

To consider

Chief Operating Officer's Report

Issue

- 1 This report provides an update on our operational performance.

Recommendation

- 2 Council is asked to consider the Chief Operating Officer's Report, including:
 - Annex A – Performance against service targets and volumes of activity.
 - Annex B – 2014 income and expenditure.
 - Annex C – Summary information on appeals and Judicial Reviews.

Chief Operating Officer's Report

Issue

- 3 This report provides an update on our operational performance.

Induction to the GMC

- 4 Since taking up my position on 6 October 2014 I have met with staff across the organisation and seen elements of our operations first-hand. For example, I observed part of a MPTS panel hearing, sat with advisors in our Contact Centre and visited our Clinical Assessment Centre. It has been thought-provoking to see the breadth of our operations and their role in helping to protect patients and promote confidence in the profession.
- 5 I have also visited our Devolved Offices and attended the meetings of our UK Advisory Forums in Belfast, Edinburgh, and Cardiff during October and November. Hearing the local challenges and views at each of these meetings reinforced the need for our operations to be consistent, efficient, and effective, while accommodating variations for local needs across the UK.
- 6 A major focus of my attention has been on the review of our 2015 Business Plan and Budget (agenda item 6 refers). Any proposal for increased fees needs to be underpinned by a solid business case that has been robustly tested.
- 7 Whilst I am still climbing a learning curve, I have started to identify some key areas that will be priorities for me over the coming twelve months. It is essential that we continue to provide clear value for money, especially as demand for our services increases and pressures within the health service continue. Key to this challenge will be our ability to build a greater degree of quality and continuous improvement into our operational teams while strengthening some of our processes to prioritise and coordinate our change programme. Equally we need to ensure that there is a continuing focus on driving efficiency, underpinned by a cultural mind-set that understands the need for a balance between quality and cost effectiveness. Clearly, any change will need to maintain our ongoing focus on protecting patients.
- 8 I chaired the Performance and Resources Board on 4 November 2014 to review operational performance. The discussion at the Board has informed this report.

Achievement of service targets

- 9 All service targets included in Annex A were met over the course of the reporting period other than the exceptions set out below.

Registration processes

- 10** As reported to the September meeting of Council, unexpected staff turnover and an increase in demand for services resulted in our Contact Centre having a marked decline in performance against its service targets earlier this year. Performance has now significantly improved following a range of measures taken to address the issue including recruitment of additional staff. The target of answering 90% of calls within 15 seconds was narrowly missed in August 2014, but all other Contact Centre targets were met during this period.
- 11** We have now implemented a resource forecasting tool to help us better anticipate workload pressures in the Contact Centre. We are also considering a range of other options on how we can manage fluctuations in demand and average handling times. These measures will help make sure that we continue to deliver a quality Contact Centre service.
- 12** We received much higher volumes of applications for registration from doctors in the rest of Europe prior to the start of new legislation on 25 June 2014 that gave us new powers to check the English language skills of licensed doctors in the UK. As a result we missed our registration target of responding to 95% of applications within five working days in August 2014 (we achieved 89%). 34% more registration applications were granted in August 2014 compared with August 2013. Performance against the service target was restored for September and October 2014.

Fitness to practise processes

- 13** In August we achieved 89% against our target to 'conclude or refer 90% of cases at investigation stage within 6 months'. We also narrowly missed our target to 'conclude or refer 95% of cases at the investigation stage within 12 months' in August and September 2014 (93% and 94% respectively). These end stages of our fitness to practise processes have continued to be affected by the high levels of Stream 1 cases that we received late 2013 and early 2014. We met these targets in October 2014, indicating the success of measures that we have taken such as recruitment of additional staff.

MPTS processes

- 14** In September we missed our target of commencing 90% of panel hearings within nine months of referral by one case. There were several long hearings taking place at the same time and as a result one hearing had to be postponed due to panellist availability. Recruitment of new medical panellists is now underway, and existing medical panellists are exploring revalidation options to help make sure that we continue to meet this target in the future.
- 15** In October we missed our service target to commence 100% of Interim Order Panel hearings to be heard within three weeks. This was due to an administrative error

when two hearings that could have been listed within target were listed one day late. We are making changes to processes, including new alerts, to avoid this in future.

Budget

- 16** Earlier in 2014, we set a target efficiency gain of 3% for each directorate, based on their annual budget. This equated to an overall target of £2.9 million in 2014. At its 4 November 2014 meeting the Performance and Resources Board reviewed progress against this target. Our estimated gains from new projects this year are £3.2 million. These have been generated from a range of initiatives including the renegotiation of our existing office leases, and implementing the second phase of our scheduled home working project. In addition, we are also generating ongoing gains of £5.5 million from projects begun in previous years. The total efficiency gains in 2014 are therefore estimated to be £8.7 million.
- 17** Our latest forecast indicates that the final outturn for 2014 will be a deficit of £3.3 million compared to a budgeted deficit of £2.0 million. This difference of £1.3 million is principally due to the increase in fitness to practise cases and its associated support costs. Annex B sets out details on 2014 income and expenditure.

Progress in delivering our Business Plan 2014

Improving handling of complaints and concerns

- 18** In September 2014 we introduced changes to how we deal with categories of less serious complaints that are better resolved locally. Now we are taking forward other changes to our initial processes when we receive a complaint. This will help minimise the stress, time and cost associated with investigations, while ensuring the most serious cases are fully investigated.
- 19** On 3 November 2014, we launched a pilot to broaden the use of 'provisional enquiries' when we receive a complaint about a doctor. Provisional enquiries help decide whether we should investigate a complaint, or close it with no further action. This can involve gathering a couple of key pieces of additional information earlier in our process that help us form a view on the seriousness of the concern. This might include medical records, a coroner's report, or local investigation reports. We already make enquiries at this stage in our fitness to practise process but we believe it would be beneficial to increase their use. The pilot will take place for a minimum of three months, initially involving complaints from Greater London, East Midlands, the North West and Scotland.
- 20** In early December 2014, the MPTS will launch a helpline to provide advice for doctors appearing unrepresented at fitness to practise hearing panels. The aim is to make sure they are fully prepared for the hearing, and understand what will be required. This should enable unrepresented doctors to be in a better position to present their

case effectively and reduce unnecessary delays in proceedings. The advice will be limited to procedural matters and does not constitute legal advice. It will be provided by volunteer post-graduate law students from the BPP Law School and the University of Law, Manchester. We plan to undertake a formal review of the service after six months.

