To consider

Chief Executive's Report

Issue

1 This report sets out progress on our strategic aims and significant changes in our external environment since Council last met.

- Section one: outlines developments in our external environment.
- Section two: reports on progress on our strategy.

2 This report also includes a further section to give an update on the GMC's operational performance including:

- Annex A – Performance against service targets and volumes of activity – fitness to practise, registration and revalidation.
- Annex B – Summary Information on Appeals and Judicial Reviews.
- Annex C – 2013 Income and expenditure.

Recommendations

3 Council is asked to:

a Consider the Chief Executive's report.

b Approve the proposed amendments to the Statement of Purpose of the GMC/MPTS Liaison Group discussed at paragraphs 61–64 and set out in Annex D.

Chief Executive's Report

Introduction

Changes to the organisation

4 Following Paul Philip's move to become Chief Executive of the Solicitors Regulation Authority at the end of January, and pending the appointment of a new Chief Operating Officer, I have put in place interim management arrangements. The Directors and MPTS Tribunal Clerk are reporting to me, and all responsibilities assigned to the Chief Operating Officer under the Financial Regulations have reverted to me. The chairing of the Performance and Resources Board is being rotated between the Directors, and the work of this Board will be reported through my report to Council, which will also include information on operational performance. Neil Roberts, Director of Resources and Quality Assurance, is the senior sponsor for Audit and Risk, and I am the senior sponsor for Equality and Diversity. These arrangements temporarily supersede the relevant sections of the Governance Handbook which relate to the responsibilities of the Chief Operating Officer.

5 We will be advertising for the roles of Chief Operating Officer and the Director of Education and Standards shortly and the closing dates for applications will be the end of March.

6 In the interim period I have also appointed Jane Malcolm as Assistant Director, Office of the Chair and Chief Executive, to lead and manage the expanded Office of the Chair and Chief Executive. The expanded office now includes all the teams that used to report directly to the Chief Operating Officer as well as the Business Planning Team and the Governance Team.

Section one — Developments in our external environment

Strategic risks and issues

Legislative reform

7 The Law Commissions of the UK intend to publish their report and accompanying draft Bill on simplifying and modernising the law surrounding the regulation of health care professionals before the Queen's Speech. We have established a team to support the passage of the Bill and together with the other healthcare professional regulators have joined a group to coordinate our input, where appropriate. However, officials from the Department of Health (England) are now less optimistic that the legislation will be taken forward in the fourth session of this Parliament.

8 If the Bill does not proceed in this session, our expectation is that there will instead be a process of pre-legislative scrutiny of a draft Bill. We will engage fully with this process in order to ensure that the Bill is fit for purpose and that a future government will be in a position to take it forward swiftly. If the Bill

does not proceed in the next session, we will have been without significant change in our legislative framework for six years in spite of numerous assurances that there would be opportunities for reform. As a result, there will be an urgent need for a Section 60 Order to deliver overdue changes in our legislation.

Oversubscription of the Foundation 1 Year

9 The Department of Health (England) has convened a meeting on 25 February 2014 with representatives from the GMC, Health Education England (HEE), NHS Employers and the Medical Schools Council (MSC) to discuss the anticipated oversubscription of the Foundation Year 1. Officials have indicated that ministers want consideration of all the options to address this issue. HEE's preferred option is to move the point of registration to the moment of graduation from medical school. We have made it clear that we do not object in principle to moving the point of full registration but believe this should only be done if the interests of patients are fully protected. At this stage, it is clear there are significant legal, practical and policy issues that need to be resolved and in terms of dealing with oversubscription of the Foundation Year 1, another solution may be preferable.

Responding to the Mid Staffordshire Inquiry Report

10 We have given evidence to the review commissioned by the Secretary of State for Health on developing an organisational duty of candour. The review, led by Norman Williams, President of the Royal College of Surgeons, and David Dalton, Chief Executive of Salford Royal NHS Trust, aims to produce advice to the Government in the next few weeks. At the same time, we have established a group from the professional regulators to consider how they can achieve a consistent approach to this issue as well as ensuring that the individual professional duty of candour is consistent with the statutory duty which is likely to be placed on organisations in England. We are confident that our existing guidance covers the essential elements of a professional duty of candour (though without using that term) but we recognise the advantages of having shared wording with other regulators. Accordingly, we are working with the Nursing and Midwifery Council to set out our joint expectations for candour among the professionals we regulate based on our existing guidance. The Secretary of State for Health hosted a roundtable to discuss progress on both the organisational and professional duty of candour which I attended on 29 January 2014.

11 We have also been engaging with the Academy of Medical Royal Colleges' group considering issues in relation to strengthening accountability for patient care in hospitals (sometimes referred to as the 'name over the bed'). The Academy group has nearly completed its work and we anticipate that they will be consulting on draft guidance for how the responsible clinician should be implemented in secondary care settings. We are considering what explanatory

GMC guidance may be required for doctors acting in the role of responsible clinician.

Review of the Membership of the Royal College of General Practitioners (MRCGP) examination

12 There has been a further helpful discussion at the February meeting of our Education and Training Advisory Board about priorities for further research in the light of recommendations in Professor Esmail's report about the MRCGP. We are developing a research programme to take this forward and plan to put the initial phase of this out to tender shortly.

Conflicts of interest

13 A number of doctors have written an open letter to the BMJ calling for us to establish a register of doctors' interests. At the time of writing we are finalising a response to the BMJ, which will point out that we do not have the legal powers to compel doctors to disclose this type of information but that our guidance does make clear that doctors must be open and honest about any financial and commercial interests. Nor must they allow these to affect the way they treat, refer, or commission services for, patients. Nevertheless, we are committed to making our register as relevant, accessible and useful as possible and we will shortly start work on exploring ways it can be reformed.

Morecambe Bay investigation

14 Billl Kirkup who is leading the Morecambe Bay Investigation wrote to us on 10 December 2013 asking for a range of information regarding our interaction with University Hospital Morecambe Bay NHS Trust. We have shared the independent report we commissioned on our interaction with the Trust and suggested a meeting with Dr Kirkup's team to discuss in more detail what further information they need. We will, of course, be offering the investigation every assistance.

Other Government or Parliamentary activity which may impact on our work

15 Following the last Council meeting on 10 December 2013, the Chair and I together with His Honour David Pearl, and Una Lane gave evidence at our annual accountability hearing before the House of Commons Health Committee. The hearing covered a wide range of issues, including our work to help doctors raise concerns about patient safety, the implementation of revalidation, pressures on emergency medicine and the forthcoming reforms that will enable the GMC to ask doctors who have qualified in Europe for evidence of competency in English where a concern has arisen about this (see paragraph 28 below). We understand that the Committee plans to publish its report on the GMC in March or April. In the meantime, the Committee has launched a new inquiry into complaints and raising concerns and we will be submitting written evidence to provide further information about our work in these areas.

16 John O'Hara QC, Chairman of the Inquiry into Hyponatraemia-related deaths, has indicated that he will not be able to present his report to Northern Ireland Ministers until May 2014.

17 The Rt Hon Lord Maclean, Chairman of the Vale of Leven Hospital Inquiry into the occurrence of *clostridium difficile* at the Vale of Leven Hospital in 2007 and 2008, has indicated that he will endeavour to publish his report by 31 March 2014, although responses to recent Parliamentary Questions indicate that the report may be delayed further.

18 Meri Huws, the Welsh Language Commissioner, has written advising that she intends to begin a series of investigations into organisations who are required to comply with the statutory standards relating to the Welsh language to check compliance with those standards. She intends to consider our compliance with the standards in September 2014.

