament and the governments in Scotland, Wales and Northern Ireland.

1.3 These performance reviews are our check on how well the regulators have met our Standards of Good Regulation (the Standards) so that they protect the public and promote confidence in health and care professionals and themselves. Our performance review is important because:

- it tells everyone how well the regulators are doing
- it helps the regulators improve, as we identify strengths and weaknesses and recommend possible changes.

The Standards of Good Regulation

1.4 We assess the regulators' performance against the Standards. They cover the regulators' four core functions:

- Setting and promoting guidance and standards for the profession
- Setting standards for and quality assuring the provision of education and training
- Maintaining a register of professionals
- Taking action where a professional's fitness to practise may be impaired.

1.5 The Standards describe the outcomes we expect regulators to achieve in each of the four functions. Over 12 months, we gather evidence for each regulator to help us see if they have been met.

1.6 We gather this evidence from the regulator, from other interested parties, and from the information that we collect about them in other work we do. Once a year, we collate all of this information and analyse it to make a recommendation to our internal panel of decision-makers about how we believe the regulator has performed against the Standards in the previous 12

[2] These are the General Chiropractic Council, the General Dental Council, the General Medical Council, the General Optical Council, the General Osteopathic Council, the General Pharmaceutical Council, the Health and Care Professions Council, the Nursing and Midwifery Council, the Pharmaceutical Society of Northern Ireland, and Social Work England.

months. We use this to decide the type of performance review we should carry out.

1.7 When considering information relating to a regulator's timeliness, we consider carefully the data we see, and what it tells us about the regulator's performance over time. In addition to taking a judgement on the data itself, we look at:

- any trends that we can identify suggesting whether performance is improving or deteriorating
- how the performance compares with other regulators, bearing in mind the different environments and caseloads affecting the work of those regulators
- the regulator's own key performance indicators or service standards which they set for themselves.

1.8 We will recommend that additional review of their performance is unnecessary if:

- we identify no significant changes to the regulator's practices, processes or policies during the performance review period; and
- none of the information available to us indicates any concerns about the regulator's performance that we wish to explore in more detail.

1.9 We will recommend that we ask the regulator for more information if:

- there have been one or more significant changes to a regulator's practices, processes or policies during the performance review period (but none of the information we have indicates any concerns or raises any queries about the regulator's performance that we wish to explore in more detail) or;
- we consider that the information we have indicates a concern about the regulator's performance in relation to one or more Standards.

1.10 This targeted review will allow us to assess the reasons for the change(s) or concern(s) and the expected or actual impact of the change(s) or concern(s) before we finalise our performance review report.

1.11 We have written a guide to our performance review process, which can be found on our website www.professionalstandards.org.uk

2. What we found – our judgement

2.1 During September 2019 we carried out an initial review of the GMC's performance from 1 September 2018 to 31 August 2019. Our review included an analysis of the following:

- Council papers including performance reports, committee reports and consultations
- Policy and guidance documents
- Reports published by the GMC
- Statistical performance dataset
- Third party feedback
- Register check
- Information available to us through our review of final fitness to practise decisions under the Section 29 process.[3]

2.2 As a result of this assessment, we decided to carry out a targeted review of Standard 3 of the Standards of Good Regulation for Guidance and Standards, Standards 1, 2 and 3 of the Standards of Good Regulation for Registration, and Standards 4, 6 and 9 of the Standards of Good Regulation for Fitness to Practise.

2.3 We obtained further information from the GMC relating to these Standards. As a result of a detailed consideration of this further information, we decided that the GMC had met all of the Standards of Good Regulation. The reasons for this are set out in the following sections of the report.

Summary of the GMC's performance

2.4 For 2018/19 we have concluded that the GMC:

- Met all of the Standards of Good Regulation for Guidance and Standards
- Met all of the Standards of Good Regulation for Education and Training
- Met all of the Standards of Good Regulation for Registration
- Met all of the Standards of Good Regulation for Fitness to Practise.

2.5 The GMC has maintained its performance against our Standards since last year.

[3] Each regulator we oversee has a 'fitness to practise' process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the NHS Reform and Health Care Professions Act 2002 (as amended).

3. Guidance and Standards

3.1 As we set out in section 2, we considered that more information was required in relation to the GMC's performance against Standard 3 and carried out a targeted review. The reasons for this, and what we found as a result, are set out below. Following the review we concluded that Standard 3 was met, and therefore the GMC has met all of the Standards of Good Regulation for Guidance and Standards in 2018/19.

Standard 1: Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient and service user safety and patient and service user centred care

3.2 The GMC's primary guidance for doctors, *Good Medical Practice,* was updated with a minor wording change in April 2019. We have not seen any evidence that other standards of competence and conduct are out of date. We are satisfied that this Standard is met.

Standard 2: Additional guidance helps registrants apply the regulator's standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient and service user centred care

3.3 The GMC has continued to issue new guidance for its registrants, often in line with developments in the medical and legal fields. The GMC website features an 'Ethical hub',[4] which explores how its guidance may be applied in practice.

