

To consider

Chief Operating Officer's report

Issue

1. This report gives an update on the GMC's operational performance.
 - Annex A – 2013 Income and expenditure
 - Annex B – Performance against service targets and volumes of activity – fitness to practise, registration and revalidation
 - Annex C – Summary Information on Appeals and Judicial Reviews

Recommendation

2. Council is asked to consider the Chief Operating Officer's report.

Significant issues potentially affecting our operational performance

3. We are writing to the Home Office concerning the Notifiable Occupations Scheme Review. Under proposals, it is envisaged police will cease routine disclosure to regulators and share information via employers, on a case by case assessment of public interest. These could result in risk to patient safety and public confidence.

4. We wrote to all licensed doctors in January 2013 to inform them of their revalidation date and advise them on what they need to do. This had an impact on the service we provide in our contact centre in Manchester. Average call length increased from just over 4 minutes, to just over 6 minutes as a result. This, in turn, impacted on our ability to respond to both calls and email correspondence within our agreed service targets. We answered 86% of all calls within 15 seconds against our service target of 90%. The average waiting time on calls was only 13 seconds. We anticipate a return to meeting our targets in the next quarter.

Education and Standards

5. On 26 March we launched the annual National Training Survey for 2013 to the UK's 54,000 doctors in training. The survey will close on 8 May. It will provide a snapshot of the perceptions and experiences, which doctors have of their training posts and programmes. As stressed in the Francis report, doctors in training are the 'valuable eyes and ears in a hospital setting', and the 2013 survey, as in 2012, includes a question asking trainees to report any concerns they may currently have about patient safety.

6. On 25 March, we published a new and updated *Good medical practice*. It will come into force on 22 April. We are also publishing a Patient's Guide based on GMP, setting out what patients can expect from their doctor. We will align the rest of our work with this update and install a new *GMP in Action* on our website.

Fitness to Practise

7. On 25 March, I attended a meeting with the Office of the Parliamentary and Health Service Ombudsman. The Ombudsman has been meeting with the larger health regulators to gauge commitment to a new Health Complaints Hub for England. Whilst at an early stage of development, I will keep Council informed of progress towards any concrete proposals.

8. We are in the final stages for the recruitment of a Director of Fitness to Practise. We expect to be able to make an announcement shortly.

Medical Practitioners Tribunal Service (MPTS)

9. Alison White, the lay member of the MPTS Committee resigned in January 2013 and is instead taking up her role as a MPTS panellist. The Committee is also reviewing its statement of purpose in light of the experience of the first nine months of operation and will develop proposals for discussion by the GMC/MPTS Liaison Group. Any proposed changes will be brought to Council later in 2013. The process

to recruit a replacement for the lay member will start once the revised statement of purpose has been agreed.

Registration and Revalidation

10. The restructure of the NHS in England took effect on 1 April 2013. This meant that the 'designated' organisation of over 100,000 licensed doctors in England changed on that date. Every licensed doctor must connect to a 'designated' organisation which has a duty to support them with their appraisal and revalidation and this connect is reflected on our systems. We worked closely with responsible officers and organisations to effect the necessary changes centrally, thereby minimising the impact on individual doctors and NHS organisations in England.

11. We undertook the first quarterly review of the operation of our confidential helpline, looking at, for example, helpline activity and the outcomes of enquiries passed to FTP. We also considered what improvements we can make to the process. It is pleasing that the majority of calls received appear to be from our 'target' audience (doctors) who are raising appropriate concerns. The communications supporting the launch and operation of the helpline appear to have been highly effective in this regard. Public Concern at Work (PCaW), have received 29 calls to their advice line which they have recorded as referrals from the Confidential Helpline. A summary of the activity* is presented below:

TOTAL CALLS	241
Referrals to FTP Triage	34
Categorised as:	
• Whistleblower	32
• Complaint	2
Referrals were made by:	
• Doctors	27
• Members of the public	7
Outcome of triage:	
• closed	8
• National Investigation Team	2
• Stream 1	13
• Stream 2	5
• Awaiting triage	7

*The discrepancy in this table between the total for outcomes and referrals is due to one call dealing with two doctors, that is to say two triages.

12. The new Revalidation Implementation Advisory Board met for the first time in March and considered a number of papers on progress thus far. The Board has been established to provide advice to the GMC on implementation and be a conduit for information and intelligence. The Board is chaired by Sir Keith Pearson, and includes members representing the four UK health departments, the Academy of Medical Royal Colleges, Health Education England, the NHS Commissioning Board, the BMA, and employers including the independent sector and patient representatives.

Resources and Quality Assurance

13. So far we have delivered total efficiency gains of £30m over the period 2010-2012. Our four year programme aims to deliver ongoing efficiency gains equivalent to 3-5% of our annual budget. A five percent efficiency saving of our 2013 budget would be worth £4.4m. For 2013, we are forecasting efficiency gains of £15.9m. This includes £830,000 of new projects. On 25 April 2013 the Performance and Resources Board will receive an analysis and update of our Evaluation Programme.

14. The Performance and Resources Board has endorsed the appointment of Aviva as the Defined Contribution Scheme Provider.