19 The Government published its response to Sir Bruce Keogh's review of the regulation of cosmetic interventions on 13 February 2014. There are two key areas where the GMC will be involved in taking forward reform. First in helping to ensure that doctors involved in cosmetic procedures can develop recognised credentials and secondly in developing specific professional standards guidance for this area of practice. The Department of Health (England) has established a Cosmetic Interventions Advisory Board to advise on this work on which I sit. Richard Marchant will represent us on the Department's Cosmetic Interventions Delivery Board as well as the Royal College of Surgeons Interspecialty Group which is looking at the standards of training and practice in this area.

20 The Leadership Alliance on End of Life Care chaired by Dr Bee Wee (NHS England's National Clinical Director for End of Life Care) is expected to report soon in response to Baroness Neuberger's review of the Liverpool Care Pathway. We are a member of the Alliance and will be a co-signatory of the report.

21 The Department of Health (England) is developing further guidance for doctors on the interpretation of the law surrounding terminations which we have been asked to input. We are considering this issue carefully.

22 We have been approached by a number of other jurisdictions for assistance and advice in developing their regulatory models. In response, we have offered to host visits to our offices in London and Manchester and the Chair will be joining a UK delegation to advise the Health Authority of Abu Dhabi.

Key engagements

23 I have met Sir Mike Richards (Chief Inspector of Hospitals) on 16 December 2014 and Professor Steve Field (Chief Inspector of Primary Care) on 7 January 2014 to discuss closer working between our two organisations.

24 On 8 January 2014 I met with Sir Bruce Keogh to update him on the proposals around language testing as well as our plans to publish fitness to practise data by incident location and details of our plans to publish details of departments and institutions where we have enhanced monitoring arrangements of their postgraduate education.

25 I have had two meetings with Harry Cayton and members of his team from the Professional Standards Authority (PSA) to discuss the fitness to practise decisions in which they have lodged appeals against MPTS panel decisions as well as to discuss the PSA's position on the consensual disposal of fitness to practise cases.

26 On 4 February 2014 I attended a roundtable hosted by Sir Richard Thompson of the Royal College of Physicians of London to discuss the private members bill that Lord Saatchi is bringing forward on medical innovation.

27 We have had a number of meetings with Gavin Larner and Nick Clarke from the Department of Health (England) and discussed a range of issues including the work of the Law Commission and our priorities for legislative reform.

28 On 10 February 2014, the Chair and I met with the Parliamentary Under Secretary of State for Health, Dr Dan Poulter, to discuss the issues of legislative reform, the Shape of Training Review and the proposal to move the point of provisional registration.

29 The Chair and I have had a number of conversations about the Shape of Training Review and the proposal to move the point of full registration. These have included discussions with the Chief Medical Officers in each part of the UK, with the Director of Workforce Development at the Department of Health (England) and the Chair, Chief Executive and Medical Director of Health Education England.

30 I have also had meetings with, among others, Dr Kim Holt of Patients First, Ian Hudson, the new Chief Executive of the Medicines and Health Regulatory Authority, Katherine Rake, Chief Executive of Healthwatch England, Neil Churchill, Director of Patient Experience at the Department of Health (England), Lord Hunt of King's Heath, and Matt Tee, Chief Operating Officer at the NHS Confederation.

31 On 12 February 2014, I met with Professor Sian Griffiths from the Chinese University in Hong Kong to discuss the International Association of Medical Regulatory Authorities (IAMRA) conference and regulatory reform.

32 Together with Martin Hart, I visited Keele Medical School and met with the Dean, staff and students as well as doctors involved in teaching at University Hospital of North Staffordshire.

33 I was the guest of a group of NHS Chief Executives in the East Midlands, who shared their perspective on the current pressures facing frontline services and their experience of implementing revalidation. The overwhelming view was that the process had been positive and contributed to improvements to and awareness of clinical governance.

34 The Chair and I, supported by Judith Hulf, (interim Director of Education and Standards) and Martin Hart (Assistant Director) attended a meeting of the Medical Schools Council and discussed a range of topics including the point of registration, a national examination and the implementation of the Shape of Training Review.

35 At the time of writing I am also due to meet with Catherine Dixon, Chief Executive of the NHS Litigation Authority on 24 February 2014.

Section two — Progress on our strategy

Strategy and Policy Board

36 The Strategy and Policy Board met on 13 February 2014 and:

a Considered the report of the review into our standards work, endorsed the direction of travel in the review and agreed that, subject to further drafting work, I should formally consider the recommendations.

b Agreed to pilot the education data warehouse (sometimes called 'UK Med').

Progress against our corporate priorities

37 The Department of Health (England) has now reported on its consultation to amend the Medical Act to give us the power to require EEA doctors to provide evidence of their language skills before we grant a licence to practise in circumstances where we have identified concerns during the registration process. The Act is also being amended to introduce a new category of impairment so that we are able to take action in relation to doctors already registered with us where concerns about language competence are identified. The relevant section 60 has been laid before Parliament and we are ready to introduce the changes to our procedures as soon as the legislation comes into force. We expect this to happen in June 2014. Council will be considering the accompanying amendments to the Fitness to Practise Rules 2004 and the Licence to Practise and Revalidation Regulations 2012 later on the agenda.

38 We have had discussions with all 4 UK Health Departments who have indicated that Ministers in all the countries are minded to establish a group to take forward the Shape of Training Review recommendations.

39 We are continuing to develop our model of joint working with the Care Quality Commission (CQC) and have begun discussions about developing a GMC

training module for the CQC to use in training their inspectors. In the longer term, we have begun discussions around the development of jointly-badged training between ourselves, the CQC, and the relevant medical Royal College for doctors who act as inspectors/visitors for both organisations.

40 Work continues to develop memoranda of understanding and information sharing agreements with the other system regulators (including the NHS Trust Development Authority, Healthcare Improvement Scotland, Healthcare Inspectorate Wales, the Regulation and Quality Improvement Authority and Monitor). We are aiming to have all of these in place by the end of the first quarter 2014.

41 Our Corporate Strategy 2014–17 and Equality and Diversity Strategy 2014–17 have been finalised, and the Strategies have been laid before Parliament as required by the Medical Act 1983.

Section three — Operational performance

Progress in delivering our operational plan

42 Delivery of an e-solution for the income discount scheme went live on 8 December 2013, as planned. Monthly reporting will be undertaken on levels of activity.

43 As at 31 January 2014, we have revalidated 30,680 doctors. We continue to pursue those doctors who have failed to respond to repeated requests for information to support their revalidation. We began our final reminder campaign in September 2013 when we contacted over 8,000 doctors who had yet to respond. 86% of that group have now been in contact and have provided us with information or decided to relinquish their licence. We are now taking steps to withdraw the licence from those doctors who have repeatedly failed to provide us with information (1,074 doctors in total).

44 Our GMC Conference was held on 12 December 2013. Approximately 300 attendees including doctors, patients and the public, medical students, doctors in training and employers participated in talks, workshops and debates on the theme of exploring the challenges affecting medical professionalism. The Secretary of State for Health, Jeremy Hunt, was the keynote speaker. Feedback from attendees was positive with the majority telling us they found it very useful.

45 In January we published our Business Plan 2014. The Business Plan highlights our priorities and key aims for the year and summarises our operating budget. It tells the public how our work will help us meet the strategic aims in our new Corporate Strategy 2014–17.

Performance and Resources Board

46 The annual staff pay award was discussed by the Performance and Resources Board at its meeting on 22 January 2014 and its recommendations subsequently approved by the Chief Executive. The 2014 pay award applies from 1 April. It is made up of a core award of 1.5% with scope for additional progression. An employee in the middle of their pay band with a 'successful' assessment would receive a total of 2.5%.

