

<b>Agenda item:</b>	<b>4</b>
<b>Report title:</b>	<b>Chief Operating Officer's Report</b>
<b>Report by:</b>	<b>Susan Goldsmith</b> , Chief Operating Officer <a href="mailto:sgoldsmith@gmc-uk.org">sgoldsmith@gmc-uk.org</a> , 020 7189 5124
<b>Action:</b>	<b>To consider</b>

## Executive summary

This report provides an update on our operational performance including:

- Achievement of ISO 10002
- Pay award
- Change Programme
- Section 60 Update
- Internal Markets Information (IMI) System
- Professional Standards Authority consultation on Fees and new performance dataset
- GMC Services
- Data Strategy.

## Recommendation

Council is asked to consider the report (and [Annex A](#), [Annex B](#), and [Annex C](#)).

## Issue

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

## Operational KPIs

- 2 All operational key performance indicators (included at [Annex A](#)) were met between October and November 2015 other than the exception set out below.
- 3 **Red - '2015 Deficit within budget % variance':**
  - At the end of November there was a surplus of £92k compared to a budgeted deficit of £4.5m. This was driven by income being 1% under budget due to natural variations in the register but mostly through expenditure being 5.8% less than budgeted as a result of a renewed concentration on efficiency across the business as part of the onset of the change programme including hiring freezes, directing legal work in-house and over achieving on our internal efficiency programme. These factors contribute to an improvement in the financial position of the GMC compared to our expectations however the red rating is to highlight that this variance is significant.
- 4 One performance milestone of note was achieved in December 2015. The Contact Centre has met all of its SLAs in every month of 2015 which is the first time this has been achieved.

## Council Priorities

- 5 As of November 2015, the majority of Council priority work has a green status other than the exception set out below. A summary of the position can be found at [Annex A](#).
- 6 **Red – 'Council priority 10: Understanding the context in which doctors practice':**
  - Confidentiality was reported red due to the delivery date for the project moving from 2015 to 2016. Under our classification a change to the overall end deadline gives the programme a red RAG status. We reassessed the legal, ethical and political complexities around several key issues linked to the project and we required more time to complete our consultation analysis and report.

## Finance Update

- 7 The factors cited above have contributed to an improvement in the financial position of the GMC compared to our expectations. We originally budgeted for a deficit of

£5m in 2015, and earlier in the year we reported to Council a revised forecast deficit of £2.1m based on the expected pattern of income and expenditure.

- 8 The year-end accounts and adjustments are still being finalised but we expect the final deficit to be around £2.4m. Taking into account a range of adjustments including for the Change Programme (a provision for restructuring costs of £2.5m) and a net gain of £0.7m on the FRS102 pension valuation our underlying deficit is actually better than we assumed in our revised forecast deficit to Council. After these two unbudgeted year-end adjustments, and including other provisions and released accruals, our underlying deficit this year is closer to £1m. This is a strongly positive end to the year based on our initial budgeted deficit.

### **Achievement of ISO 10002 – complaints handling**

- 9 In January we successfully achieved accreditation of our internal complaints handling by the British Standards Institute (BSI) to the International Standards Organisation (ISO) 10002 standard. Organisations that have this accreditation include Virgin and the Financial Conduct Authority. We are the first healthcare regulator to achieve this standard through BSI and the achievement of the standard recognises the rigour and quality of the systems we have in place to handle complaints about our services, learn from them and then make improvements to how we interact with customers. Council will remember the achievement of this standard was one of the outcomes of the Horsfall review of complaints.

### **Pay award**

- 10 The annual staff pay award was discussed by the Performance and Resources Board at its meeting on 21 January 2016 and its recommendations subsequently approved by the Chief Executive. The pay award applies from 1 April 2016. It is made up of a core award of 1% plus scope for additional progression based on performance (equating to 1% for an employee in the middle zone). This approach is consistent with our focus on driving greater efficiency but is also aligned to latest forecasts for pay growth in 2016\*.

### **Change Programme**

- 11 We are now within the staff consultation phase of the changes proposed under the programme for both staff changes and pension reform. This will be concluded by

\* Source: The CIPD's Autumn Labour Market Survey forecast pay awards between 1 and 3%. Mercer's October forecast is for median pay increases in the UK in 2016 at 2.8% across employee groups including Executives. Croner's latest update on pay awards shows forecasts for 2016 at 2.7%.

the end of March 2016. Once this exercise is complete we will have a clearer picture of staff transitions and the level of recruitment required. This will also inform the accommodation changes we need to make.

- 12** Programme Portfolio Leads and the Project Management Office (PMO) presented to the Audit and Risk Committee (ARC) in January 2016 on the process for managing the programme. We are making good progress and have the necessary resources and structures in place to respond to the outcome of the consultation process. As discussed with ARC, we will be less resilient as an organisation in 2016 but we have mitigation actions we can put in place if needed to counter any deterioration in overall performance and we understand the thresholds of performance that we are willing to work within during 2016, for example around Key Performance Indicators (KPIs).
- 13** Internal audit work has already started on assuring aspects of the programme and we look forward to receiving the findings of these reviews. Council will note one of the significant changes we have already made is an extra monthly Performance and Resources Board dealing exclusively with the Change Programme, underpinned by our new PMO and GMC-wide project methodology.

## **Section 60 Update**

- 14** The primary and secondary legislation changes are now in force and our manual processes are operational. The changes to notices of hearing and the new reviews on papers (ROP) processes are live and work is flowing through the system between Fitness to practise and the MPTS. We now have legally qualified chairs chairing Interim Orders Tribunal (IOT), IOT Review and Medical Practitioner Tribunal Review hearings.
- 15** A set of measures (many of which are based on new underpinning Siebel information) to review volumes, duration, efficiency are currently being developed. The MPTS will work with the FtP Management Information team to develop these into appropriate formats in the coming weeks.
- 16** In the final preparation of the legislation, the Department of Health (England) erroneously changed the 28 day notice period for review hearings to 20 days. This error is being corrected through a further laying of the necessary material by DH. There has been no operational impact as the 28 day period is adhered to by MPTS.

