

To consider

Chief Operating Officer's report

Issue

1. This report gives an update on the GMC's operational performance.
 - 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.

Recommendation

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

Significant issues potentially affecting our operational performance

3. We are facing some recruitment challenges within our Fitness to Practise team in Manchester. This has had a knock-on effect on our payroll costs, which were 11% under budget at the end of the first quarter. Reasons for this include a number of budgeted positions in both senior and level 5 and 6 grades remaining vacant for parts of the year, with there being a higher than average turnover among the level 5 and 6 grades. Inevitably, there is a time lag before new starters join.

4. As noted in the Chief Executive's Report adjudication rule changes came into force on 8 May. As well as strengthening the Medical Practitioners Tribunal Service case management process, it should lead to shorter hearings and fewer witnesses required to attend in person. We have taken measures to ensure training and guidance is in place to effect these changes and ensure a smooth transition.

Education and Standards

5. Our annual survey of doctors in training, the National Training Survey, closed on 8 May. The survey is an important method of assessing the quality of training received by doctors. The response rate at 97.5% is even higher than last year. We will keep Council updated as to emerging findings.

6. On 12 May 2013 we published the reports of our regional review of medical education and training in London 2012/13. The published material comprises detailed reports of the visits to the five London medical schools, the Deanery and Local Education Providers across the city, together with a summary report targeted at a non-specialist audience. The summary report includes graphics, illustrations and tables designed to bring the report to life for a broader readership, and is part of our commitment to making our quality assurance reports more accessible to the public.

Review of our standards work

7. As part of the development of our Corporate Strategy, we will undertake a comprehensive review of how we use our power under s35 of the Medical Act to give advice on standards of professional conduct, performance and medical ethics. The review will build on our international reputation in this area of our work and help us to ensure that, as our interaction with the profession and the NHS is changing, our standards work is at the centre of a more productive relationship with every doctor which lasts throughout their career. Among other things, the review will consider the relationship between Standards and our other statutory functions, how we have an on-going dialogue with doctors and others to ensure that our guidance is relevant and useful and the role of technology including mobile applications in enabling this, the nature, volume and subject matter of our standards and guidance and the external environment including evidence from regulators both in the UK and internationally on best practice in the development and promotion of professional and ethical standards. The review will report early in 2014.

Equality and Diversity

8. The Performance and Resources Board approved the 2013 Equality and Diversity (E&D) plans for each directorate. They provide strong evidence of work to 'mainstream' E&D and fairness principles into our core activities as a regulator and employer. Activities identified in this year's plans build on progress to date, and contribute to delivering the following outcomes:

- a. Making it easier for anyone to raise a concern with us.
- b. Producing standards and guidance that are fair.
- c. Enabling us to respond effectively to increasing scrutiny about the E&D and fairness issues that arise from our work.
- d. Giving us greater visibility among doctors, patients and public from the protected groups.
- e. Understanding and being able to explain any disproportionalities in outcomes across our work.

Fitness to Practise

9. We have set up a team to manage the publication of information about doctor's sanctions from 1994 to 2005 on our website. Until now we have stated within the List of Registered Medical Practitioners that anyone requiring information about a doctor's status before October 2005 should contact us directly. Given our commitment to transparency we have decided to make sanction information between 1994 and 2005 available on the website.

10. I am pleased to announce that a full external recruitment process, we have appointed Anthony Omo as the new Director of Fitness to Practise. Anthony who is currently the head of our legal services will take up his post at the beginning of June.

Registration and Revalidation

11. As of 30 April 2013, we have revalidated 4,844 doctors and received the full profile of recommendations we anticipated since we commenced revalidation in 2012. We have continued to work closely with Responsible Officers and organisations in England to minimise any potential disruption resulting from the NHS structural changes that came into effect on 1 April 2013.

Resources and Quality Assurance

12. We have set out proposals to ensure all Associates receive structured feedback and appraisal on their work for the GMC. This is significant as we currently contract with 1,251 Associates who, in 2012, undertook over 10,000 days of work (excluding training). Those with a prescribed connection should receive feedback

suitable for inclusion in their annual medical appraisal. Those without a prescribed connection who wish to revalidate will need feedback on their performance, periodic multisource feedback, whole practice medical appraisal, and a link to a Suitable Person. We will support this process for Associates who undertake a significant amount of work for the GMC.

13. Proposals for the governance arrangements for our new Aviva Group Personal Pension Scheme were discussed at the April meeting of our Performance and Resources Board. A paper is included at item 8 on this agenda for approval.

