aims and objectives, engagement mechanisms, implementation mechanisms, and review and evaluation processes. During 2005 we shall explore the mechanisms by which our PPI activities may be objectively evaluated and the results presented to Council on an annual basis. It is envisaged that the review would explore not only outcomes but also the processes of our work. To provide objectivity we will ensure that the audit incorporates external input.

Commitments

Review and Evaluation

- We will undertake a baseline study.
- We will conduct a review of 2005 pilot strategy.
- We will develop an objective review and evaluation system which will be used in future years to review the GMC effectiveness at ensuring effective PPI.

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Glossary of Abbreviations

GMC	General Medical Council
PPI	Patient and public Involvement
PPRG	Patient and Public Reference Groups

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Introduction

> *"We will demonstrate, through our approach to regulation, our commitment to involving patients and the public in our work, and will continually seek ways to widen and deepen it"*
>
> GMC, Strategic Aim 2005

The GMC has highlighted patient and public involvement (PPI) as a priority. It is our belief that a model of regulation which fails to effectively engage patients and the public would lead to an isolated and out-of-touch profession and regulator. Therefore, we have embarked upon a development programme which seeks to ensure that patient and public involvement is at the heart of our policy making.

In support of this we have amended our corporate strategy to reflect the commitment to working closely with the public. As the aim states, we will strive to ensure meaningful engagement with patients and the public throughout all of our work and to secure regulatory outcomes based upon effective patient and public engagement.

This document provides the building blocks of an effective PPI strategy which will seek to meet our vision. We acknowledge the complexities of achieving successful patient and public involvement. Therefore we shall be using 2005 as a pilot year to test key aspects of our approach and consult widely about the methods we utilise. **The purpose of this 2005 pilot strategy is to consult with patients and the public** in order to develop a longer term strategy which is appropriate and effective. For this reason there are some areas of this pilot strategy which are not fully developed as we have not yet decided what would be the most appropriate way forward. We hope that this pilot strategy will help to inform that decision.

We have adopted an approach which sees the development of specific initiatives in conjunction with broader exploration and consultation with the public about how our PPI strategy should be framed. A key advantage of actually testing various methods at this stage is that we believe it will allow patients and the public to see how we are approaching the issue in practice, thus enabling them to develop a more informed opinion on what we are doing. In addition to this it also provides us with the ability to assess how such mechanisms operate and their effectiveness.

Aims and Objectives

This pilot strategy ultimately aims to fulfil our commitments to PPI as expressed in the strategic aim and the operational level objectives which underpin this aim. Specifically, however, we aim to:

1. Develop a system which facilitates meaningful PPI.
2. Develop a system to capture patient and public opinions.
3. Develop the GMC's internal capacity to ensure effective PPI.
4. Identify priority groups with which we must engage.
5. Develop a system by which PPI becomes integral to the work and decision making of the GMC.

Of equal importance is what we believe the outcomes of greater patient and public involvement will be. There are benefits for the GMC, patients and the public, in greater partnership working. However, we have identified five key definable benefits, these being:

1. Obtaining a better understanding of patients' and the public's expectations of regulation.
2. More appropriate and focussed policy making by the GMC.
3. Provision of a better quality of service.
4. Increased confidence in the work of the GMC by the general public and patients.
5. Greater transparency, thereby increased understanding of the GMC's work.

Target Groups

Achieving breadth of involvement is difficult yet vital in achieving effective PPI. The public as a whole comprises a vast array of interests and opinions, it is therefore unrealistic to expect to be able to involve everyone. However, identifying the key broad categories we wish to involve in our work will help to guide the implementation of this strategy. The key groups which we aim to focus upon include:

1. Patients
2. Carers
3. Members of the public
4. Patient and carer representative organisations
5. Consumer representative groups
6. Advice agencies
7. Government and statutory organisations

We recognise that although often referred to as one homogenous group, there is a distinction to be made between patients and the public. The perspectives of patients and members of the public differ and therefore their role in the engagement process needs to also reflect this. An individual can take on different roles depending upon whether they are engaged as a patient, community representative or citizen.[1] We will therefore ensure clarity of role when engaging with patients and members of the public. In relation to the categories listed above we will endeavour to ensure that we involve as wide a representation of each of the relevant sub groups, specifically those groups which are difficult to involve. This will also enable us to assess the range of involvement and identification of priority groups.

Current Patient and Public Involvement

Although we are at the early stages of developing a PPI strategy, the past has not been void of public involvement. In recent years, marked by unprecedented reforms of the GMC, we have strived for greater PPI in each of our statutory functions.

