



Corporate
strategy 2018–20:
an ambition for
change



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Introduction

Foreword from our Chair

Our aim is to keep patients safe. We work with doctors to keep patients safe. This strategy sets out how we will do that over the next three years by shifting the emphasis of our work from acting when things have gone wrong to supporting all doctors in delivering the highest standards of care. This is the best way to keep both patients and doctors safe.



Although our new strategy is about changing the way we regulate, that change must first be rooted in continued operational excellence and exemplary customer service. The public and the profession will only trust us to make the changes we are seeking if we can show that we have not taken our eye off the ball in delivering our core functions efficiently, effectively and fairly. It is also through the day-to-day activities of registering doctors, setting and upholding standards, and working with those on the frontline of healthcare that we will generate the evidence necessary to drive improvement.

Improving complaints handling

In our previous corporate strategy 2014-2017 we committed to 'improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety'. Since then, we have come a long way to achieving these aims, including significantly streamlining our fitness to practise procedures.

We recognise that not every doctor in difficulty is a difficult doctor. We receive around 9000 complaints about doctors each year. Even though less than 100 of these results in a doctor being removed from the register, we are obliged by Act of Parliament to consider each one and approximately 2200 go through our formal investigation process.

The health and wellbeing of doctors, and the impact that our fitness to practise process can have on doctors that are complained about, is very much a focus for us. We have been striving in recent years to improve the way we support doctors through the difficult experience of facing a complaint or

investigation. Since 2015 we have been working with Professor Louis Appleby, a professor of psychiatry, to review our investigation process to see what changes could be made to better identify and support vulnerable doctors.

As a result, there are a range of improvements we have made, including speeding up the process of notifying doctors of the outcome of a complaint and tailoring our approach for doctors who are, or who become, unwell. This builds on a significant review looking at the language and tone of our letters to doctors to make sure that they are clearer – about what's happening and why – and also more sensitive to the stress that the doctor is likely to be under.

We have also adopted a new approach to looking at complaints called 'provisional enquiries' which improves our filtering of complaints to minimise the number of full investigations that we need to carry out. We estimate that in cases where provisional enquiries can be used we can reduce the average time of an investigation from eight months to about two. Anything we can do to resolve complaints more quickly is welcome for all concerned because the minimum duration of a full investigation is around six months given the statutory times allowed for all the parties by the 1983 Medical Act.

We fund a Doctor Support Service provided by the British Medical Association (BMA) and offers independent support from a fellow doctor to all doctors involved in a fitness to practise investigation, whether they are members of the BMA or not.

Realities of frontline healthcare

Nobody can be in any doubt about the challenges currently facing those who work in the UK health services. Regulation is sometimes seen as reactive, reactionary and removed from the realities of frontline care. But our ambitious new strategy will see us using our data and insights to greater effect in anticipating and highlighting emerging risks, particularly where these threaten doctors' education and training, and their health and well-being. If these are undermined, then patient safety is also put at risk.

We cannot address these issues alone. The UK healthcare system is too layered and complex for any one organisation to do that. For this reason we and our partners in healthcare must look beyond the limiting frame our individual statutory responsibilities to achieve a level of collective assurance about the quality of healthcare in the UK. It is already starting to happen. This strategy sets out our ambition to do more.

An enabler of change

It also describes how we will be an enabler of change, not a barrier. Doctors' career expectations are changing. So too are healthcare roles as professions adapt to meet changing patient needs. We will facilitate this process by making sure that we remain agile in anticipating and responding to these developments.

But perhaps the biggest change facing us flows from the UK's decision to leave the EU. This has the

potential to re-write the UK's approach to registering doctors which has existed for 45 years and, in doing so, bring considerable uncertainty over the future workforce. Our unique database of around 280,000 registrants means we are well placed to help others understand these changes. We do not yet know how some of this will play out, but part of the job of regulation will be to support the maintenance of a properly qualified and competent medical workforce.

To be an enabler of change in this way we have to be enabled ourselves. We have to be released from the shackles of an outdated legislative framework that continues to hamper our agility and our ambition to innovate in the way, and at the pace, we would wish. Successive governments have repeatedly promised and then repeatedly failed to deliver on this.

The people who will deliver this for us are our staff. So to support them in realising the ambitions of our new strategy we have put in place a programme to transform the way they individually and we, as an organisation, work.