## **Internal Markets Information (IMI) System**

- 17** Revisions to the European Directive for Recognition of Professional Qualifications (RPQ) require amendments to the Medical Act for full implementation of its requirements. However, the DH consultation was delayed and thus the amended Act

was not in place by the implementation deadline of 18 January 2016. We worked extensively with DH and sought our own legal advice on the implications of this on the operation of alerts through IMI from 18 January onwards.

- 18 The DH confirmed, and the legal advice was, that the alert mechanism and other elements of the revised RPO, including those around temporary and occasional registration, would have *direct* effect on implementation day or be deemed to be operational upon us by other legislation in the public interest despite not being written into an amended Medical Act at this date. The updates to the Medical Act are expected to be laid before Parliament and in place by early April at the latest in order to rectify this mismatch.
- 19 Operationally we do not foresee any problems using the new alerts mechanism, but there is little clarity on the number of alerts we can expect until all member states are actively using the system. In the first week of the alert mechanism's implementation, we received nine alerts but none of these were for doctors who were currently registered with us. We issued six alerts about registered doctors where we had taken action on registration as a result of a fitness to practise investigation.

### **Professional Standards Authority consultation on fees and new performance dataset**

- 20 We have responded to the Professional Standards Authority (PSA) consultation on fees for 2016/17. We now expect to pay a fee of £713k in 2016, a slightly lower figure than the £736k we estimated when setting the budget. We are also working with the PSA on a new quarterly data collection for a revised performance dataset. This is part of a revision to the performance review process that was consulted on last year and reported to Council. We will complete the first collection during January [to cover Q3 and Q4 of 2015]. Once the PSA have this dataset they will then be able to give us a greater indication of when our review will be, what kind of review we will be subject to and what areas of the business they might concentrate on as part of this review.

### **GMC Services**

- 21 I am delighted to announce that we have appointed Iain McMillan as the new Assistant Director for GMC Services. Iain has considerable experience at Board level in both commercial and healthcare environments in the UK and internationally.
- 22 Iain will lead the establishment of the operational aspects of GMC services including a governance framework and trading parameters setting out our principles for commercial engagement with other organisations; identifying two pilot projects (one

UK and one overseas) and a partner to support the overseas pilot. He will report back to Council, as agreed, in June.

## Data Strategy

- 23** The Data Strategy made good progress in 2015 which is set to continue through 2016 with work to ensure our data is able to support our corporate priorities.
- 24** The Agora reporting system which has been previously shown to Council members brings together our data in an interactive database. The system is now live and enables us to analyse and interrogate data more effectively across our functions. We are preparing the system for external release in 2016 in direct response to the appetite for the GMC to share data with other healthcare providers and the public to facilitate better patient care. We are also developing a common data set about designated bodies, available in the first instance internally, in a simple to use online dashboard.
- 25** The pilot of the UK Medical Education Database (UKMED), which sees the GMC collaborating with our partners such as the Medical Schools Council, has now been launched at <http://www.ukmed.ac.uk/>. We have secured the use of other organisations' data and successfully linked it with ours to create a database of collated undergraduate and postgraduate medical education anonymised datasets. This has made it possible for UKMED to consider 13 wide ranging research proposals such as "Predicting Fitness to Practise issues from admission profiles in UK medical school entrants". We have also set up a secure portal to store the data and provide extracts to approved researchers.

M4 - Annex A

# Council Priority Report

General  
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Council

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<h1>Council Priorities</h1> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>→ Delivery risk the same this period</span> <span>↓ Delivery risk less this period</span> <span>↑ Delivery risk greater this period</span> </div>			Previous Period	Current period	Delivery Risk Trend	Next period
1	<b>Shape of Training</b>	<ul style="list-style-type: none"> <li>▪ <b>All projects on track:</b> Generic Professional Capabilities, CPD App.</li> <li>▪ <b>Projects complete:</b> Credentialing</li> </ul>	G	G	→	G
2	<b>National licensing exam, moving the point of registration, and policy links to PLAB test</b>	<ul style="list-style-type: none"> <li>▪ <b>All projects on track:</b> Implement PLAB review</li> <li>▪ <b>Projects complete:</b> Establish Assessments Advisory board.</li> </ul>	G	G	→	G
3	<b>Develop the Register and deliver Data Strategy Phase 2</b>	<ul style="list-style-type: none"> <li>▪ <b>All projects on track:</b> Data Strategy; Review of LRMP.</li> </ul>	G	G	→	G
4	<b>Revalidation</b>	<ul style="list-style-type: none"> <li>▪ <b>All projects on track:</b> Revalidation operations; Skills &amp; competency testing for doctors without a prescribed connection; Evaluation of Revalidation.</li> </ul>	G	G	→	G
5a	<b>Fitness to practise and the Law Commission reform programme</b>	<ul style="list-style-type: none"> <li>▪ <b>All projects on track:</b> Law Commission; Section 60 and rules.</li> </ul>	G	G	→	G
5b	<b>Changes to fitness to practise procedures and responding to the increase in workload</b>	<ul style="list-style-type: none"> <li>▪ <b>All projects on track:</b> FTP operations; Pilot of assurance assessments; Work with systems regulators.</li> <li>▪ <b>Projects complete:</b> Sanctions Guidance, Develop use of provisional enquiries, Changes to publication &amp; disclosure policy</li> </ul>	G	G	→	G
5c	<b>Supporting those involved in our investigations</b>	<ul style="list-style-type: none"> <li>▪ <b>Project complete:</b> Roll out of meetings with doctors.</li> </ul>	G	C	→	C
6	<b>Broader aspiration for reform and taking forward the legislative programme arising from the Law Commission report or reform by further Section 60 amendments</b>	<ul style="list-style-type: none"> <li>▪ <b>All projects on track:</b> Support policy development to ensure fitness for purpose of the Law Commission Bill</li> </ul>	G	G	→	G
7	<b>Communications strategy and engagement with key interests</b>	<ul style="list-style-type: none"> <li>▪ <b>All projects on track:</b> Develop communications and engagement strategy; Develop digital media strategy.</li> </ul>	G	G	→	G
8	<b>Fairness and disproportionality in our regulatory activities</b>	<ul style="list-style-type: none"> <li>▪ <b>Projects on track:</b> Understanding the overrepresentation in our fitness to practise procedures.</li> <li>▪ <b>Project complete:</b> Differential attainment</li> </ul>	G	G	→	G
9	<b>Chief Operating Officer’s Review, ambition for efficiencies across the organisation and future strategy</b>	<ul style="list-style-type: none"> <li>▪ <b>Projects on track:</b> Champion the GMC’s corporate efficiency programme</li> <li>▪ <b>Project closed:</b> Transformation programme</li> </ul>	G	G	→	G
10	<b>Understand the context in which doctors practise</b>	<ul style="list-style-type: none"> <li>▪ <b>Projects on track:</b> Promoting Professionalism activities; Relationship management (including MOUs and partnerships) and Cosmetic Practice Project.</li> <li>▪ <b>Delayed:</b> Confidentiality project</li> </ul>	G	R	↑	G



