General Medical Council

Agenda item:	10
Report title:	**EFQM Rollout Strategy**
Report by:	**Sunil Kapur**, Assistant Director Quality Assurance and Continuous Improvement, sunil.kapur@gmc-uk.org, 0161 923 6654
Action:	**To consider**

Executive summary

In April 2015, the Board approved the adoption of the European Foundation for Quality Management model. During 2015, the Quality Assurance and Continuous Improvement team were due to develop an implementation plan, which would include a preliminary assessment of the organisation against the model.

The first part of the plan was completed in 2015. The project was then put on hold pending the finalisation and implementation of elements of the Change Programme. The preliminary assessment is at Annex A. We now propose to start the second phase as described in this paper.

Recommendations

The Performance and Resources Board is asked to approve:

a The second phase of the European Foundation for Quality Management plan.
b Decide on a start date for the second phase.

Working with doctors Working for patients

Background

1   European Foundation for Quality Management (EFQM) is a widely-used methodology for the assessment of key strengths and potential gaps in relation to an organisation's stated vision and mission. We already use a wide range of performance measures, management tools and techniques, but EFQM will help provide a holistic view of the organisation.

2   The key to a successful implementation of EFQM is ensuring that it is delivered in a way that is complementary to the organisation's existing systems and that key stakeholders understand the value it can add.

3   EFQM is made up of three components. The first is the 'Fundamental Concepts of Excellence'. These are eight underlying principles that can generally be mapped to an organisation's existing values.

4   The second and more significant part is the excellence model itself. This is made up of five enablers and four results sections. Each of these is then broken down into their component parts.

   a   Leadership (enabler).

   b   Strategy (enabler).

   c   People (enabler).

   d   Partnerships and resources (enabler).

   e   Processes, products and services (enabler).

   f   Customer results.

   g   People results.

   h   Society results.

   i   Business results.

5   The aim is to collect evidence of the organisation's performance against each of the enablers and results as part of our evaluation.

6   The third component is called RADAR. This is an assessment framework and is used to understand such things as how well a particular initiative has been deployed. RADAR is a four stage model:

   a   Results.

   b   Approaches.

    c Deploy.

    d Assess and refine.

Approach

7   During 2015 we planned to undertake and complete two tasks. The first was to train internal resources in EFQM assessment. This would negate the future need to bring in external resources. We successfully trained six assessors.

8   The second task was to collect evidence against the enablers and results. This was completed in 2016 as a desk-based exercise and consequently is very much a partial assessment of the GMC's positon. Ideally we would have then engaged with staff to validate and extend our findings through the RADAR assessment. However, the development and roll out of the change programme in Quarter 4 2016 precluded this.

9   Now that the majority of the programme relating to the relocation of work has been completed we are in a position to undertake the next part of the EFQM assessment, the RADAR assessment.

Phase two

10   We propose spending three/four months engaging with the organisation to validate our findings and undertake the RADAR assessment. We would first seek to identify individuals within the organisation who have the required insight into the enablers and results. They would be our main points of contact.

11   We would then run a series of workshops with the key individuals and their teams where we work through RADAR. For example, we would work with colleagues from Human Resources to support the review of both People and People results.

12   The workshops and data collection activities would be supported by the Central Business Planning Managers (CBPM). The CBPM would be trained on the concepts of EFQM.

13   Writing up the report and further clarifications sessions would be followed by the executive review phase. The executive would work through the enablers and results in facilitated workshops. The output from these sessions would be series of actions for the business. For example, if the findings showed that the deployment of parts of our strategy could be improved, we would need to develop action plans to rectify this.

14   Conversely the findings may show that a particular enabler or result is performing at a level acceptable to the executive and no action is required. It is expected that, depending upon availability, these sessions would be delivered over a two-month period.

15 Overall, the EFQM assessment and follow up actions would support the achievement of our strategic aims and the delivery of excellence in our business as usual activities.

Phase two – second option

16 Alternatively the assessment could be scaled down to focus on just one enabler. There is a natural cross-over between the enablers, but a substantive assessment could be undertaken that would provide insight into the usefulness and potential resource burden a full assessment would entail.

17 The steps would be the same, but the timings and resource demands across the GMC would be reduced.

Key considerations

18 The assessment will require committed resources from across the organisation and therefore it is important that if the work is to be taken forward it fits within the organisation's priorities.

19 If a full assessment is undertaken and new organisational priorities are identified, the EFQM assessment would be at least in part redundant.