3.4 We mentioned in last year's report that the GMC contributed to the development and promotion of in-depth guidance, *Clinically-assisted nutrition and hydration (CANH) and adults who lack the capacity to consent*. The guidance was jointly published by the British Medical Association and the Royal College of Physicians in December 2018, following a Supreme Court decision in July 2018. This guidance superseded the interim guidance which had been in place since February 2018.

3.5 During 2019 the GMC reviewed its guidance about consent, *Consent: patients and doctors making decisions together,* and as part of this it ran a public consultation. It planned to publish the updated guidance in the first quarter of 2020.

3.6 In early 2019, the GMC noted increased demand for its *Welcome to UK Practice* workshops programme. These workshops are designed for overseas-qualified doctors to help them adapt to practising in the UK and improve understanding of ethical issues that doctors new to the UK might face. The GMC has now added more workshops, which it reports has led to

[4] www.gmc-uk.org/ethical-guidance/ethical-hub

increased attendance. A report published in January 2019 identified benefits from the workshops.[5] We are satisfied that this Standard is met.

Standard 3: In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four UK countries, European and international regulation and learning from other areas of the regulator's work

3.7 We decided to carry out a targeted review of this Standard. We noted at paragraph 3.5 above that the GMC ran a public consultation as part of its work to update its guidance about consent. This consultation ran from October 2018 to January 2019. In feedback we received from third parties, and in publicly available responses to this consultation, some respondents said they did not have the opportunity to comment on the legal annex to the consent guidance because it had not been published.

3.8 We therefore asked the GMC for further information about gaining respondents' views on the legal annex. The GMC explained that its intention was to obtain views on the usefulness in principle of having a legal annex for this piece of guidance and, therefore, it was unnecessary to publish the Annex at this time. This may not have been clear to some stakeholders. The GMC had offered to share the legal annex, which has been revised in line with the updated guidance, with a range of stakeholders before it is published. We were satisfied that this approach was reasonable.

3.9 We noted in last year's report that the GMC would be taking a new approach to consultations, including engaging with key stakeholders earlier in the process. This year, we saw that the GMC commissioned research into patient and public attitudes to consent and decision-making which specifically targeted groups who might not be expected to have taken part in a normal consultation exercise.[6]

3.10 At Standard 2 above, we refer to the GMC's collaboration with the British Medical Association and Royal College of Physicians to update guidance about CANH. The GMC said that the aim of this guidance was to 'support doctors in making ethically and legally sound decisions in the interest of patients'.

3.11 This year the GMC has engaged with medical schools, medical students and the postgraduate training community about the development of the Medical Licensing Assessment (MLA). The MLA is intended to be an assessment for UK medical students and International Medical Graduates, with the aim of creating a common threshold for safe practice.[7] The GMC also conducted research with patients, which included focus groups and interviews. It was

[5] Newcastle University, *Evaluation of GMC Welcome to UK Practice*, available at: www.gmc-uk.org/-/media/documents/evaluation-of-gmc-welcome-to-uk-practice---january-2019_pdf-79429900.pdf.
[6] Ipsos MORI, *Attitudes towards consent and decision making*, available at: www.gmc-uk.org/-/media/gmc-site-images/about/attitudes-towards-consent-and-decision-making.pdf?la=en&hash=41B151991F8E61424CE95A8887AADC97CD9761D3.
[7] More information about the MLA is available at: www.gmc-uk.org/education/medical-licensing-assessment

noted by the GMC's Council in June 2019 that feedback from stakeholders about the MLA was taken on board when considering an alternative approach to how it would be delivered.

3.12 During this review period the GMC has published guidance for doctors on being a 'reflective practitioner'. This guidance was co-produced with the Academy of Medical Royal Colleges, Medical Schools Council and the Conference of Postgraduate Medical Deans. The GMC is also one of nine regulators to have signed a statement supporting reflective practice, titled *Benefits of becoming a reflective practitioner.*[8] This statement says that professionals will never be asked by their regulator to provide their reflective notes to investigate a concern about them.

3.13 We have seen examples of the GMC's collaboration with other organisations this year. We are satisfied that this Standard is met.

Standard 4: The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed

3.14 The GMC updated its website in April 2018. Its Standards and Guidance are available on the website and users are able to request information in other formats, such as Braille, easy read, another language or as an audio file. There is also the option to view the webpage in Welsh and a step-by-step guide for members of the public about how and when to raise a concern about a doctor. We are satisfied that this Standard is met.

4. Education and Training

4.1 The GMC has met all of the Standards of Good Regulation for Education and Training during 2018/19. Examples of how it has demonstrated this are indicated below each individual Standard.

Standard 1: Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process

4.2 The GMC website includes information and guidance on different topics about medical education standards, and these are aimed at education and training providers, students and trainees.