In 2003, Council was reconstituted resulting in an increased lay membership from 25% to 40%. To ensure that all of Council's work has a lay input, each of our policy committees includes lay members, thereby ensuring that at all stages of the decision-making process there is lay involvement.

In our responsibilities relating to medical education we have taken some important steps in developing lay involvement. As part of our quality assurance of undergraduate medical education we have recruited lay persons to participate in the inspections of medical schools. The recruitment criteria included the ability to

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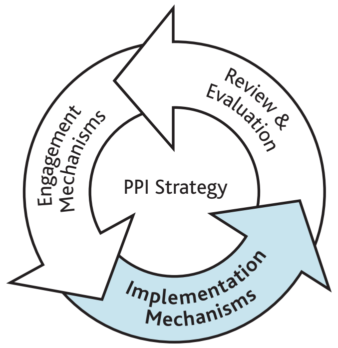
[1] Patient and Public Involvement, Harry Cayton, Journal of Health Services Research and Policy Vol 9 No 4 October 2004.

Implementation Mechanisms



We recognise the importance of ensuring that patient and public involvement is integral to our everyday business. PPI and the underpinning strategies are owned and driven by Council, thus providing both senior level support and accountability.

During the course of 2005 we shall begin to entrench PPI within our decision making. We will build upon the existing senior level support by identifying PPI Champions within the organisation who will be responsible for promoting and supporting PPI in our work. The Champions will also provide valuable support to those external representatives who are involved in our work. Senior level leadership will be complemented by individual level ownership which we shall explore during 2005.

In order to support our staff to achieve effective PPI we will develop a PPI protocol which will assist in identifying why, when and how PPI should be utilised as part of the decision-making process. Further to this we shall also run a series of internal seminars to ensure that we fully equip our staff to fulfil the commitments we have made.

Alongside the support required for our staff we also recognise that some lay people involved in our work may require training and support to enable them to engage effectively in discussions.[3] We shall build upon the current training and support available for lay people involved in our work, to develop training which may be used in the development of new engagement mechanisms.

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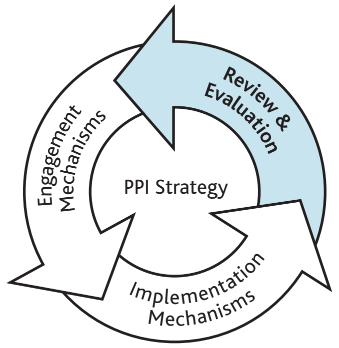
[3] The importance of support and training for lay people is detailed in, ' A report on a study to evaluate patient/carer membership of the first NICE guidance development groups', Linda Jarrett and Patient Involvement Unit, June 2004.

Commitments

Implementation Mechanisms

- **We will identify senior level champions to support the implementation of the PPI Strategy within the GMC.**
- **We will explore ways in which to develop individual level ownership of PPI.**
- **We will develop PPI protocols to help guide and support staff to ensure effective PPI.**
- **We will run a series of staff PPI seminars to provide further help and information to staff in order to support the roll out of this strategy.**
- **We will develop an induction and support programme for lay people involved in our work.**

Review and Evaluation Mechanisms



The fundamental purpose of increasing patient and public involvement is to enhance the patient focus of our policy making. To this end, the outcome of a PPI strategy should be a quantifiable increase of PPI in policy making.

In order to discern an improvement, it is important to identify a baseline. Therefore we shall undertake a review of the full extent of PPI in our current activities. The outcomes of this review will be used for two purposes, firstly, to identify and prioritise areas for improvement and action, secondly, to use as a comparison at the end of the year.

Following this we shall conduct a review of the 2005 pilot programme to assess its effectiveness. The review of the pilot will also seek to assess the feedback and reactions to the programme and will examine all aspects of the work;