Revalidation – two years on

- 21** It's now been two years since revalidation was introduced on 3 December 2012. All licensed doctors must revalidate, usually every five years. We revalidate the majority of doctors based on a recommendation we receive from the Responsible Officer in the organisation that supports them with their appraisal and revalidation – their 'designated body'. As of 21 November 2014, we have received and approved a recommendation for 84, 161 doctors. This is in line with our target, and we are on track to revalidate the majority of licensed doctors by March 2016. Of these recommendations, 74, 010 doctors have been revalidated.
- 22** We have a process in place to allow Responsible Officers to notify us if a doctor is not engaging in local systems that underpin revalidation, such as appraisal, at any time, not just when the doctor's revalidation submission date falls due. We have received and approved 104 notifications from Responsible Officers that doctors are not engaging with these processes as required. As a result of these notifications we have made a decision to withdraw licences from 12 doctors thus far.
- 23** We have contacted almost 8,000 doctors who had failed to respond to our various communications to advise them that they have a statutory requirement to provide us with information to support their revalidation. While the majority have now responded, we have withdrawn licences from 570 doctors for failure to provide us with this information*.
- 24** For doctors who do not have a connection to a designated body or suitable person we have introduced an annual return process to ensure that they are engaging with the requirements of revalidation. We have withdrawn 170 licences from doctors who have not submitted a satisfactory annual return.
- 25** We have received 64 appeals against a licence withdrawal. Two have been dismissed, 23 have been withdrawn, and 39 are ongoing.

**Please note this number will count doctors who did respond at some point, but then failed to keep this information up to date.*

Enabling functions – Information Systems

26 The Performance and Resources Board considered a detailed review of our Information Systems (IS) work at its meeting on 4 November 2014. This indicated that:

- We have significantly out-performed against our SLAs for service desk performance and systems availability to-date this year.
- We are on course to deliver 77 projects that were agreed as priorities by the executive. Projects already completed include: new systems within our primary operational system, Siebel, to support the enhanced monitoring of medical training environments, corporate complaints and language testing of EEA doctors; the 2014 National Trainee Survey; a new survey system for Trainers, and implementation of media and social media management systems.
- Projects currently in progress include the development of a mobile phone application for doctors to record information about their Continuing Professional Development and a new exam management system for the PLAB assessment. This will include electronic marking and a new system for the performance management of our Associates. Work is also under way to create the first set of reports under our new data strategy. Key themes for 2015 will be our data and digital strategies and developing the List of Registered Medical Practitioners.

Basic criminal background and right to work checks

27 We have recently introduced enhanced arrangements for the pre-engagement checks we have in place for GMC Associates, including basic criminal record checks. While there is no legal requirement for us to do this since Associates are not GMC employees, we believe the checks give an additional level of assurance.

28 Following consideration by the Performance and Resources Board at its meeting on 4 November 2014, we have also identified a range of other appointments for non-employees where similar checks would be appropriate. Council members will become subject to these as a matter of course and we believe it would be sensible to include all appointments where we pay a fee and/or the appointee is engaged directly in undertaking our statutory functions. These include, for example Chairs of Advisory Boards, and MPTS Advisory Committee members. Our aim is to roll-out the checks over the next six months, with an update every four years or at contract renewal, in line with our practice for Associates.

Review of performance information

29 As reported in the Chief Executive's report to Council on 25 September 2014, we are currently reviewing our performance information, including performance indicators and Service Level Agreements (SLAs), to ensure they are fit for purpose. As

considered by the Performance and Resources Board at its meeting on 4 November 2014, there are three parts to the review:

- A review of existing process performance data
- Consideration of what information is required to provide a balanced view of overall organisational performance; in relation to cost, quality and timeliness
- Consideration of existing SLAs to determine whether they are appropriate and clear.

30 We have completed approximately 50 workshops with teams across the organisation as part of the first stage of the review to understand what existing performance data is available. Team processes, and existing and possible measures for these of cost, quality and timeliness were discussed with teams. We will use this information to help to identify where it may be beneficial to develop our process performance information and, where appropriate, our performance indicators or SLAs.

31 Feedback from Council members in November 2014 on the information that would give them the clearest picture of performance is being factored into the review. Views confirmed that much of what we already provide is relevant and useful, but a more balanced view across the organisation would be beneficial, and that we might periodically consider our impact on the external environment. Progress will be reported to the next meeting of the Performance and Resources Board on 20 January 2015. We expect to reach agreement on the performance management information that will be presented to Council in the future, in the first quarter of 2015.

Ebola outbreak

32 Since Council last met, the Ebola outbreak in West Africa has taken on a more global dimension, with screenings now being rolled out at major UK entry points. Doctors from the UK are amongst those volunteering to help treat patients in affected countries. The overall risk to the public in the UK remains low, but the screening and treatment of those who may have contracted or been exposed to Ebola could present ethical challenges for doctors. In response, we have updated the advice on Ebola for doctors working in the UK. As a precaution we've also issued guidance for staff who may be dealing with visitors to GMC premises who have recently travelled to affected areas.

Supporting information

- Our Ebola advice to doctors: <http://www.gmc-uk.org/guidance/25793.asp>.

If you have any questions about this paper please contact: Susan Goldsmith, Chief Operating Officer, sgoldsmith@gmc-uk.org, 020 7189 5124.

Annex A

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

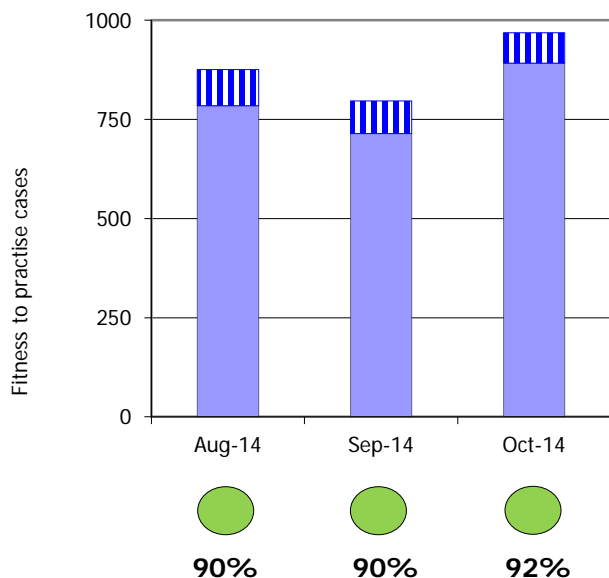
- 1 These graphs show our performance against our fitness to practise, MPTS, registration and revalidation service targets over the past three months, and the volume of activity we have handled. This includes the performance of our Contact Centre and reception services which support the whole organisation.
- 2 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 our target.

Fitness to practise

Service targets

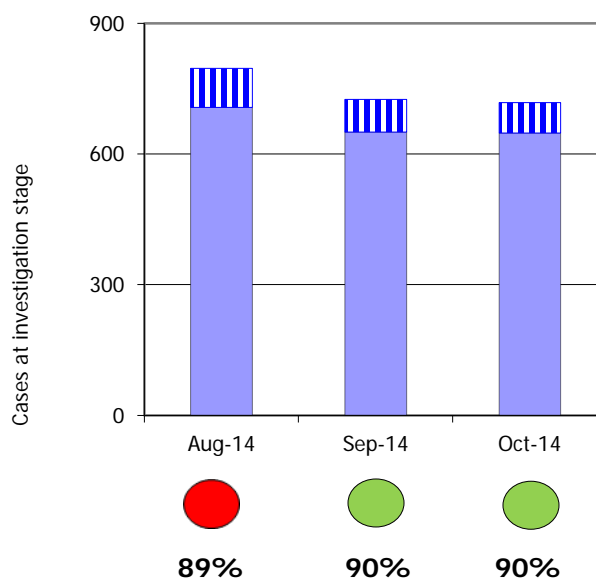


To conclude 90% of fitness to practise cases within 12 months¹



Commentary: Service target achieved.