Timings

20 The key consideration for the timings of the EFQM implementation will be the availability of staff, and in particular those with the right level of insight to support the assessment. It is expected that in the first six months of 2016 a considerable amount of time and resources will be spent on managing the recruitment of staff and the transition of processes and knowledge. This would have a negative impact on our ability to deliver phase two.

21 The start date is for discussion and there is an expectation that we need to balance expediency with a realistic view of staff availability.

General
Medical
Council

10 – Annex A

GMC EFQM report 2016

Purpose of the paper

1   This paper sets outs the results of the initial internal European Foundation for Quality Management (EFQM) assessment of the GMC. As is standard with an EFQM assessment, the paper sets out the areas of good practice and the opportunities for improvement for the enablers and results as defined within EFQM.

Limitations

2   Information was gathered from the GMC intranet, GMC internet and other documents that the Assessment Team were aware of. It is therefore important to note that there are limitations to what information has been identified in the report.

3   As we didn't engage with GMC colleagues who would have specialised knowledge of the enablers and results, it is expected that there will be further insight for us to capture.

4   It should also be noted that the evidence collected was correct as at the end of 2015 and has not been updated.

Enablers

5   In the following section we describe each enabler as set out by EFQM. This is followed by commentary on our related strengths and areas for development. Areas for development have only been included where we have been able to substantiate any findings through survey results or other data sources. We have not sought to include the development opinions of the Assessment Team.

Leadership

EFQM criterion definition

6   The first enabler is leadership. The criterion is broken down into the five parts and is described by EFQM as:

Excellent organisations have leaders who shape the future and make it happen, acting as role models for its values and ethics and inspiring trust at all times. They are flexible, enabling the organisation to anticipate and react in a timely manner to ensure the ongoing success of the organisation.

Part 1a – *Leaders develop the mission, vision, values and ethics and act as role models.*

Strengths

- The purpose of the organisation is clearly stated within the Medical Act. How this purpose is delivered is in-turn laid out in the corporate strategy and the strategic aims. These are directly linked to the corporate *values*.

- The leadership structure is well defined, highly visible and is underpinned by the code of conduct in the company handbook.

- Change is led through structured frameworks with clear goals and objectives.

- The organisation's *values* have been developed in consultation with all staff. They are effectively communicated and there is evidence that staff are generally aware of the corporate *values*.

- The *values* are integrated into the performance management system and all staff are required to evidence how they support the delivery of the values.

- We invest in our leadership through bespoke training courses.

- An annual research report which brings together a view of the organisation's research is reviewed by the Strategy and Policy Board (SPB).

Part 1b – *Leaders define, monitor, refine and drive the improvement of the organisation's management system and performance.*

Strengths

- There are established governance systems in place and process performance is reported locally, to the executive and Council through formal reporting. The main review mechanism is through the Performance and Resources Board (PRB).

- Performance targets are set for all key processes. There is an emphasis on meeting those targets agreed with our external regulator. Where targets are not achieved, appropriate escalation methods are in place.

- A standardised approach to continuous improvement (CI) and quality assurance (QA) has been developed and is being introduced. CI projects are underway and a QA strategy has been developed.

- The organisation's performance management includes the monitoring of risks, financial management, corporate complaints, staff recruitment and retention.

- Changes to policies and procedures are reviewed through PRB and the Strategy and Policy Board (SPB).

Part 1c – *Leaders engage with external stakeholders*.

Strengths

- We engage widely with external stakeholders through many different forums.

- Formal consultations are in place as part of our policy development processes.

- SPB uses information and feedback collected from external stakeholders to inform GMC policy development.

- There are a wide range of mechanisms in place for engaging with stakeholders and recording the information gathered.

Part 1d – *Leaders reinforce a culture of excellence with the organisation's people*

Strengths

- The work of the staff is recognised through the Valued Awards scheme.

- The pay and benefits systems rewards staff for exceeding their objectives.

- Efficiency targets are set and monitored throughout the year. Best practice is shared across the organisation through the Efficiency Sub-group.

- The CI programme includes communications aimed at improving CI awareness and CI project leader training is available to all staff.

- Through engagement in activities such as IAMRA and the GMC conference, leaders provide an external message of a culture of excellence. The GMC strives to be a leading medical regulator.

Part 1e – *Leaders ensure that the organisation is flexible and manages changes effectively*.