47 The Board considered an update on plans for the 2014 IAMRA Conference. The Board noted that the overarching framework and theme has been agreed as *Medical Regulation – Evaluating risk and reducing harm to patients*. The conference will be held at conference facilities on Aldersgate, close to St Paul's Cathedral and the Museum of London. The call for abstracts for workshops, oral and poster presentations was launched at the beginning of January 2014, and participant registration began at the same time. A further update, including a detailed budget, will be provided to the Board at its meeting on 23 June 2014.

48 The Board received an update on the actions being taken forward in response to the recent Professional Standards Authority (PSA) audit of cases in the initial stages of our fitness to practise procedures. The report was positive and confirmed that our processes are effective in protecting patients, although it also identified some areas for further improvement. It endorsed actions that were being taken in response to the recommendations made in the audit report. These actions will be considered by the Audit and Risk Committee at its meeting on 25 February 2014.

Operational issues

49 As discussed at paragraph 37, the Regulations which will enable us to test the English language skills of doctors from the European Economic Area (EEA) will be in place mid-June 2014. We will manage any operational challenges arising from this coinciding with our peak registration activity time.

50 We have now published the first data reports about the revalidation decisions we have made. These operational data reports are available by country and include all designated bodies.

51 In March 2014 we plan to publish information about the number of complaints we have received about doctors by secondary care location in the UK. This will cover the period 2007–2012. In preparation for this, we shared relevant information with Responsible Officers in December 2013.

52 We are on track to publish information about education issues that are undergoing enhanced monitoring at the beginning of April 2014. During the course of February we have been in touch with deaneries, Local Education and Training Boards and local education providers who will be given a final

opportunity to review the information we are planning to publish, and confirm it is ready for publication.

53 We have submitted draft Regulations for time-limiting provisional registration to the Department of Health (England) for its review and intend to consult on these Regulations shortly. We expect to be in a position to implement these changes at the end of 2014.

54 The Judicial Review hearing relating to the claims arising from the Royal College of General Practitioners membership exam, in which we have been joined as a party in relation to our public sector equality duty, has been listed for 8-10 April 2014.

Achievement of service targets

55 We missed our target of answering 90% of calls to our Contact Centre within 15 seconds in September (actual 73%), October (80%) and November 2013 (86%). We also missed our target of answering 95% of emails and letters within five working days in October (55%) and November (67%).

56 Our ability to respond to enquiries during this period was affected by the increased volume of complex contacts, which saw the average call handle time increase significantly. This was partly due to our communications campaign to doctors who had not previously responded to our requests for information to support their revalidation, which began in September 2013. Despite these challenges, the average call wait time in November 2013 was 11 seconds, which remains much better than the industry standard.

57 It is likely that the trend in increasing complexity and length of calls will continue to impact our ability to respond to enquiries. We are considering a range of staffing and resource options to address this issue and ensure that our Contact Centre continues to deliver a high quality service. The Performance and Resources Board will be examining these options at its next meeting.

58 We narrowly missed our target of clearing 87.5% of Freedom of Information (FoI) requests within 20 working days in November 2013 (actual 84.8%).

59 In September 2013, we introduced a new target of concluding 90% of all Fitness to Practise cases received within 12 months, to replace the previous target of 15 months. It was met consistently in September (94%), October (91%) and November (90%).

60 We narrowly missed our target to conclude or refer 95% of cases at the investigation stage within 12 months in November (94%).

Proposed changes to the GMC/MPTS Liaison Group

61 The GMC/MPTS Liaison Group was established in May 2012, ahead of the launch of the MPTS, to establish an effective working relationship between the MPTS and the functions of the GMC with which it interacts, and currently meets on a quarterly basis or as necessary for the transaction of its business.

62 At its meeting on 11 February 2014, the Liaison Group considered the frequency of its meetings and agreed that, given the positive and constructive regular operational contact between GMC and MPTS staff, it was unnecessary for the Group to continue to meet on a quarterly basis and recommended that the Group should reduce its meetings from four to two per year.

63 The Group's Statement of Purpose has provision to call a special meeting at the request of either the Chair of Council and/or the Chair of the MPTS, and this will be used if an additional meeting is required.

64 Council is asked to approve the proposed amendment to the Statement of Purpose of the GMC/MPTS Liaison Group as set out in Annex D. If agreed, the Governance Handbook will be updated to incorporate this revision.

Supporting information

- The Law Commission consultation on the regulation of health and social care professionals: http://lawcommission.justice.gov.uk/consultations/healthcare.htm
- HEE Board paper on moving the point of full registration: http://hee.nhs.uk/wp-content/uploads/sites/321/2013/12/11-HEE-Proposals-Ensuring-suitable-medical-school-graduates-are-able-to-secure-registration.pdf
- The Department of Health (England)'s full response to the report of the Public Inquiry into Mid Staffordshire NHS Foundation Trust: https://www.gov.uk/government/publications/mid-staffordshire-nhs-ft-public-inquiry-government-response
- Professor Esmail's report of the review of the MRCGP exam: http://www.gmc-uk.org/education/education_news/23425.asp
- Open letter to the BMJ regarding a central registry of doctors' interests: http://www.bmj.com/content/348/bmj.g236
- Further details of the Morecambe Bay Investigation: https://www.gov.uk/government/organisations/morecambe-bay-investigation
- Inquiry into Hyponatraemia-related deaths website: http://www.ihrdni.org/
- The Vale of Leven Hospital Inquiry website: http://www.valeoflevenhospitalinquiry.org/
- The Government's response to Bruce Keogh's review of the regulation of cosmetic interventions: https://www.gov.uk/government/publications/regulation-of-cosmetic-interventions-government-response
- The report of the review of the Liverpool Care Pathway: https://www.gov.uk/government/publications/review-of-liverpool-care-pathway-for-dying-patients
- The Department of Health (England)'s report of the consultation on language capability: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/275884/language_controls_doctors_consult_report.pdf
- The report of the Shape of Training Review: http://www.shapeoftraining.co.uk/1739.asp

If you have any questions about this paper please contact: Niall Dickson, Chief Executive, ndickson@gmc-uk.org, 0207 189 5291.

General Medical Council

Regulating doctors
Ensuring good medical practice

Annex A

Performance against service targets and volumes of activity – fitness to practise, registration and revalidation

1 These graphs show our performance against our fitness to practise and registration service targets over the past three months, and the volume of activity we have handled. This includes the performance of our contact centre and reception services which support the whole organisation.

2 We also include data on revalidation activity.

3 For the service targets, we illustrate the volume of activity and the proportion of total activity handled within and outside the target timeframe. The traffic lights show our monthly performance, and indicate whether or not we achieved the target.