15. The annual staff pay award was discussed and approved by the Performance and Resources Board. The 2013 pay award applies from 1 April. It is made up of a core award of 1% with scope for addition progression. An employee in the middle of their pay band with a 'successful' assessment would receive a total of 2%.

16. Our income and expenditure to the end of March 2013 is summarised in Annex A. Income is currently line with budget and costs is 8% under budget. We expect total costs to be in line with budget by the end of the year. We will be completing the first forecasting process for 2013 in May. As part of this process we will review all material variances and provide an initial assessment of likely actual income and expenditure up to the year end.

Strategy and Communication

17. On 25 March, following a substantial period of review and consultation, we published a new and updated *Good medical practice*. It will come into force on 22 April. Alongside this, and for the first time, we are publishing a Patient's Guide.

18. We have published our response to the Francis Report. We are now looking at taking forward actions in each of the appropriate areas. Since the report's publication, we have undertaken significant work to communicate the key issues and implications to staff, providing support through seminars and email communications.

Performance and Resources Board

19. The Performance and Resources Board held its first substantive meeting on 25 February where it reviewed our operational health, early progress in delivering our 2013 Business and Operational Plans and received an updated Corporate Risk Register.

20. The Board reviewed a performance dashboard, which provides a monthly summary of operational health by reporting achievement against our service targets and key performance indicators. I would draw your attention to:

- a. Around 3,400 doctors have been revalidated so far, with a further 26,000 due to be revalidated by the end of this year.

b. A marginal decrease in the percentage of registered doctors who hold a licence to practise. The overall population of registered doctors has increased by 2.6% (from 246,039 this time last year to 252,477 today – an increase of 6,438). There has also been an increase in the number of licensed doctors from 232,691 to 235,315. There has been a marginal decrease in the proportion of registered doctors who are licensed – down from 94.5% to 93.2% - and we continue to monitor this and the reasons for it.

c. While, as noted above, there are currently 53 open concerns on educational quality, the Education and Standards Directorate have enough resource in place to deal with the increase. However, we are monitoring closely and should the volume of concerns rise substantially, some increase in staff and resource may be required.

21. The Board reviewed an exceptions report of progress made in delivering milestones within our new 2013 Operational Plan. At this early stage we are currently on track and I would draw your attention to:

a. The continued progress with our pilot meetings with doctors and complainants. For doctors, we had by the end of February held 12 meetings with a further 7 acceptances. For complainants, there have been 44 initial stage meetings where the complaint has been promoted at triage. With 27, from end stage meetings.

b. Under our Lean review, we completed the Kaizen week as part of project one, the key week where changes are identified and, if possible, implemented. Seven quick wins were identified as well as three larger projects, which will now be considered by our Leadership Group.

c. The 'quick win' MPTS rule changes which include for example, process changes around witnesses, have progressed through the Department for health and are now in the Privy Council processes. The date for implementation is expected to be 7 May, however this is dependent on final parliamentary and Privy Council approval. Discussions are progressing with the Department on substantive Section 60 changes which include establishing the statutory basis of the MPTS.

22. The Board also received an update on the risks contained within the Corporate Risk Register, including an update on additions, deletions and changes in rating and new mitigating activity since Council's last review in February.

23. The Board considered the updated statement of purpose, which had been revised to reflect changes agreed at the shadow meetings of the Performance and Resources Board and the Strategy and Policy Board in January 2013. The Board agreed the revised statement of purpose as proposed.

Supporting information

**If you have any questions about this paper please contact:
Paul Philip, Chief Operating Officer, 020 7189 5124, pphilip@gmc-uk.org**

Annex A

2013 Income and Expenditure

Revenue budget

1. The income and revenue expenditure figures to the end of March 2013 are:

Income and revenue expenditure as at 31 March 2013	Budget to date	Actual to date	Variance		Full year budget £000
	£000	£000	£000	%	
Income					
Annual retention fees	21,278	21,226	(52)	(0)%	86,600
Registration fees	591	528	(63)	(12)%	4,100
PLAB income	348	358	10	3%	1,200
Certification income	646	713	67	10%	3,000
Investment income	125	161	36	30%	500
Other income	50	62	12	23%	200
Total Income	23,038	23,048	10	0%	95,600
Expenditure by cost type					
Direct staffing costs	10,648	9,897	751	7%	44,136
Indirect staffing costs	836	725	111	12%	3,556
Office costs	1,489	1,378	111	7%	6,375
Accommodation costs	1,630	1,642	(12)	(1)%	6,623
Legal costs	1,475	1,493	(18)	(1)%	5,758
Professional fees	1,084	792	292	27%	6,636
Council & members costs	117	90	27	23%	473
Panel & assessment costs	3,679	3,312	367	10%	16,234
Depreciation	1,427	1,336	91	7%	6,162
New Initiatives Fund	122	8	114	93%	500
Total Expenditure	22,507	20,673	1,834	8%	96,453
Surplus/deficit	531	2,375	1,844		-853

2. The actual surplus at the end of March is £2,375k, compared to a budgeted surplus for the period of £531k. Income is currently line with budget and expenditure is 8% under budget.