Professor Terence Stephenson DM FRCP FRCPC
Chair, General Medical Council

Our strategy at a glance

Our vision

We use our insights to re-focus medical regulation on supporting a high quality workforce in delivering good medical practice. We provide relevant support that meets doctors' needs, through early interventions to prevent things going wrong, and by effective collaboration with our partners.

Our strategic aims

We will achieve this by concentrating on four strategic aims:

- **Supporting doctors in maintaining good practice.**
- **Strengthening collaboration with our regulatory partners across the health services**
- **Strengthening our relationship with the public and the profession.**
- **Meeting the changing needs of the health services across the four countries of the UK.**

Success

We will know we have been successful when:

- Our regulatory activities demonstrably support good medical practice and reduce harm to patients and doctors.
- There is a more integrated approach to the identification and resolution of concerns across the UK health systems (both public and private) to improve patient safety and care.
- We are known as an independent and authoritative body that speaks and acts in the interests of patient safety and high quality care.
- Our approach to UK wide regulation is relevant and shaped to meet the needs of all four countries

About the GMC



Our mandate

Our role is to protect the public* and act in the public interest. We work to:

- protect, promote and maintain the health, safety and well-being of the public,
- promote and maintain public confidence in the medical profession, and
- promote and maintain proper professional standards and conduct for members of that profession

It is in the public interest to have healthcare systems in the UK, both public and private, where doctors practise to the highest ethical and professional standards to provide the best possible, safe medical care.

Our mission

To prevent harm and drive improvement in patient care by setting, upholding and raising standards for medical education and practice across the UK.

Our values

Integrity

we're honest and share what we see. We listen to our partners, but remain independent.

Excellence

we are a learning organisation, committed to achieving high standards.

Collaboration

we work with others to support safe, high-quality care.

Fairness

we respect people and treat them without prejudice.

Transparency

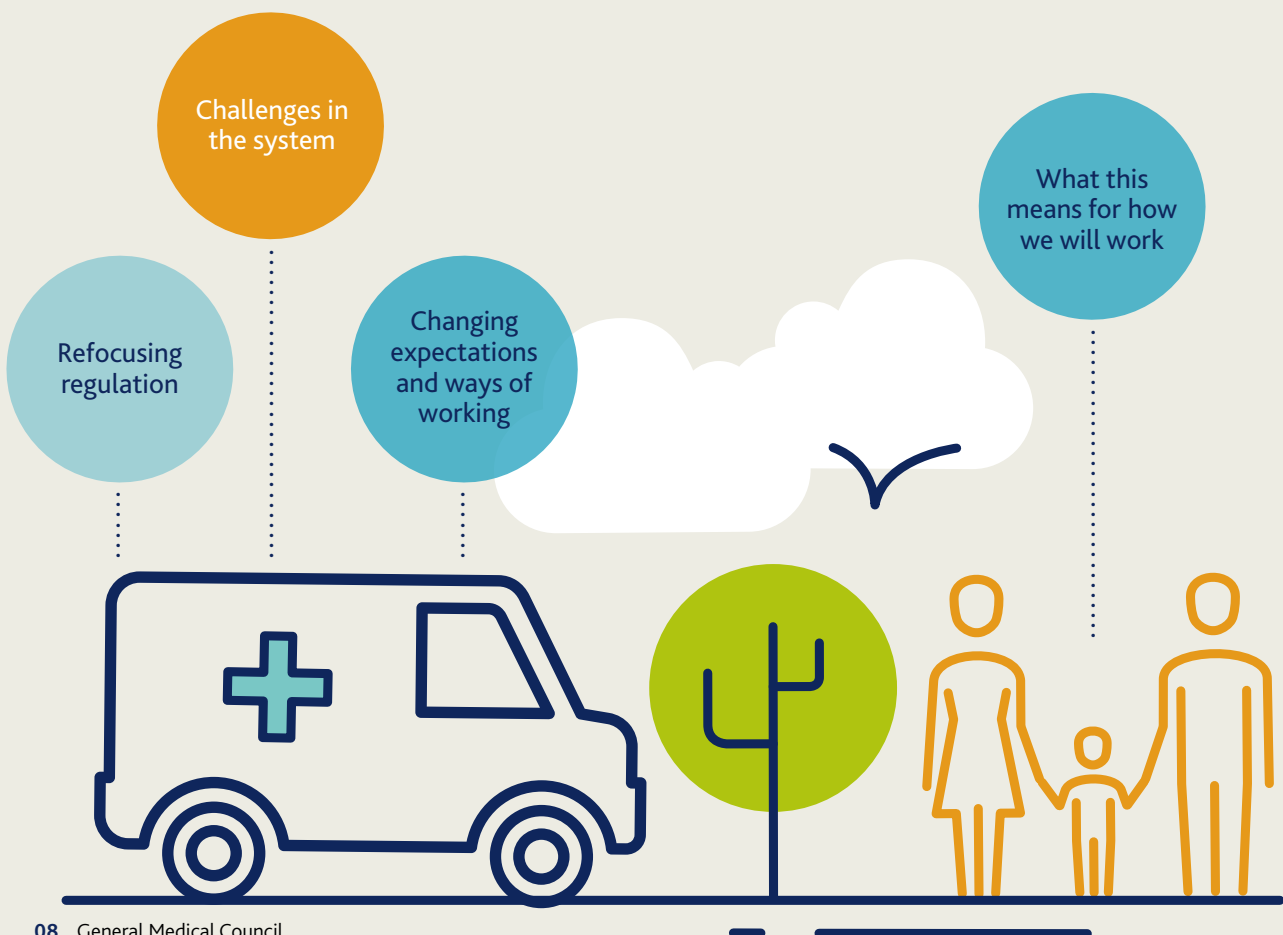
we are open and account for our actions.