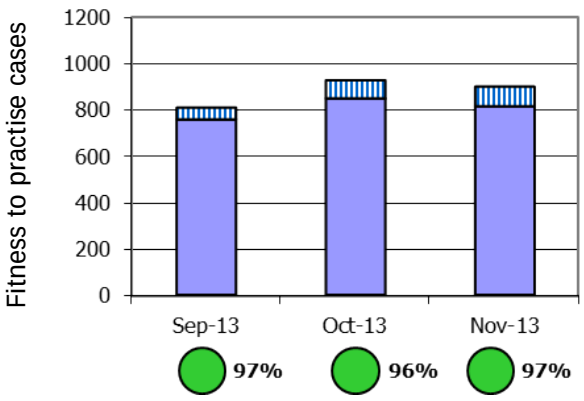
Fitness to practise

Service targets

Handled within the service target

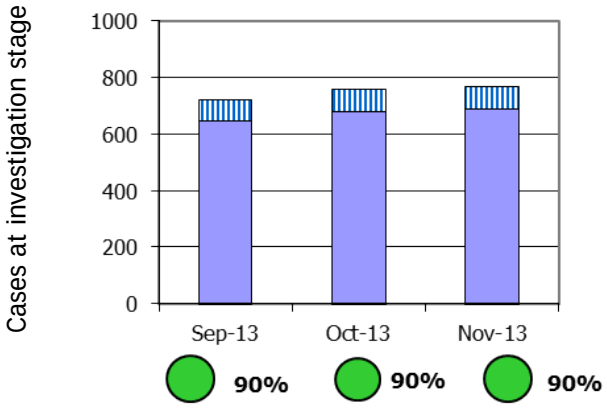
Handled outside the service target

To conclude 90% of fitness to practise cases within 12 months



Commentary: Service target achieved.[1]

To conclude or refer 90% of cases at investigation stage within 6 months

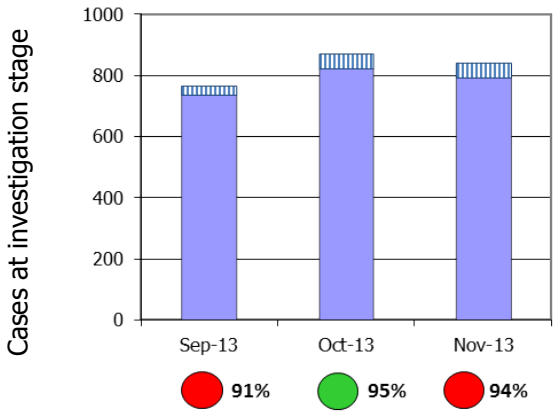


Commentary: Service target achieved. [2]

[1] This target measures all fitness to practise enquiries received by the GMC that result in a stream 1 investigation, stream 2 investigation or immediate closure and excludes cases that are criminal convictions, statutory inquiries, determinations and restoration applications. Each bar (by month) shows the number of cases that were opened 15 months before.

[2] This target measures all fitness to practise enquiries received by the GMC that result in a stream 1 investigation, stream 2 investigation or immediate closure including cases that require health assessments, performance assessments and those that are considered by the Investigation Committee. It excludes from consideration cases that are criminal convictions, statutory inquiries, determinations and restoration applications. Each bar (by month) shows the number of cases that entered the investigation stage six months before.

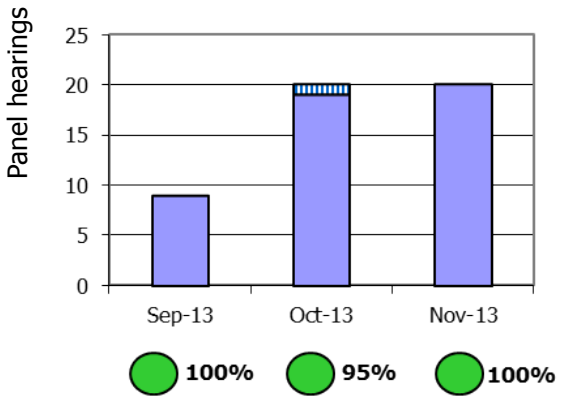
To conclude or refer 95% of cases at the investigation stage within 12 months



Commentary: We narrowly missed the target to conclude or refer 95% of cases at the investigation stage within 12 months in November.[3]

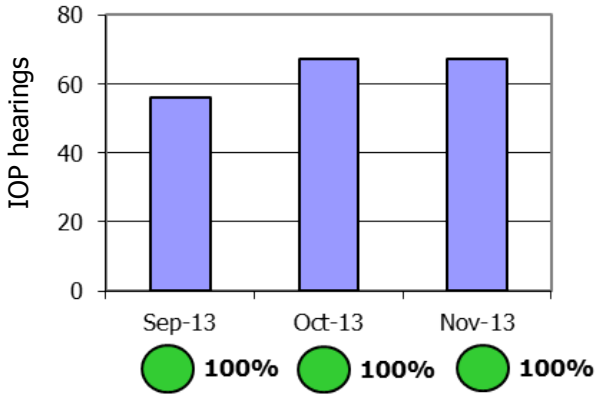
*Figure originally reported February 2014 as 96%, corrected May 2014 to 91%

To commence 90% of panel hearings within nine months of referral



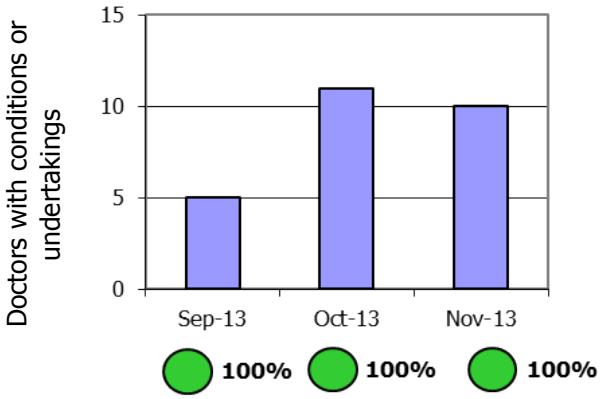
Commentary: Service target achieved[4].

To commence 100% of IOP hearings within 3 weeks of referral



Commentary: Service target achieved[5].

To review 100% of doctors with conditions or undertakings attached to their registration before being returned to unrestricted registration

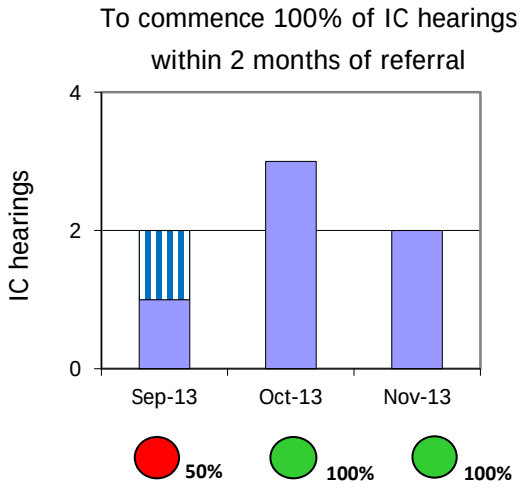


Commentary: Service target achieved.

[3] This target measures all fitness to practise enquiries received by the GMC that result in a stream 1 investigation, stream 2 investigation or immediate closure including cases that require Health Assessments, Performance Assessments and those that are considered by the Investigation Committee. It excludes from consideration cases that are criminal convictions, statutory inquiries, determinations and restoration applications. Each bar (by month) shows the number of cases that entered the investigation stage 12 months before.

[4] This target excludes cases that have concluded prior to a FTP panel hearing within nine months of referral from investigation (i.e. referral cancellations, voluntary erasures etc). Each bar (by month) shows the number of referrals to a Fitness to Practise Panel nine months before.

[5] Each bar (by month) shows the number of referrals to an Interim Orders Panel three weeks before.



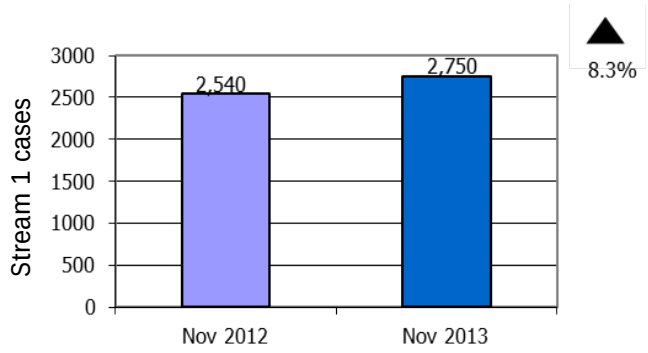
Commentary: We missed this target in September. In practice this meant that one hearing missed the target[6].