Principal Variances

3. Total income is in line with budget. Individual variances reflect differences between the estimated and actual numbers of applications received in the period. Investment income reflects improved returns on our cash balances.
4. Direct staffing costs are currently £751k under budget. There are a significant number of unfilled vacancies across the organisation, due to normal staff turnover and delays in filling new posts. Key posts are being filled by temporary staff to ensure that we maintain service delivery, and we have recruitment campaigns planned.
5. Indirect staffing costs are £111k under budget. This is mainly due to reduced travel costs, which are lower than budget, in part because of the current level of vacancies and in part because of greater use of video and telephone conferencing.
6. Office costs are £111k under budget. Postage, IT equipment & IT revenue projects are currently under budget.
7. Professional fees are £292k under budget. A number of projects and external consultancy work is scheduled to start later in the year.
8. Panel and assessment costs are currently £367k under budget, due to differences between the estimated and actual number of hearings, medical reports and medical school visits to date.
9. Depreciation is £91k under budget. This reflects the timing of capital expenditure in the year.
10. New Initiatives Fund (£114k under budget) – this central budget is available to provide funding for new projects and opportunities that may present themselves during the year. To date there have been few calls on this budget.

Capital programme

11. 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.

12. Capital expenditure to date is:

Capital Programme as at 31 March 2013	Budget to date £000	Actual to date £000	Variance		Full year budget £000
			£000	%	
Capital projects					
IS projects	1,110	859	251	23%	5,262
Facilities projects	568	323	245	43%	1,836
Registration projects	40	22	18	45%	83
New Initiatives Fund	0	0	0		500
Total Capital Expenditure	1,718	1,204	514	30%	7,681

13. Capital expenditure is currently under budget, as the start dates for a number of projects have been deferred to later in the year. We expect total costs to be in line with budget by the end of the year.

Conclusion

14. Income is currently in line with budget and costs are 8% under budget. The first forecasting process for 2013 will be completed in May. As part of this process we will review all material variances and provide an initial assessment of likely actual income and expenditure up to the year end.

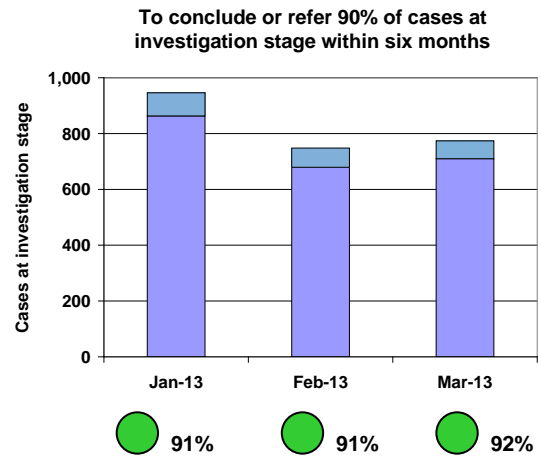
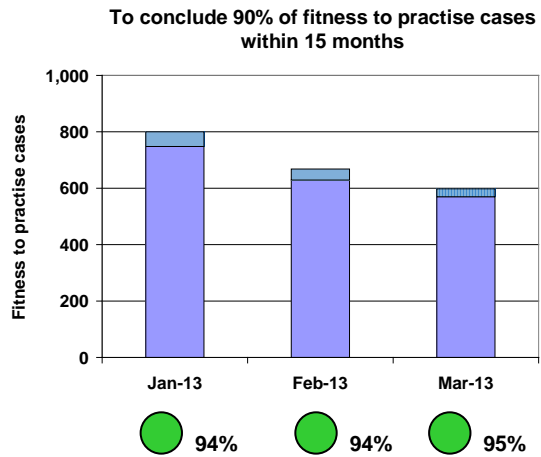
Annex B

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. As revalidation has only recently commenced, the service targets are still in development.
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

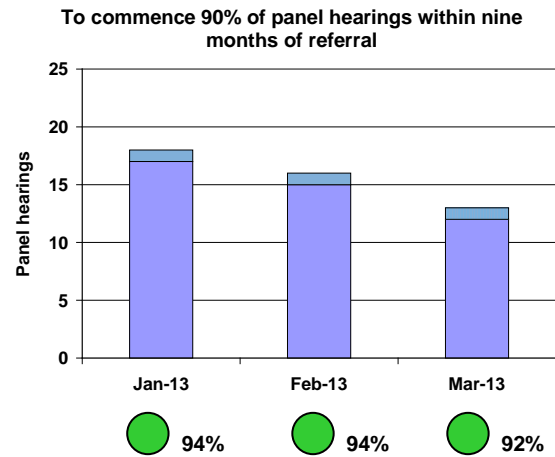
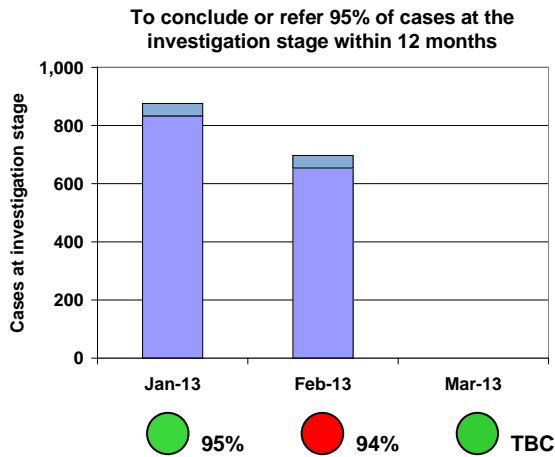


Commentary: Service target achieved¹.