To conclude or refer 90% of cases at investigation stage within 6 months²

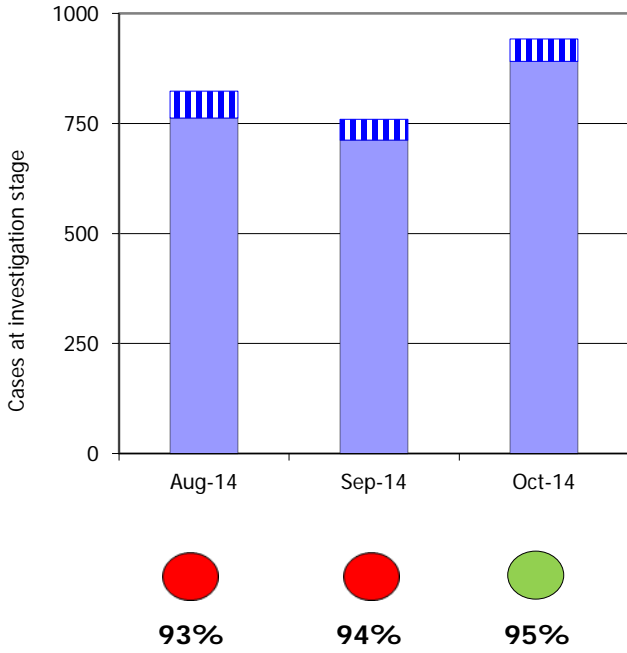


Commentary: See paragraph 13 of main report.

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 12 months before.

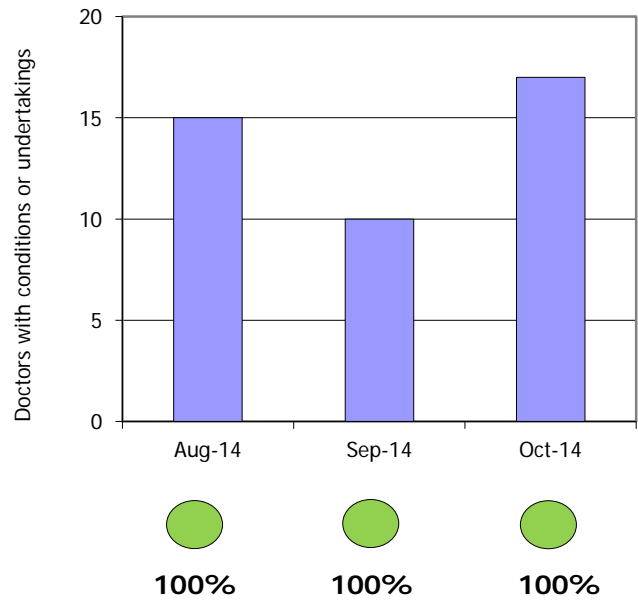
² This target measures all fitness to practise enquiries received by the GMC that result in a stream 1 investigation, stream 2 investigation or immediate closure including cases that require health assessments, performance assessments and those that are considered by the Investigation Committee. It excludes 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 months³



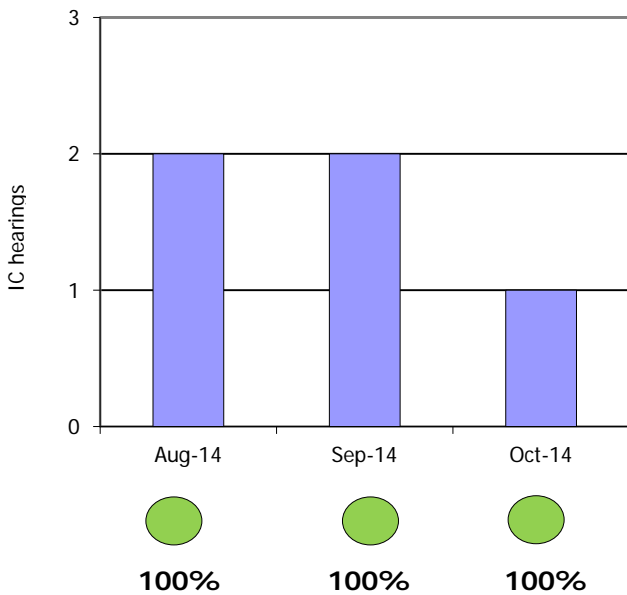
Commentary: See paragraph 13 of main report.

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



Commentary: Service target achieved.

To commence 100% of IC hearings within 2 months of referral



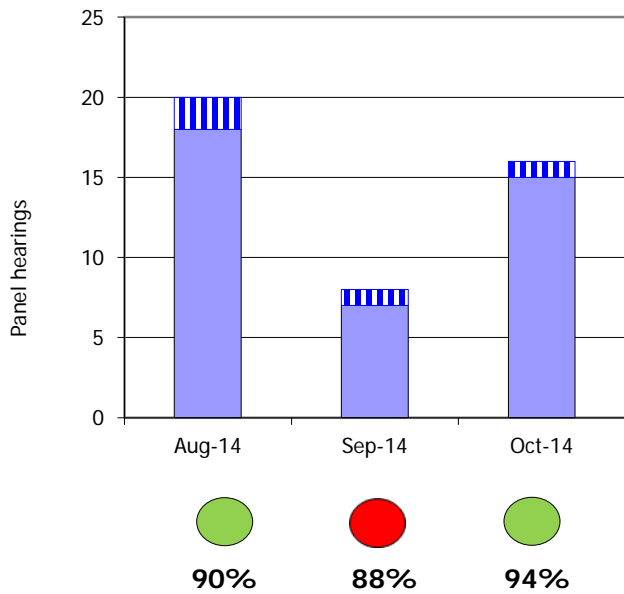
Commentary: Service target achieved.

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.