Fitness to practise

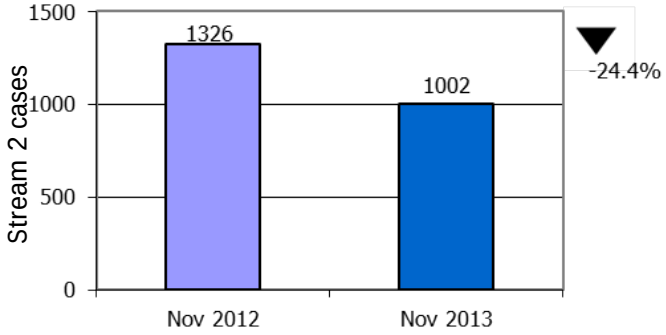
Case intake

4 These graphs show our accumulated case intake levels to the end of November 2013, compared with the accumulated levels to the end of November 2012, and indicate the percentage change.

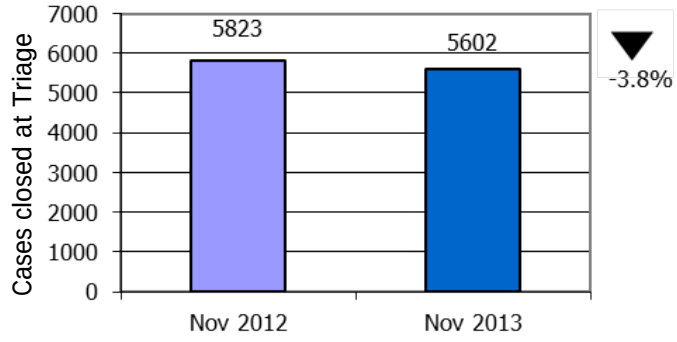
YTD Stream 1 case intake: accumulated to November 2012 and November 2013



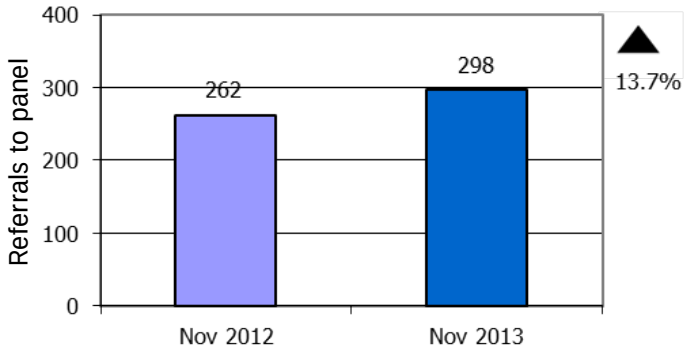
YTD Stream 2 case intake: accumulated to November 2012 and November 2013



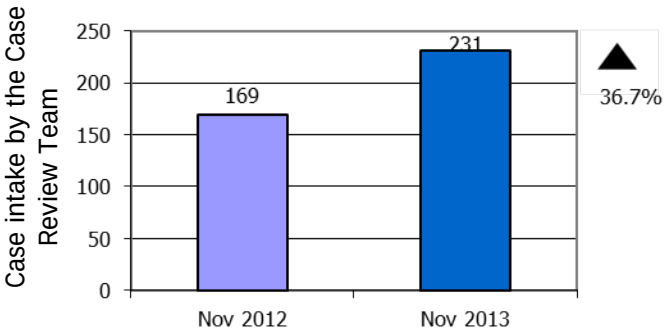
YTD cases closed at Triage: accumulated to November 2012 and November 2013



YTD number of referrals to panel: accumulated to November 2012 and November 2013



YTD case intake by the Case Review Team accumulated to November 2012 and November 2013



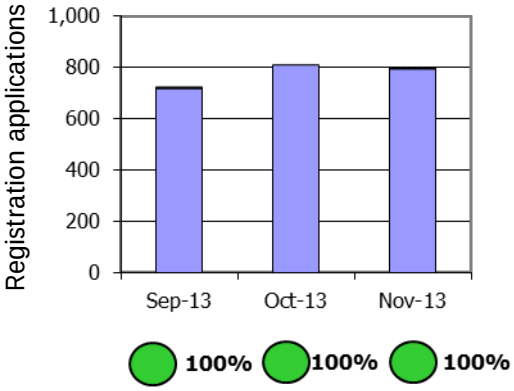
Registration, PLAB and certification

Service targets

Handled within the service target

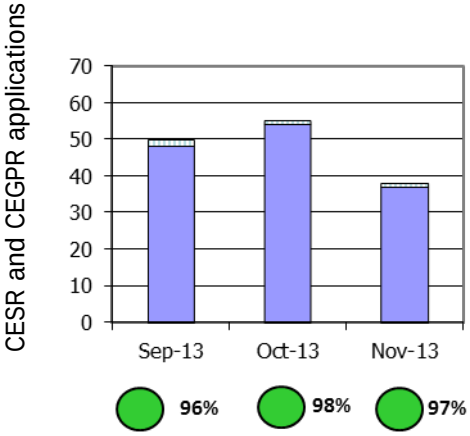
Handled outside the service target

To respond to 95% of registration applications within five working days



Commentary: Service target achieved.

To complete 95% of CESR and CEGPR applications within 3 months

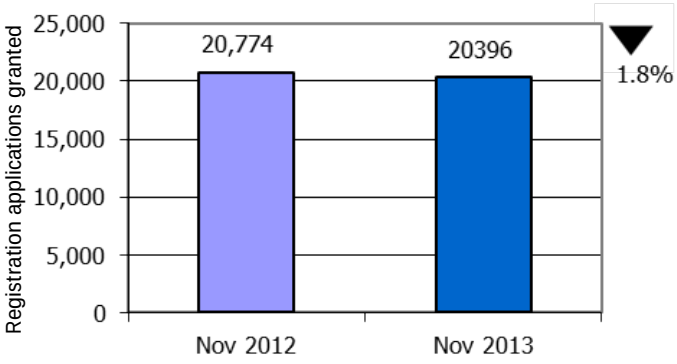


Commentary: Service target achieved.

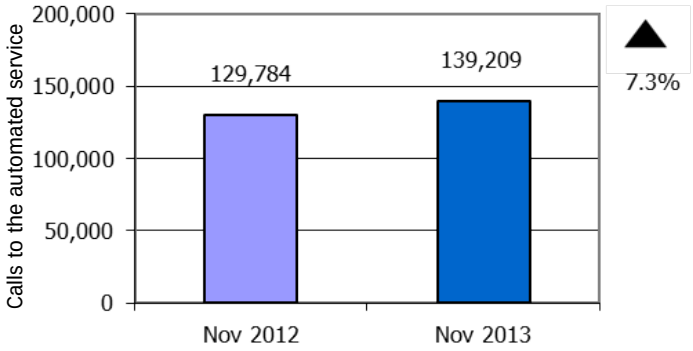
Registration, PLAB and certification

Activity levels

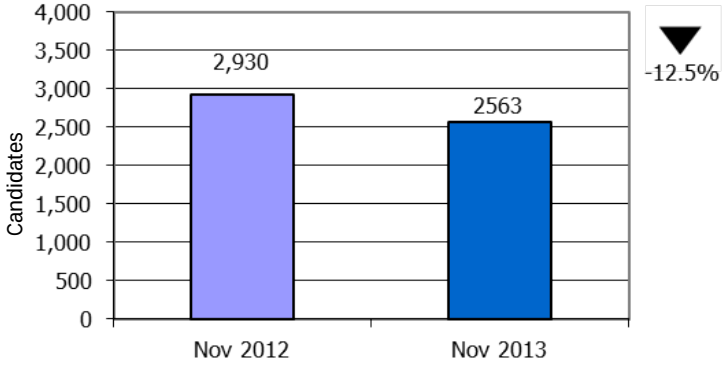
Registration applications granted (excl. specialist registrations, incl. restorations): accumulated to Nov 2012 and Nov 2013