Commentary: Service target achieved².

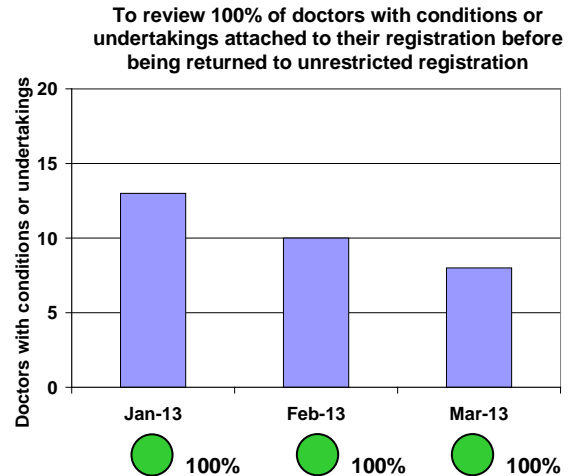
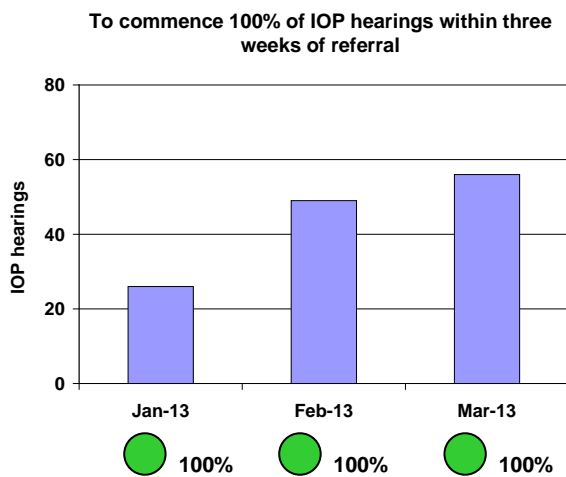
¹ This target measures all fitness to practise enquiries received by the GMC that result in a stream 1 investigation, stream 2 investigation or immediate closure and excludes cases that are criminal convictions, statutory inquiries, determinations and restoration applications. Each bar (by month) shows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



Commentary: To be confirmed³.

Commentary: Service target achieved⁴.



Commentary: Service target achieved⁵.

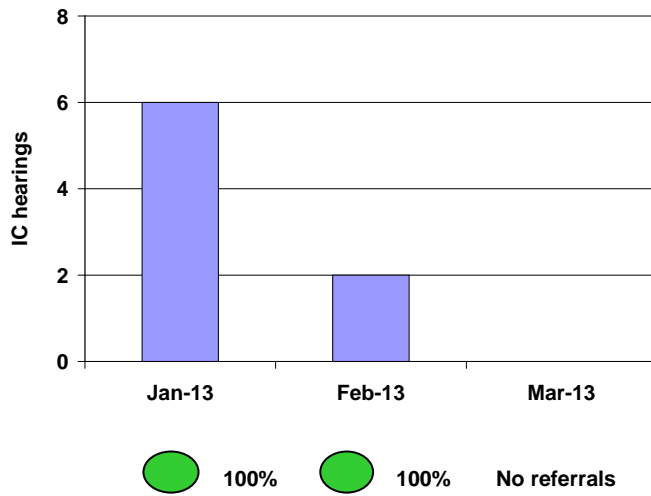
Commentary: Service target achieved.

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.