Strategy and Communication

14. Preparations are underway for Council's awayday on 11-12 June to discuss the next Corporate Strategy. This will be an important input in developing the focus for our work going forward from 2014. The work is being led by the Intelligence and Insight Unit (Strategy and Communication directorate) who are currently undertaking the data collection phase of the work.

Performance and Resources Board

15. The Board reviewed the April Performance Review exceptions report, which monitored delivery of our operational plan, our key performance indicators and updates made to our Corporate Risk Register.

Operational Plan – delivery of key milestones continues without significant issue.

16. Of particular note are the following milestones:

- a. The Board will receive an update at their June meeting on plans to publish all validated concerns captured through our quality assurance checks of medical education.
- b. Publication of our review into Continuing Professional Development on 15 April.

Operational health

17. Referrals to Fitness to Practise panels dropped back in February and March after we witnessed a high level in January. We will continue to monitor this closely.

18. The Board considered additional indicators designed to measure our media profile. The value of this work, led by our Media Team, will be to understand the impact of both positive and negative coverage, together with the reach of our different media channels such as Facebook.

Corporate risk

19. Our review of corporate risk noted the addition of a risk concerning how we are choosing to mitigate concerns expressed over fairness in the membership of the

Royal College of General Practitioners examinations. We have commissioned an independent data review to help understand the issues involved.

20. After review, the Board agreed to amend an existing risk that concerns language testing of EEA doctors. Una Lane as Director of Registration and Revalidation is now the sponsor, and the risk is more operational in nature with mitigation through joint working with DH(E) on new regulations that will enable testing to start in April 2014.

IAMRA conference

21. The Performance and Resources Board agreed the plans and funding for the International Association of Medical Regulatory Authorities 2014, at its April meeting. (See Chief Executive's report)

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

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

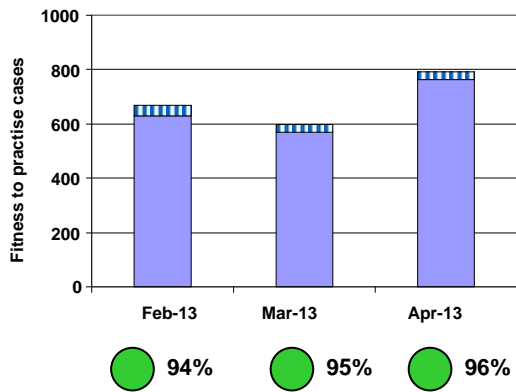
1. These graphs show our performance against our fitness to practise and registration service targets over the past three months, and the volume of activity we have handled. This includes the performance of our contact centre and reception services which support the whole organisation.
2. We also include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

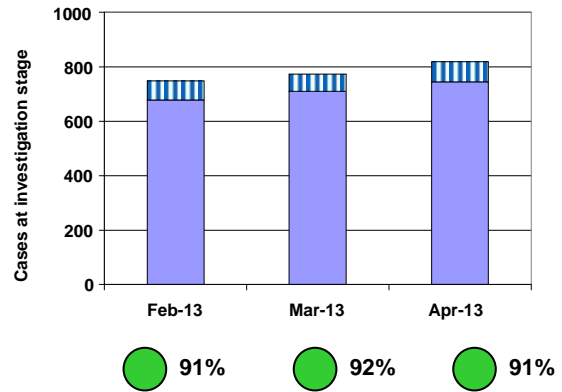
Service targets



To conclude 90% of fitness to practise cases within 15 months



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



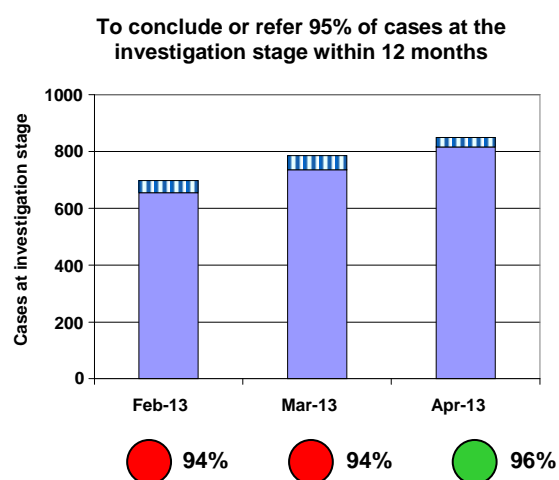
Commentary: Service target achieved¹.

Commentary: Service target achieved².

