



Snapshot

Annual review of performance 2016/17



Regulator reviewed: **General Medical Council**

Key facts & figures:

- Regulates the practice of **doctors** in the **United Kingdom**
- **281,018** professionals on register (as at 30 June 2017)
- **£425** fee for registration with a licence to practise or **£152** for registration without a licence to practise (from 1 April 2018 annual retention fee will be £150)

Standards of good regulation

Core functions

Annual performance review 2016/17

Met

(number of Standards)

Guidance & Standards

4/4

Education & Training

4/4

Registration

6/6

Fitness to Practise

10/10

Find out more about our performance reviews at:
www.professionalstandards.org.uk/performance-reviews

Focus on: **Activities and actions demonstrating how the GMC is meeting the Standards**

The GMC has met all of our 24 Standards of Good Regulation this year.

FITNESS TO PRACTISE

We conducted a targeted review of the GMC's performance against Standards 1, 3, 6 and 7.

Anybody can raise a concern (Standard 1):

We conducted a review to look at the impact of the GMC's provisional enquiry process. This aims to reach decisions quickly in cases that do not warrant a full investigation. We wanted to understand how this process is being used to make decisions that ensure public protection. Our targeted review looked at how enquiries are taken forward, decision-making, and quality assurance. The number of cases processed is relatively low – only specific types of complaints are progressed and in cases where clinical advice raises concerns, the complaint goes on for full investigation. An independent audit did not identify any significant concerns or threats to public protection. Therefore, we are satisfied that this Standard is met.

A case to answer (Standard 3): There has been a decrease in the number of cases being investigated – piloting the provisional enquiry procedure and fewer referrals from the Employers Liaison Service could account for this. The GMC has reassured us that it is conducting investigations that are proportionate and timely. We did not see evidence that patient safety and public protection are being compromised and are satisfied that this Standard is met.

Cases are dealt with as quickly as possible (Standard 6): We carried out a targeted review in 2015/16, as data suggested that it was taking longer for the GMC to reach final FTP decisions. Data for 2016/17 indicated this continues to be an issue. We recognise that the GMC is focusing on clearing older cases/ more complex cases, which has an effect on the timely progression of cases. The GMC told us about actions it is taking to improve timeliness, including reviewing all cases more than nine months old. We will continue to look closely at how the GMC manages the process but have concluded that the Standard is met.

All parties are updated on progress

(Standard 7): We wanted to know more about how the GMC supports witnesses, especially vulnerable witnesses. The GMC told us that it has a witness support service, provided by Victim Support. It has also developed witness guides for those giving evidence at MPTS hearings and outlined other initiatives it is taking to help witnesses cope with giving evidence. We did not identify any significant shortcomings in witness support arrangements and concluded that the Standard is met.

GUIDANCE AND STANDARDS: STAKEHOLDER VIEWS/EXPERIENCES ARE TAKEN INTO ACCOUNT

The GMC (working with other healthcare regulators) developed a joint statement on avoiding, managing and declaring conflicts of interests, published in August 2017. It also reviewed its consent guidance, updating it to reflect changes in working environments, working with a group of legal, medical, health, social care and patient representatives to redraft the guidance and will consult on the draft in spring 2018.

REGISTRATION: ONLY THOSE WHO MEET THE REGULATOR'S REQUIREMENTS ARE REGISTERED/ INFORMATION IS EASILY ACCESSIBLE

Some initiatives the GMC has taken during this review period to meet these Standards:

- Agreed in principle to the introduction of a pre-registration primary source verification scheme (PSV) – administered by a separate agency, it will require international graduates to provide evidence that their medical qualifications have been verified prior to registering with the GMC.
- Consulted on including more information on the register – the majority of responses disagreed. The GMC will instead focus on enhancing the register's functionality, exploring with the Academy of Medical Royal Colleges about collecting and recording information about doctors' scope of practice.
- Taking forwards its plans for modelling credentialing for cosmetic surgery with the Royal College of Surgeons of England.
- Consulted on its fitness to practise and disclosure policy about time limits for sanctions on the register. Responses were not in agreement so details will remain indefinitely on the register (except where there is a finding of no impairment or no warning).
- Published an independent review of revalidation, looking at its impact since its launch in 2012, including recommendations that the GMC is working to implement before the second cycle of revalidation in Spring 2018.