To commence 100% of IC hearings within two months of referral



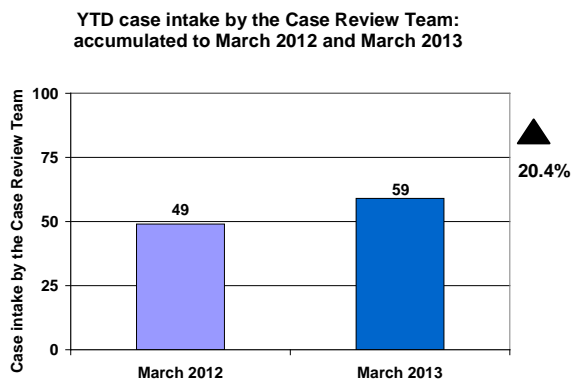
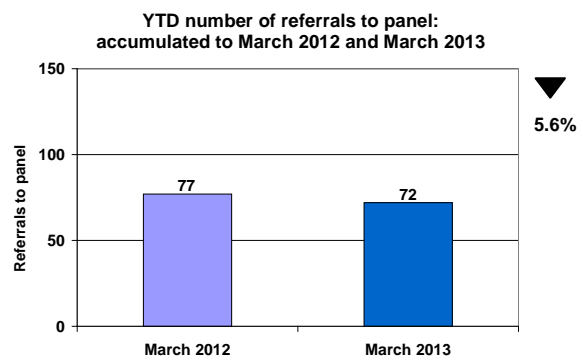
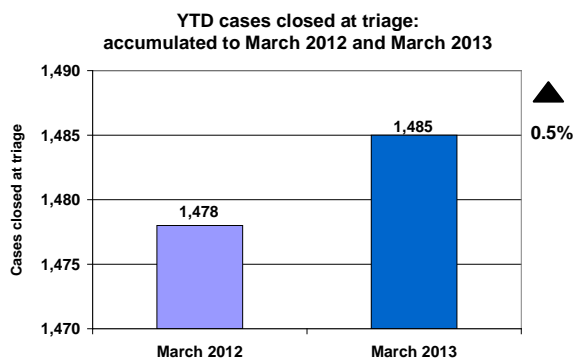
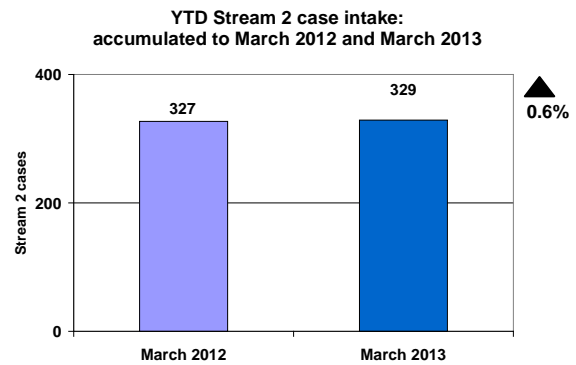
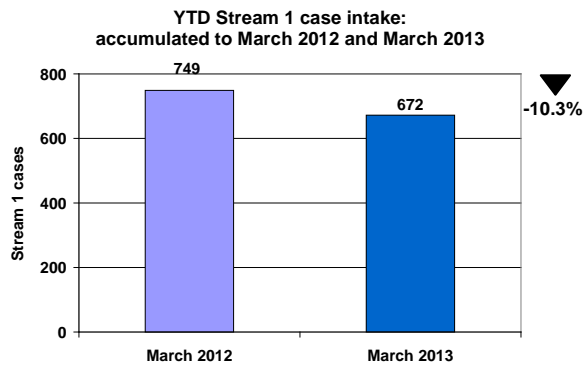
Commentary: Service target achieved⁶.

⁶ Each bar (by month) shows the number of referrals to an Investigation Committee two months prior.

Fitness to practise

Case intake

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

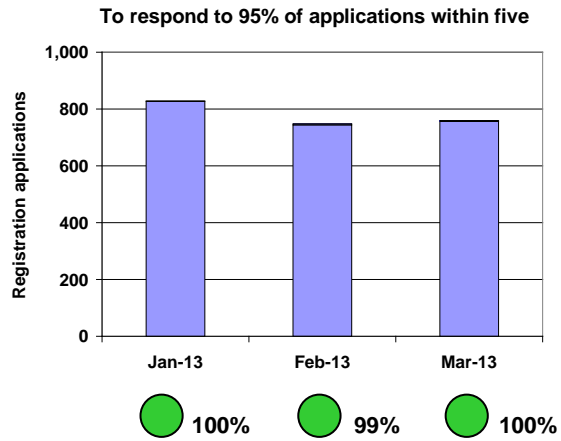


Registration, PLAB and certification

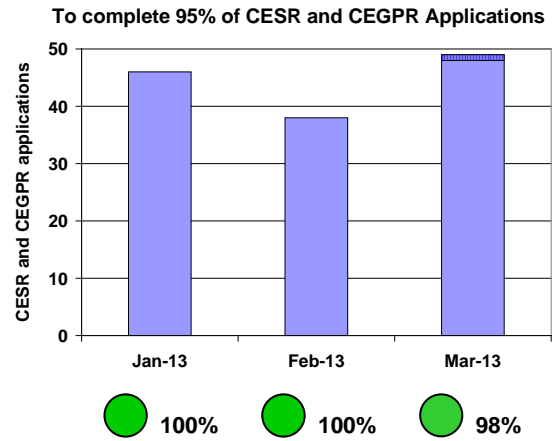
Service targets

 Handled within the service target

 Handled outside the service target



Commentary: Service target achieved.

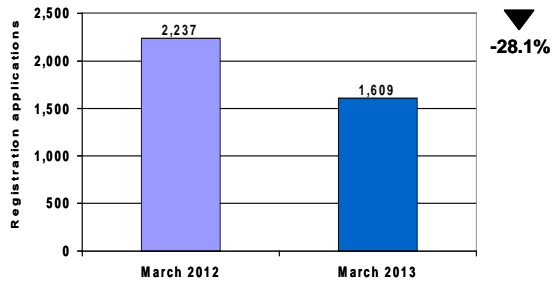


Commentary: Service target achieved.