We will evaluate how we think we are living up to our values and will seek the views of others on how they think we are doing.

* Medical Act 1983 (as amended)

Regulating in a changing environment

Our role and regulatory functions remain unchanged, but the landscape in which we operate and society’s expectations of doctors and of us are changing. Our strategic aims for the next three years will make sure we are responsive to that changing environment.



Refocusing regulation

Our role is to protect the public. The focus of this role has often been on taking action to restrict or remove the registration of doctors whose fitness to practise has been found to be impaired. That is where a lot of our resources have been deployed and it will remain a key part of our job. It is important that the public and the profession have confidence that we continue to do this effectively, efficiently and fairly. We will not lose sight of our responsibility to take firm and timely action where there have been serious failures in professional standards.

But the best way we can protect patients is by supporting doctors in their commitment to deliver high quality care. We ultimately take action against only a small proportion of doctors under our fitness to practise procedures, although our outdated legislation means that we end up investigating many more doctors than we would otherwise do. Where that happens, it is likely that harm to a patient or a doctor has already occurred. Our priority, therefore, must be to make sure the doctors joining our register have the capabilities to provide a good standard of medical practice and are supported in doing so throughout their career. We want to focus our efforts in working with and supporting doctors to prevent harm and drive improvement rather than simply taking action once harm has occurred. And we need legislation to enable us to reduce the number of investigations we currently undertake that lead to no action by us.

Challenges in the system

The pressures facing health services across the UK are recognised and well documented. They affect doctors' experience of training when they enter medicine, and the ability of practising doctors to meet the high standards that we and they expect of their profession. This does not mean that the standards we set should be diluted in ways which compromise good medical practice and patient care. It does mean that, more than ever, there is a need for us to look at how we prepare and support doctors to meet those standards, and that our judgement about how standards are applied, is sensitive to the context in which doctors work.

System pressures require a renewed effort on our part to minimise the burden that our regulatory processes can sometimes place on doctors and healthcare providers. One way we will do this is by using the data we have to target our regulatory activities where they add most value in supporting good practice. This approach requires a renewed understanding amongst the profession about how we will collect and use data to address risks in medical practice.

These system pressures also mean we must strengthen our collaboration with partner organisations across the health systems to support the delivery of high quality care and to act quickly upon emerging concerns. We recognise that the practice of individual professionals is linked to the effectiveness of the teams and systems they work in: issues may present as poor practice by individual professionals, but the underlying causes often derive from the circumstances in which they work – for example, the effects of rota gaps, trainees being

asked to work beyond their competence, the impact on doctors' health and well-being. Professional regulators and system regulators must therefore work in ways which provide a level of collective assurance that bridges our individual and separate regulatory responsibilities.