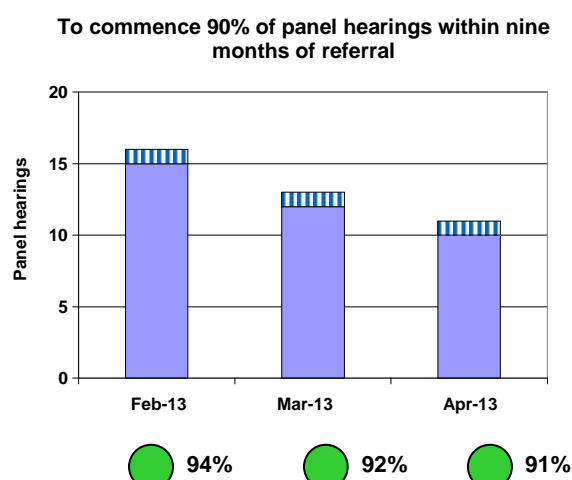
¹ This target measures all fitness to practise enquiries received by the GMC that result in a stream 1 investigation, stream 2 investigation or immediate closure and excludes cases that are criminal convictions, statutory inquiries, determinations and restoration applications. Each bar (by month) shows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

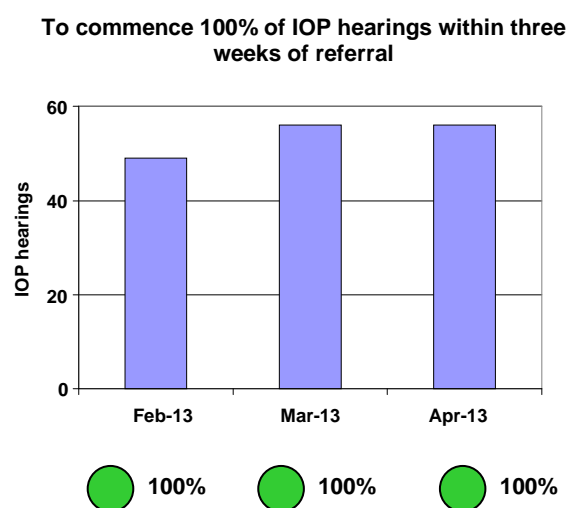
are considered by the Investigation Committee. It excludes from consideration cases that are criminal convictions, statutory inquiries, determinations and restoration applications. Each bar (by month) shows the number of cases that entered the investigation stage six months before.



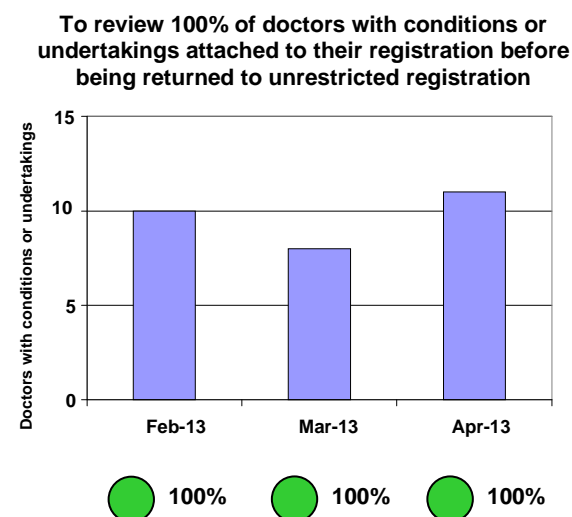
Commentary: Service target achieved³.



Commentary: Service target achieved⁴.



Commentary: Service target achieved⁵.

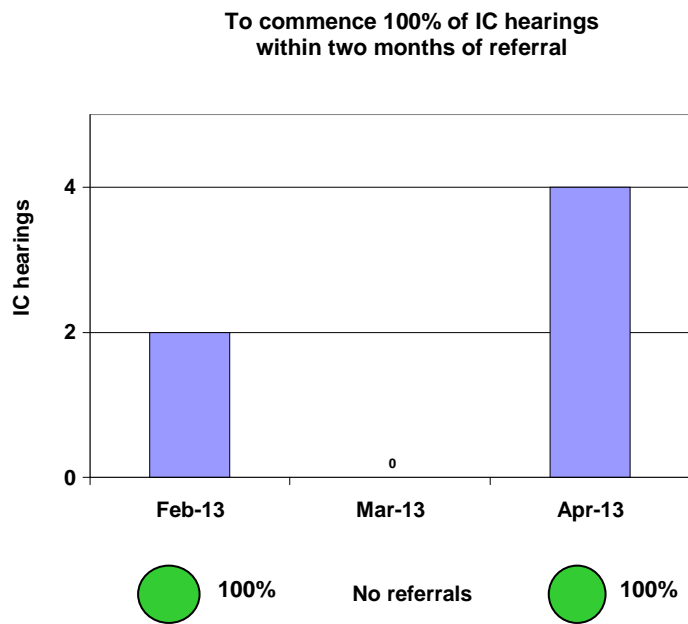


Commentary: Service target achieved.