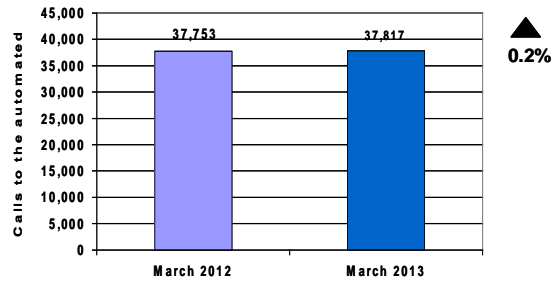
Registration, PLAB and certification

Activity levels

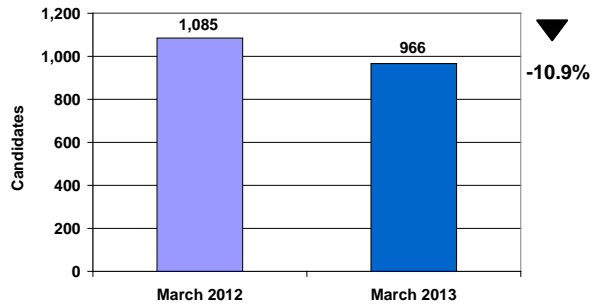
Registration applications granted (excl. specialist registrations, incl. restorations): accumulated to March 2012 and March 2013



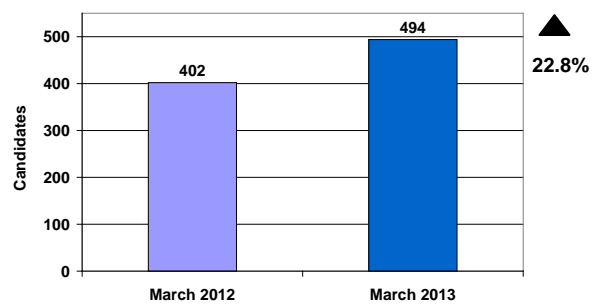
Calls to the automated service confirming a doctor's registration status: accumulated to March 2012 and March 2013



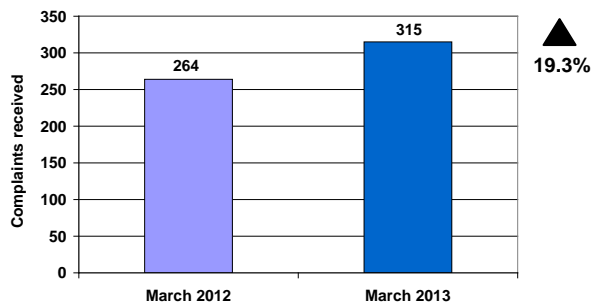
Candidates taking Part 1 of the PLAB test: accumulated to March 2012 and March 2013



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

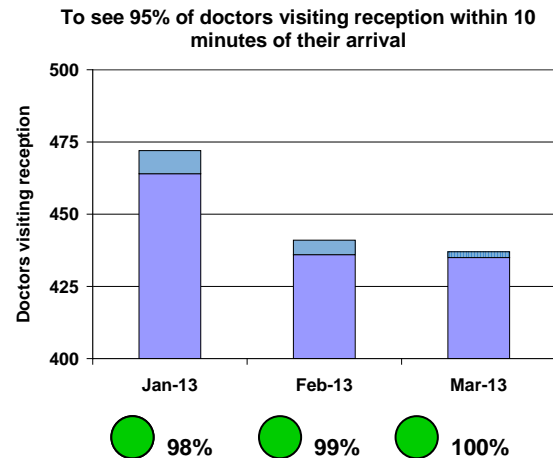
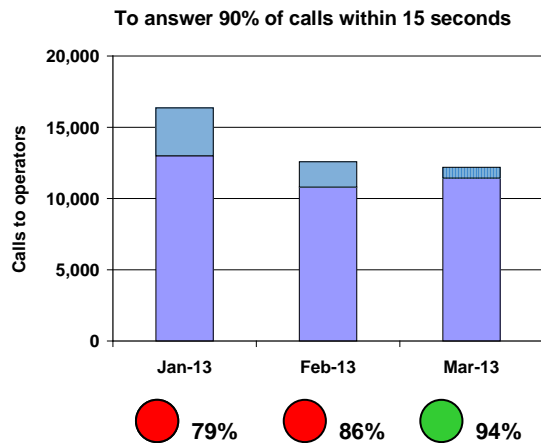


Complaints received by Registration: accumulated to March 2012 and March 2013



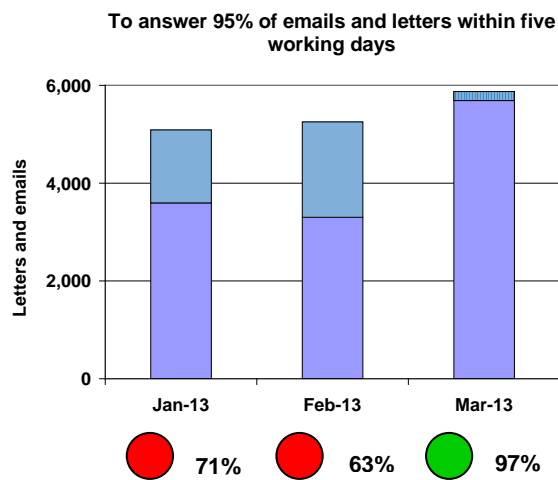
Contact centre and reception services

Service targets



Commentary: Service target achieved⁷.

