

The changing role of the GMC

Helen Jaques speaks to Niall Dickson, chief executive of the General Medical Council, about the reforms under way at the council and the changing role of professional regulation

The General Medical Council describes its purpose as “to protect, promote, and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.” Its main functions, as set out in the Medical Act 1983, are to keep a register of qualified doctors and erase from the register those whose fitness to practise isn’t up to scratch. However, the role of the organisation has shifted in the past 10 to 15 years to include promoting standards as well as maintaining them, in medical education and training and in professional conduct. The GMC’s chief executive, Niall Dickson, who joined the organisation in January 2010, now leads the organisation in carrying out these functions. Here he outlines how the GMC is changing and the challenges facing medical regulation in the United Kingdom.

Education and training

In 2010 the GMC took over the Postgraduate Medical Education and Training Board (PMETB) and with it the board’s responsibilities for assuring the quality of all levels of medical education and training in the UK. The GMC is now required to set standards in medical education and training—not only at undergraduate and postgraduate level but also in the continuing professional development of fully qualified doctors—and to ensure that the standards are met, via reports from medical schools, deaneries, and royal colleges. It is also required to carry out annual surveys of trainers and trainees and regular inspections.

“I think the merger with PMETB has had a profound impact on our work,” says Mr Dickson. “We’ve had a realisation check about the enormity of the responsibility that we now have. And I think it changes our relationship with the service quite profoundly, because one of our key responsibilities has to be protecting trainees from the pressures of service, and that’s not really been a role that the GMC traditionally has had.”

The effect that the pressures of service delivery could have on training is something that worries Mr Dickson greatly. “Trainees can’t be simply used to provide services and to fill gaps within the system,” he says. “Their education is really important. Otherwise we will pay a very heavy price further down the line if they’re not properly trained and supported.”

The European Working Time Directive, which



limits trainees to 48 hours of working time a week, is one example where service pressures are already eroding time available for training, something the GMC is watching closely. Research published by the council this summer showed that the working time regulations have had a negative effect on training across Europe,¹ and earlier research conducted by the council with UK deaneries found that some specialties—in particular surgery, obstetrics and gynaecology, emergency medicine, anaesthetics, and paediatrics—were struggling to balance training with the demands of delivering care to patients.²

The financial pressures that the NHS is currently facing, not least the “Nicholson challenge” to save £20bn by 2015, could also mean that service delivery trumps training, says Mr Dickson. “Certainly if you look back historically, when the health service is squeezed for money often people have traditionally gone for short term goals. Sometimes education and training have been affected by that,” he says.

Another factor that could result in training time being sacrificed at the altar of service delivery is the proposals outlined in the government white paper *Liberating the NHS: Developing the Healthcare Workforce*,³ says Mr Dickson. The white paper suggests that education should be delivered by local networks of employers, now rebranded as local education and training boards, and overseen

by a new national body called Health Education England. “We have expressed some concern at the government’s initial proposals to create something that’s more employer led at local level,” he says. “I think, however, there was an acknowledgment of our concern about making sure that the educational role at local level was not somehow compromised by a quite understandable desire that employers need to be absolutely involved in this process as well.” One way of mitigating the risk of employers putting service delivery over education and training would be to introduce a local education champion, ideally someone in a deanery, he suggests.

Health Education England will hold the purse strings for training budgets and oversee national workforce issues. It’s also charged with setting the standards and assuring the quality outcomes of education and training, rather similar, it seems, to the role of the GMC. “I very much hope we won’t step on each other’s toes,” says Mr Dickson. “I very much hope Health Education England will use our standards in their commissioning process. So I think [the two organisations] can be complementary.” Health Education England’s role will be largely in commissioning education

Niall Dickson on . . . continuing professional development

“I think it’s fair to say that traditionally the GMC has not been very active in the area of CPD, and I think revalidation will make us more interested in this area. It will be a requirement under revalidation as part of strengthened appraisal that doctors provide evidence that they are up to date, and part of that is engaging in CPD.

“Our new draft guidance makes it clear that we will not prescribe how each and every doctor should be doing this. We do not want to encourage a tick box approach or a GMC inspired point system. I think it’s about setting high level principles about what we expect doctors to do, and then how they actually do that in practice will be something they will discuss with their own organisation and through the appraisal process. And providing the principles are met we’ll be happy.”

- Read more on the GMC’s new draft guidance on CPD at <http://careers.bmj.com/careers/advice/view-article.html?id=20004802>