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.



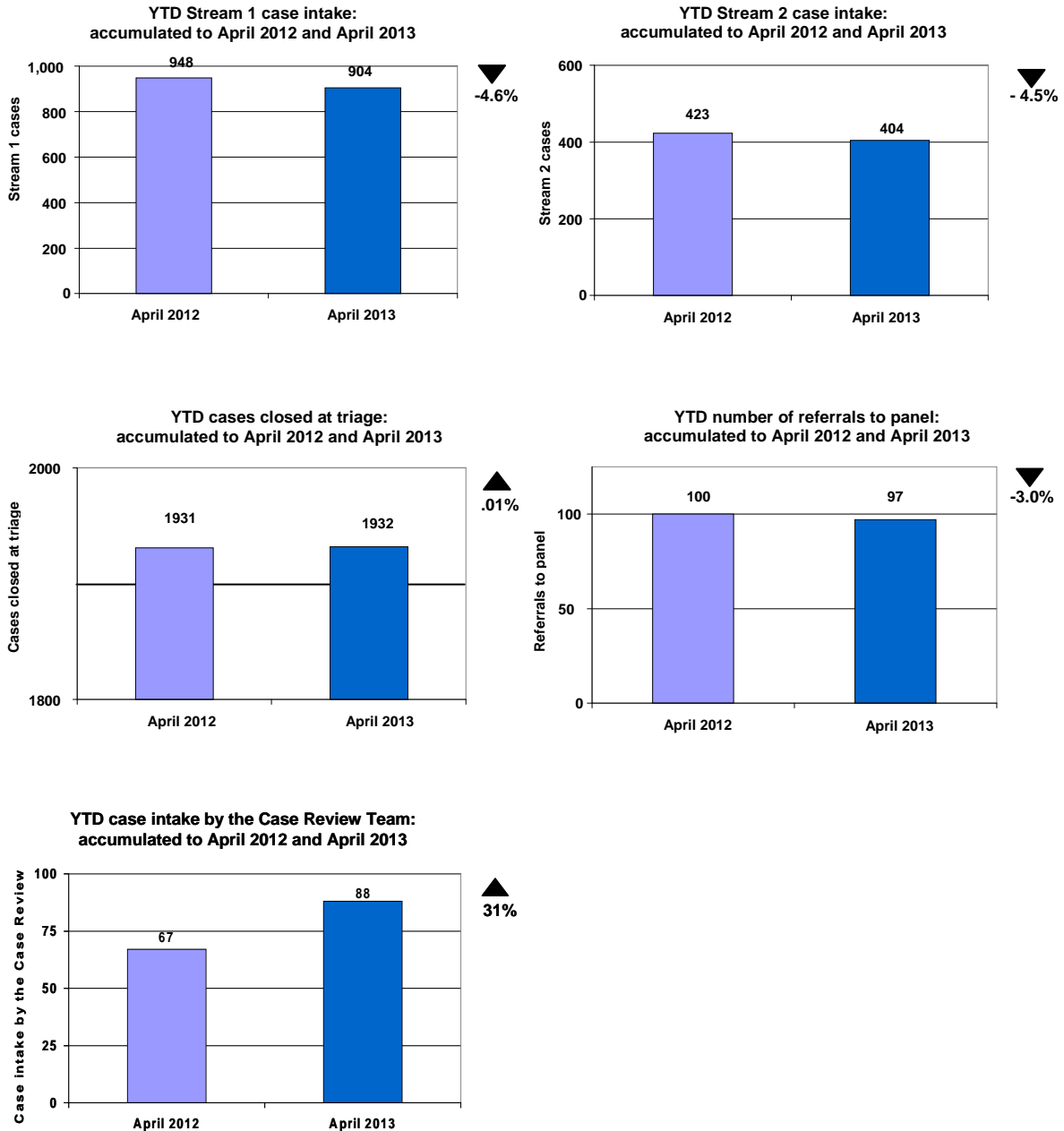
Commentary: Service target achieved⁶.