Medical Practitioners Tribunal Service

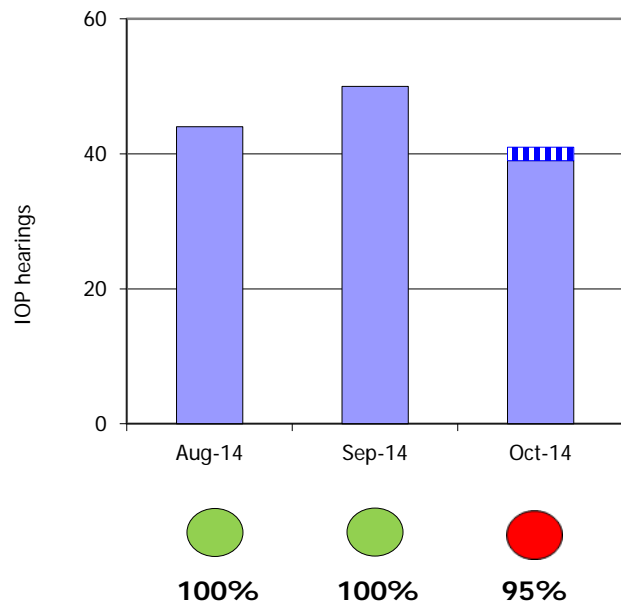
Service targets

To commence 90% of panel hearings within nine months of referral⁴



Commentary: See paragraph 14 of main report.

To commence 100% of IOP hearings within 3 weeks of referral⁵



Commentary: See paragraph 15 of main report.

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.

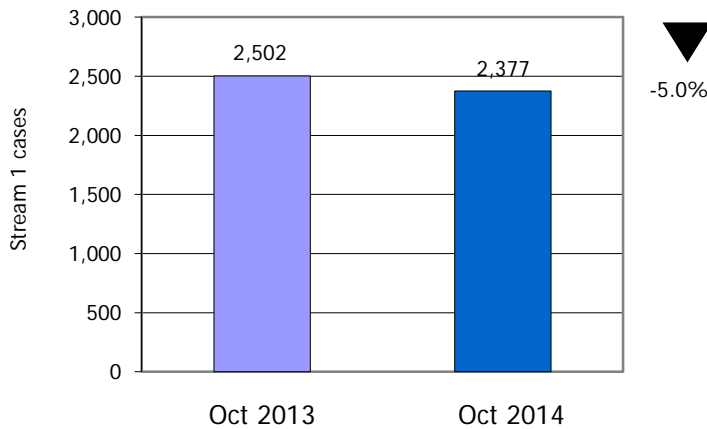
⁵ Each bar (by month) shows the number of referrals to an Interim Orders Panel three weeks before.

Fitness to practise

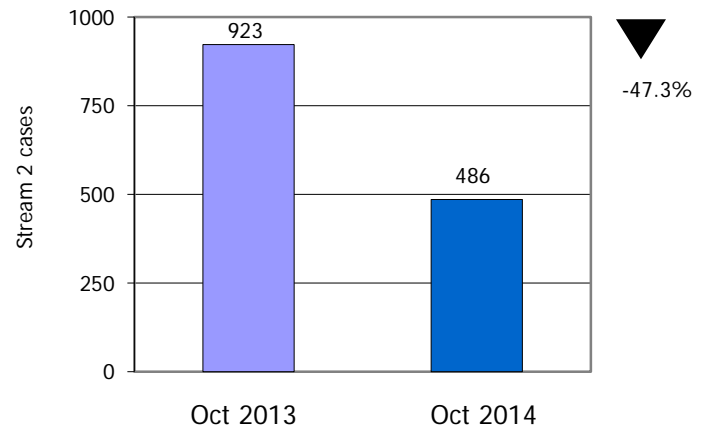
Case intake

- 3 These graphs show our accumulated case intake levels to the end of October 2013, compared with the accumulated levels to the end of October 2014, and indicate the percentage change.

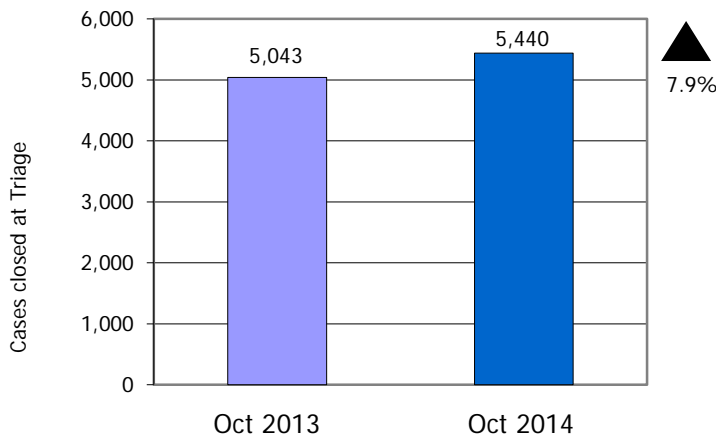
Year to date (YTD) Stream 1 case intake: accumulated to October 2013 and October 2014



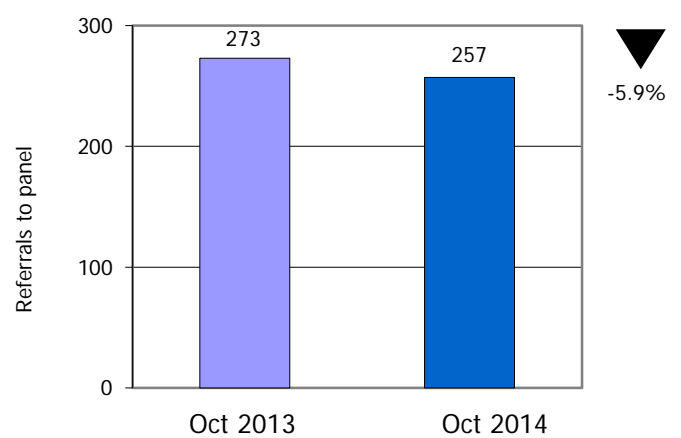
YTD Stream 2 case intake: accumulated to October 2013 and October 2014



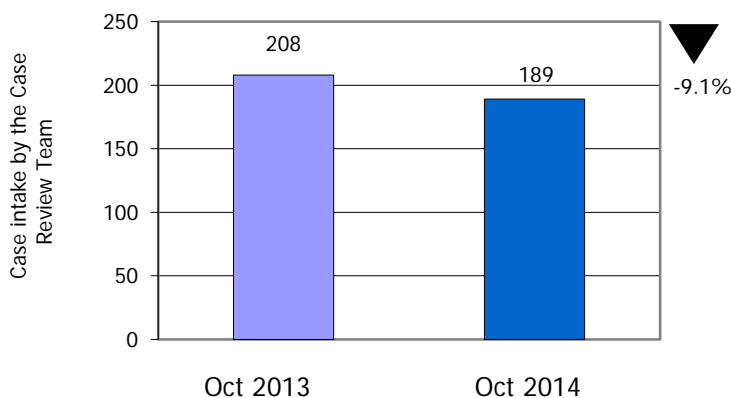
YTD cases closed at Triage: accumulated to October 2013 and October 2014



YTD number of referrals to panel: accumulated to October 2013 and October 2014



YTD case intake by the Case Review Team accumulated to October 2013 and October 2014