Strengths

- The organisation has helped met the challenge of maintaining, and where possible reducing its cost base through the development of the change programme. The

change programme consists of five portfolios: reducing costs; income generation; innovation; working smarter; organisational design and capability.

- Each portfolio focus is sponsored by senior management and consists of a number of managed projects.

- Project methodologies are in place for projects. Full programmes are set-up, where required, with the appropriate governance arrangements. An example being the management of the organisational wide change programme, this included workstreams such as communications and facilities.

- The centralisation of some teams such as CI enables has reduced directorate's dependency on their own internal resources and has provided greater flexibility to meet business demands.

Strategy

7   The second criteria is strategy. This is broken down into the four parts and is defined as:

Excellent organisations implement their Mission and Vision by developing a stakeholder focused strategy. Policies, plans, objectives and processes are developed and deployed to deliver the strategy.

Part 2a - *Strategy is based on understanding the needs & expectations of both stakeholders and the external environment*

Strengths

- The GMC corporate strategy (2014 to 2017) has been developed with significant involvement of external stakeholders. The GMC also has significant resource invested in an intelligence unit that seeks to collect and analyse external information.

- We have also developed a series of complementary strategies. These include our customer services strategy, digital strategy and data strategy.

- The customer services strategy is about proactively providing a better experience for everyone that we deal with, both internally and externally.

- The data strategy sets out how we can use our internal data and external data sources more intelligently to become a better regulator.

- The digital strategy is about making the best use of online technology to support our processes and our communications.

- We deliver consultations as part of our policy development, ensuring that we engage with our stakeholders.

- We manage liaison groups that contribute to the collective intelligence of the organisation.

- Operational teams are involved in the development of our strategies to ensure they are deliverable within the desired timeframes and budgets.

- A policy forum has been created to share policy ideas across the organisation and deliver improvements to the policy development process.

- We undertake consultations as part of our policy development and implementation. These have included consultations on our publication and disclosure policy and medical student professional values.

- We are developing a UK medical licensing assessment.

- We have a dedicated European and International team that manages the GMC's relationships with overseas regulators, European institutions (such as the European Commission) and international organisations. We engage with European decision makers to influence and contribute to European policy and legislation.

- We collect hard and soft intelligence through the Regional Liaison Service, the Employer's Liaison Service and the devolved offices.

- Working closely with Medical Schools, Royal Colleges and Local Education and Training Boards/Boards we monitor the external educational environment.

Part 2b - *Strategy is based on understanding internal performance and capabilities*

Strengths

- Internal process performance is closely monitored and assessments are made as to our ability to deliver against our strategic goals. PRB formally review organisation performance. Where concerns about performance are raised, mitigations actions are identified and documented.

- As part of our QA strategy we undertake process maturity assessments. This helps us to identify where we should focus our process development resources.

- We work closely with partner organisations in the delivery of our strategic goals. For example working with Education partners in the delivery of our Data Strategy.

- We regularly review and refresh the technology required to support the delivery of our strategy. This has included the development of our information portals for doctors and stakeholders (GMC Online and GMC Connect).

- The PSA report allows for a comparison of our performance against other medical regulators.

Part 2c - *Strategy and supporting policies are developed, reviewed and updated*

Strengths

- We have an established four year strategy running from 2014 to 2017. This strategy is refreshed every four years and development of the next strategy will start in 2016,

- The organisation's strategic goals are clearly set out and all personal objectives must be linked to one of these strategic objectives.

- Policies are developed through specific policy development teams and reviewed through a robust governance framework, including potential approval by the SPB and Council.

- The delivery of our strategic goals is monitored through internal boards and Council.

- Local and organisational risk logs are maintained. These include risks relating to the delivery of our strategic goals.

Part 2d - *Strategy and supporting policies are communicated, implemented and monitored*

Strengths

- The delivery of the strategic goals is supported by comprehensive business planning. The plan includes business as usual goals and projects. The business plan is monitored centrally on a monthly basis.

- We report our performance to the PSA and receive feedback on our delivery against our regulatory objects. The report also enables us to compare GMC performance to that of other medical regulators.

- As part of the business planning process, an assessment of our ability to deliver our plan is reviewed from a financial and technological perspective.

People

8   The third enabler is people. This is broken down into five parts and is described by EFQM as:

Excellent organisations value their people and create a culture that allows the mutually beneficial achievement of organisational and personal goals. They develop the capabilities of their people and promote fairness and equality. They care for, communicate, reward and recognise, in a way that motivates people, builds commitment and enables tome to use their skills and knowledge for the benefit of the organisation.