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

Fitness to practise

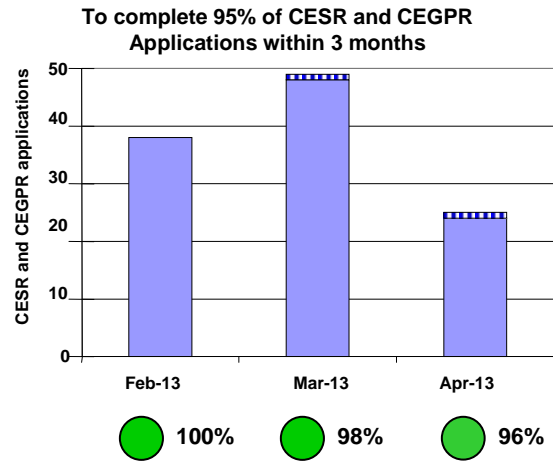
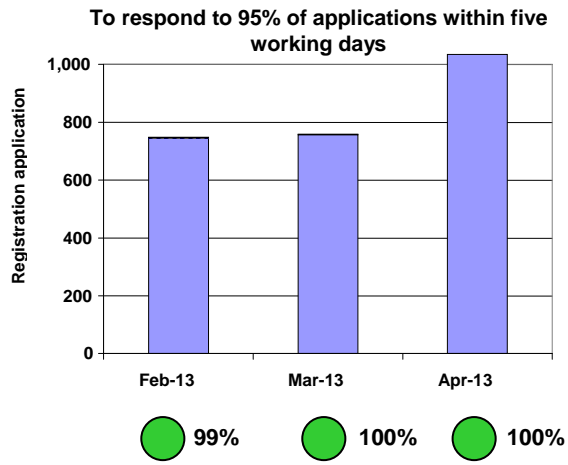
Case intake

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



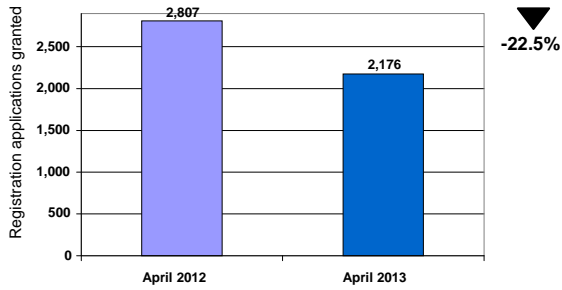
Commentary: Service target achieved.

Commentary: Service target achieved.

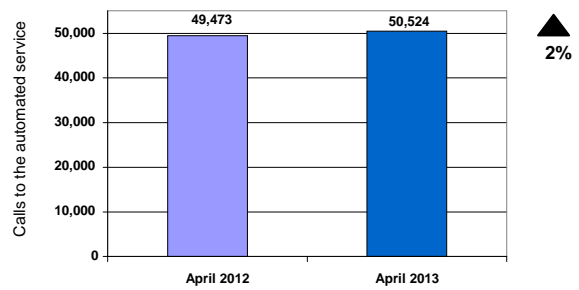
Registration, PLAB and certification

Activity levels

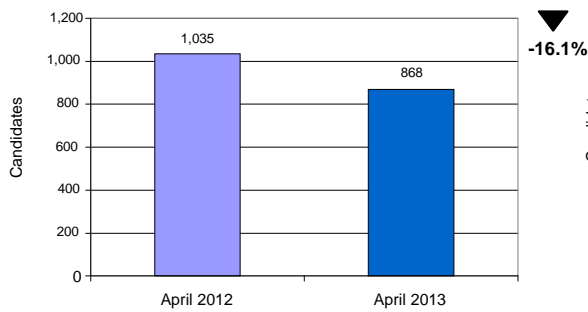
Registration applications granted (excl. specialist registrations, incl. restorations): accumulated to April 2012 and April 2013



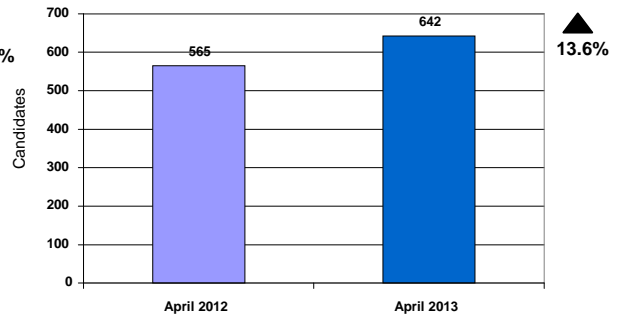
Calls to the automated service confirming a doctor's registration status: accumulated to April 2012 and April 2013