Registration, PLAB and certification

Service targets

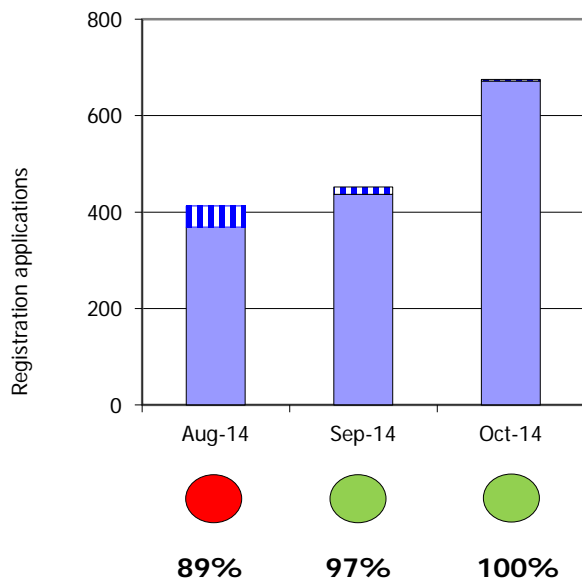


Handled within the service target



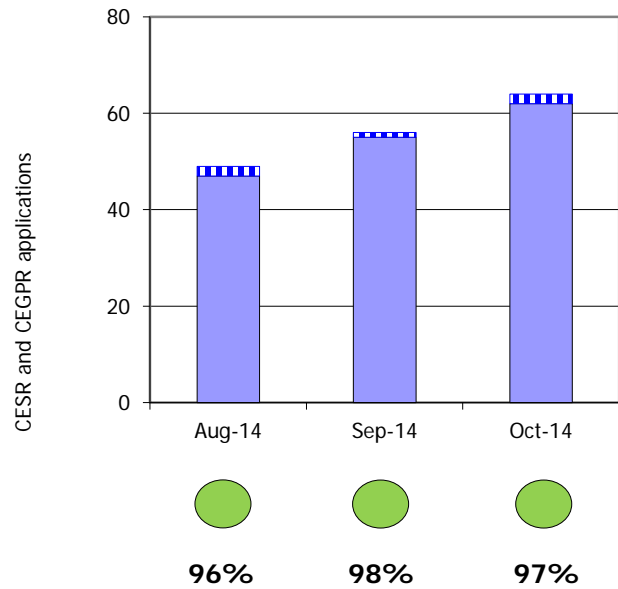
Handled outside the service target

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



Commentary: See paragraph 12 of main report.

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

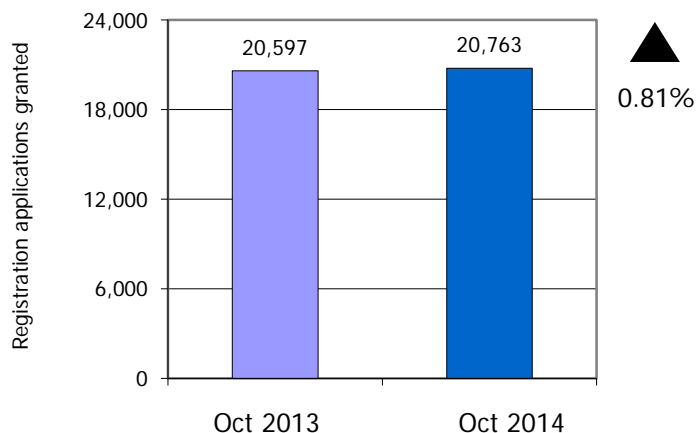


Commentary: Service target achieved.

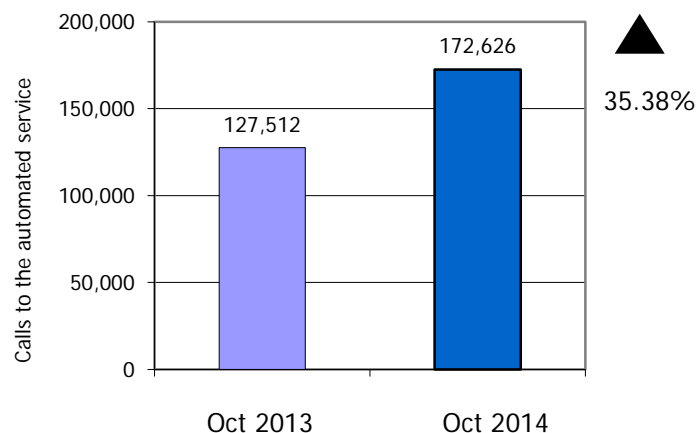
Registration, PLAB and certification

Activity levels

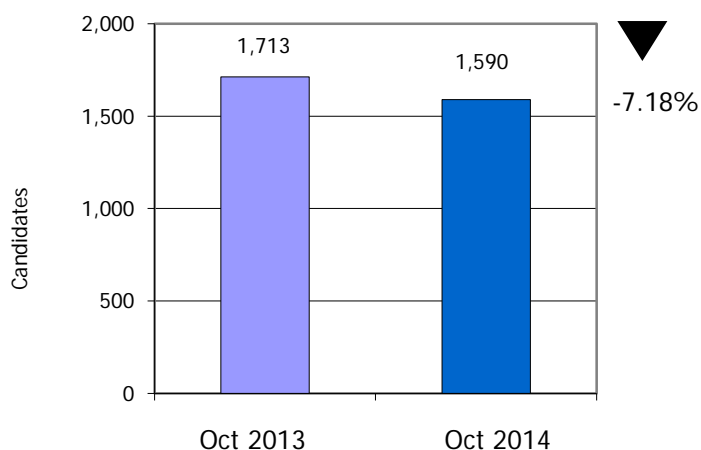
Registration applications granted (excl. specialist registrations, incl. restorations): accumulated to October 2013 and October 2014



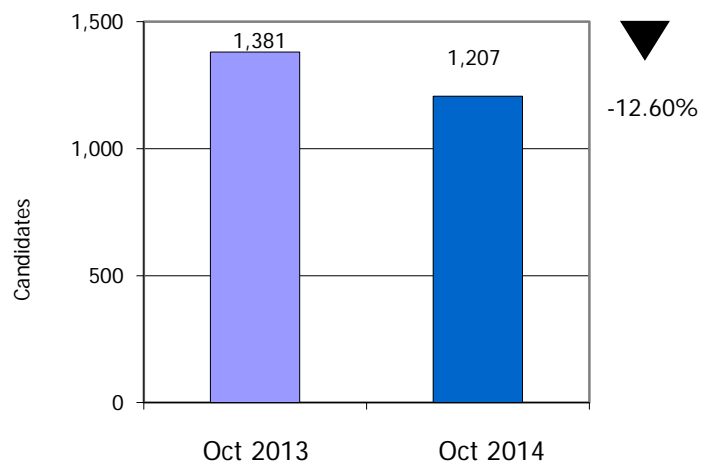
Calls to the automated service confirming a doctor's registration status: accumulated to October 2013 and October 2014