Part 3a - *People plans support the organisation's strategy*

Strengths

- Our People Strategy sets out how our plans and priorities as an employer, and how we can support staff to contribute to our success.

- Periodical we undertake an exercise where we identify key staff. We then identify how we can mitigate the risk to the organisation of these staff leaving. This may include succession planning, cross skilling and process redesign.

- We have a staff Performance and Development process where objectives are linked to the organisation's strategic aims or core regulatory functions.

- Every two years a Staff Survey is conducted to seek feedback from staff to improve issues such as how we support career development, how we manage change, the way we work, our leadership and management styles and our HR policies and benefits.

- We have a Staff Forum which is a two way communication mechanism between staff and the SMT. This is a forum where ideas, suggestions and changes can be communicated and discussed.

- There are a range of learning activities, schemes, initiatives and tools available to staff to aid career development. This includes training, mentoring, management development and career development loans.

Part 3b - *People's knowledge and capabilities are developed*

Strengths

- Our leadership, Head of Section (HoS) and Step into Management programmes are designed to support professional development, help build on current knowledge and skills, enhance management competencies and behaviours. There is also 360 feedback for managers, mentoring and shadowing schemes, toolkits and 'skill pills'.

- There are a range of learning activities, schemes, initiatives and tools available to staff to aid career development. Including 'skill pills' for managers, Access to Training policy, L&D Surgery sessions, career development loans, mentoring and shadowing.

- In 2011 the GMC introduced an Apprenticeship Scheme as a way of offering young people an opportunity to gain a vocational qualification at the GMC.

Development areas

9   The results of the 2015 Staff Survey highlighted that staff felt that the GMC could do more to provide opportunities to work in different areas and to network and share ideas with people from other parts of the GMC.

Part 3c - *People are aligned, involved and empowered*

Strengths

- Employees are encouraged to participate in continuous improvement (CI) activity.

- Process guidance sets out staff roles and responsibilities. This helps to empower staff to deliver their work.

- The Social Committee develops and supports staff social groups across the GMC so that all staff have the opportunity to get involved in a range of social activities.

- The Internal Communications team regularly run consultations with staff to get their input on a range of initiatives.

- Brown bag lunches give staff the opportunity to meet senior management and industry experts to discuss aspects of our work, ask questions and have ideas heard.

- The Relationships and Campaigns team are a dedicated resource, responsible for scheduling, planning and co-ordinating the delivery of external communication and engagement activity. Through a relationship management system they ensure the organisation is engaging in the right way, at the right time with key stakeholders to support our corporate objectives.

Part 3d - *People communicate effectively throughout the organisation*

Strengths

- A number of communication channels exist within the organisation. These include: Inside Info, In Touch, GMC People, Webcast, Cascade, directorate meetings and afternoon tea with directors.

- Communities of practice and networks have been set up to encourage and share best practice across directorates. For example, Policy Network, Dater Users Network, Admin Support Network.

Development areas

- The 2015 Staff Survey revealed that staff think we can improve the processes by which staff make their views known to senior management

- There are inconsistencies in the approach directorates take in communicating messages. The staff survey also revealed that staff think directors could do more to interact and communicate well with staff.

Part 3e - *People are rewarded, recognised and cared for*

Strengths

- All employees are eligible for an annual pay award based on their end of year review grading. The pension scheme includes a pension, an option to take a tax-free cash sum, and death-in-service benefits. There are a number of other schemes available to staff, including Childcare vouchers, season ticket loans, GMC discounts and a cycle to work scheme.

- There are multiple flexible working arrangements to allow staff flexibility and promote a healthy work life balance. These include a flexible working hour's policy, scheduled home working and a range of leave and carer's policies.

- All staff are eligible to join the Private Medical Insurance scheme, have regular Health Screens, and be refunded the cost of an annual eyesight test.

- There is also an Employee assistance programme which offers confidential counselling and information to employees and their immediate family members.

- The Valued Recognition Scheme enables line managers (level 3 and above) to recognise exceptional contributions by nominating individuals or teams to their Director for a reward. Nominations and rewards can be presented throughout the year.

- The Valued Awards provide all staff with an opportunity to nominate a colleague or team for their outstanding contribution. These nominations are considered by a panel, chaired by the COO and representatives from the Staff Forum. Awards will be presented at the Valued Awards event at the end of the year.