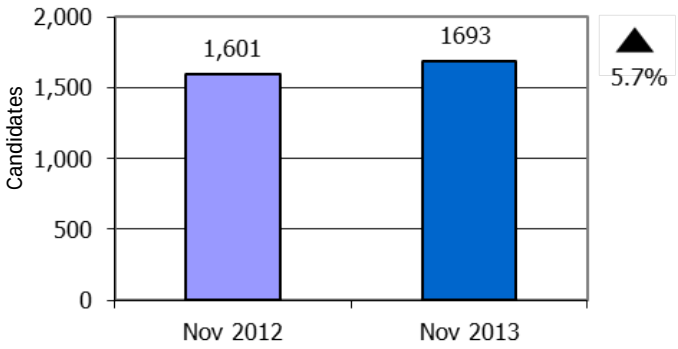
Calls to the automated service confirming a doctor's registration status: accumulated to Sept 2012 and Sept 2013



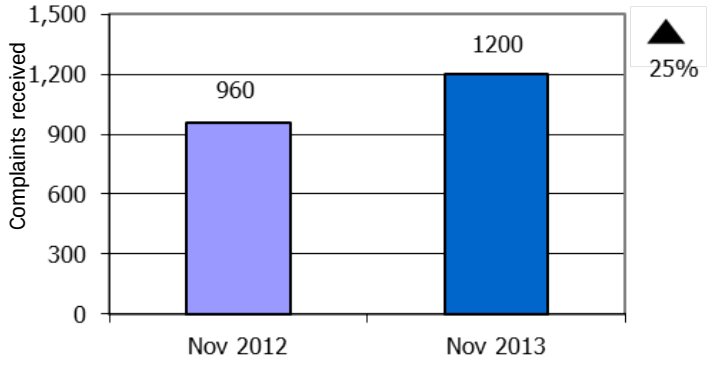
Candidates taking Part 1 of the PLAB test: accumulated to Nov 2012 and Nov 2013



Candidates taking Part 2 of the PLAB test: accumulated to Nov 2012 and Nov 2013



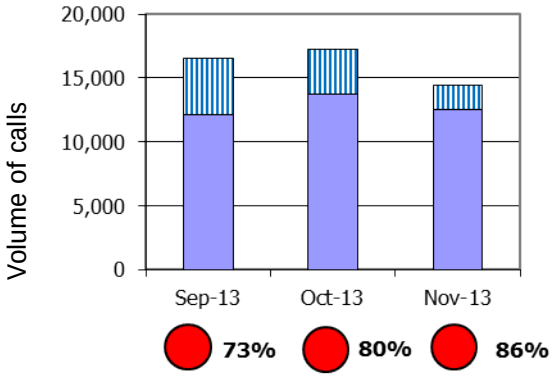
Complaints received by the Registration and Revalidation Directorate: accumulated to Nov 2012 and Nov 2013



Contact centre and reception services

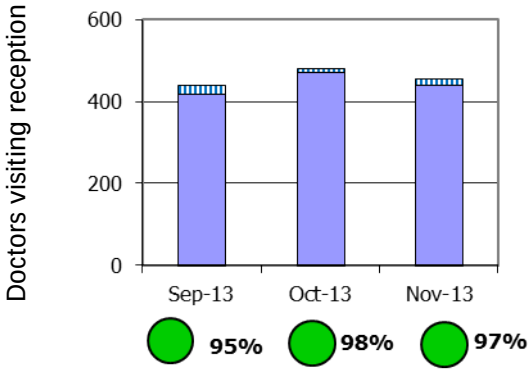
Service targets

To answer 90% of calls within 15 seconds



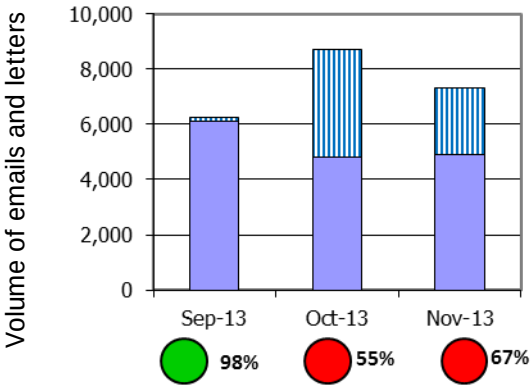
Commentary: Service target missed[7]. Our ability to respond to phone calls and written enquiries was significantly impacted over the past few months by the increased volume of complex calls leading to a significant increase in handling time. The average call wait time was 11 seconds in November.

To see 95% of doctors visiting reception within 10 minutes of their arrival



Commentary: Service target achieved.

To answer 95% of emails and letters within five working days



Commentary: Service target missed in October and November[8]. The increase in calls to our Contact Centre had an impact on our capacity to respond to written enquiries.

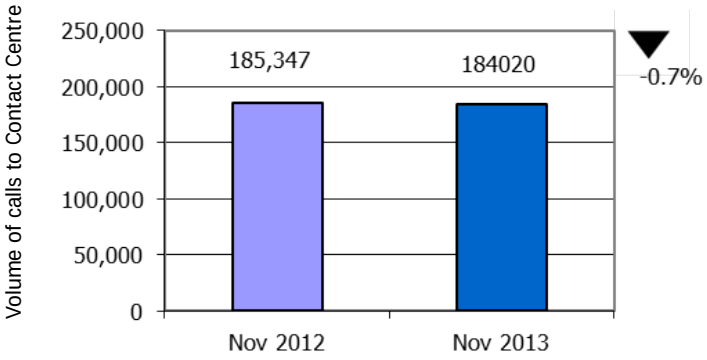
[7] Excludes lost calls. This is consistent with the industry standard.

[8] Only providing a substantive response is counted as having met the target.

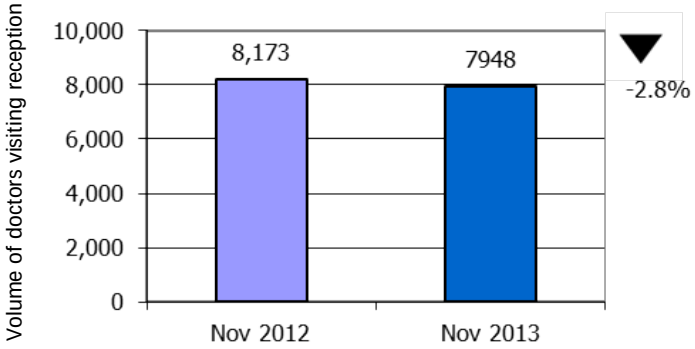
Contact centre and reception services

Activity levels

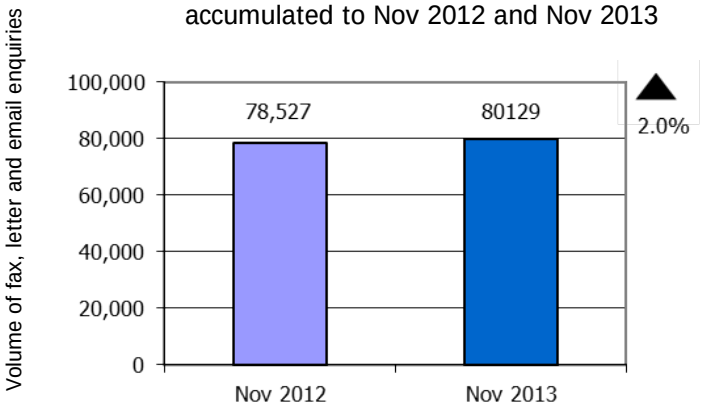
Call volume to Contact Centre:
accumulated to Nov 2012 and Nov 2013