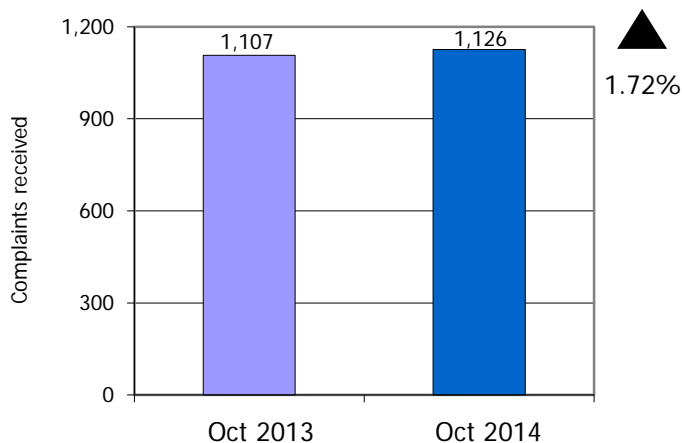
Candidates taking Part 1 of the PLAB test: accumulated to October 2013 and October 2014



Candidates taking Part 2 of the PLAB test: accumulated to October 2013 and October 2014



Complaints received by the Registration and Revalidation Directorate: accumulated to October 2013 and October 2014



Contact Centre and reception services

Service targets

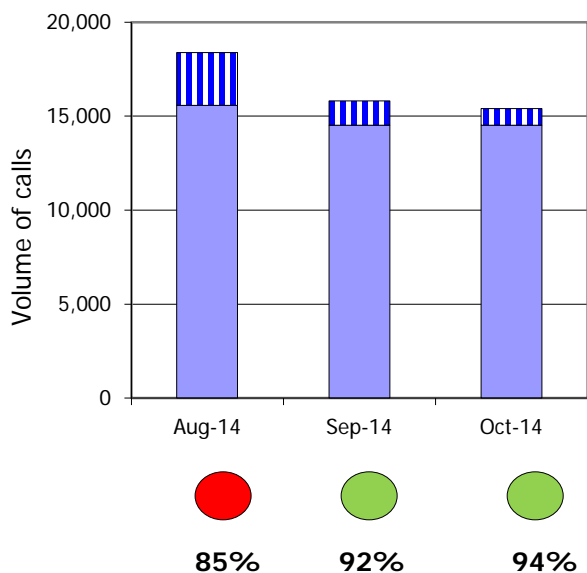


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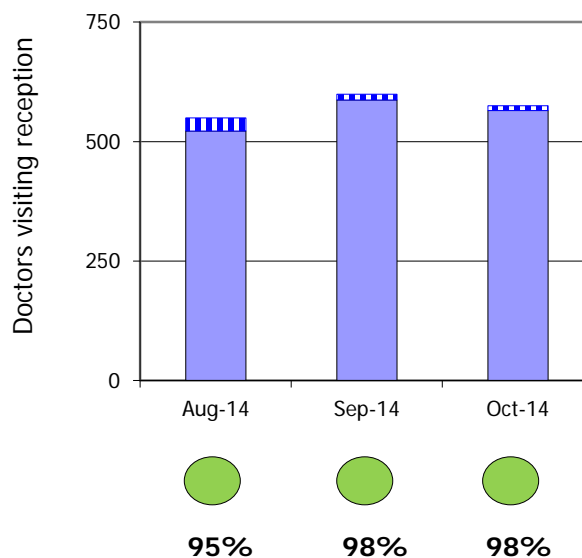
Handled outside the service target

To answer 90% of calls within 15 seconds⁷



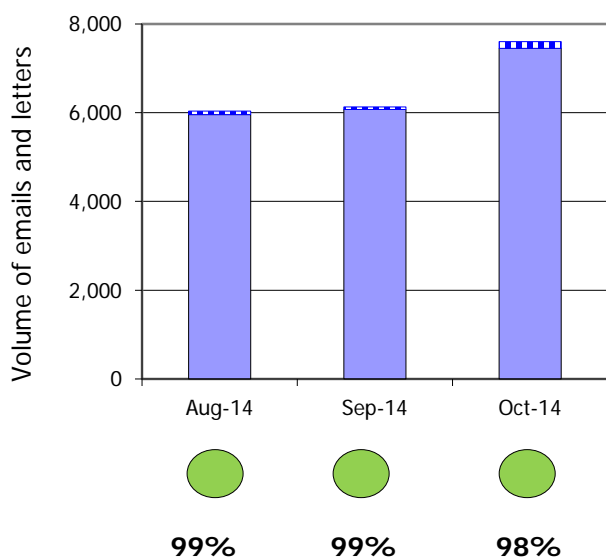
Commentary: See paragraph 10 of main report.

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 days⁸



Commentary: Service target achieved.

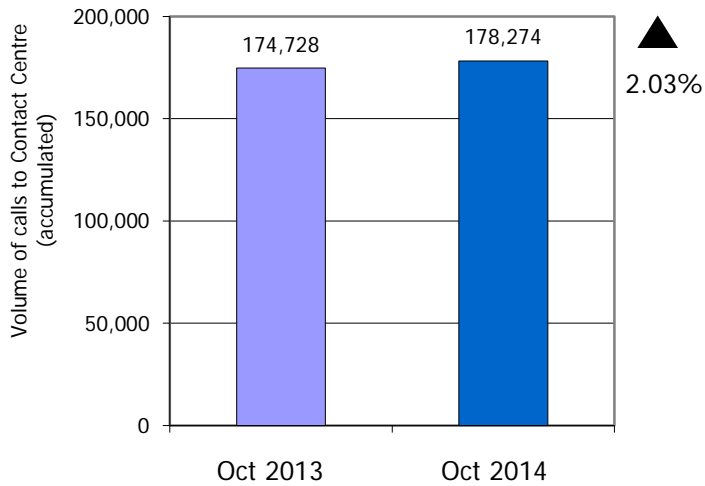
⁷ Excludes lost calls. This is consistent with the industry standard.