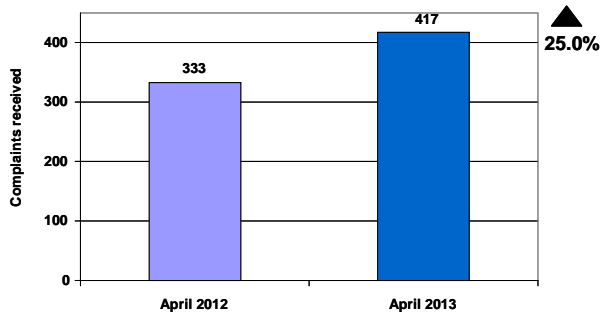
Candidates taking Part 1 of the PLAB test: accumulated to April 2012 and April 2013



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



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

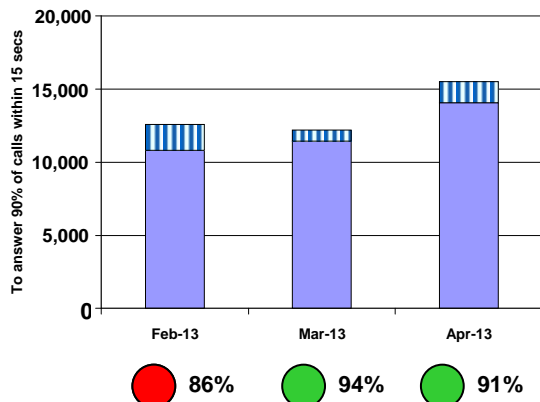


Contact centre and reception services

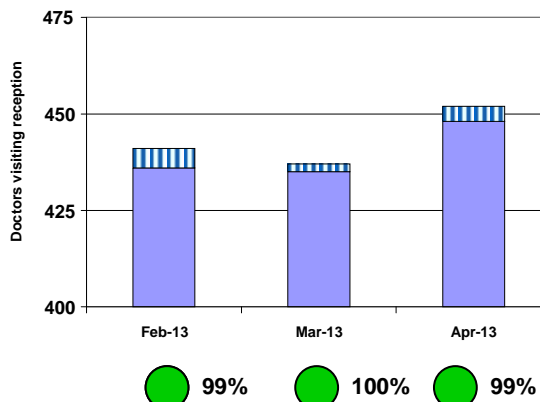
Service targets



To answer 90% of calls within 15 seconds



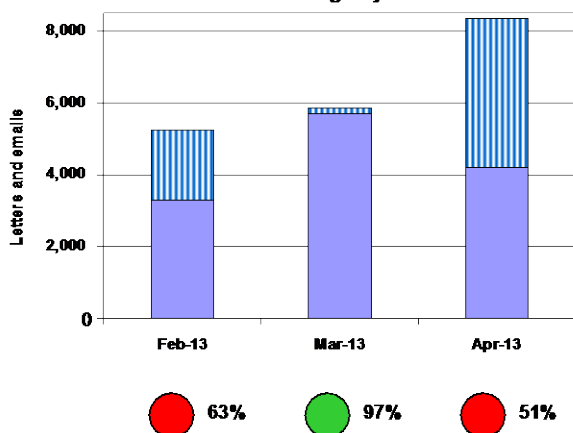
To see 95% of doctors visiting reception within 10 minutes of their arrival



Commentary: Service target achieved⁷.

Commentary: Service target achieved.

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



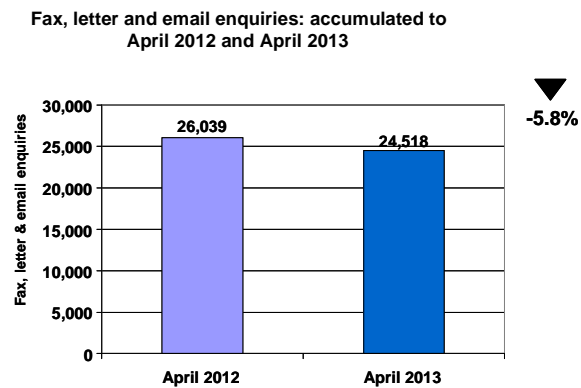
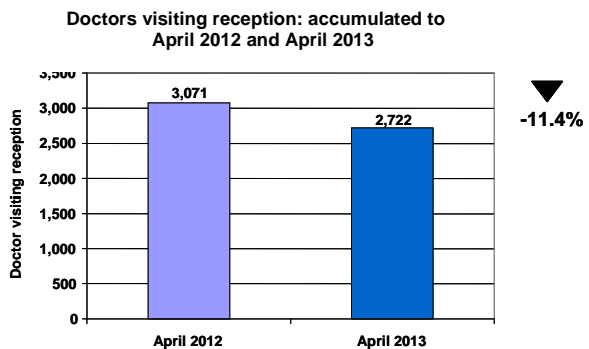
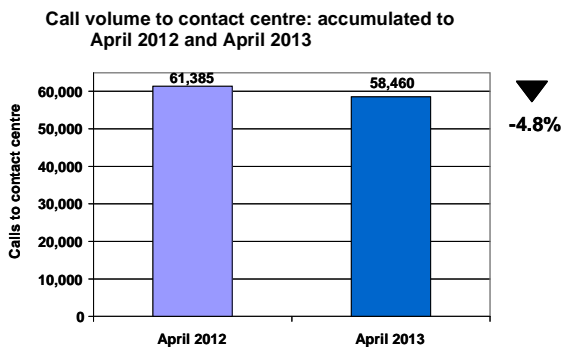
Commentary: Two bank holidays in April meant that a substantial backlog of emails built up. In addition, call duration remained high and crept up again in April to 6:19. Emails were cleared by the end of the month but the delays over Easter impacted on the overall service level for the month⁸.