# General Medical Council

## Operational KPIs

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#	Area	BAU Operational KPIs [monthly]	Aug	Sep	Oct	Nov	RAG for next period	Commentary
1	R&R	Decision on 95% of all registration applications within 3 months	99	99	98	98	G	On track
2	R&R	Decision on 95% of all revalidation recommendations within 5 days	97	98	96	97	G	On track
3	R&R	90% of calls answered within 15 seconds	92	92	94	96	G	On track
4	E&S	Respond to 90% of ethical/standards enquiries within 21 working days	93	96	100	91	G	On track.
5	E&S	80% of enhanced monitoring concerns where action plan is being adhered to	94	94	95	97	G	On track
6	E&S	90% of visits completed in within agreed timescales	100	100	100	100	G	On track
7	FtP	Conclude 90% of fitness to practise cases within 12 months	90	92	93	91	G	On track
8	FtP	Conclude or refer 90% of cases at investigation stage within 6 months	90	91	91	93	G	On track
9	FtP	Conclude or refer 95% of cases at the investigation stage within 12 months	96	95	96	95	G	On track
10	FtP	Commence 100% of IC hearings within two months of referral	100	No referral cases due	No referral cases due	No referral cases due	G	On track
11	MPTS	Commence 90% of panel hearings within nine months of referral	100	100	100	100	G	On track
12	MPTS	Commence 100% of IOP hearings within 3 weeks of referral	100	100	100	100	G	On track
13	R&QA	Rolling twelve month staff turnover within 8-15%	10.51	11.14	11.51	11.58	G	On track
14	R&QA	2015 Income and expenditure [% variance]	4.75	4.89	4.81	4.72	R	At the end of November there was a surplus of £92,000, compared to a budgeted deficit of £4,471,000.  Income was 1% under budget due to natural variations in the register and the introduction of the new investment policy taking longer than anticipated. Expenditure was 5.8% under budget due to delays in recruitment, delays in training programmes, directing more legal work in house, reduced hearing volumes and over achieving the corporate efficiency target. These factors contribute to an improvement in the financial position of the GMC compared to our expectations however the red rating is to highlight that this variance is significant.
15	R&QA	IS system availability [%]	100	100	100	100	G	On track
16	S&C	Monthly media score	317	175	204	1,799	N/A	Score was high because of the coverage we achieved for the launch of our confidentiality consultation.

#	Area	BAU Operational KPIs [monthly]	Aug	Sep	Oct	Nov	RAG for next period	Commentary	
17	S&C	Doctors and medical students surveyed who said they would reflect on and change their practice respectively as a result of attending a RLS or DO engagement event	<b>Q3: 66.17% (change practice)</b> <b>Q3: 93.61% (reflect on practice)</b>						New wording for this quarterly KPI to better reflect the focus of the professionalism events. Threshold for the KPI will be set and reported against the first quarter of 2016.
18	OCCE	<i>Respond to x% of corporate complaints within 10 working days</i>	<b>84</b>	<b>84</b>	<b>78</b>	<b>92</b>	<b>NA</b>	Threshold for KPI still to be determined as part of the ICO implementation process – work ongoing in 2016 but will be reported to Council when completed.	

## Business As Usual – Operational KPIs (annual / biennial)

#	Area	BAU Operational KPI [Annual]	Previous period	Current period	Commentary
19	S&C	Percentage of policy influencing partners <sup>1</sup> who agreed their engagement with us during 2015 had positive influence on their impression of the GMC as an organisation and a positive effect on their work and the work of their organisation.	<b>92.31%</b>	<b>N/a</b>	
20	S&C	Level of confidence in the GMC's regulation of doctors (from biennial tracking survey)	<b>79%<sup>2</sup></b>	<b>N/a</b>	
21	R&QA	Staff engagement score <sup>3</sup>	<b>78%</b>	<b>N/a</b>	
22	S&C	Award in Employers Network on Equality and Inclusion (annual)	<b>Silver Award</b>	<b>Silver Award</b>	
23	S&C	Inclusion in Stonewall Equality Index as 'Top 250 Employer' (annual)	<b>N/a</b>	<b>N/a</b>	Decision expected Jan 2016.

1. This percentage is based on a 41.26% response rate to the annual survey that went to our top 63 policy influencing partners as identified by our external relations teams; European and International Affairs, the Devolved Offices and UK Government, Parliament and Stakeholder Relationships teams.