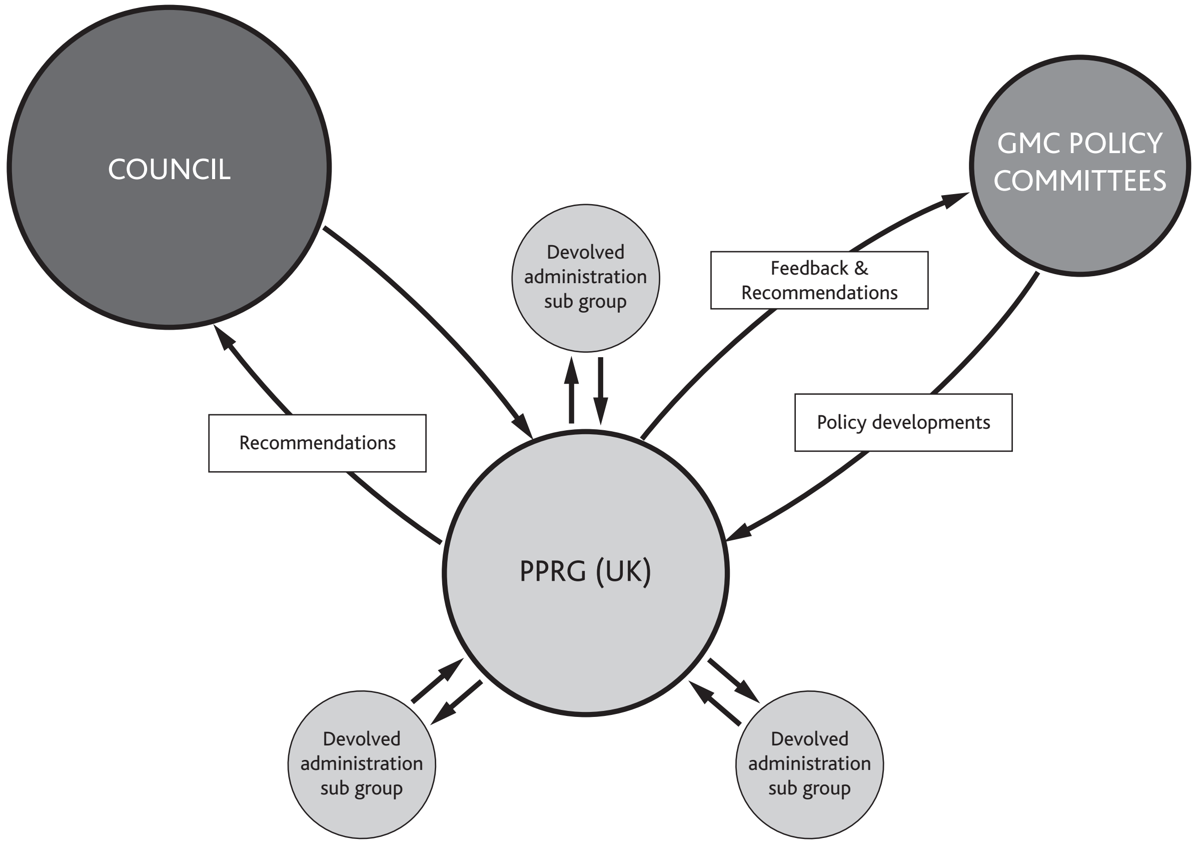


Figure 1 PPRG Structure

Commitments

Patient and Public Involvement in Policy Making

- We will identify opportunities for direct consultation and will seek to use a range of methods by which to undertake this.
- We will undertake a survey of service users, to review the impact of recent developments.
- We will complete the annual tracking survey pilot and put in place the framework for future annual tracking surveys which will be conducted each year
- During 2005 we shall undertake a scoping study to identify models of direct consumer input.
- In consultation with the PPRG we will establish Terms of Reference for the Group.
- We will review the membership of the PPRG and ensure broad involvement.
- We will establish sub groups in Scotland and Wales, and undertake a scoping review in relation to Northern Ireland.
- We will continue to support and take an active part in the 'UK Health Regulators PPI Forum'.
- We will seek to further develop our relationships and partnerships with voluntary and community organisations, consumer and patient interest groups and statutory PPI bodies.
- We will continue to explore patient and public expectations through support of research to inform the 'patient-centeredness model.

reflect contemporary society, a theme which is present in much of our education development work. Further to this, the next edition of our core recommendations on undergraduate medical education ('*Tomorrow's Doctor*'), will aim to capture public perceptions so as to support an educational approach which promotes more patient-centred skills.

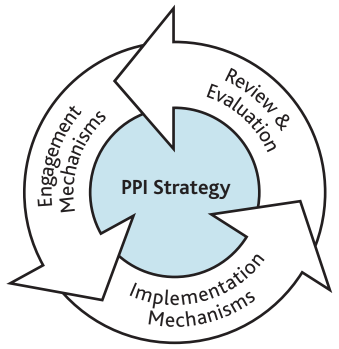
Our standards and ethics work provides invaluable guidance to doctors. We have recognised for some time that this guidance must take into account the views of patients and the public. Thus, consultation has been an intrinsic part of our policy development in this area. Recently, we embarked upon a major review of our key guidance on the core principles which constitute good medical practice. As part of this review we are undertaking extensive public consultation.