Similarly, although we are not directly responsible for workforce issues, we are part of a wider system and must recognise the impact of regulation on the delivery, development and maintenance of health services. We have a key role in facilitating the entry to medical practice of a properly trained workforce with the capabilities, flexibility and adaptability that doctors will need over the course of their careers. That is all the more important as the supply and retention of doctors in key areas is under pressure, as health systems across the UK diverge, and as patient needs and healthcare roles change. Through our data we are already helping others to better understand the changing shape of the workforce.

One of the biggest potential changes to workforce supply may arise from the UK's departure from the EU. For 45 years our membership of the EU has governed the way that we regulate doctors. It has shaped standards for medical education and training, determined doctors' working hours, and set the arrangements under which doctors have been able to move between countries in the European Economic Area (EEA). As a net importer of doctors, the UK has benefited hugely from the professional mobility of EEA doctors. All of that is about to change. We do not yet know what those changes will look like but cannot underestimate the potential impact on the way we regulate. This strategy will help us to prepare for an uncertain future.

Changing expectations and ways of working

System and workforce issues dominate the here and now. But our strategy must also position us to regulate effectively in the years ahead. For several years we have been calling for reform of the outdated and prescriptive legal framework that stifles our ambitions to innovate and create a more flexible model of regulation fit for the twenty-first century. Successive Governments have repeatedly promised, but so far failed to deliver, on these much needed changes. The prospects for securing change at the present time are more uncertain than ever. Our new strategy will therefore continue to push at the boundaries of what is possible within existing structures where that is necessary to support high standards and better patient care. That includes looking at how we satisfy ourselves of the capabilities and professionalism of those entering medical practice. It also means exploring how we can more effectively support the early management of concerns about doctors' fitness to practise in the right place and at the right time and avoid unnecessary referrals into our formal investigation process.

Whether or not we can secure fundamental reform, regulation needs to be able to adapt to changing professional roles within the health services. Some newer professional groups (such as physician associates) are expected to expand. There will be implications in this for how they are regulated (and by whom), and for the roles of doctors and others who work with them. We know too that the profession is under considerable strain and many doctors want more balance between their personal

and professional lives- working and training less than full time, for example. Linked to this, there is a need for different and more flexible training pathways for doctors which take account of the changing career expectations of a new generation of professionals. Regulation must facilitate such changes, not be a barrier.

What this means for how we will work

To equip us to deliver our corporate strategy we are transforming the way we work by:

- Changing our culture to achieve a clearer sense of purpose and greater prioritisation and measuring of the impact of our work.
- Empowering, investing in, and developing our people.
- Improving our pace, agility and cross-organisational working.
- Strengthening our collaboration with the healthcare system.

Our transformation programme will provide us with greater capacity and agility to identify and act upon emerging problems. We will do this through smarter use of data and intelligence and targeting of risk in order to develop appropriate and timely interventions. Better data and intelligence will also enable us to speak out authoritatively

when the evidence shows that system pressures are making it challenging for doctors to meet our standards for good medical practice. We will also exploit technology to make our guidance and other resources more useful, and accessible to doctors. Our strategy will prioritise better collaboration with our regulatory partners. It will encourage appropriate local resolution of concerns about doctors where that is the most effective and efficient way of securing protection of the public.

We will continue to bear down on our operating costs and make sure that we provide value for the money we receive from doctors for their registration and licensure. We aim to reduce doctors' fees in 2018, with additional support targeted to doctors in the early part of their careers when they are under great financial pressure. We will keep our fees structure under regular review to make sure it remains robust, equitable and transparent.

In addition, the development of our GMC Services International (GMCSI) initiative will, over time, help reduce our reliance on doctors' fees to pay for regulation. Through this initiative we are beginning to market our regulatory expertise to other organisations and cement our reputation as a world leader in medical regulation. Some of the services we have provided in the UK have also supported doctors new to UK practice to understand UK medical practice and systems.

Our strategic aims

To achieve our ambition of repositioning medical regulation, over the next 3 years we will focus on four strategic aims:

- 1 Supporting doctors in maintaining good practice**
- 2 Strengthening collaboration with our regulatory partners across the health services.**
- 3 Strengthening our relationship with the public and the profession.**

4 Meeting the changing needs of the health services across the four countries of the UK.

Our education, equality and diversity, data, fitness to practise, customer service and digital media strategies will enhance delivery in these priority areas.