2. 79% of patients/public who had heard of the GMC are confident in its regulation of doctors

3. Staff engagement will be reported once per year as and when staff survey results are analysed

# General Medical Council

## Detailed Appendix

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# 1) Shape of Training (1 of 2)

**Overall Priority Status**

Previous Period	Current Period	Trend	Next period
		→	

Linked Strategic Aim(s)

- Strategic aim 2: Help raise standards in medical education and practice

## Delivery Activities

	Project Delivery					Budget				People				Overall RAG Status & Trend							
Owner: Judith Hulff	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Generic Professional Capabilities</b>	✓	✓	✓	✓				→				→				→				→	

- Board/Council decision - SPB sign-off for final Framework document - milestone changed to Feb 2016
- Board/Council decision - Council sign-off for final Framework document - milestone change to Apr 2016

	Project Delivery					Budget				People				Overall RAG Status & Trend							
Owner: Judith Hulff	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Credentialing</b>	✓	✓	✓	✓				→				→				→				→	

- 2015 milestones complete.
- Project will continue into 2016.

<h1 style="margin: 0;">1) Shape of Training (2 of 2)</h1>	<b>Overall Priority Status</b>	Previous Period	Current Period	Trend	Next period
				→	

<b>Linked Strategic Aim(s)</b>	• <b>Strategic aim 2: Help raise standards in medical education and practice</b>
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**Delivery Activities**

	Project Delivery										Budget				People				Overall RAG Status & Trend			
	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	
Owner: Paul Buckley/Judith Hulf								→				→				→				→		
<b>CPD App</b>	✓	✓	✓	✓				→				→				→				→		

- Continuous evaluation on track.
- Support for Standards app on track.

## 2) National licensing exam, moving the point of registration, and policy links to PLAB test (1 of 2)

Overall Priority Status

Previous Period	Current Period	Trend	Next period
		→	

Linked Strategic Aim(s)	<ul style="list-style-type: none"> <li>• Strategic aim 1: Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients</li> </ul>
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### Delivery Activities

	Project Delivery					Budget				People				Overall RAG Status & Trend							
	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
Owner: Una Lane								→				→				→				→	
<b>Implement PLAB review</b>	✓	✓	✓	✓				→				→				→				→	

- System requirements defined for 7.9 SAP release milestone delayed until February 2016
- Progress report and/or options paper(s) to PLAB Implementation Group milestone delayed until February 2016



# 2) National licensing exam, moving the point of registration, and policy links to PLAB test (2 of 2)

**Overall Priority Status**

Previous Period	Current Period	Trend	Next period
		→	

**Linked Strategic Aim(s)** • **Strategic aim 1: Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients**

## Delivery Activities

	Project Delivery					Budget				People				Overall RAG Status & Trend							
	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
Owner: Una Lane																					
<b>Establish Assessments Advisory Board</b>	✓	✓	✓	✓		PROJECT COMPLETE															

- Board/Council decision of Annual report to Strategy & Policy Board milestone completed 1 Dec 15.
- All 2015 milestones have been completed and the project is closed. Management of the AAB is now a BAU activity.

# 3) Develop the Register and deliver Data Strategy Phase 2

**Overall Priority Status**

Previous Period	Current Period	Trend	Next period
		→	

**Linked Strategic Aim(s)**

- **Strategic aim 1: Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients**

## Delivery Activities

	Project Delivery					Budget				People				Overall RAG Status & Trend							
	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
Owner: Paul Buckley	✓	✓	✓	✓				→				→				→				→	
<b>Data Strategy</b>	✓	✓	✓	✓				→				→				→				→	

- Complete preparation for external launch completed Oct 2015.
- Completed transition for BAU by December 2015 delayed. There is agreement in principle on the development of a Central Analytics Team (CAT) but there is future work needed to plan the establishment of this new team.

	Project Delivery					Budget				People				Overall RAG Status & Trend							
	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
Owner: Paul Buckley	✓	✓	✓	✓				→		NA	NA	NA	NA			→				→	
<b>Review of LRMP</b>	✓	✓	✓	✓				→		NA	NA	NA	NA			→				→	

- Implement any quick and immediate improvements to LRMP delayed. This will take place in January rather than December in line with the GMC's SAP systems release on 18 January.

# 4) Revalidation (1 of 2)

**Overall Priority Status**

Previous Period	Current Period	Trend	Next period
		→	

**Linked Strategic Aim(s)** • **Strategic aim 2: Help raise standards in medical education and practice**

## Delivery Activities

	Project Delivery					Budget				People				Overall RAG Status & Trend							
Owner: Una Lane	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Revalidation operations</b>					✓			→				→				→				→	

- SLA: to process 95% of revalidation recommendations within five working days
- *November performance against SLA: 97%*

	Project Delivery					Budget				People				Overall RAG Status & Trend							
Owner: Una Lane	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Skills &amp; competency testing for doctors without a prescribed connection</b>	✓	✓	✓	✓				→				→				→				→	

- Mailing campaign was sent to 3,445 doctors with no prescribed connection to updated them on the revalidation assessment in October. By the end of November 36% of that group changed their status including gaining a connection, withdrawing their licence or voluntarily erasing from the register.
- Project is on track and will be completed and handed over to Revalidation Operations in January. The first round of first notices will be sent on 18 Jan.

# 4) Revalidation (2 of 2)

**Overall Priority Status**

Previous Period	Current Period	Trend	Next period
		→	

**Linked Strategic Aim(s)** • **Strategic aim 2: Help raise standards in medical education and practice**

## Delivery Activities

	Project Delivery								Budget				People				Overall RAG Status & Trend				
	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
Owner: Una Lane								→				→				→				→	
<b>Evaluation of Revalidation</b>	✓	✓	✓	✓				→				→				→				→	

- All milestones for 2015 are complete. Evaluation on track for completion in 2018.
- The interim report from the researchers is on schedule to be provided to us at the end of January with a plan to publish it within two to three months to be finalised.