Commentary: Service target achieved.



Commentary: Service target achieved⁸.

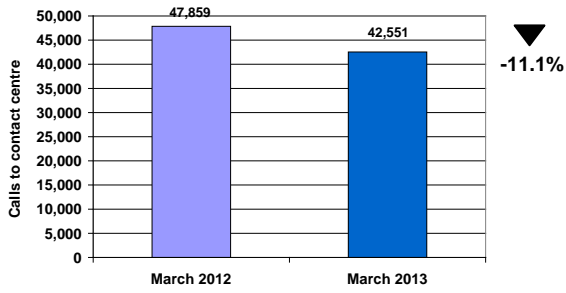
⁷ Excludes lost calls. This is consistent with the industry standard.

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

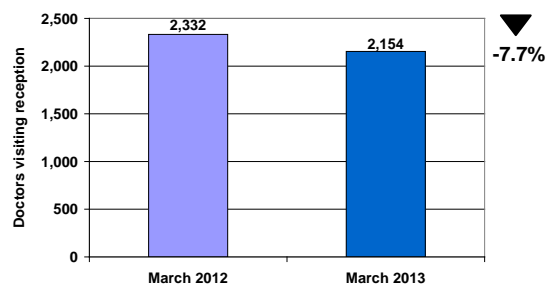
Contact centre and reception services

Activity levels

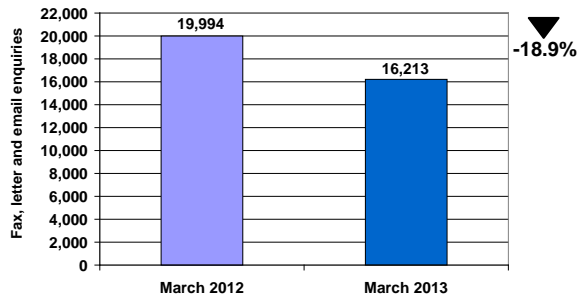
Calls to contact centre about registration and the PLAB test: accumulated to March 2012 and March 2013



Doctors visiting reception about their registration or the PLAB test: accumulated to March 2012 and March 2013

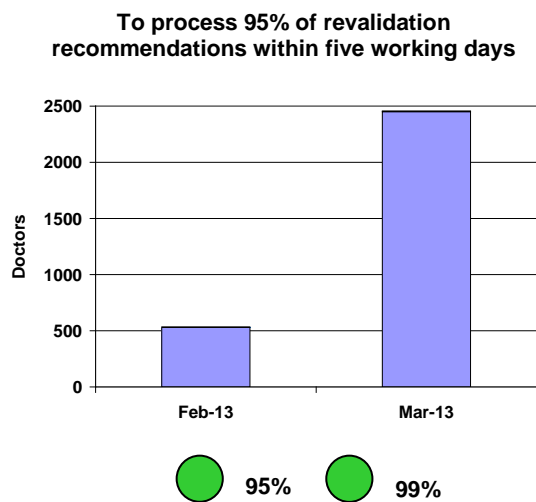


Fax, letter and email enquiries about registration and the PLAB test (excl. applications for registration): accumulated to March 2011 and March 2013



Revalidation

Service target



Commentary: Service target achieved.

Engagement with designated bodies and connection by doctors

	Designated bodies with an RO	Designated bodies without an RO
July 2012	674	72
9 April 2013	733	35

	Doctors with no DB
July 2012	45,078
9 April 2013	23,638

Annex C

Summary Information on Appeals and Judicial Reviews

1. The table below provides a summary of appeals and judicial reviews as at 19 April 2013:

	Open cases carried forward since last report	New cases	Concluded cases	Outstanding cases
Appeals	21	15	10	26
Judicial Reviews	14	16	10	20
IOP Challenges	16	16	16	16

2. Explanation of concluded cases: Of the ten concluded **appeals**, five were dismissed and five were withdrawn. Of the ten concluded **Judicial Reviews**, four claims were refused, four claims were withdrawn, one claim was settled by consent and one claim was successful. Of the sixteen concluded **IOP Challenges**, five were withdrawn, five were dismissed, four were successful, one had permission refused and one appeal was not allowed.

3. There have been 16 new challenges to IOP orders (four of them being concluded as indicated above), seven of which are awaiting hearing dates, four cases have hearings dates (three in May, one in June) and one is in the process of being withdrawn.

4. The current position in the four cases outstanding from the previous report are:

- a. One is likely to be withdrawn.
- b. Two are awaiting hearing dates.
- c. One strike out application to be made.

5. There are no Professional Standards Authority referrals to the High Court under Section 29 since the last report.
6. We continue to deal with a range of other litigation, including cases before the Employment Tribunal and the Employment Appeals Tribunal.
7. The table below provides a detailed breakdown of outstanding appeals as at 19 April 2013.