4.3 In May 2019 the GMC published its *Welcomed and valued* guidance. This is aimed at education organisations and provides advice on how to support

[8] www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/benefits-of-becoming-a-reflective-practitioner

disabled medical students and doctors. The GMC says that it believes 'disabled people should be welcomed to the profession and valued for their contribution to patient care' and that it is important for 'a more diverse and inclusive profession'.

4.4 In June 2019, the Public Administration and Constitutional Affairs Committee (PACAC) published a report entitled *Ignoring the Alarms follow-up: Too many avoidable deaths from eating disorders*. This reported on the progress against an earlier report published by the Parliamentary and Health Service Ombudsman (PHSO)[9] in 2017, which recommended that the GMC conduct a review of the training provided to junior doctors on eating disorders. While the GMC's role is to provide oversight, rather than to produce curricula, it has acted on the PHSO recommendation by asking all medical schools to comment on how eating disorders are taught and covered, the relationship between teaching on eating disorders and teaching in mental health, nutrition and physical health, and the exposure that medical students get to eating disorders as part of their clinical attachments. The GMC has said it will report back on the responses.

4.5 The PACAC follow-up report also asks that the GMC use the information it receives from the medical schools to identify where 'education has not been effective' and 'overall use its influence to ensure that medical schools improve outcomes in relation to eating disorders'. It also suggests that the GMC follows up with the medical schools after a year to find out what changes have been made in student training. The follow-up report was published towards the end of this review period and the GMC has a programme of work that it will undertake. We will continue to monitor its progress in this regard.

4.6 The GMC has been working to address how doctors can move between specialties more easily, following a review of postgraduate training in 2017 which found it to be 'rigid, slow to adapt, with too much emphasis on numbers of procedures rather than capability'. This review of postgraduate training to promote flexibility aims to deliver changes by 2020.

4.7 In last year's report we noted that the GMC published a revised list of *Practical skills and procedures* in this year's review period, in April 2019. This list sets out the core set of procedures that newly qualified doctors must be able to do. The revised list consists of 23 skills and procedures and is supplementary to the GMC's *Outcomes for Graduates* guidance, which was updated in 2018.

4.8 There is evidence that the GMC engages with stakeholders to review and update its education and training standards, and that it reviews its education and training requirements to ensure that they prioritise patient safety. We are satisfied that this Standard is met.

Standard 2: The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education

[9] www.ombudsman.org.uk/sites/default/files/page/FINAL%20FOR%20WEB%20Anorexia%20Report.pdf

providers can develop students and trainees so that they meet the regulator's standards for registration

4.9 This Standard was met last year. The GMC outlines its responsibility to quality assure education and training on its website. The website includes an explanation of the enhanced monitoring process which can be followed if concerns are raised about an organisation.

4.10 In November 2018 the GMC published a research report[10] about the review of its quality assurance programme. The GMC engaged with stakeholders in relation to the proposals for the new model for education quality assurance and put forward proposals to its Council to pilot a risk-based model of education quality assurance. Pilots are planned for Wales and the West Midlands, the findings of which are due to be reported to the GMC's Council in early 2020. We will monitor the GMC's progress in reviewing its approach to education quality assurance. We are satisfied that this Standard is met.

Standard 3: Action is taken if the quality assurance process identifies concerns about education and training establishments

4.11 The GMC's process for reacting to concerns about doctors' training environments is called enhanced monitoring. Information about enhanced monitoring and action taken as a result is published on the GMC website.

4.12 The website shows that in this review period, there were 12 concerns about training providers raised with the GMC which resulted in enhanced monitoring. The website shows that the GMC responded by taking action in the following ways:

- monitoring the progress of eight training providers
- putting a plan in place for three training providers.[11]

4.13 According to this information on the website, 19 enhanced monitoring issues have been resolved during this review period.

4.14 There is evidence that the GMC continues to act when concerns are raised about doctors' training. Accordingly, we are satisfied that this Standard is met.

Standard 4: Information on approved programmes and the approval process is publicly available

4.15 The GMC continues to publish information about approved training programmes, as well as inspection reports and annual returns from each medical school. It also publishes information about approved programmes and sites for postgraduate training and approved GP trainers.

4.16 The GMC also continues to publish findings from its national training surveys.[12] These surveys invite doctors' views on the training they receive as

[10] https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/medical-training-quality-assurance-review
[11] The status of the other concern is currently noted as 'new concern identified'
[12] www.gmc-uk.org/education/how-we-quality-assure/national-training-surveys

well as the views of trainers about the support they receive. We are satisfied that this Standard is met.

5. Registration

5.1 As we set out in section 2, we considered that more information was required in relation to the GMC's performance against Standards 1, 2 and 3 and carried out a targeted review. The reasons for this, and what we found as a result, are set out under the relevant Standards below. Following the review we concluded that all these Standards were met and therefore the GMC has met all of the Standards of Good Regulation for Registration in 2018/19.

