General Medical Council

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Sir David Behan
Care Quality Commission
151 Buckingham Palace Road
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Dear Sir David

Our next phase of regulation: a more targeted, responsive and collaborative approach

The General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

We welcome the opportunity to comment on the proposals in this consultation. *Next phase of regulation* highlights some emerging key themes within healthcare regulation relevant to all regulators. Our 2016 report into the *State of Medical Education and Practice in the UK* set out a vision for a more pro-active and collaborative model of regulation to deliver the best possible protection to patients while supporting high standards of professional practice. We regard *Next phase of regulation* as fully consistent with that vision.

The specific questions posed within the consultation document may be best answered by the providers directly impacted by the individual proposals. Our response therefore focuses on some of the over-arching themes in the consultation.

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Leadership

We strongly support the strengthening of the assessment of 'well-led'.

Given the crucial importance of clinical leadership across Trusts, as the medical regulator we are well-placed to support this effort. We understand the importance of leadership and culture in assuring quality and safety from our work with Medical Directors, Responsible Officers, our role in assuring medical revalidation and our engagement with doctors at all levels of the system through our Employer Liaison Service (ELS), Regional Liaison Service (RLS) and education quality assurance functions. Given our interest in and influence on clinical leadership, we are also confident that we can make a practical contribution to this enhanced assessment and would welcome the opportunity to work with the CQC to shape this proposal.

The proposal could serve to support the wider system in handling leadership concerns in a more concentrated and collaborative manner. For example, if you find that a provider is not well led, we may need to question the robustness of the revalidation recommendations from the Responsible Officer, and consider if we need to exercise any of our regulatory levers. It may also lead us to be concerned about the quality of the training environment.

As the proposal develops it would be helpful to consider whether there was scope to consider whether there are significant variations in leadership quality between clinical units. This would be particularly important in large providers, given that there can be 'micro climates' where leadership behaviours do not reflect the approach at the most senior levels.

CQC Insight

We welcome the inclusion of more qualitative information in the new Insight model. We are also looking at how we can use data from both within the GMC and externally to better inform our regulatory interventions and coordinate responses with others. Recent discussions at the Health and Social Care Regulators Forum have demonstrated that there is a consensus to move at pace towards a cross-organisational model for data and intelligence sharing, and it is essential that momentum is maintained towards that end.

We can valuably contribute to this given the range of contact we have with doctors, patients, educators, doctors in training and Clinical Commissioning Groups via our ELS, RLS and education quality assurance teams. A proposed new section of the GMC/CQC protocol to cover RLS sharing of qualitative information reflects our commitment and contribution to this effort.

In collating the data used within the Insight model, we think there is an opportunity to utilise the data to identify emerging national themes. In particular, we would have interest in the changing picture of national risk where this relates to themes such as governance, medical leadership, appraisals and education. Identifying trends may help to better direct support to providers where risks are emerging.

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Monitoring

We note your proposed monitoring model and would welcome the opportunity for the GMC to input into the proposed regulatory planning meetings. We look forward to supporting CQC in these, where useful, given our unique insights on clinical governance and the medical workforce – and understanding their relationship with the Quality Surveillance Groups. Including stakeholder concerns at this stage could aid in the reduction of regulatory bureaucracy across the system and remove duplication of resources.

Provider information requests

To support CQC's assessment of well-led, Trusts will be asked to use the Provider Information Requests (PIR) to report information about their leadership, governance and organisational culture, against the new well-led key lines of enquiry. We can support the use of the PIR in relation to the 'well-led' assessment given our engagement with Medical Directors and Responsible Officers, our revalidation data and insights (linked to systems of clinical governance), our responsibilities for education quality assurance and the work of our RLS across England.

Collaboration and reducing regulatory burden

In 2013 the GMC and CQC launched a joint Operational Protocol. While considerable progress has been made there is undoubtedly scope for further enhancing our relationship.

We welcome the proposals to reduce the regulatory burden on providers, promote efficiency and a better use of resources, such as the streamlined information requests. We are conscious of the importance of not placing disproportionate regulatory burdens on healthcare organisations, and organisations and individual doctors have fed back to us on the range of regulators they are required to work with. In this regard we recognise the importance of the Joint Statement of Intent in which the CQC, GMC and NHS England have committed to working together more effectively and efficiently to improve the regulation of General Practice. We welcome further collaboration to avoid over-burdening providers.

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The important work which the Health and Social Care Regulators Forum is taking forward, building on learning from events at North Middlesex University NHS Hospitals Trust in 2015/2016, is likely to identify additional areas for potential collaboration that will also help to reduce the burden of regulation and improve intelligence sharing. We look forward to continuing to work with CQC and other partners as together we develop a collaborative regulatory framework that can more effectively identify, mitigate and act on shared data and intelligence about emerging risk to patients and healthcare professionals themselves.

Yours sincerely

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