- The Equality and Diversity policy sets out how we are meeting our aim of being a fair regulator and a fair employer. Our dignity at work policy gives everyone the right to be treated with dignity and respect. In addition to these policies, we have an annual wellbeing week for staff and support and promote awareness of events such as Pride festival, International Women's day, LGBT history month and Human Rights day.

- We have launched a number of initiatives to support equality and diversity of our external stakeholders, including vulnerable witnesses, patient support team, unrepresented doctors' review, suicides review.

- The Social Committee regularly organise activities to raise money for charities.

Partnerships and Resources

10   The fourth enabler is partnerships and resources. This is broken down into four parts and is described by EFQM as:

> *Excellent organisations plan and manage external partnerships, suppliers and internal resources in order to support their strategy, policies and the effective operation of processes. They ensure that they effectively manage their environmental and societal impact.*

Part 4a - *Partners and suppliers are managed for sustainable benefit*

Strengths
- Communication and engagement takes place with the media, politicians and our key interest groups across all parts of the UK and internationally to ensure our work is represented accurately. We seek to positively influence legislation and policy debates with the goal of enhancing patient safety.

- The Regional Liaison Service (RLS) allows us to listen and understand the needs of doctors, patients, medical students and other groups across England.

- Strategy and Communications are responsible for scheduling, planning and co-ordinating the delivery of the GMC's external communication and engagement activity.

- We carry out consultation exercises for a variety of reasons. In some instances, legislation (including the Medical Act 1983) requires us to consult. In other examples we may be looking to revise our rules, guidance, or operational policies.

- As a public sector body, procurement activity in the GMC is subject to the Public Contracts Regulations 2015 and we also have a GMC procurement policy.

Part 4b - *Finances are managed to secure sustained success*

Strengths

- The annual budget sets-out overall income, revenue and capital expenditure, allocations to directorates and projects, proposed fee levels and impact on reserves. Medium term financial forecasts are prepared annually. They cover a three year period and forecast likely expenditure, income and reserves over the period

- Senior managers ensure draft budgets reflect aims and objectives in the annual business plan. Draft budgets are scrutinised by Performance and Resources Board, Chief Operating Officer and Chief Executive, and are finally approved by Council.

- We regularly review our fees policy, adapting to the needs of the organisation and the doctors.

- An investment policy is in place to generate the best financial return within a defined level of risk.

- We have developed and implemented a procurement policy.

- The GMC holds funds to provide working capital, fund any risks that materialise, provide flexibility to respond to new initiatives and opportunities, and to manage the time lag in increasing/decreasing income.

Part 4c - *Buildings, equipment, materials and natural resources are managed in a sustainable way*

Strengths

- We maintain a business continuity plan and Health and Safety policies; details of which are available on our intranet.

- The Director of Resources and Quality Assurance is responsible for maintaining a fixed asset register. Disposal of assets is in accordance with procedures laid down by the Director of Resources and QA. The Investments sub-committee ensures the management of assets is consistent with the Investments Policy set by Council.

- The Green Group meets to discuss and identify new ways to reduce our carbon footprint as an organisation by; increasing the percentage of waste we send for recycling, reducing the resources we use and encouraging the use of sustainable resources.

Part 4d - *Technology is managed to support delivery of the strategy*

Strengths

- The Enterprise Systems team, are responsible for the development and support of the strategic business systems that are used across the GMC. The team work closely with representatives from operational teams to design and develop appropriate technical solutions.

- SLAs are in place for all business critical systems.

- The equipment provided to staff and the supporting infrastructure enables flexible working both on and off site.

- Systems are in place for the secure transfer or information between the GMC and our stakeholders.

- We are reviewing how we externally share information we hold about doctors.

- Applications are being developed to provide information and services to stakeholders.

- An online portal has been developed for doctor to undertake processes such as completing the National Training Survey.

- Technology supports the delivery of the National Training Survey, providing results from the survey quickly and with an interactive reporting tool.

Part 4e - *Information and knowledge are managed to support effective decision making and to build the organisation's capability*

Strengths

- The Chair and Chief Executive's support team are responsible for ensuring the Chair and Chief Executive receive best advice and support to lead the organisation. They are also responsible for ensuring that there is a good flow of information across the executive team and with key external stakeholders.

- SPB is an advisory forum for the Chief Executive. It is outward looking, focusing on the GMC's strategic aims and policy developments, and their impact on our key interest groups.

- The Performance and Resources Board is an advisory board for the Chief Operating Officer and complements the outward focus of SPB, concentrating on the work required for the GMC to achieve its purpose.