Doctors visiting reception: accumulated to
Nov 2012 and Nov 2013

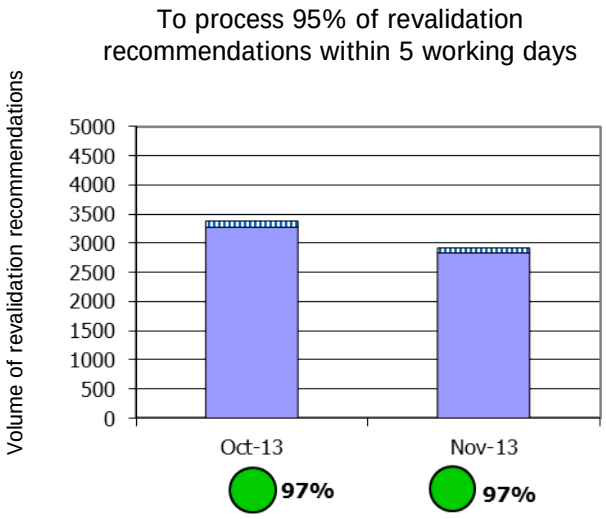


Fax, letter and email enquiries:
accumulated to Nov 2012 and Nov 2013



Revalidation

Service target



Commentary: Service target achieved.

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Annex B

Summary Information on Appeals and Judicial Reviews

1 The table below provides a summary of appeals and judicial reviews as at 7 February 2014:

	Open cases carried forward since last report	New cases	Concluded cases	Outstanding cases
Appeals	18	10	7	21
Judicial Reviews	17	3	9	11
IOP Challenges	5	3	4	4

Explanation of concluded cases

2 Appeals:

a 5 appeals dismissed.

b 1 withdrawn.

c 1 appeal successful (in part – period of suspension reduced).

3 Judicial Reviews

a 4 permissions refused.

b 1 dismissed at full hearing.

c 1 withdrawn.

d 1 successful (decision quashed).

e 2 re-classified.

4 Interim Order Panels:

a 1 claim withdrawn.

b 2 dismissed.

c 1 claim re-classified.

Any new applications in the High Court challenging the imposition of interim orders since the last report with explanation; and total number of applications outstanding

5 There have been three new challenges to IOP orders since the last report.

6 The current position in the 4 cases outstanding are:

a 1 Acknowledgment of Service filed, awaiting listing of hearing.

b 3 hearings listed in March 2014 (x2) and April 2014 (x1).

New referrals by PSA to the High Court under Section 29 since the last report with explanation, and any applications outstanding

7 We have received two new referrals by the Professional Standards Authority (PSA) to the High Court, making 4 outstanding PSA referrals in total:

a Hearing listed for 20 February 2014.

b Hearing listed for 26 February 2014.

c Two new matters are awaiting hearing listing.

Any other litigation of particular note

8 We continue to deal with a range of other litigation, including cases before the Employment Tribunal and the Employment Appeals Tribunal.

9 The table below provides a detailed breakdown of outstanding appeals as of 7 February 2014.

No	Case	Decision appealed	Current status
1	**A R**	Appeal in the Scottish Courts against the sanction of erasure.	Appeal part heard. New date for hearing of appeal to be fixed.

No	Case	Decision appealed	Current status
2	**A**	Appealed against Fitness to Practise Panel decisions.	Awaiting hearing date.
3	**Ad**	Appealed against Fitness to Practise Panel decision.	Awaiting hearing date.
4	**Ar**	Appealed against Fitness to Practise Panel decisions.	Awaiting hearing date.
5	**Ba**	Appealed against Fitness to Practise Panel decisions.	Awaiting hearing date.
6	**Bar**	Permission to Appeal previous decision to dismiss s40 Appeal from September 2010.	Application received, awaiting permission decision from the Court.
7	**Br**	Appealed against Fitness to Practise Panel decisions.	Awaiting papers.
8	**F**	Appealed against Fitness to Practise Panel determinations.	Hearing relisted 18 February 2014.
9	**Fe**	Appealed against Fitness to Practise Panel decisions.	Awaiting hearing date.
10	**G**	Appealed against Fitness to Practise Panel determinations.	Awaiting papers.
11	**G-O**	Appealed against Fitness to Practise Panel determinations.	Permission hearing listed for 1 April 2014.
12	**G-S**	Appealed against Fitness to Practise Panel decisions.	Hearing listed for 1 April 2014.
13	**H**	Appealed against Fitness to Practise Panel determinations.	Hearing listed for 27 & 28 March 2014.

No	Case	Decision appealed	Current status
14	**I**	Appealed against the determination of impairment and sanction of erasure.	Hearing listed for 5 March 2014.
15	**K**	Appealed against Fitness to Practise Panel determinations.	Hearing listed for 4 March 2014.
16	**M**	Appealed against the Fitness to Practise decision.	Awaiting hearing date.
17	**Ma**	Appealed against Fitness to Practise Panel determinations.	Hearing listed 26 & 27 February 2014.
18	**N-P**	Appealed against Fitness to Practise Panel determinations.	Hearing listed for 25 March 2014.
19	**P**	Appealed against Fitness to Practise Panel decisions.	Awaiting hearing date.
20	**T**	Appealed against Fitness to Practise Panel determinations.	Awaiting hearing date.
21	**W**	Appealed against Fitness to Practise Panel determinations.	Hearing listed 11 & 12 March 2014.

10 The table below provides a detailed breakdown of outstanding judicial reviews as of 7 February 2014.

No	Case	Claim	Current status
1	**AM**	Judicial Review to challenge GMC guidance of assisted suicide case	Application issued on a protective basis. Currently stayed pending judgment in the DPP's Supreme Court appeal (awaited)
2	**B**	Judicial Review issued in relation to RCGP exams	Judicial review will take place over 3 days commencing Tuesday 8 April 2014.

No	Case	Claim	Current status
3	**C**	Judicial Review of decision to decline to review decision under Rule 12	Permission refused on papers. Notice of Appeal received in relation to this judgment. Awaiting decision of Court of Appeal on application for permission to appeal.
4	**H**	Judicial Review claim regarding GMC's decision not to allow complainant further time to provide evidence in support of allegations.	Permission refused and Claim dismissed. Claimant is seeking permission to appeal to Court of Appeal. Awaiting decision of Court of Appeal on application for permission to appeal.
5	**M**	Judicial Review of five year Rule.	Hearing listed for 23 February 2014.
6	**Mo**	Judicial Review of decision to issue a warning rather than refer a complaint to panel.	Application for permission adjourned. New investigation on-going.
7	**N**	GMC served an interested party in Judicial Review.	GMC's initial response due to be filed on 10 February 2014.
8	**N-G**	JR challenging decision by Registrar.	Permission granted and will shortly concede the substantive Judicial Review.
9	**O**	Judicial Review to challenge GMC's Rule 4 referral.	Consent order filed with court November 2013. Chased sealed order – still with Master.
10	**W**	Judicial Review challenging advice of Case Examiner at Rule 8 stage.	Acknowledgement of Service (GMC's initial response opposing claim) filed with the Court 5 February 2014.
11	**Wi**	Judicial Review issued to have Undertakings on registration revoked.	Case relisted for 1 May 2014.