The objectives and activities in the following pages describe some of the key initiatives through which we will achieve our aims. Some activities we have already started, though others we will want to discuss with our partners before we decide how and at what pace they should be taken forward.



Strategic aim 1:

Supporting doctors in delivering good medical practice



Where we are now

We have extensive, high quality guidance to support doctors in delivering good medical practice. Our standards for medical education and training and quality assurance, hold educators and trainers to account in putting patient safety, quality of care, and fairness at the heart of the training for both medical students and doctors. Our regional liaison service and offices across the four countries of the UK work with a proportion of doctors on the application of our guidance to their work. Since 2012 revalidation has provided a periodic check that every licensed doctor is up to date and fit to practise. In an increasingly globalised world, and with the prospect of significant expansion of undergraduate education in the UK in the near future, the public now need greater assurance about the capabilities of those entering UK practice for the first time. More resource needs to be directed towards identifying and targeting areas of greatest risk so that those who need it are better supported in delivering good medical practice. To do this we must use our developing data capabilities to better anticipate, understand and help address the challenges doctors are facing across the health services and within training environments. This needs

to include working with our partners to help address the mental health and well-being issues of medical students and doctors.

Our objective

We will use our processes, data, intelligence and our understanding of them to better prepare and support doctors in delivering high quality care and prevent harm to both patients and doctors.

The outcomes we are seeking

- Greater assurance about the capabilities of doctors entering the register and at each stage of their careers so as to meet the needs of patients now and in the future.
- Increased confidence in the ability of training environments to support doctors' learning.
- Improved identification of emerging risk and the development of mitigating actions designed to support doctors in maintaining high standards of practice.

What we will do to achieve these outcomes

We do not expect to fully realise these benefits during the lifetime of this strategy. However, the following activities will support their longer-term delivery:

- Continue to develop our plans for introducing a medical licensing assessment (MLA) by 2022, taking account of the feedback on our 2017 consultation proposals.
- Expand our Welcome to UK Practice (WtUKP) Programme for new registrants. WtUKP is a free half-day workshop to help doctors new to practice, or new to the country, to understand the ethical issues that will affect them and their patients on a day to day basis.
- Enhance our data, intelligence and horizon scanning capabilities so that we better understand our registrant population, their training and practice environments, and the emerging risks and opportunities for safe and ethical medical practice. This will help to inform a programme of work to identify and act upon critical problems which present a risk of harm to patients and doctors.
- Undertake further work to look at the incidence and trends in low level complaints about doctors. We will explore the development of an educational support programme for doctors who have been subject to such complaints which have not yet reached the threshold for action against their registration. By intervening early we would seek to reduce the risk of more serious problems and regulatory action later on.

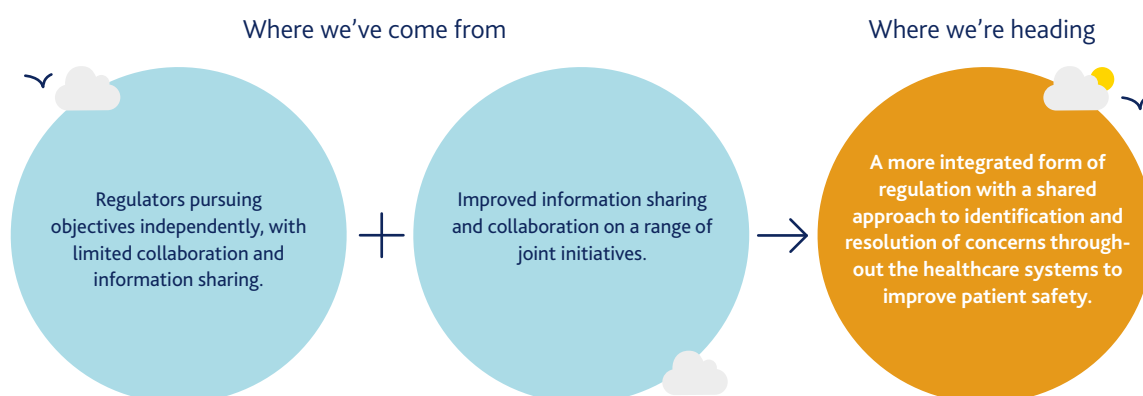
- Consider how we can better support doctors through their continuing professional development to remain up to date and fit to practise.