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

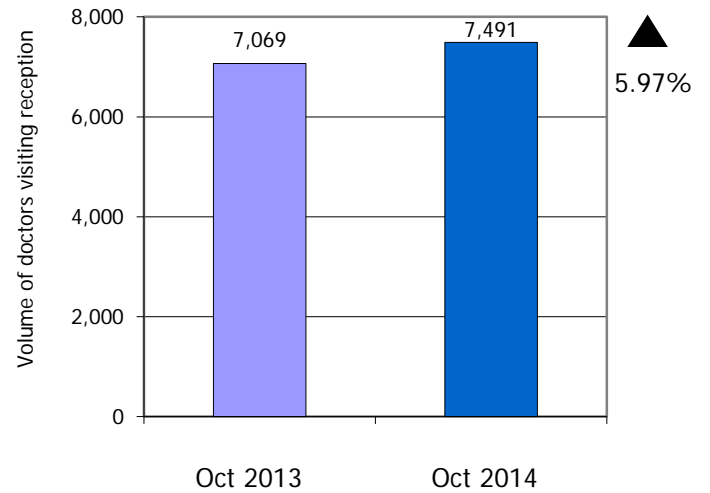
Contact Centre and reception services

Activity levels

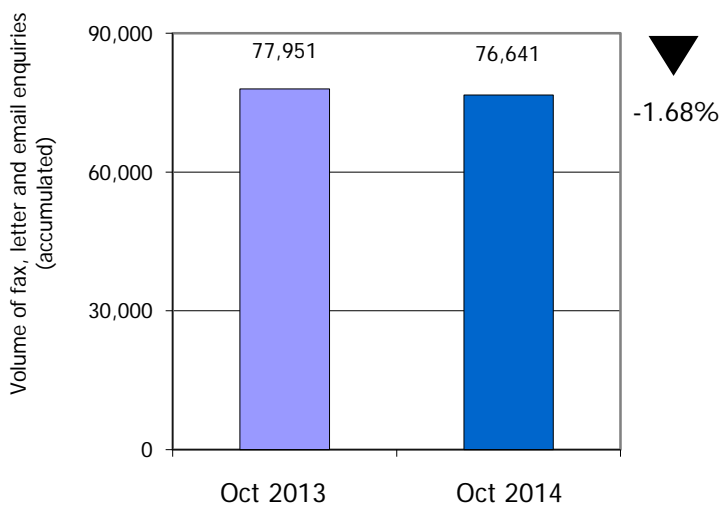
Call volume to Contact Centre: accumulated to October 2013 and October 2014



Doctors visiting reception: accumulated to October 2013 and October 2014



Fax, letter and email enquiries: accumulated to October 2013 and October 2014



Revalidation

Service target

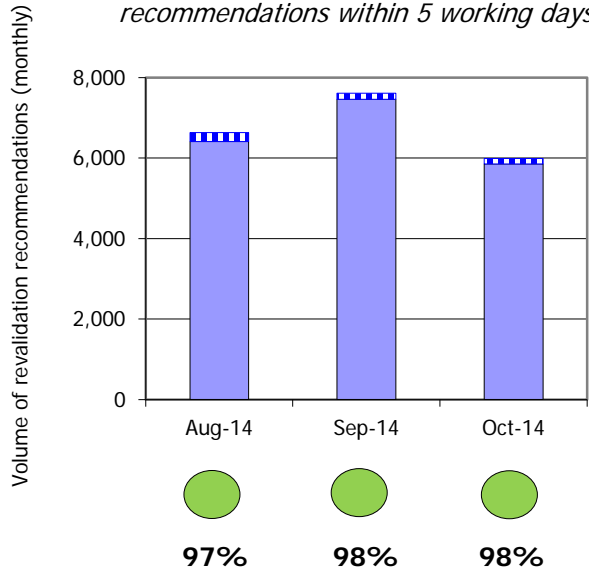


Handled within the service target



Handled outside the service target

To process 95% of revalidation recommendations within 5 working days



Commentary: Service target achieved.

2014 Income and Expenditure

Revenue Budget

1 The income and revenue expenditure figures to the end of October 2014, and the latest full year forecast, are:

Financial Summary as at October 2014	Budget to date	Actual to date	Variance		Full year budget	Full year forecast Q3	Variance	
	£000	£000	£000	%			£000	%
Income								
Annual retention fees	70,775	71,131	356	1%	85,200	85,893	693	1%
Registration fees	3,700	3,885	185	5%	4,000	4,172	172	4%
PLAB fees	853	858	5	1%	1,200	1,174	(26)	(2)%
Certification fees	2,648	3,077	429	16%	3,000	3,339	339	11%
Investment income	1,128	542	(586)	(51)%	1,400	636	(764)	(55)%
Other income	167	561	394	236%	200	709	509	255%
Total Income	79,271	80,054	783	1%	95,000	95,923	923	1%
Expenditure by cost type								
Direct staffing costs	39,009	40,480	(1,471)	(4)%	47,902	49,344	(1,442)	(3)%
Indirect staffing costs	2,681	2,865	(184)	(8)%	3,262	3,628	(366)	(11)%
Office costs	5,721	5,025	696	12%	6,620	6,079	541	8%
Accommodation costs	5,376	5,454	(78)	(1)%	6,470	6,596	(126)	(2)%
Legal costs	4,971	5,064	(93)	(2)%	5,806	6,026	(220)	(4)%
Professional fees	4,035	3,146	889	22%	4,604	4,431	173	4%
Council & members costs	374	436	(62)	(17)%	388	514	(126)	(32)%
Panel & assessment costs	12,766	12,941	(175)	(1)%	14,973	15,835	(862)	(6)%
Depreciation	5,525	5,498	27	1%	6,696	6,774	(78)	(1)%
New Initiatives Fund	167	2	165	100%	250	2	248	99%
Total Expenditure	80,625	80,911	(286)	(0)%	96,971	99,229	(2,258)	(2)%
Surplus/deficit	(1,354)	(857)	497		(1,971)	(3,306)	(1,335)	

- 2 The actual deficit at the end of October is £857k, compared to a budget deficit for the period of £1,354k. Income is marginally ahead of budget and expenditure is slightly over budget.
- 3 Our latest forecast indicates that the final outturn for the year will be a deficit of £3.3m, compared to a budget deficit of £2.0m; a difference of £1.3m. This is principally due to the increase in fitness to practise caseload and its associated support costs.

Principal variances

- 4 Direct staffing costs are over budget due to additional recruitment, principally in response to an increase in fitness to practise caseload. Also, as part of the 2014 budget-setting process we adjusted staffing budgets to reflect normal staff turnover, which typically runs at around 9%. While actual turnover to date has been a little above this level, the forward planning of our recruitment campaigns has actually seen a reduction in the average time that posts are vacant, so this has also contributed to costs being higher than budgeted.
- 5 Indirect staffing costs are over budget due to higher recruitment, travel and training costs, as a result of the headcount increase.
- 6 Office costs are under budget, mainly due to savings in surveys, printing and stationery, external venue hire, and savings on IS annual contracts, due to timings and improved supplier terms.
- 7 Accommodation costs are over budget due to the increase in rent at Euston Road, an increase in the service charge and electricity costs at Hardman Street, and a lease extension at Centurion House. These additional costs are forecasted to continue to the end of the year.
- 8 Legal costs are over budget, mainly as costs for Rule 12 work have escalated due to increased volumes.
- 9 Professional fees are currently under budget. Research and development projects and the data strategy project are behind our original budget assumptions but are expected to move closer to budget in the remainder of the year. Some of the data strategy work will be deferred to 2015.
- 10 Council and member costs are higher than budgeted as the recruitment of a new Chair and Council member was not anticipated when the original budget was set.
- 11 Panel and assessment costs exceed budget due to additional hearings, and increased performance and health reports, partially offset by an underspend in Education due to

the timing of medical school visits. The trend in hearings is expected to continue to the end of the year.