- The GMC intranet is available to all staff and includes access to information about the work of all corporate policy documents, many directorate/team work instructions and is used to communicate news and information corporately, and at directorate and team level as appropriate.

- The Intelligence and Insight Unit provides GMC wide insight and intelligence relating to GMC, doctors, and external environment. Our programme of research helps shape policy and decision making across the GMC. A range of resources and publications

exist that give insight and analysis of current medical practice, including the State of Medical Education and Practice in the UK report.

- Information security policies and processes have been awarded ISO27001 certification.

Processes, products and services

11 The fifth enabler is processes, products and services. It is broken down into five parts and is described by EFQM as:

Excellent organisations design, manage and improve processes, products and services to generate increasing value or customers and other stakeholders.

Part 5a – Processes are designed and managed to optimise stakeholder value

Strengths

- The organisation has a detailed Corporate Strategy and business plan spanning the whole organisation.

- We continually review and develop policies that underpin our processes and purpose. These are reviewed through the SPB. An example is guidance on professional duty of candour.

- All operational process owners have responsibility for the development and improvement of their processes. They are expected to account for the performance of the processes at a number of governance boards, including the PRB, and the SPB.

- Performance of the regulatory functions of the GMC is reported both internally and externally to the Professional Standards Authority for Health and Social Care. Internally, performance measures are scrutinised as part of the Operational Performance and Risk Review at the PRB.

- We have undertaken a review of corporate complaints and are seeking ISO accreditation.

Part 5b - *Products and services are developed to create optimum value for customers*

Strengths

- We have a published Customer Strategy that is about proactively providing a better experience for everyone that we deal with, both internally and externally.

- We have a planned programme of consultation and publish details of these consultation exercises with stakeholders on its website.

- The GMC internet provides information to doctors, the public and stakeholders about all functions of the GMC including details and access to applying for registration, making complaints to Fitness to Practise, accessing publications and consultations.

- The website includes extensive guidance for doctors and patients interacting with the GMC.

Part 5c - *Products and services are effectively promoted and marketed*

Strengths

- We are developing GMC Services. As the medical regulator we have expertise in a number of areas which puts us in a strong position to provide services for other organisations. GMC Services brings potential to generate new sources of revenue and help raise the standards of medical education, training and regulation in other countries.

- The GMC has a number of dedicated communications teams who are responsible for developing marketing strategies, and for communicating the effectiveness of the products and services offered.

- In 2014 we undertook a Chief Executive Steering Group survey. This included comparison of data from other regulators on number of registrants, complaints and serious outcomes.

Part 5d - *Products and services are produced, delivered and managed*

Strengths

- The organisation's key processes are supported by detailed guidance, each with a recognised process owner and the details of the effective management of the processes are regularly reported to internal governance structures.

- The information systems include detailed measurement dashboards that support the management of many of our products/services. Real time information can also be sought from the information system work queues.

- The GMC has a Human Resources People Strategy which details how issues of resourcing are planned and managed.

Part 5e - *Customer relationships are managed and enhanced*.

Strengths

- We provide a high level of service through the Contact Centre. The Centre responds to over 190,000 calls and 100,000 emails a year.

- The Employer Liaison Service has been set up to facilitate closer working relationships between the GMC and Healthcare partners. The team focuses on matters relating to fitness to practise and revalidation.

- The devolved offices lead on our relationships and activity in Northern Ireland, Scotland and Wales. They both provide and capture local insight, intelligence and analysis that is specific to those countries. This function helps ensure that the GMC's policies and services are informed by the needs of the four countries.

- The GMC has a number of resources it can call upon to manage relationships with customers, and who have, as a core function, responsibility for ensuring that the GMC understands the needs of its differing customer groups.

- Our customer complaints process is modelled on ISO 10002 international standards and in January 2016 we achieved certification.

- We have reviewed the role of the devolved offices to ensure we meet the requirements of the four countries.

Results

12 The results section of the EFQM model gives an overview of the key results that an organisation has achieved. All results are broken down into two sections: perceptions and performance.

13 Within this report we have focused on the mechanisms we have in place to capture, report, monitor and review organisational results as opposed to summarising the results, performance and trends.

Customer Results

14 The first results section in the model is customers described by EFQM as:

Excellent organisations achieve and sustain outstanding results that meet or exceed the needs and expectations of their customers.

Parts 6a – *Perceptions*

15 These are the customer's perceptions of the organisation. These may be obtained from a number of sources, including surveys, focus groups, ratings, compliments and complaints.