Standard 1: Only those who meet the regulator's requirements are registered

5.2 In last year's report we referred to details that had emerged about a woman from New Zealand who had forged a medical qualification in order to gain admission to the GMC register in 1995 and had subsequently worked as a psychiatrist for over 20 years. We noted that the GMC was to review the qualifications of all doctors who entered the register by the same route (a route for some Commonwealth applicants, which was abolished in 2003). We carried out a targeted review this year to understand the action taken by the GMC.

5.3 The GMC reported to its Council in June 2019 that the qualification checks were complete – 3,117 doctors had their qualifications checked as part of this exercise, and all were found to be appropriately qualified. The GMC told us that the checks involved contacting the relevant medical schools directly and confirming that they had awarded a qualification to the individuals in question.

5.4 The GMC has reviewed its historical registration processes in order to identify any other routes to registration which were at risk of fraudulent applications. It cannot currently subject EEA applicants to the same degree of scrutiny as non-EEA graduates.

5.5 The GMC has started conducting primary source verification checks of overseas graduates who took a route to registration that meant that they did not sit the Professional and Linguistic Assessments Board (PLAB) assessment and who have had fitness to practise action taken against them in relation to serious dishonesty. The GMC reported to us that, to date, these checks have not identified that anyone who has not met the requirements has been added to the register.

5.6 We note that the GMC has taken appropriate action in respect of the issue described at paragraph 5.2 and are satisfied that this Standard is met.

Standard 2: The registration process, including the management of appeals, is fair, based on the regulator's standards, efficient, transparent, secure, and continuously improving

5.7 In our assessment of this Standard, we looked at the data provided to us by the GMC about its registrations processes. We then sought some further information from the GMC as part of a targeted review.

Application processing data

5.8 The GMC provides us with data about the number of applications it receives and the time it takes to process them. The table below shows the number of applications received in the last three financial years.

Total applications received by year	2016/17	2017/18	2018/19
UK graduate	7,300	7,194	7,273
EU/EEA graduate	2,956	2,696	3,390
Non-EU/EEA graduate	3,965	5,326	7,574
Total	14,221	15,216	18,237
Total % change	+1%	+7%	+20%

5.9 The overall increase in applications this year included a significant increase in applications from both EU/EEA and non-EU/EEA graduates. The GMC told us that it believes the increase in applications from EU/EEA graduates was contributed to by a surge in applications in the run-up to the original scheduled date for the UK's exit from the EU on 29 March 2019. The GMC also told us that it believes the increase in applications from non-EU/EEA graduates may be due to the number of vacancies in the medical workforce and the recent relaxation in visa requirements for these applicants.

5.10 The GMC publishes regular reports based on its registration data and surveys of registrants. It told us that following the publication of its 2019 report on the medical workforce,[13] it intends to conduct a research project to explore the 'push and pull' factors that affect the migration of doctors to and from the UK. It told us it will use the results of this project to plan for the impact of such migration.

5.11 We noted that despite the increase in applications, the processing time for applications from EU/EEA graduates had decreased by three days from last year. We also noted that despite the significant increase in applications from non-EU/EEA graduates, the processing time had only increased by one day. This information is shown in the table below.

Median time (days) to process registration applications	2015/16	2016/17	2017/18	2018/19

[13] *The state of medical education and practice in the UK: The workforce report 2019*, available at: www.gmc-uk.org/-/media/documents/the-state-of-medical-education-and-practice-in-the-uk---workforce-report_pdf-80449007.pdf.

UK graduates	1	1	1	1
EU/EEA graduates	31	31	27	24
Non-EU/EEA graduates	19	17	15	16

5.12 We asked the GMC to describe the measures it took to deal with the large rise in applications from non-EU/EEA graduates, given that the processing time had only increased by one day. The GMC told us it had increased staff at times of peaks in workload and had reviewed and improved some of its processes. The GMC also increased its capacity to run both parts of the PLAB assessment, to avoid delays for those seeking registration. From this year it will have an increased world-wide availability of the PLAB part 1 examination and in August 2019 expanded its Clinical Assessment Centre from one circuit to three for the PLAB part 2 examination. In this case, the GMC appears to have demonstrated an effective approach to managing a substantial increase in work.

Registration appeals

5.13 We also noted from the data provided to us that the GMC received a 62 per cent increase in the number of registration appeals from last year. In 2018/19 the GMC received 42 registration appeals, compared to 26 in 2017/18.

5.14 We asked the GMC if it had identified any causes for the increase in registration appeals this year. The GMC told us that it believed that as a proportion of total applications, the number of appeals was 'broadly consistent'. It added that a 'considerable proportion' of the appeals came from non-EU/EEA graduates, which was consistent with the increase in applications from that group of applicants.

5.15 The GMC told us that it is confident that the increase in appeals will not negatively impact the time taken to process them.

Conclusion against this Standard

5.16 The GMC has provided us with information as to the reasons for the increases in registration applications and appeals, and the measures it has put in place to deal with them. Furthermore, the most recent data we have received indicates that the measures the GMC has implemented are working effectively. We are satisfied that this Standard is met.