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Annex C

2014 Income and Expenditure

Revenue budget

1 The income and revenue expenditure figures to the end of January 2014 are:

Financial Summary as at January 2014	Budget to date £000	Actual to date £000	Variance £000	Variance %	Full year budget £000
Income					
Annual retention fees	7,106	7,120	14	0%	85,200
Registration fees	211	189	(22)	(10)%	4,000
Certification fees	319	332	13	4%	3,000
PLAB fees	70	60	(10)	(14)%	1,200
Investment income	58	72	14	24%	1,400
Other income	17	15	(2)	(12)%	200
Total Income	**7,781**	**7,788**	**7**	**0%**	**95,000**
Expenditure by cost type					
Direct staffing costs	3,675	3,710	(35)	(1)%	47,902
Indirect staffing costs	216	185	31	14%	3,262
Office costs	417	354	63	15%	6,620
Accommodation costs	534	525	9	2%	6,470
Legal costs	484	404	80	17%	5,806
Professional fees	284	171	113	40%	4,604
Council & members costs	32	28	4	12%	388
Panel & assessment costs	986	1,095	(109)	(11)%	14,973
Depreciation	546	494	52	10%	6,696
New Initiatives Fund	0	0	0	0%	250
Total Expenditure	**7,174**	**6,966**	**208**	**3%**	**96,971**
Surplus / (deficit)	**607**	**822**	**215**		**(1,971)**

2 The actual surplus at the end of January is £822k, compared to a budgeted surplus for the period of £607k. Income is currently in line with budget and expenditure is 3% under budget.

Principal variances

3 Total income is in line with budget. The individual variances reflect minor timing issues between estimates and actuals.

4 Direct staffing costs are currently £35k (1%) over budget. As part of the 2014 budget-setting process we adjusted staffing budgets to reflect normal staff turnover, which typically runs at around 9%. We adjusted the January staffing budget by £157k, but actual turnover in the first month of the year was marginally lower, at £122k, so costs are currently £35k over budget. There are currently 43 vacancies across the GMC.

5 Indirect staffing costs are £31k under budget, relating to travel, recruitment and training costs.

6 Office costs are currently £63k under budget. This is mainly due to a number of IT revenue projects starting later than budgeted, some marketing work in Strategy and Communication has not yet been commissioned, and an underspend on postage and stationery costs.

7 Accommodation costs are £9k under budget, mainly due to the lease on the new Cardiff office being deferred to February.

8 Legal costs are currently £80k under budget, mainly on barrister's fees. This is a timing issue and we expect costs to move back in line with budget by the end of Q1.

9 Professional fees are £113k under budget. Research and development projects are £72k under budget as work has not yet been commissioned, and work on the review of GMC Standards has not yet started. Costs are expected to move closer to budget by the end of Q1.

10 Panel and assessment costs are currently £109k over budget. There were 49 IOP days in January against a budget of 45 days, and 193 adjudication hearing days against a budget of 147 days, resulting in additional costs of £135k. This is partly offset by an underspend in Education due to the timing of medical school visits.

11 Depreciation is £52k under budget. This reflects timing differences between estimated and actual completion dates for capital projects.

Capital programme

12 In addition to our revenue expenditure on day to day operational business, the GMC incurs capital expenditure on major projects and assets that will generate benefits over a number of years. The standard accounting treatment is to spread capital costs over the lifetime of the asset, rather than accounting for

the whole cost in the year of acquisition. This is achieved through an annual depreciation charge to the revenue account.

13 Capital projects, by their nature, involve relatively long timescales. When budget proposals are being formulated in October and November, we cannot always forecast with certainty the stage of completion of each project and so some projects will span our normal financial year-end. At the end of 2013 a number of capital projects were still in progress, and so we have carried forward the unspent budget provision to 2014, to allow the projects to be completed.

14 Capital expenditure to the end of January is:

Capital Programme as at 31 January 2014	Budget to date £000	Actual to date £000	Variance £000	Variance %	Full year budget £000
2013 Facilities projects brought forward	0	0	0	0%	15
2013 IS Projects brought forward	0	0	0	0%	277
2014 Facilities Projects	20	18	2	10%	1,324
2014 IS Projects	347	344	3	1%	5,501
2014 Home working - Facilities	32	28	4	12%	583
2014 Home working -IS	82	77	5	6%	690
Total	**481**	**467**	**14**	**3%**	**8,390**

15 Capital expenditure is currently £14k under budget. Projects brought forward from 2013 include additional Oracle licences, email management and new network connections.

Conclusion

16 Income is currently in line with budget and costs are 3% under budget. It is difficult to draw firm conclusions based on only one month of activity, but at this stage there are no underlying areas of concern.

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Annex D

Statement of purpose of the GMC / MPTS Liaison Group

Purpose

The purpose of the Liaison Group is to establish an effective working relationship between the MPTS and the functions of the GMC with which it will interact. The Liaison Group supports the delivery of the hearings service provided by the MPTS and ensures that working arrangements are established and operate effectively.

Duties and activities

To provide assurance to Council that the MPTS is delivering against its objectives through the report from the Chair of the MPTS to Council.

To work collaboratively to manage corporate risks and issues.

To resolve any policy or operational issues that may arise.

To provide an effective feedback mechanism between the GMC and the MPTS.

To have regard to the annual operational plan and budget for the MPTS.

Working arrangements

Membership

The membership of the Liaison Group is as follows:

a Chair of Council

b Chief Executive

c Chief Operating Officer

d Director of Fitness to Practise

e Director of Resources and Quality Assurance

f Director of Strategy and Communication

g Chair of the MPTS

h Clerk to the MPTS.

A member or members of the MPTS Advisory Committee may be invited to attend a meeting of the Liaison Group at the discretion of the MPTS Chair, as required.

The Liaison Group will be chaired by the Chair of the GMC. If, for any reason, the Chair is unable to attend any meeting he/she will identify another member of the Group to chair the meeting.

Secretariat support to the Liaison Group will be provided by the GMC Governance team.

Staff from the MPTS and other parts of the GMC may attend by invitation.

Meetings and attendance

The Liaison Group meets on a ~~quarterly~~ biannual basis or as necessary for the transaction of its business, according to a schedule agreed by the Liaison Group, but also as may be required as set out in paragraph 12.

A special meeting may be called at the request of either the Chair of Council and/or the Chair of the MPTS.

In the event that any member is unable to attend a Liaison Group meeting they should notify the Liaison Group secretariat.

Liaison Group meetings will usually take place 'in person' but with the agreement of the Chair of the GMC members may join by video conference.

Agenda, papers and minutes

The Chair of the MPTS and Chief Executive of the GMC prepare and agree the agenda for each Liaison Group meeting.

Papers for each meeting are normally sent electronically to members at least seven days in advance of meetings. Copy papers are posted to members requiring a hard copy.

Minutes of Liaison Group meetings are taken and are retained as a record of members' attendance, key points made, and decisions taken. Draft minutes of Liaison Group meetings are produced, approved by the Chair of the Liaison Group and then circulated to members, normally within 14 days of a meeting taking place. Minutes are laid before the Liaison Group at the next meeting for final approval.

Agenda and minutes of Liaison Group meetings will be available on the external website once approved.