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

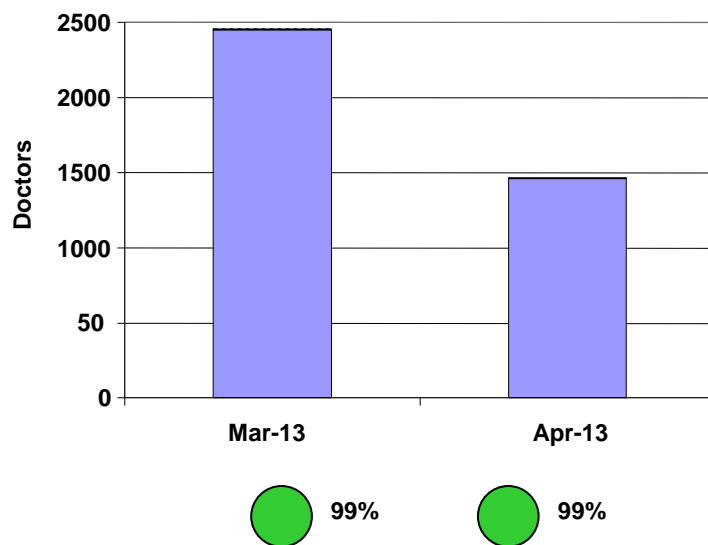
Activity levels



Revalidation

Service target

To process 95% of revalidation recommendations within five working days



Commentary: Service target achieved.

Annex B

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	26	0	0	26
Judicial Reviews	20	2	1	21
IOP Challenges	16	0	0	16

2. Explanation of concluded cases: The Judicial Review case was concluded by the claim being withdrawn by consent.

3. There have been no new challenges to IOP orders.

4. Of those outstanding from the previous report: eight are awaiting hearing dates, five cases have hearing dates (in May, June and July), two are in the process of being withdrawn and one strikeout application is to be made.

5. The current position in the sixteen cases outstanding from the previous report are:

- a. Two are likely to be withdrawn.
- b. Eight are awaiting hearing dates.
- c. Five have hearing dates (in May, June and July).

d. One strike out application to be made.

6. There are no Professional Standards Authority referrals to the High Court under Section 29 since the last report.

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

8. The table below provides a detailed breakdown of outstanding appeals as at 2 May 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.	Appeal dismissed, cost matters still ongoing.
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.	Hearing listed 25 October 2013.
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.	Hearing listed 22 October 2013.
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.	Hearing listed 18 July 2013.
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.	Hearing listed 23 October 2013.
19.	P	Appeal against Fitness to Practise Panel determinations.	In process of withdrawing claim.
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.	In process of withdrawing claim.
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.