Standard 3: Through the regulator's registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions of their practice

5.17 Our assessment of this Standard included a check of the GMC register and the information it publishes. We asked the GMC for some further information following our initial assessment.

Register check

5.18 We checked a sample of doctors' entries on the GMC register, the List of Registered Medical Practitioners (LRMP), and found no major causes for

concern. We sought some clarification from the GMC because we found the information on the LRMP help page unclear in relation to a small number of cases we checked where doctors had previously been subject to conditions of practice. We were not concerned that there were any public protection issues with the information published on the LRMP.

5.19 The GMC accepted that the help page could be clearer and told us that the design of the LRMP was due to be reviewed, and that our feedback would be factored into that review. The review is now complete and the new design of the LRMP was launched in January 2020.

Credentialing

5.20 Last year we reported that the GMC was continuing its work to develop a model for credentialing. This work has continued throughout this review period and included engagement with stakeholders, including doctors, until February 2019. The framework was published on the GMC's website in June 2019 and is set for a phased introduction by working with five 'early adopters'.[14]

5.21 The GMC says that it aims to support organisations to go through the approval process by 2020. The detail as to how the framework will work in practice will be developed through the phased introduction period and a review of this first phase will follow. We will continue to monitor the GMC's progress in the development of credentialing.

Conclusion against this Standard

5.22 Our check of the register did not identify any concerns which could impact public protection and the GMC has told us that the design of the LRMP is due to be reviewed. We note that the GMC has made progress in developing its credentialing framework. We are satisfied that this Standard is met.

Standard 4: Employers are aware of the importance of checking a health professional's registration. Patients, service users and members of the public can find and check a health professional's registration

5.23 This Standard was met last year. Information and guidance for employers about the registration checks they must carry out is available on the GMC website. We are satisfied that this Standard is met.

Standard 5: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner

5.24 The GMC has published information on its website about unregistered practice. It makes it clear that unregistered practice or the use of a protected

[14]These are listed on the GMC website as: Interventional Neuroradiology (Acute Stroke) led by the Royal College of Radiologists, Pain Medicine led by the Faculty of Pain Medicine, Cosmetic Surgery led by the Royal College of Surgeons, Liaison Psychiatry led by the Royal College of Psychiatrists and Remote and Rural led by NHS Education Scotland.

title is against the law. The website also gives advice on how to report someone suspected of practising illegally to the GMC and how to check the register for a doctor's registration. We are satisfied that this Standard is met.

Standard 6: Through the regulator's continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise

5.25 We noted last year that following its independent review of revalidation, *Taking Revalidation Forward*, the GMC had plans to run a public consultation on its proposals to improve how patient feedback is collected and used in revalidation. The consultation ran from April to July 2019 and invited responses from both doctors and patients.

5.26 We understand that the GMC will publish revised guidance in early 2020 following analysis of the responses from the consultation. We will continue to monitor the development and implementation of this guidance.

5.27 We also noted last year that the GMC planned to implement a way to collect information about recommendations to defer revalidation so that it could understand the factors which lead to recommendations to defer. In March 2019, it amended its online revalidation system so that individuals recommending deferral are prompted to select the main reason(s) for doing so.

5.28 The GMC has explored the risk that whistleblowers are treated less favourably at revalidation. The GMC guidance[15] for those making revalidation recommendations where a doctor has raised public interest concerns advises them to contact their Employer Liaison Advisor.

Conclusion against this Standard

5.29 The GMC continues to work to understand how revalidation is working in practice. We will continue to monitor the impact of its work, particularly the effect of the revised guidance after it is introduced. We are satisfied that this Standard is met.

6. Fitness to Practise

6.1 As we set out in section 2, we considered that more information was required in relation to the GMC's performance against Standards 4, 6 and 9 and carried out a targeted review. The reasons for this, and what we found as a result, are set out under the relevant Standards below. Following the review we concluded that all these Standards were met and therefore the GMC has met all of the Standards of Good Regulation for Fitness to Practise in 2018/19.

[15] www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/making-a-recommendation-about-a-doctors-revalidation/recommendations-where-a-doctor-has-raised-public-interest-concerns

Standard 1: Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant

6.2 This Standard was met last year following an audit of provisional enquiry and triage cases. We concluded that the evidence seen from the audit did not suggest that the provisional enquiries process makes it harder for people to raise concerns about doctors' fitness to practise.

6.3 We have found nothing to indicate that the referrals or initial stages of the process have changed. We are satisfied that this Standard is met.

Standard 2: Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks

6.4 We have seen evidence of information-sharing agreements that the GMC has with other organisations. In December 2018 the GMC updated its guidance for staff in relation to its information sharing agreement with the Care Quality Commission (CQC).

6.5 The GMC told us about its Patient Safety Intelligence Forum, an internal forum which considers information from across the organisation, after which decisions are made about engagement and sharing information with other organisations.