Revalidation, which we plan to introduce in 2006, will require doctors to demonstrate, on a regular basis, that they remain up to date and fit to practise. In developing our proposals we have been careful to involve patients and the public throughout. Our Patient and Public Reference Group (PPRG) was established for this purpose. Its membership includes non-medical members of the GMC as well as representatives from a range of patient and consumer organisations. The PPRG has played an invaluable role in the revalidation project and we will now be looking to develop its role in other areas.

Through our fitness to practise procedures we take action if there are concerns about a doctors' fitness to practice. On 1 November 2004, we saw the implementation of important reforms governing the way in which we handle such issues. The new procedures ensure that there is lay involvement throughout the decision-making process, therefore, no decision about a doctor's fitness to practice is made without lay input.

Our current position places us in good stead. However, we are not complacent and fully acknowledge that there is much scope for improvement and development. It is envisaged that this strategy will provide the mechanisms by which we fulfil our aim for effective partnership.

Structure of Strategy



Our approach to a PPI strategy is based upon a three part cycle:

1. Engagement mechanisms
2. Implementation mechanisms
3. Review and evaluation

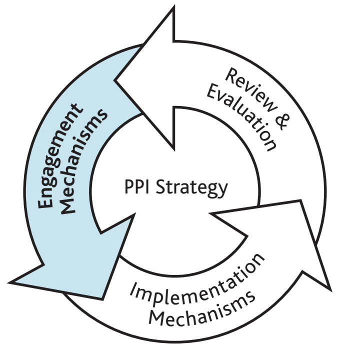
The approach puts in place a framework which allows continuous learning and development. Although more acute in 2005, the cycle is based upon the principle of one stage feeding into the next in order to amend and develop the process.

Engagement mechanisms are those by which we aim to engage with patients and the public. We will not rely upon a single engagement mechanism, but rather will use a number of possible engagement options. The advantages being, statistically, a greater number of people may be involved, and it also provides the ability to tailor certain engagement mechanisms to particular needs, especially for the hard to reach groups in society. In addition, we recognise that there are differing degrees of involvement and the differing roles within that engagement which people may take, for example the difference between individual and collective involvement.

Implementation mechanisms are the second part of the cycle discussed above. The main purpose of such mechanisms is to ensure that PPI becomes integral to our policy- and decision-making processes. Although we may successfully identify ways in which to engage with the public we want such engagement to be influential in our policy making. We therefore make a commitment to adopt measures which ensure implementation of the outcomes of engagement activities and the development of a culture by which PPI becomes central to our decision making.

Review and evaluation is the third stage of the cycle. We intend that this PPI strategy will result in a visible and constructive increase of PPI in our policy making. This would include, amongst other things, demonstrating a commitment to PPI, seeking patient and public perspectives, applying this information in our policy making and also providing support for lay individuals involved in our work. Therefore, in order to assess the level of success, we shall develop a number of review and evaluation processes. These processes will involve external oversight to provide the necessary objectivity and credibility to the outcomes.

Engagement Mechanisms



During 2005 we shall develop and utilise a series of engagement mechanisms. This work will have two broad aims:

1. To ensure improved communication with patients and the public.
2. To ensure PPI is embedded in the management of individual projects and within our policy-making culture.

In each of these areas we aim to develop an approach which works on a number of different levels of contact. The engagement mechanisms adopted aim to provide opportunities to inform, consult and work in partnership with patients and members of the public.

Improved communications

A key feature of our PPI in 2005 is improved communication with patients and members of the public. Firstly, we shall ensure that information about PPI and the opportunities to be involved in the work of the GMC are disseminated widely. This will also include updates relating to the outcomes and impacts of PPI in our work. Raising awareness of the impact of PPI is crucial, as one of the main identified barriers to involvement is the public perception that such work makes no difference to an organisation's policy making.[2] Through a series of consultations and dialogues with patients and the public we shall develop a comprehensive communications strategy which will support this work.

Secondly, our provision of general information will be reviewed and areas of improvement identified. Some of this work is already underway, namely the reproduction of patient leaflets and the online doctor search development project. With regard to the patient leaflets, the aim of the work underway is to make these leaflets more user friendly. Taking this work forward as part of our commitment to ensuring effective communication, we shall endeavour to obtain either the 'Crystal Mark', or 'Plain English' approval of all our consumer literature. Drafting texts for the public can pose difficulties, especially in the case of complex subject matters. Therefore, to assist us in communicating with patients and the public more effectively, we will establish a 'readers panel' which will enable us to pilot or test run commonly used texts with members of the public.