What we will expect to see by 2020

- Participation in the WtUKP Programme by doctors new to UK practice will have increased from 33% to 80%.*
- Plans for the introduction of MLA will be confirmed.
- We will have scoped, developed and put in place a process that helps us identify and better understand how, when and why patients or doctors come to harm. We will have piloted regulatory intervention on three themes of identified harm, such as doctor-patient communication failure.

* We cannot mandate doctors to attend our WtUKP Programme.

Strategic aim 2: Strengthening collaboration with our regulatory partners across the health services



Where we are now

We have established memoranda of understanding with many of our key partners which commit us to working together to support each other's goals and to facilitate the sharing of information. Our employer liaison service works with and supports Responsible Officers in their statutory role. We are part of a developing dialogue on the identification and management of risk across the health systems, the maintenance of standards and reduction of bureaucracy in regulation. But we need to work with others to achieve more of a shared understanding of the challenges confronting the system and the contribution that professional regulation can make to finding solutions.

Our objective

We will strengthen collaboration with our partners across the health systems to reduce the risk of harm to both patients and doctors, reduce unnecessary burden and deliver more proportionate and targeted regulatory interventions.

The outcomes we are seeking

- The data and insight that we share with others (and they exchange with us) contribute to a fuller understanding of, and response to, risk and trends across the health systems.
- Better co-ordination of activity among professional and systems regulation to identify and act on indicators of emerging and known concerns.
- More effective targeting of regulatory action where training systems for doctors are under pressure.
- Regulatory interventions happen in the right place at the right time.
- More joined up activity contributes to a reduction in the regulatory burden faced by doctors and the health systems in which they work.

What we will do to achieve these outcomes

To achieve these outcomes, our activities over the lifetime of this strategy will include:

- Initiatives to make sure that concerns about the fitness to practise of doctors are tackled in the right way, in the right place, at the right time. At present, around 75% of cases that we are required to investigate do not result in substantive action. We will explore with healthcare providers the application of a 'local first' principle in dealing with concerns. This would aim to support the successful management of cases at a local level where they do not need referral to us, with a view to adjudication by the Medical Practitioners Tribunal Service (MPTS)*. Effective partnership with providers in the local handling of cases will support the more efficient closure of cases, reduce the damaging effects for doctors of unnecessary referrals and achieve more timely resolution of complaints for patients.
- The development of a shared protocol or toolkit for addressing concerns about training environments. As healthcare providers come under pressure the effects are seen in the quality of the training experienced by medical students and doctors in training. Because trainees also deliver health services to patients, solutions must be planned, collaborative and reflect a shared purpose which will protect both the patients of today and the training of the doctors of tomorrow. The initiative will also support the achievement of our goal under strategic aim 1 to increase confidence in the ability of training environments to support doctors' learning.

Exploration of a framework for joint quality assurance by professional regulators and system regulators. All regulation imposes some burden. In order to minimise unnecessary burden on providers arising from data collection and visiting by different organisations we will explore with our partners opportunities for harmonising information gathering (a principle of collect once and share widely) and joint inspections.

- We will use our data and insight, alongside that of our partners, to develop and collaborate on targeted interventions aimed at addressing known concerns, for example workplace bullying or health and wellbeing issues among the profession. This also links with our work on harms reduction under strategic aim 1.

What we will expect to see by 2020

- We will have piloted a complaints handling approach based on the 'local first' principle.
- We will have piloted a protocol for how organisations will work together when serious concerns are raised about training environments.
- We will have piloted regulatory interventions for three themes of identified harm (see also strategic aim 1).
- Our feedback surveys, such as our annual survey of 50 key partners, record year on year improvements in perceptions of our collaborative working.

* MPTS tribunals make independent decisions based on standards set by the GMC. The MPTS is a statutory committee of the GMC, which operates separately from the GMC's role in investigating complaints.