6.6 The GMC also told us that it is part of the Joint Strategic Oversight Group, a forum attended by healthcare organisations and regulators to consider concerns about NHS trusts which are, or are at risk of being, in special measures.

6.7 We have not seen any information to suggest concerns about the GMC's sharing of fitness to practise concerns with relevant organisations. We are satisfied that this Standard is met.

Standard 3: Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation

6.8 This Standard was met last year, following a targeted review.

6.9 Last year we noted that there had been a reduction in the number of decisions by the case examiners or investigating committee from the previous year, and that the number of cases referred for a final hearing did not decrease. We noted last year that this trend was expected as the provisional enquiries process was likely to deal with a number of cases that would otherwise have reached this stage.

6.10 The number of decisions made by the case examiners has reduced again since last year. We also note that the number of cases referred to a hearing has remained stable since last year, with the proportion remaining higher than in previous years.

6.11 The data we have received over the past year about the decisions made does not indicate any concerns. We are satisfied that this Standard is met.

Standard 4: All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel

6.12 The GMC met this Standard last year and we noted that its performance against this measure had improved since the year before. As the table below shows, both the median time from receipt of a referral to an interim order decision and the time to make an interim order decision once a possible need for one is identified, have increased this year.

Median time (weeks) to make interim order decisions:	2015/16	2016/17	2017/18	2018/19
From receipt of complaint	7.6	10	8.4	9.1
From receipt of information indicating the need for an interim order	2.3	2.3	2.3	2.6

6.13 We sought more information from the GMC about factors contributing to the increase in these measures. The GMC told us that the time from receipt of complaint to interim order decision can fluctuate for a number of reasons, such as receiving incomplete information at the outset of the case and being dependent on the timeliness of responses from third parties for further information. The GMC told us that the fluctuation was within the range of the last few years and as such did not suggest a trend. It added that the workload is monitored regularly, and it has no concerns that the median is at risk of increasing further.

6.14 The GMC also told us that factors such as the availability of panel members and providing notice to doctors can affect the time taken to make an interim order decision following the receipt of information. The GMC told us that the figures it has reported to us are within its service level agreement with Council. The data from the quarter immediately following our review period indicates that the time from receipt to interim order decision has reduced to 7.7 weeks. We also note that the GMC remains one of the faster regulators in making interim order decisions.

6.15 We noted last year that the number of applications to the High Court to extend interim orders had reduced, and that none of these applications were refused. This year we note that there has been a further decrease, however we also noted that there appeared to be an increase in applications in the final quarter of the review period. The GMC told us that it considered that quarterly figure to be within an expected range of fluctuation. We also saw from the data that the figure for the most recent quarter, after our review period, was more comparable to previous quarters.

Applications to extend interim orders	2015/16	2016/17	2017/18	2018/19
Applications made	356	287	229	214

Applications refused	2	2	0	1

Conclusion against this Standard

6.16 Although the time the GMC takes to make interim order decisions increased slightly during the review period, we do not consider that this amounted to a significant deterioration in its performance. Furthermore, from the most recent data we have seen, we note that the time from receipt to interim order decision has decreased. We considered the annual decrease in applications to the High Court to be encouraging and that the brief increase in the quarterly data did not suggest cause for ongoing concern. We are satisfied that this Standard is met.

Standard 5: The fitness to practise process is transparent, fair, and proportionate and focused on public protection

6.17 Last year we carried out a targeted review of this Standard in light of an independent review which took place during that review period. We concluded that the Standard was met. We have seen that much of the GMC's activity this year includes taking measures to promote fairness in its fitness to practise processes.

The Williams Review and related developments

6.18 We noted last year that the government-commissioned Williams Review published its report in June 2018. The GMC had also commissioned its own review of gross negligence manslaughter and culpable homicide. This report[16] was published in June 2019 and included some recommendations that were specific to GMC policies and processes. The report also agreed with the recommendation of the Williams Review that the GMC should no longer have the power to appeal decisions of the Medical Practitioners Tribunal Service (MPTS) under section 40A of the Medical Act 1983.

6.19 Last year we noted that the GMC had reviewed its process for deciding whether to appeal and had introduced a decision-making panel. In this review period we have seen that these panel decisions are being published on the GMC website[17] and that the GMC published updated guidance about this process in April 2019, which we mentioned in last year's report.

The *Fair to refer* report

6.20 In June 2019 the GMC published its *Fair to refer* report,[18] a piece of research commissioned to understand why some groups of doctors are referred to the GMC fitness to practise process more, or less, than others. This report included a number of recommendations, one of which was that the GMC should establish a 'Programme Board' of organisations from the UK to oversee delivery of the recommendations in the report.