9. The table below provides a detailed breakdown of outstanding judicial reviews as at 2 May 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 against a Rule 12 decision.	Claim form received, awaiting papers.
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.	Oral hearing listed 24 May 2013.
5.	Hi	Judicial Review claim regarding GMC's decision not to allow complainant further time to provide evidence in support of allegations.	Permission refused. Claimant indicated intention to appeal decision.
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 investigate doctor further.	Permission refused. Renewal application lodged.
8.	M	Judicial Review of 5 year Rule.	Settlement negotiations ongoing.
9.	Mi	Judicial Review of Fitness to Practise Panel decision to hold hearing in private.	Permission refused. Oral hearing date awaited.
10.	Mo	Judicial Review of decision to issue a warning rather than refer a complaint to panel.	Application for permission adjourned. New investigation ongoing.
11.	O	Judicial Review to challenge decision to refer Dr to Interim Orders Panel.	Hearing listed 18 July 2013.
12.	Ow	Judicial Review to challenge GMC's Rule 4 referral.	Awaiting permission decision.
13.	P	Appeal to Court of Appeal re: criteria for registration with an overseas qualification.	Appeal upheld, costs matters ongoing.
14.	Q	Judicial Review issued against rejection of submission of no case to answer.	Permission refused. Renewal application issued. Listed for oral hearing 7 May 2013.
15.	R	Judicial Review of decision to allow Dr to retake his PLAB test.	GMC response filed with Court.
16.	Ro	Judicial Review challenging FTP finding of misconduct.	Awaiting permission decision.
17.	S	Judicial Review of decision to add charges post Rule 7/8.	Awaiting hearing date.
18.	Sk	Judicial Review of decision to refer doctor to IOP.	In process of being withdrawn.

19.	T	Judicial Review challenging the decision that doctor cannot be exempt to parts of specialty training because of disability.	Awaiting permission decision.
20.	V	Judicial Review challenging decision to waive 5 year Rule.	In process of compromising claim.
21.	W	Judicial Review issued to have Undertakings on his registration being revoked.	Awaiting permission decision.

Annex C

2013 Income and Expenditure

Revenue budget

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

Financial Summary as at 30 April 2013	Budget to date	Actual to date	Variance		Full year budget £000
	£000	£000	£000	%	
Income					
Annual retention fees	28,314	28,259	(55)	(0)%	86,600
Registration fees	776	720	(56)	(8)%	4,100
PLAB Income	427	429	2	0%	1,200
Certification Income	861	904	43	5%	3,000
Treasury management income	167	227	60	37%	500
Other income	67	103	36	53%	200
Total Income	30,612	30,642	30	0%	95,600
Expenditure by cost type					
Direct Staffing Costs	14,323	13,295	1,028	7%	44,136
Indirect Staffing Costs	1,105	971	134	11%	3,556
Office Costs	1,989	2,032	(43)	(2)%	6,375
Accommodation Costs	2,176	2,147	29	1%	6,623
Legal Costs	1,960	2,034	(74)	(4)%	5,758
Professional Fees	1,422	1,166	256	18%	6,636
Council & Members Costs	155	121	34	22%	473
Panel & Assessment Costs	4,950	4,532	418	8%	16,234
Depreciation	1,933	1,800	133	8%	6,162
New Initiatives Fund	167	10	157	94%	500
Total Expenditure	30,180	28,108	2,072	7%	96,453
Surplus/deficit	432	2,534	2,102		(853)

2. The actual surplus at the end of April is £2,534k, compared to a budgeted surplus for the period of £432k. Income is currently line with budget and expenditure is 7% 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 £1,028k under budget. This reflects unfilled vacancies across the organisation, due to staff turnover and delays in filling new posts. We are currently reviewing our recruitment plans and our forecast of costs for the remainder of the year.
5. Indirect staffing costs are £134k 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. The training budget is currently under budget as a number of training events have been rescheduled to later in the year.
6. Office costs are currently £43k over budget, mainly due to additional mailings and associated postage costs.
7. Legal costs are currently £74k over budget, mainly due to work on fitness to practise investigations.
8. Professional fees are £255k under budget. A number of projects and external consultancy work are now scheduled to start later in the year.
9. Panel and assessment costs are currently £418k under budget, as the volume of hearings and medical school visits is lower than expected. Further work is being carried out to forecast volumes for the remainder of the year.
10. Depreciation is £133k under budget. This reflects the timing of capital expenditure in the year.
11. New Initiatives Fund £157k 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

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 expenditure to date is:

Capital Programme as at 30 April 2013	Budget to date	Actual to date	Variance		Full year budget £000
	£000	£000	£000	%	
IS projects	1,638	1,294	344	21%	5,262
Facilities projects	911	507	404	44%	1,836
Registration projects	40	22	18	45%	83
New Initiative Fund	0	0	0		500
Total Capital Expenditure	2,589	1,823	766	30%	7,681

14. 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 capital expenditure to move in line with budget by the end of the year.

Conclusion

15. Income is currently in line with budget and costs are 7% under budget. We are currently working on a forecast of income and expenditure to the end of the year, which will be considered by the Performance and Resources Board and then reported to Council. As part of this process we will review all material variances; our initial assessment is that a surplus of income over expenditure is now likely.