Strengths

- Our consultation and research helps us to make sure that our policies and decisions are based on evidence. Research is prioritised to improve out impact, understand the needs and challenges of the profession and protect patients.

- The GMC conducts an annual tracking survey to test the perceptions of seven key audiences on a range of issues, including their confidence in the GMC as a medical regulator. The seven key groups are doctors, medical students, educators, public and patients, patient and doctor representative bodies, employers and members of parliament. The survey also tests respondents' views on the fairness of fitness to practise procedures and decisions, the impact of revalidation on medical practise, the GMC's current and future focus, our roles and responsibilities and our organisational values.

- An average of 87% of respondents stated that they had confidence in the GMC as a regulator. An average of 96% of respondents were confident in the medical profession. This indicates that we are achieving our regulatory obligations of maintaining the medical register, investigating fitness to practise concerns and ensuring good standards of medical education.

- We publish quarterly complaints reports which provide detailed analysis of complaints received by GMC and MPTS.

Development areas

16 The tracker survey showed that doctors had the lowest level of confidence as an individual group. Only 75% stated that they had confidence in the GMC. Of those that didn't, a large proportion stated this was due to distrust of regulators in general or because they felt regulators placed patient needs above doctors'.

Parts 6b – *Performance indicators*

17 These are the internal measures used by the organisation in order to monitor, understand, predict and improve the performance of the organisation and to predict their impact on the perceptions of its customers. These indicators should give a clear understanding of the deployment and impact of the organisation's customer strategy, supporting policies and processes.

- Our customer complaints process is modelled on ISO 10002 international standards and in January 2016 we achieved certification.

- We have developed a customer strategy and a roll out plan is being developed.

- The performance of our customer service through our Contact Centre is closely monitored. SLAs are in place for responding to calls and emails within set timescales. Operational measures of quality are in place and monitored.

- The performance of the majority of customer facing processes is monitored and reported.

- Performance is reported to the PRB and to Council on a regular basis. Where deficiencies are identified actions are agreed and monitored.

- The GMC hosts a UK Advisory forum. This supports Council's role in making sure the GMC has effective engagement with interest groups.

People results

18   The second results section is people. Described by EFQM as:

Excellent organisations achieve and sustain outstanding results that meet or exceed the needs and expectations of their people.

Parts 7a – *Perceptions*

19   These are people's perceptions of the organisation. These may be obtained from a number of sources, including surveys, focus groups, interviews and structured appraisals. These perceptions should give a clear understanding of the effectiveness, from the people's perspective, of the deployment and outcomes of the organisation's people strategy and supporting policies and processes.

Strengths

■   Over 80% of staff completed the 2015 Staff Survey. We scored a total of 78 out of 100 in the Employee Engagement Index. This is compared with a total of 69 in 2012 and places us in 12th place in a list of 65 organisations.

■   The Staff Survey results recorded positive staff responses in the following areas:

■   Staff understand the GMC's role and purpose and have a clear understanding of our values.

■   Staff are clear how their section and work contributes to the success of the GMC.

■   Staff believe the people in their team are committed to delivering high quality work.

■   Staff feel responsible for their own performance.

■   Staff feel the workplace is safe and well maintained.

Parts 7a – *Performance indicators*

20   These are the internal measures used by the organisation in order to monitor, understand, predict and improve the performance of the organisation's people and to predict their impact on perceptions. These indicators should give a clear understanding of the deployment and impact of the organisation's people strategy and supporting policies and processes.

■   Mid-year and end of year performance ratings are in place and monitored by senior management.

■   There are a suite of HR measures at team and organisational level including absence levels and staff turnover. All HR performance measures are reported to PRB.

■   Individual's training attendance is monitored, including mandatory training. Training session attendance is also monitored.

- There is a 'Valued Awards' scheme in place where staff are nominated by their colleagues.

- 360 reporting has been rolled out to parts of the business and the results are used as part of individual's development programmes.

- Career progression within the organisation is monitored.

- In 2015 we were awarded silver in the Employers Network on Equality and Inclusion. This is up from bronze in the same period in 2014.

Society results

21   The third results section in the model is Society described by EFQM as:

Excellent organisations achieve and sustain outstanding results that meet or exceed the needs and expectations of relevant stakeholders within society.

