

Memorandum**Code A****Regulating doctors
Ensuring good medical practice****Webcast Niall Dickson 6 July 2010**

It's just over six months since I first had the chance to speak to you on video and it's certainly been an eventful time – we have moved to our new offices in Hardman Street in Manchester, the clinical assessment centre has been relocated and begun work, we have taken on a whole new set of responsibilities for post graduate medical education and have welcomed XX new staff to take that work forward.

One of our first challenges in that area has been to resolve a difficult question of when trainee doctors can take their professional exams – at all times we must protect the integrity of the courses and qualifications that we endorse but we also need to be pragmatic and recognise the different ways in which doctors may choose to develop their careers. By taking this approach I believe we have found a solution that will attract widespread support from doctors and educationalists.

I am delighted that our Chair Peter Rubin received a Knighthood in the Birthday Honours. It is a well deserved recognition of a formidable career in medicine, research and education as well as a major contribution towards medical regulation. It is a personal achievement but it reflects well on the GMC and we are all really proud as a result.

We have continued our work to help drive innovation and reform in undergraduate education with our series of events to engage medical schools in the transition to the new world of Tomorrow's Doctors. This too is very important work which will help to ensure that the next generation of doctors is able to meet the needs of a changing patient population.

We have launched major new guidance for doctors caring for patients at the end of their lives, refined our guidance on confidentiality, and have conducted a nationwide consultation on our proposals to introduce a system of revalidation for every doctor in the UK with a license to practice.

Some of our fitness to practise cases have been very high profile, throwing the spotlight on areas of medical practice where there is understandable public concern. In one case, that of Jane Barton, we made a public statement in which we expressed surprise at the decision of the GMC panel, pointing out that in our role as prosecutor of the case, we had called for the doctor to be erased from the register. That caused some raised eyebrows, but is also served to underline that our panels are independent.

Following another high profile case, we announced the setting up of an independent group under Lord Justice Thorpe to look at the guidance for doctors working in child protection – another controversial and difficult area of practice. Contrary to what some have said in the past, we have never had a vendetta against paediatricians – in fact they seldom appear in our fitness to practise cases, but there has been a perception that the GMC is somehow hostile to doctors working to combat child abuse. Nothing could be further from the truth and we very much hope the new guidance that clinicians will find the guidance emerges useful and supportive. We have also spoken out over language testing. It cannot be right that a doctor from Germany is able to get on to our register and on to our GP register without being able to demonstrate he can speak English or practise competently. We have written to every health employer in the UK pointing out their responsibilities and making it clear that we have a gaping hole in our regulatory system. We have spoken in parliament, engaged with the commission and urged UK ministers to act.

We are now working with the coalition government and the European commission to find a way forward and with goodwill on all sides I believe we can provide much more protection. Earlier this month the GMC hosted a meeting of medical regulators from across the European Union with 17 nations represented – the aim was to begin the

process of reviewing the directive that governs the recognition of qualifications and the free movement of labour.

Our council has met three times this year and it has agreed the way forward for equality and diversity, our European and international work, and research and development – all of which will help us deliver the corporate strategy agreed by Council last year. I think the equality and diversity work in particular has prompted a conversation throughout the organisation about how we make this aspect of our work real so that it becomes integral to everything we do.

The political landscape here at home has obviously changed. In the last few weeks the new Secretary of state announced that he wanted to extend by a year the revalidation pilots in England. Some have chosen to interpret that as a lessening of government resolve but I have to tell you that is not what I have been told either in private or in public. In our meetings with coalition ministers Peter and I have both been impressed by the commitment to revalidation and the sense among the politicians that this is part of a drive to improve the quality of care patients receive and that it is what patients expect.

The GMC will always have its critics – that is in the nature of what we do but I am delighted to say that The Council for Healthcare Regulatory Excellence has published two extremely supportive assessments of our activities – one on our fitness to practise work, the other its annual Performance Review, which commends the GMC for maintaining our commitment to continuous improvement and addressing challenges in medical regulation.

Since I arrived I have been hugely impressed by the real commitment and belief in what we are trying to in every in every directorate and in every office in the UK. It has been a great learning experience and I have now visited all the offices across the UK and made sure I have been to Manchester every second week. I have had a chance to meet large numbers of staff in the first round of meetings I held in London and Manchester and again more recently with Paul Philip. I have also begun induction

sessions with new staff and we are working at other ways of improving our internal communications, always a challenge in organisations of this size and scale. Ideas are always welcome – as many of you know, we will be holding a market place in September where different bits of the GMC can showcase their work and hopefully break down some of the inevitable barriers that appear between departments and locations.

But good though we may be we cannot stand still. Our Council has laid out an ambitious Corporate Strategy which sets a clear direction of where we want to go and that will require us to do new things and work in new ways. We also cannot be immune from the economic realities facing the healthcare system and indeed the rest of the country. There may well be fewer doctors on our register, fewer applying from other countries and certainly they themselves will be feeling the financial squeeze.

We have established the Performance Board to look at how we can do things more efficiently and ensure we are spending the money we receive from doctors responsibly. In these difficult economic times, we will come under increasing scrutiny and must continue to demonstrate our efficiency effectiveness and value for money. Every bit of the organisation will have to play its part building on the excellent work that is already underway in business improvement. For example we believe we can build on our reforms in fitness to practice where we have already brought more work in house and saved very large sums as a result.

Looking ahead we have some exciting challenges. Revalidation remains a top priority and we know we have more work to do to get the model right, win over the profession and create the timetable and momentum to deliver this major reform. We must continue to work with OHPA to ensure a smooth transition of our adjudications function next year, we will continue to reform our fitness to practise procedures, develop an education strategy reflecting our new wider responsibilities, and we will embark on a major review of our flagship guidance Good medical

Practise and as I have just said we'll continue to look at new ways to increase efficiency and drive down costs

And all this means we need more than ever to be a learning organisation which reaches out to all those who are involved with and affected by our work – at the same time we need to learn from each other, so that what we do in education feeds into our work in standards, that we understand more about what our fitness to practise activity tells us what is going on in the service and we learn from listening to trainers and trainees, doctors in practice employers and patient groups. Our aim must be to be a respected leader and a credible and an authoritative voice which reflects on what it does and sees, and the reflects that back to the profession and the health service to encourage learning and development.

The Senior Management Team recently held an away day to consider how we take forward our plans for next year and we need now to involve every bit of the organisation as we discuss and refine what we're going to do. Council has set us a clear direction and we are making good progress – the task now is to take this to the next level.

Finally I just want to mention 2 initiatives to encourage better internal communications which I hope you will welcome:

First we have set up a Social Committee in London and in Manchester – to enable staff to organise social events and bring people together from different departments to meet outside work – if you want to know more or have any ideas please contact your staff forum representative.

And secondly as I mentioned a moment ago we will be holding a Marketplace where different departments are being invited to display their work and share what they are up to with the rest of the organisation.

We do face real challenges in the coming months but I am confident we can embrace them and achieve what we are all here to do – protect patients and improve standards of medical education and practice. Thanks for all you are doing to help us achieve this.