[16] Available at: www.gmc-uk.org/-/media/documents/independent-review-of-gross-negligence-manslaughter-and-culpable-homicide---final-report_pd-78716610.pdf
[17] Available at: www.gmc-uk.org/concerns/hearings-and-decisions/recent-appeal-decisions
[18] Available at: www.gmc-uk.org/-/media/documents/fair-to-refer-report_pdf-79011677.pdf

6.21 This research was concluded towards the end of our review period and as such it is too early to assess its impact. We will consider the impact of the GMC's work in this area in next year's review.

Other relevant matters

6.22 We mentioned at paragraph 3.12 that the GMC is one of nine regulators to have signed a statement about reflection in healthcare; this statement includes the assurance that professionals will never be asked by their regulator to provide their reflective notes to investigate a concern about them.

6.23 We also note that the GMC will include human factors training in the work of the case examiners and medical experts in its fitness to practise procedures. The GMC says this will ensure that 'the role systems and workplaces play in events is fully and evenly evaluated in assessing context following failings'. The GMC also says that this will add consistency to its fitness to practise investigations. The GMC reported to its Council in December 2018 that all tribunal chairs would receive training on chairing skills and case management, in addition to the regular and tailored training given to all tribunal members. It was also reported that training sessions had been delivered with the Nursing and Midwifery Council (NMC). We welcome such collaboration and the sharing of good practice to encourage continuous improvement.

6.24 We received some concerns from third parties about delays in the GMC's investigation process, as well as concern that it retains its power to appeal MPTS decisions. We also received feedback which acknowledged the work the GMC has done in rebuilding its trust with its registrants, and the transparency of the new process for considering appeals.

Conclusion against this Standard

6.25 We have seen that the GMC has been working on a number of initiatives this year to promote fairness in its fitness to practise process. The impact of some of these initiatives remains to be been. We are satisfied that this Standard is met.

Standard 6: Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders

6.26 We carried out a targeted review of this Standard. We wanted to understand the GMC's performance in relation to timeliness in fitness to practise cases.

The dataset

6.27 The three main timeliness measures we collect data on are shown in the table below.

Median time (weeks) from:	2015/16	2016/17	2017/18	2018/19
Receipt to final IC/CE decision	36	37	29	30

IC/CE to final hearing	29	36	27	33
Receipt to final hearing	100	107	104	80

6.28 We noted that the time from receipt of a referral to a decision by the investigating committee or case examiners had slightly increased. Similarly, we noted that the time from the investigating committee or case examiner decision to a final hearing had increased. We asked the GMC if it had identified any reasons for these increases. The GMC told us that the complexity of its cases and delays in obtaining information at investigation stage can lead to delays. The GMC said it has increased the resource in its investigation and legal teams to ensure cases are progressed as efficiently as possible.

6.29 We noted the significant reduction in the time from receipt to final hearing and asked the GMC for information about how this has been achieved. The GMC told us that it monitors factors such as hearing room utilisation and panel availability so that improvements can be made. The GMC also told us that its introduction of Legally Qualified Chairs has contributed to the efficient operation of the MPTS. We note that in comparison with other regulators, the GMC sits in the middle or towards the faster end in each of the timeliness measures.

6.30 We have noted that there has been an increase in the number of cases older than 52 weeks and that the number of old cases is higher than two years ago, having seen a significant improvement last year. It appears to us that this increase in open old cases has contributed to the decrease in the time from receipt to final hearing.

	2015/16	2016/17	2017/18	2018/19
Cases 52-103 weeks old	477	337	324	458
Cases 104-155 weeks old	205	150	131	145
Cases ≥156 weeks old	140	149	99	103
Total cases over 52 weeks old	822	636	554	706

6.31 The GMC told us that its caseload has increased in this reporting period, which is reflected in the number of cases older than 52 weeks. It told us that complexity and disclosure difficulties are also factors in case age. It also told us that some cases are subject to external processes or are paused due to a doctor's health, and that its most recent data indicates that 39 per cent of its older cases are subject to delays of these kinds.

6.32 The GMC also told us that it is receiving more serious cases, which progress further through the process, thus taking longer to conclude. We have seen from our data that the case examiners have referred significantly more cases to a hearing in both this review period and in 2017/18, than in previous years. That appears consistent with what the GMC told us.

6.33 The GMC has told us that it has taken measures around recruitment to ensure that staff turnover does not impact case age and that it has processes

where senior staff will review cases over two years old which have not yet reached case examiner stage.

6.34 We note that the GMC reported to its Council in June 2019 that changes had been implemented to the MPTS processes to increase its efficiency. These include listing cases sooner where both parties are ready to proceed, setting clear expectations regarding information required from parties and the appointment of new Legally Qualified Chairs and medical tribunal members.

6.35 Despite the deterioration in some of the key measures of timeliness since last year, the GMC told us it has generally seen an increase in cases referred to a tribunal and our data appears to support this. We also note that the GMC has implemented measures such as an increased headcount and periodic reviews of old cases to ensure that cases progress as efficiently as possible. We will continue to monitor this Standard and will review the effect of these measures in next year's review. We are satisfied that this Standard is met this year.