Strategic aim 3:

Strengthening our relationship with the public and the profession



Where we are now

To be effective in maintaining and improving standards of medical education, training and practice we must operate with the support of the doctors we regulate and the public on whose behalf we work. They must have confidence that we will act in the right way on the right issues. We work closely with the leaders of the profession, but our relationship with medical students and doctors on the frontline is weaker and more distant. Most members of the public will have no need for contact with us. Where they do, they need to see that we are effective, independent and fair in the way we work to protect patients.

Our objective

To be an independent and authoritative body ready to speak and act in the interests of patient safety and high quality care.

The outcomes we are seeking

- The public and the profession find it easy to engage with us and influence our work and have a compassionate and consistent experience when they do.
- Students and trainees recognise that they are part of a regulated profession and the duties and expectations that this brings, as well as the role of regulation in supporting good medical practice.
- We are trusted to speak out where training or practice environments or culture jeopardise the ability of students, trainees and other doctors to meet the standards that we set for good medical practice.
- Doctors are better supported in delivering great care through an accessible and utilised suite of guidance and other tools.
- We are recognised as regulating in a way that is fair across all groups of doctors and being responsive to the realities of medical practice.

What we will do to achieve these outcomes

To achieve these outcomes, our activities over the lifetime of this strategy will include:

- Using our data and insight to deliver campaigns that shine a light on issues and trends affecting good medical practice so that we influence change.
- Develop a medical student engagement plan aimed at preparing them to become part of a regulated profession.
- Publish a Patient and Public engagement plan to run 2018 – 2020.
- Develop our methods of engaging with patients and the profession to make sure we understand their views and experiences and shape our work accordingly.
- Transform the services we provide by putting the needs of the public and the profession at the centre of everything we do.
- Provide more guidance and support to help people to understand how to best get their concerns addressed and when to complain to us or to another organisation.
- Complete the implementation of our digital transformation to deliver content and products (including improvements to our website) that meet the needs of all those we work with and on behalf of.
- Undertake a campaign of work to increase understanding of the value of regulation.

What we will expect to see by 2020

- There is strengthened perception of the fairness and effectiveness of our regulatory processes across all groups of doctors.
- Our campaigns have delivered against ambitious and clear targets that support good practice and safe training environments.
- Our feedback surveys, such as our annual survey of 50 key partners, show year on year improvements in trust in regulation across all groups.
- Increased engagement with digital content and mobile Apps that support good practice.
- Participation in our WtUKP Programme rises to 80% over the lifetime of the strategy (see also strategic aim 1).
- We can demonstrate how engagement with the public and the profession has shaped our policies, content and campaigns.

Strategic aim 4:

Meeting the changes needs of the health services across the four countries of the UK



Where we are now

We have established a strong and effective presence in each of the four countries of the UK. We have also maintained our influence in Europe and internationally. However, pressures within the UK health systems, coupled with the decision to leave the EU, will bring regulatory risks, possible opportunities and considerable uncertainty. We will need to demonstrate flexibility and agility in our contribution to helping meet the UK's medical workforce needs.

Our objective

We will be a flexible and agile regulator, using our data to better anticipate and respond to the changing political and health services landscape and local contexts.

The outcomes we are seeking

- A regulatory model that anticipates and is responsive to changing healthcare systems and workforce strategies.
- Responding to the UK's changing relationship with Europe in a way which continues to protect patients and supports good medical practice.
- Our approach to regulation is relevant and respected in all four countries of the UK.

What we will do to achieve these outcomes

To support these outcomes, our activities will include:

- Shaping our outreach teams that work with frontline doctors, healthcare providers and systems regulators to align with local systems to support the delivery of our re-focussed approach to regulation.
- Improving our data capability so we can provide data at a 'healthcare economy' level, both regionally in England and in the other countries of the UK.
- Extending the range of our services in each of the four countries of the UK (for example, including ID checks, WtUKP and meetings with patients and complainants).
- Work with the administrations in the four countries and others to ensure that our regulatory model can support current and future workforce development needs and new technologies.
- In the light of the settlement reached on the terms of the UK's exit from the EU, we will conduct a fundamental review of our registration framework.

What we will expect to see by 2020

- Creation of a suite of data packages relevant to each country's needs.
- Increased provision of GMC services in the four countries.
- Feedback from the four countries demonstrates that our regulatory offering is appropriately tailored to meet their needs.
- Re-alignment of our outreach teams.





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