# 5a) Fitness to practise and the Law Commission reform programme

**Overall Priority Status**

Previous Period	Current Period	Trend	Next period
		→	

**Linked Strategic Aim(s)**      • **Strategic Aim 3: Improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety.**

## Delivery Activities

	Project Delivery									Budget				People				Overall RAG Status & Trend			
	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Owner: Anthony Omo</b>																					
<b>Law Commission</b>	✓	✓	✓	✓				→				→				→				→	

- Milestones in November 2015 on track.

	Project Delivery									Budget				People				Overall RAG Status & Trend			
	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Owner: Howard Matthews/Anthony Omo</b>																					
<b>Section 60 and rules</b>	✓	✓	✓	✓				→				→				→				→	

- System releases and changes and Go live on track.

<h1>5b) Changes to fitness to practise procedures and responding to the increase in workload (1 of 3)</h1>	<b>Overall Priority Status</b>	Previous Period	Current Period	Trend	Next period
				↑	

<b>Linked Strategic Aim(s)</b>	<ul style="list-style-type: none"> <li>• <b>Strategic Aim 3: Improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety.</b></li> </ul>
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**Delivery Activities**

	Project Delivery					Budget				People				Overall RAG Status & Trend							
Owner: Anthony Omo	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>FTP operations</b>					✓			→				→				→				→	

- Analysis of volumes; forecast SLA performance
- *All SLAs were met in November*

	Project Delivery					Budget				People				Overall RAG Status & Trend							
Owner: Anthony Omo	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Sanctions Guidance</b>	✓	✓	✓	✓		PROJECT COMPLETE															

- Updated guidance published in August
- All 2015 milestones now complete

5b) Changes to fitness to practise procedures and responding to the increase in workload (2 of 3)	Overall Priority Status	Previous Period	Current Period	Trend	Next period
				↑	

**Linked Strategic Aim(s)**      • **Strategic Aim 3: Improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety.**

**Delivery Activities**

	Project Delivery					Budget				People				Overall RAG Status & Trend								
Owner: Anthony Omo	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	
Pilot of assurance assessments	✓	✓	✓	✓				→				→				→				→		
<ul style="list-style-type: none"> <li>Milestones on track in November.</li> </ul>																						

	Project Delivery					Budget				People				Overall RAG Status & Trend								
Owner: Anthony Omo	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	
Changes to publication & disclosure policy	✓	✓	✓	✓		PROJECT COMPLETE																
<ul style="list-style-type: none"> <li>All 2015 milestones now complete</li> </ul>																						

# 5b) Changes to fitness to practise procedures and responding to the increase in workload (3 of 3)

**Overall Priority Status**

Previous Period	Current Period	Trend	Next period
		→	

**Linked Strategic Aim(s)**

- **Strategic Aim 3: Improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety.**

## Delivery Activities

	Project Delivery					Budget				People				Overall RAG Status & Trend							
Owner: Anthony Omo	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Develop use of provisional enquiries</b>	✓	✓	✓	✓		PROJECT COMPLETE															

- All milestones for 2015 complete.

	Project Delivery					Budget				People				Overall RAG Status & Trend							
Owner: Anthony Omo	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Work with systems regulators</b>	✓	✓	✓	✓				→				→				→				→	

- Milestones in November 2015 on track.



# 5c) Supporting those involved in our investigations (2 of 2)

**Overall Priority Status**

Previous Period	Current Period	Trend	Next period
		→	

<b>Linked Strategic Aim(s)</b>	<ul style="list-style-type: none"> <li>• <b>Strategic Aim 2: Help raise standards in medical education and practice</b></li> <li>• <b>Strategic Aim 3: Improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety.</b></li> <li>• <b>Strategic Aim 5: Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions</b></li> </ul>
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## Delivery Activities

	Project Delivery					Budget				People				Overall RAG Status & Trend							
	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
Owner: Anthony Omo																					
<b>Roll out of meetings with doctors</b>	✓	✓	✓	✓		PROJECT COMPLETE															

- Roll out of meetings with doctors completed Oct 2015.
- Go live complete Oct 2015.

# 6) Broader aspiration for reform and taking forward the legislative programme arising from the Law Commission report

Overall Priority Status	Previous Period	Current Period	Trend	Next period
			→	

**Linked Strategic Aim(s)**

- Strategic aim 3: Improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety.
- Strategic aim 5: Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions

## Delivery Activities

	Project Delivery					Budget				People				Overall RAG Status & Trend							
	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
Owner: Paul Buckley								→				→				→				→	
<b>Support policy development to ensure fitness for purpose of the Law Commission Bill</b>	✓	✓	✓					→				→				→				→	

- Milestones in November 2015 on track.

# 7) Communications strategy and engagement with key interests

**Overall Priority Status**

Previous Period	Current Period	Trend	Next period
		→	

**Linked Strategic Aim(s)** • Strategic aim 4: Work more closely with doctors, medical students and patients on the frontline of care

## Delivery Activities

	Project Delivery					Budget				People				Overall RAG Status & Trend							
Owner: Paul Buckley	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Develop communications and engagement strategy</b>	✓	✓	✓					→				→				→				→	

- Workstreams: Narratives / PPI / Board and Engagement in track for completion December 2015.

	Project Delivery					Budget				People				Overall RAG Status & Trend							
Owner: Paul Buckley	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Develop digital media strategy</b>	✓	✓	✓					→				→				→				→	

- Milestones in November 2015 on track.
- This piece of work is ongoing and will continue in 2016.

# 8) Fairness and disproportionality in our regulatory activities

**Overall Priority Status**

Previous Period	Current Period	Trend	Next period
		→	

**Linked Strategic Aim(s)**

- Cross-cutting organisational value: Fairness – we treat everyone fairly

## Delivery Activities

	Project Delivery					Budget				People				Overall RAG Status & Trend							
Owner: Judith Hulf	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Differential attainment</b>	✓	✓	✓	✓		PROJECT COMPLETE															

- 2015 milestones for project complete.