Standard 7: All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process

6.36 This Standard was met last year following a targeted review. We noted then that the GMC had completed the first phase of a project to improve witnesses' experience in fitness to practise proceedings. We have seen that the GMC has continued to work during this review period on the second phase of the project, as we understand that it has launched the online survey for witnesses which formed part of this.

6.37 We also noted last year that the GMC was working with the NMC to set up a support service for witnesses and complainants. The GMC and NMC now provide an independent support service through the charity Victim Support, which offers emotional support and practical help and advice, and is available 24 hours a day. We welcome this joint working.

6.38 The GMC reported to its Council in December 2018 that its Doctor Contact Service had expanded. The service offers support to doctors at the hearings stage of the process, including at the hearing itself.

6.39 Following our audit last year, we noted that we would monitor any concerns we receive about the GMC's customer service because we found some examples of inconsistencies and poor customer service in correspondence about provisional enquiries or investigation.

6.40 This year we received some concerns about the GMC's customer service, which included how long the GMC had taken to investigate and how it communicated with people. However, we have seen no evidence that there is a systemic issue or a problem with the GMC's processes.

6.41 As in previous years, the GMC commissioned a review of its corporate complaints this year which included an analysis of a sample of 20 per cent of cases. The findings of this review were, as last year, very positive.

Conclusion against this Standard

6.42 We have seen that the GMC has continued to work on ways to improve support for witnesses and doctors through the investigation and hearing process. We are satisfied that this Standard is met.

Standard 8: All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession

6.43 We continue to review MPTS decisions and in this review period we were notified of 482 decisions. In this review period we exercised our power of appeal in two cases; in both cases the decision was quashed by the High Court. One case was remitted for a hearing and the decision in the other was substituted by the High Court. We did not join as a party to any GMC appeals.

6.44 We also continue to write to the GMC and MPTS to share learning points identified from the cases we reviewed. The GMC and MPTS have responded to the points we have shared with them and we note that in response to one of the learning points we shared, the MPTS went on to update its guidance for tribunals on restoration following erasure in October 2019.[19] It also updated guidance for doctors in this regard.

6.45 The GMC reported to its Council in December 2018 that the MPTS Quality Assurance Group reviews a sample of written determinations to consider whether they are 'clear, well-reasoned and compliant with the relevant case law and guidance'. Any learning points from these reviews are shared with tribunal members.

6.46 As we noted under Standard 5 above, we acknowledge that the notes of section 40A meetings have been published on the GMC's website, in line with its new process for considering appeals. We are satisfied that this Standard is met.

Standard 9: All fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders

6.47 This Standard was met last year. We referred to a protocol we had agreed with the GMC for timely exchange of information in relation to appeals. This protocol continues to work well.

6.48 In May 2019 the GMC published its Publication and disclosure policy[20] which sets out the GMC's statutory duties in relation to publication of decisions by tribunals and the investigating committee, and those about undertakings. The guidance specifies where information about a doctor's fitness to practise is published, the process for considering concerns raised and the involvement of the MPTS. It also includes the timescales for how long sanctions and

[19] www.mpts-uk.org/-/media/mpts-documents/tribunal-circular---guidance-on-restoration_pdf-80492829.pdf
[20] www.gmc-uk.org/-/media/documents/dc4380-publication-and-disclosure-policy-36609763.pdf

historical sanctions are published. The 'Recent GMC decisions'[21] page of the GMC website shows undertakings and warnings decisions by the case examiners for 12 months.

6.49 The GMC continues to publish fitness to practise tribunal hearings decisions on the MPTS website. During our review we noted that there appeared to be a number of hearings in this review period for which the full reasons had not yet been published. We acknowledged that the sanction was published and that the LRMP showed the correct status and so the omission of the full determination did not present any public protection risks. We also note that we have not received any concerns from third parties about the time taken by the GMC to publish full hearing reasons.

6.50 We sought further information from the GMC about why the full reasons for some hearings had not been published. It told us that the publication of decisions can be delayed due to the complexity of cases and redactions required. We recognise the importance of ensuring that decisions are redacted appropriately.

6.51 The GMC also told us that it has introduced a process to improve the publishing of decisions and has increased staff in this area. The GMC also told us that it plans to make improvements to its website next year based on feedback it has received and will factor our comments into this review. We are satisfied that this Standard is met.

Standard 10: Information about fitness to practise cases is securely retained

6.52 This Standard was met last year. The GMC has not reported any breaches to the Information Commissioner's Office in this review period. We are satisfied that this Standard is met.

[21] www.gmc-uk.org/concerns/hearings-and-decisions/gmc-decisions

Professional Standards Authority for Health and Social Care
157-197 Buckingham Palace Road
London SW1W 9SP

Telephone: **020 7389 8030**
Fax: **020 7389 8040**
Email: **info@professionalstandards.org.uk**
Web: **www.professionalstandards.org.uk**

professional standards authority