Parts 8a – *Perceptions*

22   This is society's perception of the organisation. This may be obtained from a number of sources, including surveys, reports, press articles, public meetings, Non-Governmental Organisations, public representatives and governmental authorities. These perceptions should give a clear understanding of the effectiveness, from society's perspective, of the deployment and outcomes of the organisation's societal and environmental strategy and supporting policies and processes.

Strengths

- The PSA Report 2014/2015 concluded that we (were one of only three Medical Regulators that) met the standards of Good Regulation.

- We commissioned independent research to understand how well each of our key audiences understand our role, and how they think we're performing against the priorities set out in our Corporate Strategy. Around 3000 doctors and medical students, 1500 patients and public, and 200 employers completed the survey, which ran during summer 2014. In addition, 37 stakeholder bodies, 30 educators and 19 parliamentarians took part. Overall, the results are positive and give a certain level of assurance that key audiences have confidence in the GMC and its work.

- The number of high profile public inquiries, investigations and reviews has increased over recent years, and we have developed a policy for handling external inquiries and reviews. We have a rigorous, co-ordinated and consistent approach. Examples of such dealings include:

- Suicide report,

- We commissioned an independent report into whistleblowing (Sir Anthony Hooper)

- Data Strategy in response to Mid Staffs and greater sharing with other regulators.

- Niall Dickson is chair and public representative for IAMRA. In 2014 we hosted the IAMRA conference which was the biggest and most diverse to date. 400 delegates attended from around the world.

- In 2015 we hosted a GMC conference. 500 delegates attended and explored the theme of creating a culture of openness, safety and compassion. The conference was deemed a success.

Parts 8b – *Performance indicators*

23 These are the internal measures used by the organisation in order to monitor, understand, predict and improve the performance of the organisation and to predict the impact on the perceptions of the relevant stakeholder within society. These indicators should give a clear understanding of the deployment and impact of the organisation's societal and environmental strategy and supporting policies and processes.

Strengths

- Heath, safety and welfare management is handled by procedures within our facilities infrastructure, whilst our HR policies cover welfare issues. Facilities have systems in place to meet our statutory obligations to assess risk, ensure safe systems of working, undertake inspections and record any accidents. Our accidents and incidents are recorded on an on-line health and safety management system (OSHENS). Our number of recorded accidents is low. In 2015 we had 12 accidents; in 2014 the figure was also 12. No accidents on GMC premises needed to be reported to the HSE. During 2015 we also had 6 medical incidents, where a member of staff or visitor become unwell whilst on GMC premises was attended by a first aider. In 2014 the figure was 7.

- We have a green group, led by facilities and represented by champions across the business. Although we haven't reported on any activity since mid-year 2015, we continue to do a lot of work. Historically we have launched the following green initiatives: confidential shredding, latest IS technologies (virtual blade servers), green stationary, video conferencing, cleaning products and food miles. The Cycle to work scheme is also extremely well represented across the organisation and participants continue to rise year on year.

- The Social Committee hold regular events across all our offices to raise money for our national charity, Alzheimer's Society and our regional charities (Klevis Kola Foundation and Christies). Last year the Social Committee raised over £2300 for charity).The PSA Report 2014/2015 concluded that the GMC (were one of only three Medical Regulators that) met the standards of Good Regulation.

Business results

24 The fourth results section in the model is Business described by EFQM as:

Excellent organisations achieve and sustain outstanding results that meet or exceed the needs and expectations of their business stakeholders.

Parts 9a – *Business outcomes*

25 There are the key financial and non-financial business outcomes which demonstrate the success of the organisation's deployment of their strategy. The set of measures and relevant targets will be defined and agreed with the business stakeholders.

Strengths

■   Financial performance is monitored against budget projections and is reported to the Performance and Resources Board and to GMC Council.

■   Income and expenditure figures are broken down into a number of categories. Variances between projected and actual figures is understood and accompanied by rationale.

■   The financial monitoring also assesses the performance against the budget of each directorate.   It also illustrates the savings achieved by business efficiencies and how these savings have been achieved.

■   All GMC Directorates submit monthly operational data sets for consideration by PRB. The operational data sets include data on performance against SLA targets and clearly identify those that have been missed. The reports also measures the volume of operational activities produced with a comparison against the previous year. In addition the performance of projects is reported against projected milestones and any updates on new or existing local and corporate risks.

■   The GMC also submits metric performance data to the PSA on an annual basis.

■   Complaints statistics are monitored and include a breakdown of what they related to, how they were received, which teams the complaints were directed at and brief notes to describe the reasons behind significant increases.