	Project Delivery					Budget				People				Overall RAG Status & Trend							
Owner: Anthony Omo	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Understanding the overrepresentation in our fitness to practise procedures</b>	✓	✓						→				→				→				→	

- Case bundles have been prepared and the redaction of the material is almost complete. We have provided part 1 of the training necessary for the researchers to remake the decisions. Part 2 is scheduled for February 2016. We are ready to begin transferring the bundles to the researchers. This will begin once some contractual issues have been resolved with UCL.

# 9) Chief Operating Officer’s Review, ambition for efficiencies across the organisation and future strategy (1 of 2)

<b>Overall Priority Status</b>	Previous Period	Current Period	Trend	Next period
			→	

**Linked Strategic Aim(s)**      • **Strategic aim 5: Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions.**

## Delivery Activities

	Project Delivery					Budget				People				Overall RAG Status & Trend							
	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Owner: Neil Roberts</b>																					
<b>Champion the GMC's corporate efficiency programme</b>	✓	✓	✓	✓	✓			→				→				→				→	

- Quarterly report on track for end of Q4.

<h1 style="margin: 0;">9) Chief Operating Officer’s Review, ambition for efficiencies across the organisation and future strategy (2 of 2)</h1>	<h2 style="margin: 0;">Overall Priority Status</h2>	Previous Period	Current Period	Trend	Next period
				→	

Linked Strategic Aim(s)	<ul style="list-style-type: none"> <li>• Strategic aim 5: Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions.</li> </ul>
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**Delivery Activities**

	Project Delivery								Budget				People				Overall RAG Status & Trend				
	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
Owner: Neil Roberts																					

<b>Transformation programme</b>	PROJECT CLOSED.
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- This project will be closed from monitoring. Individual projects are being created and will be reported under Implementation of the Change Programme priority in 2016 and from next Council.

# 10) Understand the context in which doctors practise (1 of 2)

**Overall Priority Status**

Previous Period	Current Period	Trend	Next period
		↑	

**Linked Strategic Aim(s)**      • **Strategic aim 1: Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients**

**Delivery Activities**

	Project Delivery					Budget				People				Overall RAG Status & Trend							
Owner: Paul Buckley	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Relationship management – include MOUs and partnerships</b>	✓	✓	✓	✓				→		NA	NA	NA	NA			→				→	

- Project is on track for MoUs with Royal Colleges and Health Education England being taken forward by Education & Standards.

	Project Delivery					Budget				People				Overall RAG Status & Trend							
Owner: Paul Buckley	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Promoting professionalism activities</b>	✓	✓	✓	✓	✓	PROJECT COMPLETE															

- Delivery of fifth and final event of 2015 complete in November.
- The events will now be taken forward was BAU in 2016.

# 10) Understand the context in which doctors practise (2 of 2)

**Overall Priority Status**

Previous Period	Current Period	Trend	Next period
		↑	

**Linked Strategic Aim(s)** • **Strategic aim 1: Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients**

## Delivery Activities

	Project Delivery					Budget				People				Overall RAG Status & Trend							
Owner: Judith Hulf	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Confidentiality</b>	✓	✓	✓					↑				→				→				→	

- The go live date has changed to Nov 2016. Revised estimates of the time needed to carry out analysis and redraft ahead of going to Council in September 2016 based on updated assessment of the legal/ethical/political complexities surrounding several key issues covered within the draft guidance. To note: Project go live date will not be fully set until the end of the consultation and the scale is known (therefore November 2016 is an estimated date)
- Final review of guidance date changed to Oct 2016.

	Project Delivery					Budget				People				Overall RAG Status & Trend							
Owner: Judith Hulf	Business Case	Project Initiation	Project Planning	Project Delivery	BAU	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period	Previous Period	Current Period	Trend	Next period
<b>Cosmetic Practice</b>	✓	✓	✓					→				→				↑				↑	

- Significant change in October as go-live was been moved to April 2016 from March 2016 in agreement with external partners.
- SPB and Council approval milestones also changed to February 2016 due to revised estimates of the time needed to carry out the analysis and redraft.
- The project is now on track as per revised and agreed timelines.



## M4 – Chief Operating Officer's Report

## M4 – Annex B

### 2015 Income and Expenditure

#### Revenue Budget

- 1 The income and revenue expenditure figures to the end of November 2015, and the latest forecast to the end of the year, are:

Financial Summary as at November 2015	Budget Jan - Nov	Actual Jan - Nov	Variance		Budget Jan - Dec	Forecast Jan - Dec	Variance	
	£000	£000	£000	%			£000	£000
<b>Income</b>								
Annual retention fees	81,459	80,816	(643)	(1)%	89,400	88,750	(650)	(1)%
Registration fees	4,063	3,637	(426)	(10)%	4,264	3,680	(584)	(13)%
PLAB fees	1,178	1,432	254	22%	1,262	1,399	137	11%
Certification fees	3,021	3,377	356	12%	3,114	3,407	293	9%
Investment income	1,167	467	(700)	(60)%	1,400	526	(874)	(62)%
Other income	193	339	146	76%	200	376	176	88%
<b>Total Income</b>	<b>91,081</b>	<b>90,068</b>	<b>(1,013)</b>	<b>(1)%</b>	<b>99,640</b>	<b>98,138</b>	<b>(1,502)</b>	<b>(2)%</b>
<b>Expenditure by cost type</b>								
Direct staffing costs	49,425	48,351	1,074	2%	53,969	53,078	891	2%
Indirect staffing costs	3,079	2,529	550	18%	3,410	3,119	291	9%
Office costs	5,648	4,814	834	15%	6,177	5,610	567	9%
Accommodation costs	6,110	5,984	126	2%	6,694	6,586	108	2%
Legal costs	4,853	4,451	402	8%	5,341	4,893	448	8%
Professional fees	2,191	2,118	73	3%	2,582	2,790	(208)	(8)%
Council & members costs	372	373	(1)	(0)%	405	418	(13)	(3)%
Panel & assessment costs	15,746	14,153	1,593	10%	16,835	15,658	1,177	7%
Depreciation	6,236	6,147	89	1%	6,820	6,715	105	2%
New Initiatives Fund	181	181	0	0%	250	224	26	10%
PSA Levy	480	240	240	50%	600	300	300	50%
Unallocated efficiency savings	462	0	462	100%	544	(50)	594	109%
Consultancy	769	635	134	17%	1,000	920	80	8%
<b>Total Expenditure</b>	<b>95,552</b>	<b>89,976</b>	<b>5,576</b>	<b>6%</b>	<b>104,627</b>	<b>100,261</b>	<b>4,366</b>	<b>4%</b>
<b>Surplus/deficit</b>	<b>(4,471)</b>	<b>92</b>	<b>4,563</b>		<b>(4,987)</b>	<b>(2,123)</b>	<b>2,864</b>	