- 12** Depreciation is slightly under budget due to the timing of projects. Costs are forecast to be slightly over budget at year end due to the timing and mix of capital projects being completed.

Capital expenditure

- 13** 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.
- 14** 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.
- 15** Capital expenditure to the end of October 2014 is:

Capital Programme as at October 2014	Budget to date	Actual to date	Variance		Full year budget	Full year forecast Q3	Variance	
	£000	£000	£000	%			£000	%
2013 Facilities projects	15	20	(5)	(34)%	15	19	(4)	(27)%
2013 IS Projects	277	207	70	25%	277	206	71	26%
2014 Facilities Projects	966	361	605	63%	1,324	772	552	42%
2014 IS Projects	4,709	4,349	360	8%	5,501	5,463	38	1%
2014 Home working - Facilities	583	319	264	45%	583	437	146	25%
2014 Home working - IS	690	662	28	4%	690	751	(61)	(9)%
2014 New Initiatives Fund	0	33	(33)		0	56	(56)	
Total	7,240	5,951	1,289	18%	8,390	7,704	686	8%

- 16** Capital expenditure is currently £1,289k under budget. Projects brought forward from 2013 include additional Oracle licences, email management and new network connections. Expenditure on new initiatives not anticipated when the original budget was set include a pilot project to introduce paperless Interim Orders Panel (IOP) hearings and the purchase of some additional equipment for the Clinical Assessment

Centre. Overall capital costs are forecast to be £686k under budget at the year end, as we have deferred a number of projects in order to reduce costs in 2014.

Summary

- 17** Income is 1% ahead of budget and costs are slightly over budget at the end of October. While the current position is favourable compared to budget, our latest forecast indicates that the final outturn for the year will be deficit of around £3.3 million compared to a budgeted deficit of £2.0 million, a difference of around £1.3 million. This is principally due to the increase in fitness to practise caseload and its associated support costs, partially offset by income being higher than budgeted.

Summary Information on Appeals and Judicial Reviews

1 The table below provides a summary of appeals and judicial reviews as at 14 November 2014:

	Open cases carried forward since last report	New cases	Concluded cases	Outstanding cases
Appeals	21	10	13	18
Judicial Reviews	5	10	5	10
IOP Challenges	2	1	2	1

Explanation of concluded cases

2 Appeals:

- a 8 appeals dismissed.
- b 2 appeals struck out
- c 1 appeal withdrawn.
- d 1 appeal successful in part (referred back to fitness to practise Panel)
- e 1 appeal successful in part (conditions substituted for suspension).

3 Judicial Reviews:

- a 4 permission refused

b 1 struck out

4 Interim Order Challenges:

a 1 claim dismissed.

b 1 claim withdrawn.

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 has been one new challenge to Interim Order Panel (IOP) orders since the last report.

6 The current position in the one case outstanding is that a hearing is listed for 15 January 2015.

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

7 There has been one new referral by the Professional Standards Authority (PSA) since the last report, which is 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 14 November 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.
2	A-A	Appeal against the Fitness to Practise Panel decision.	Awaiting judgement following hearing in October.
3	A	Appeal against the Fitness to Practise Panel decision.	Awaiting hearing date.
4	AI	Appeal against Fitness to Practise Panel decision.	Application made to strike out. Awaiting judge's ruling on the application

No	Case	Decision appealed	Current status
5	B	Permission to Appeal previous decision to dismiss s40 Appeal from September 2010.	Application received, awaiting permission decision from the Court.
6	G	Appeal against Fitness to Practise Panel decision.	Hearing listed for 25 February 2015.
7	H	Appeal against Fitness to Practise Panel decision.	Hearing listed for 1 December 2014.
8	K	Appeal against Fitness to Practise Panel determinations.	Hearing listed for 27 January 2015.
9	L	Appeal against Fitness to Practise Panel decision.	Hearing listed for 12 February 2015.
10	M	Appeal against Fitness to Practise Panel decision.	We are informed that appeal has been issued but have yet to receive service of any papers.
11	N-P	Appeal against Fitness to Practise Panel determinations.	Hearing adjourned from 28 October 2014 and awaiting relisting.
12	O	Appeal the determination at Fitness to Practise Panel.	Hearing listed for 10 February 2015.
13	P	Appeal against Fitness to Practise Panel decisions.	Hearing went part-heard from 15 September 2014 and will be relisted in January 2015.
14	S	Appeal against Fitness to Practise Panel decision.	Awaiting hearing date
15	Sc	Appeal against Fitness to Practise Panel decision.	Awaiting hearing date. Dr Sc has applied for a stay on proceedings pending consideration by Court of Appeal of her application for permission to appeal against High Court judgment in her original s.40 appeal.

No	Case	Decision appealed	Current status
16	So	Appeal the determination at Fitness to Practise Panel.	Hearing listed for 11 December 2014.
17	T	Appeal the determination at Fitness to Practise Panel.	Hearing listed for 17 March 2015.
18	V	Appeal against Fitness to Practise Panel decision.	Awaiting judgement following hearing in October 2014. Due to be handed down at court on 27 November 2014.

10 The table below provides a detailed breakdown of outstanding judicial reviews as of 14 November 2014.

No	Case	Claim	Current status
1	AM	Judicial Review to challenge GMC guidance of assisted suicide case	The Court has ordered a timetable for clarification by the parties of their intentions regarding the future of this action by 28 November 2014.
2	B	Judicial Review claim regarding the GMC's decision to refuse the doctor's application for restoration.	Acknowledgment of Service and Summary Grounds of Opposition filed. Court decision on permission awaited.
3	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.

No	Case	Claim	Current status
4	J	Judicial Review against the GMC's decision to erase doctor for non-payment of fees.	Awaiting decision from Court regarding permission.
5	K	Judicial Review of a Rule 12 decision to not re-open an investigation into complaint against another Doctor.	Permission refused on paper but Claimant has applied for oral hearing on permission. Hearing of that renewal application listed on 28 November 2014.
6	N	GMC served an interested party in Judicial Review.	Awaiting judgement following hearing on 16 October 2014.
7	P	Judicial Review against a Fitness to Practise Determination.	Permission has been granted by the Court and the Judicial Review will therefore proceed to a full hearing. Hearing date awaited.
8	S	Judicial Review to challenge the Fitness to Practise Panel's decision to admit five family court judgements and one judgement of the Court of Appeal in to evidence.	Permission oral hearing to be listed before 30 January 2015.
9	T	Judicial Review of a Rule 4 (5) decision.	Permission was refused but an application for renewed permission has been made. Awaiting hearing date.

No	Case	Claim	Current status
10	W	Judicial Review challenging advice of Case Examiner at Rule 8 stage.	Awaiting hearing date. Application for permission has been adjourned by order of the Court to an oral hearing; meanwhile, case stayed by order of Court pending conclusion to a related Rule 12 procedure which remains ongoing.