During 2005 the online doctor search facility will be extended. The aim of this project is to improve the quality and nature of registration information available on our website to members of the public. This will include, for example, information on doctors' registration status and on any restrictions on their practice. In addition, during 2005 we shall be conducting a full review of the website, which will look to improve its content and ease of navigation for users.

Increasing our transparency is important to our work. In compliance with the Freedom of Information Act 2000 we have a publication scheme in place. However, during 2005 we shall review this publication scheme to identify further information which we may be able to make available.

Although providing literature about our work is an important way of communicating with patients and the public we also believe that it is vitally important to be able to meet directly with patients and members of the public. This allows those members of the public who may not otherwise have an opportunity to be involved in a formal GMC PPI forum to provide some feedback. Therefore, during 2005 we shall attend relevant conferences and events which are targeted at patients and members of the public as well as representative groups. These events will play an important role in our aim to better inform the public and increase the public's understanding and knowledge of the GMC and our work.

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[2] 'Putting up with second best – Summary of research into consumer attitudes towards involvement and representation', National Consumer Council, 2002.

Commitments

Improved Communications

- We will disseminate information regarding GMC PPI initiatives and how people may take part.
- We will review our existing consumer-facing literature to identify areas of improvement.
- We shall seek to ensure that all our consumer-facing literature is produced in accordance with the principles of the Crystal Mark or the plain English campaign.
- We will establish a readers panel to review our consumer literature.
- We will develop the online doctor search facility.
- We will identify and attend events and conferences which have patient and public audiences.

Patient and Public Involvement in Policy Making

During 2005 we shall explore a range of methods by which we can increase the level of patient and public involvement in our policy development, both through piloting and consultation.

As part of our policy making we will identify opportunities for direct consultation and will seek to use a range of methods by which to undertake this. Public surveys provide an opportunity to capture a wide range of perspectives on a given issue, which, if sampling is undertaken carefully, may provide a reasonably accurate representation of the population. Such surveys are not restricted in use and may be useful at all stages of policy development, including early inception, development, testing/piloting, and post implementation reviews. During the past year we have implemented a number of important changes in the way we deliver our services, for example, the location of our services in regional offices, a dedicated call centre and the fitness to practice reforms. Once the changes have been given the opportunity to bed down we will review the impact upon users of these developments.

Work has also begun on an annual tracking survey pilot, which is due for completion in mid 2005. The aim is to survey the public and the profession on a regular basis on a range of issues and to use the results to inform our policy making. Having completed the pilot programme and undertaken necessary development work the annual tracking survey will be run each year from 2006 onwards, its results being reported to Council and to each of the policy committees.

Encouraging involvement in our policy making will not be restricted to surveying the population. We shall identify opportunities in our processes to utilise other forms of engagement, such as focus groups, citizens' and consumer panels. During 2005 we shall undertake a scoping study to identify arrangements which would provide effective input and outcomes.

The continued development of the Patient and Public Reference Group (PPRG) provides an opportunity for us to work with a wide range of representative groups. We see the PPRG's role as being to identify and communicate to Council, the UK-wide public and patient perspective based upon the member organisations' experience. Its remit would allow it to make recommendations directly to Council and review GMC policy developments.

In order to support the PPRG in its work we have identified three key areas for enhancement. Firstly, in consultation with the current members, we will develop terms of reference for the group which reflect its extended role. Secondly, again in consultation with the current members, we will review the composition of the Group to ensure breadth of involvement. Finally, in order to ensure effective involvement in the devolved administrations, we shall develop a model which establishes sub groups in each of the devolved administrations, as described in Figure 1 overleaf.

The importance of working in partnership with others is central to our strategy. During 2005, we shall also seek to further develop our relationships and partnerships with voluntary and community organisations, consumer and patient interest groups and statutory PPI bodies. The opportunity to have a dialogue with such organisations on a regular basis is vitally important in order to maintain and develop a thorough understanding of patient and public perspective. In addition we shall continue to work with other health and social care regulators, for example through the 'UK Health and Social Care Regulators PPI Forum', to enhance PPI within all our organisations.

In order to achieve a thorough understanding of patient expectations and how these should inform our work, we see a distinct role for in-depth research to explore issues relating to 'patient-centeredness'. The role of the doctor in contemporary society is radically different from in the past. To guide our work and ensure that we properly reflect the needs and expectations of contemporary society we will undertake and support research to explore these issues further.