- 2 There is a surplus at the end of November of £92k, compared to a budgeted deficit for the period of £4,471k. Income is 1% under expectations and expenditure is 6% under budget.
- 3 We have carried out a desktop review of the full-year forecast made in the summer and updated it where necessary. The year to date figures, for some cost types, are lower than the forecast as there will be year-end provisions which do not yet appear in the November figures.

#### *Principal variances*

- 4 Annual retention fees are under budget due to natural variations in the pattern of registration status changes during the year, and an increase in income discount applications. A proportion of income discount applications are applied for at the end rather than the start of the registration year, and so are difficult to forecast.
- 5 Registration fee income is under budget as the number of EEA applications and international medical graduate (IMG) applications are lower than budgeted.
- 6 PLAB fees are above budget as the pass rate for PLAB 1 is higher than anticipated leading to additional PLAB 2 tests. Specialist Registration fees are above budget as the volume of granted CESR/CEGPR applications was higher than predicted, but overall Specialist Registration applications were lower than the previous year in 2015.
- 7 The forecast for investment income is under budget as we have delayed placing money with fund managers while we reviewed the investment policy. This is expected to go ahead in January 2016.
- 8 Direct staffing costs are under budget due to vacancies. There are 50 vacancies as at the end of November. In some cases there have been delays in recruitment, and in some cases posts have been filled through internal promotions leaving backfill posts vacant.
- 9 Indirect staffing costs are under budget on recruitment, due to the delay in some new posts being filled. Training costs are currently under budget due to a difference between the planned and actual timing of courses delivered to date. We expect costs to move closer to budget by the end of December.
- 10 Office costs are currently under budget. Postage and stationery costs, and project work are under budget, and savings have been generated on IS support contracts by reviewing the scope and coverage of our requirements. We will make provision in the year-end accounts for work delivered but not yet invoiced.
- 11 Accommodation costs are under budget due to a small rebate on business rates at Hardman Street, and security costs for hearings have been lower than anticipated (this is dependent on specific case requirements).

- 12** Legal costs are lower than budget as more Rule 12 work is being handled in-house rather than by external legal advisers.
- 13** Professional fees are currently under budget, but we forecast costs to be over budget at year-end. Pension management fees are linked to the value of the scheme assets, which have grown significantly so far this year, and so costs will exceed budget. Also, more research work is expected to be commissioned before year end.
- 14** Council and member costs are marginally higher than budgeted, due to additional costs to support Council seminars and the new Investment Sub-Committee.
- 15** Panel and assessment costs are currently under budget due to fewer expert reports being commissioned than planned to date, lower volumes attending panel induction training, and fewer hearing days than planned. We expect the number of hearing days to be under original expectations at year end.
- 16** Depreciation is slightly under budget due a difference between the planned and actual completion dates of capital projects.
- 17** New Initiatives Fund expenditure relates to the Section 60 programme manager, the new business planning central team and projects covering e-books, UK medical education data warehouse and the development of the patient safety intelligence forum.
- 18** The PSA levy has now been confirmed. Costs to be borne by the regulators in 2015 are now lower than originally anticipated.
- 19** Efficiency targets are held on a separate line initially and then reallocated to specific budget heads as projects are identified. The latest forecast for confirmed efficiencies at the end of the year is £3,140k, which is £544k above the 2015 target.
- 20** Consultancy spend is under budget as some work has been deferred to 2016.

### **Capital expenditure**

- 21** 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.

**22** Capital expenditure to the end of November 2015 is:

Capital Programme as at November 2015	Budget Jan - Nov	Actual Jan - Nov	Variance		Budget Jan - Dec	Forecast Jan - Dec	Variance	
	£000	£000	£000	%	£000	£000	£000	%
Facilities Projects	1,152	577	575	50%	1,204	873	331	27%
IS Projects	5,050	4,383	667	13%	5,455	5,111	344	6%
			0					
Data Strategy project	844	444	400	47%	896	651	245	27%
Website Design	50	0	50		50	50	0	0%
MPTS - Paperless Hearings	80	14	66	83%	120	120	0	0%
MPTS - Forecasting Software	7	0	7		10	0	10	100%
<b>Total</b>	<b>7,183</b>	<b>5,418</b>	<b>1,765</b>	<b>25%</b>	<b>7,735</b>	<b>6,805</b>	<b>930</b>	<b>12%</b>

**23** Facilities capital projects are currently £575k under budget, due to delays to some office projects including the replacement of VC units, St James Building air conditioning, and ad hoc office fit outs. A number of projects at Euston Road have been deferred.

**24** IS capital projects are £667k under budget as there has been reduced spend on Siebel releases/updates and some development work has been deferred.