No.	Case	Decision appealed	Current status
1.	AR	Appeal in the Scottish Courts against the sanction of erasure.	Appeal part heard. New date for hearing of appeal to be fixed.
2.	A	Appeal against Fitness to Practise Panel determinations.	Hearing listed 9 October 2013.
3.	As	Appeal against Fitness to Practise Panel determinations.	Judgment reserved.
4.	B	Appeal against Fitness to Practise Panel determinations.	Hearing listed 11 June 2013.
5.	Ba	Permission to Appeal previous decision to dismiss s40 Appeal from September 2010.	Application received, awaiting permission decision from the Court.
6.	D	Permission to Appeal to the Court of Appeal against the decision to dismiss s40 Appeal.	Awaiting permission decision from the Court of Appeal.
7.	E	Appeal against Fitness to Practise Panel determinations.	Awaiting papers.
8.	F	Appeal against Fitness to Practise Panel determinations.	Awaiting papers.
9.	Fi	Appeal against Fitness to Practise Panel determinations.	Appeal allowed – case still open as costs ongoing.
10.	G	Appeal against Fitness to Practise Panel determinations.	Awaiting papers.
11.	Gi	Appeal against Fitness to Practise Panel determinations.	Hearing listed May 2013.
12.	H	Appeal against Fitness to Practise Panel determinations.	Awaiting hearing date.
13.	Hu	Appeal against Fitness to Practise Panel determinations.	Awaiting hearing date.
14.	J	Appeal against Fitness to Practise Panel determinations.	Hearing listed 13 June 2013.

No.	Case	Decision appealed	Current status
15.	K	Appeal against Fitness to Practise Panel determinations.	Awaiting hearing date.
16.	L	Appeal against Fitness to Practise Panel determination (sanction).	Awaiting hearing date.
17.	N	Appeal against Fitness to Practise Review Panel decision.	Awaiting Court's decision regarding strike out request.
18.	Ni	Appeal against Fitness to Practise Panel determinations.	Awaiting hearing date.
19.	P	Appeal against Fitness to Practise Panel determinations.	Awaiting papers.
20.	Pe	Appeal against Fitness to Practise Review Panel decision.	Awaiting hearing date.
21.	R	Appeal against Fitness to Practise Panel determinations.	Papers received, awaiting hearing date.
22.	S	Appeal against Fitness to Practise Panel determinations.	Awaiting papers.
23.	Si	Appeal against Fitness to Practise Panel determinations.	Hearing listed 6 June 2013.
24.	Su	Appeal against Fitness to Practise Panel determinations.	Hearing listed 14 May 2013.
25.	T	Appeal against Fitness to Practise Panel determinations.	Awaiting papers.
26.	V	Appeal against Fitness to Practise Panel determinations.	Hearing listed 14-16 May 2013.

8. The table below provides a detailed breakdown of outstanding judicial reviews as at 19 April 2013:

No.	Case	Claim	Current status
1.	A	Judicial Review issued challenging s.19 of the Medical Act.	Awaiting permission decision.
2.	B	Judicial Review issued relating to Rule 4 closure.	In process of settling case.
3.	G	Judicial Review of decision to waive 5 year Rule.	Proposals being made to settle the claim.
4.	H	Judicial Review of decision to waive five year Rule.	GMC response filed with Court.

5.	Hi	Judicial Review claim regarding GMC's decision not to allow complainant further time to provide evidence in support of allegations.	Oral permission hearing listed 30 April 2013.
6.	J	Judicial Review of GMC's refusal to grant Voluntary Erasure.	Permission granted. Hearing date awaited.
7.	L	Judicial Review of IOP conditions set and also to investigation doctor further.	Permission refused. Renewal application lodged.
8.	M	Judicial Review of 5 year Rule.	Settlement negotiations ongoing.
9.	Mo	Judicial Review of decision to issue a warning rather than refer a complaint to panel.	Application for permission adjourned. New investigation ongoing.
10.	O	Judicial Review to challenge decision to refer Dr to Interim Orders Panel.	Awaiting hearing date.
11.	Ow	Judicial Review to challenge GMC's Rule 4 referral.	Awaiting permission decision.
12.	P	Appeal to Court of Appeal re: criteria for registration with an overseas qualification.	Judgment reserved.
13.	Q	Judicial Review issued against rejection of submission of no case to answer.	Permission refused. Renewal application issued. Listed for hearing 7 May 2013.
14.	R	Judicial Review of decision to allow Dr to retake his PLAB test.	GMC response filed with Court.
15.	Ro	Judicial Review challenging FTP finding of misconduct.	Awaiting permission decision.
16.	S	Judicial Review of decision to add charges post Rule 7/8.	Awaiting hearing date.
17.	Sk	Judicial Review of decision to refer doctor to IOP.	In process of being withdrawn.
18.	T	Judicial Review challenging the decision that doctor cannot be exempt to parts of specialty training because of disability.	Awaiting permission decision.

19.	V	Judicial Review challenging decision to waive 5 year Rule.	In process of compromising claim.
20.	W	Judicial Review issued to have Undertakings on his registration being revoked.	Awaiting permission decision.