**25** The level of spend on the Data Strategy project has been lower than originally anticipated.

**Summary**

**26** At the end of November income is 1% under budget and expenditure is 6% under budget. Expenditure is forecast to be around 4% under budget at year end due to work in progress accruals and year end provisions.

## M4 – Chief Operating Officer’s Report

### M4 – Annex C

1 The table below provides a summary of appeals and judicial reviews as at 12 January 2016:

	Open cases carried forward since last report	New cases	Concluded cases	Outstanding cases
s.40 (Practitioner) Appeals	15	7	7	15
s.40A (GMC) Appeals	0	0	0	0
PSA Appeals	1	1	0	2
Judicial Reviews	7	7	7	7
IOP/IOT Challenges	0	3	1	2

#### *Explanation of concluded cases*

- 2 Appeals:
- a 1 appeal successful in part
  - b 4 appeals dismissed
  - c 2 appeals withdrawn

### 3 Judicial Reviews

- a 1 successful.
- b 3 permission refused
- c 1 dismissed
- d 1 withdrawn
- e 1 has been re-classified as a different kind of claim (not judicial review).

*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*

- 4 There have been three new applications to challenge to an IOT order since the last report. One of these has already been settled via consent. The status of the two remaining ongoing claims are as follows:
- a One is awaiting a hearing date
  - b The other is listed for hearing on 9 February 2016.

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

There has been one new PSA referral since the previous report. The current statuses on the two referrals are as follows:

- a One is listed for 28 April 2016
- b One is awaiting listing of a hearing date.

*Any other litigation of particular note*

- 5 We continue to deal with a range of other litigation, including cases before the Employment Tribunal, the Employment Appeals Tribunal.
- 6 The table below provides a detailed breakdown of outstanding appeals as of 12 January 2016.

<b>No</b>	<b>Case</b>	<b>Decision appealed</b>	<b>Current status</b>
<b>1</b>	<b>A</b>	Appeal against Medical Practitioners Tribunal decision.	Awaiting judgment for the court. Judgment reserved following hearing on 8 December 2015 and due to be handed down on 15 January 2016.
<b>2</b>	<b>B</b>	Appeal against Medical Practitioners Tribunal decision.	Hearing listed for 18 January 2016.
<b>3</b>	<b>Bi</b>	Appeal against Medical Practitioners Tribunal decision.	Hearing listed for 7 February 2016.
<b>4</b>	<b>Ca</b>	Appeal against Medical Practitioners Tribunal Sanction.	Awaiting hearing date for substantive appeal.
<b>5</b>	<b>Ch</b>	Appeal against Medical Practitioners Tribunal decision.	Hearing listed for 10 May 2016.
<b>6</b>	<b>Ge</b>	Appeal against Medical Practitioners Tribunal decision.	Awaiting hearing date.
<b>7</b>	<b>Go</b>	Appeal against Medical Practitioners Tribunal decision.	Awaiting hearing date.
<b>8</b>	<b>Je</b>	Appeal against Medical Practitioners Tribunal decision.	Awaiting hearing date.
<b>9</b>	<b>Jo-O</b>	Appeal against Medical Practitioners Tribunal decision.	Hearing listed for 15 March 2016.
<b>10</b>	<b>L</b>	Appeal against Medical Practitioners Tribunal determination.	Hearing listed for 4 February 2016.
<b>11</b>	<b>M</b>	Appeal against Medical Practitioners Tribunal decision.	Awaiting hearing date.

No	Case	Decision appealed	Current status
12	P	Appeal against Medical Practitioners Tribunal determination.	The GMC have agreed that the appeal be stayed until the conclusion of the criminal investigation.
13	Se	Appeal against Medical Practitioners Tribunal decision.	Awaiting hearing date.
14	Sh	Appeal against Medical Practitioners Tribunal determination.	Awaiting hearing date.
15	T	Appeal against Medical Practitioners Tribunal Sanction.	Hearing date in November 2015 vacated by court. Awaiting further listing or disposal.

7 The table below provides a detailed breakdown of outstanding judicial reviews as 12 January 2016.

No	Case	Claim	Current status
1	A	Judicial Review to challenge GMC guidance of assisted suicide case	Following dismissal of the application for judicial review by the Divisional Court in July 2015, Claimant has now been granted permission to appeal against that decision to the Court of Appeal. This matter has therefore been re-opened.
2	B	Judicial Review claim regarding the GMC’s decision to refuse the doctor’s application for restoration.	Following dismissal of the application for judicial review by the Administrative Court in July 2015, Claimant has now been granted permission to appeal against that decision to the Court of Appeal. This matter has therefore been re-opened.



<b>No</b>	<b>Case</b>	<b>Claim</b>	<b>Current status</b>
<b>3</b>	<b>D</b>	Judicial Review claim to challenge the Rule 12 decision.	Acknowledgement of Service and Summary Grounds of Resistance filed by GMC. Awaiting decision on permission.
<b>4</b>	<b>G</b>	Judicial Review of the sanction decision of the Investigation Committee.	Acknowledgement of Service and Summary Grounds of Resistance filed by GMC. Awaiting decision on permission.
<b>5</b>	<b>L</b>	Judicial Review against two decisions on the Medical Practitioners Tribunal determinations.	Awaiting judgment from the court. Judgment reserved following hearing on 24 & 25 November 2015.
<b>6</b>	<b>R (B)</b>	This is a claim for Judicial Review by the Claimant challenging the lawfulness of Rule 6(b) of the General Medical Council (Legal Assessors and Legally Qualified Persons) Rules 2015.	Acknowledgement of Service and Summary Grounds of Resistance filed by GMC. Awaiting outcome of further consideration by the court of the Claimant's application for urgent consideration.
<b>7</b>	<b>W</b>	Judicial Review challenging advice of Case Examiner at Rule 8 stage.	Awaiting decision on permission/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 of a related Rule 12 procedure which remains ongoing.