

To consider

Chief Executive's Report

Issue

- 1 This report sets out progress on our strategic aims and significant changes in our external environment since Council last met.
 - Section one: outlines developments in our external environment.
 - Section two: reports on progress on our strategy.
 - Section three: our operational performance.
- 2 This report also includes a further section to give an update on the GMC's operational performance including:
 - Annex A – Performance against service targets and volumes of activity – fitness to practise, registration and revalidation.
 - Annex B – Summary Information on Appeals and Judicial Reviews.
 - Annex C – 2014 Income and Expenditure.

Recommendation

- 3 Council is asked to consider the Chief Executive's report.

Chief Executive's Report

Introduction

Changes to the organisation

- 4 We are recruiting for the roles of Chief Operating Officer, and the Director of Education and Standards. We are in the process of long-listing for interview for both positions with a view to completing the process and making offers by the end of the second quarter of 2014.
- 5 Victoria Carson has been appointed as the new Head of Scotland Affairs and started work with us on 22 April 2014.
- 6 Mary Agnew has been appointed as the new Assistant Director, Standards and Guidance. Mary joins us from the Department of Health and will start work on 16 June 2014.

Section one — Developments in our external environment

Strategic risks and issues

Legislative reform

- 7 On 2 April 2014, the Law Commissions of the UK published their final report and draft Bill: *Regulation of Health and Social Care Professions Etc Bill*. The Bill provides for a single over-arching statute covering all professional healthcare regulators.
- 8 We strongly support the introduction of the Bill which to a substantial degree fulfils the aims set out in *Enabling Excellence*. When implemented, the Bill should give us the autonomy and flexibility to remain a leading edge regulator responsive to the changing needs of the public, the profession and health service, while keeping us accountable for what we do and how we do it. There are, however, a few key areas where we will be looking for changes to ensure that the Bill delivers the desired outcome.
- 9 We have provided the Department of Health with our initial response. This includes the importance we attach to achieving the right balance between consistency and autonomy; the need for government powers to be clear but limited to those areas where the intervention of the state is appropriate; the approach to our right of appeal against fitness to practise panel decisions; and the prescriptive nature of aspects of the Bill.
- 10 Given the need for legislative reform, we are keen for the Bill to be taken forward in the fourth session of this Parliament. If the Bill does not proceed in this session, we would wish there instead to be a process of pre-legislative scrutiny of a draft Bill, together with a Section 60 Order to address the need for urgent reform to our adjudication processes. In that event we would engage

fully with this process to ensure that the Bill was fit for purpose and that a future government would be in a position to take it forward swiftly.

Oversubscription of the Foundation 1 Year

11 On 25 April 2014, the British Medical Journal (BMJ) published an article that clearly set out our position on the proposal of moving the point of full registration. We have been clear that we have no objection in principle to moving the point of registration but the starting point must be patient safety and the quality of medical education, not the balancing of supply and demand in the medical workforce. Without careful planning, moving the point of registration could mean lower standards of entry to the medical register which is a move that we could not sanction. On 1 May 2014, the Department of Health published the Health Education England Mandate '*Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values*'. This stated that the Department of Health and Health Education England would work with us and others on a plan for an agreed way forward by June 2014.

Publication of Report on the outcomes of the PLAB examination

12 The BMJ has also published research we commissioned into the relative performance in postgraduate exams of UK graduates compared to doctors who had passed the Professional and Linguistic Assessments Board (PLAB) examination. This will inform the review of the examination which we expect will report later this year.

Responding to the Francis Report

- 13** In our initial response to the Francis Report, we committed to providing an update on our progress every six months. The second of these updates on our progress to address Francis recommendations was published on 16 April 2014.
- 14** The update included further comment on our work following the Keogh Review into the quality of care and treatment provided by 14 hospitals with high mortality indicators, the Berwick Review into patient safety, and the pledges we made to the Clywd Hart review of the NHS complaints system.
- 15** We remain committed to tackling the wider issues highlighted by the Francis Report as a whole and in playing our part in helping promote a more open, patient-focused culture.
- 16** We also reported on the project we are leading with the Nursing and Midwifery Council (NMC) to develop a consistent approach on the duty of candour across the health professions. The latest meeting of the group took place on 15 April 2014 and we anticipate agreeing a joint statement this year. Later this year we will also be consulting on explanatory guidance on candour, which will

include how doctors should respond to near misses and the role of apologies. We aim to include wording drafted in conjunction with the NMC.

- 17** We have been engaging with the group set up by the Academy of Medical Royal Colleges to support the implementation of a named clinician for every patient admitted into hospital in England. We are also working on a statement bringing together parts of our existing guidance which are relevant to doctors undertaking this role. We are also continuing to develop guidance on the roles and responsibilities of the consultant and the General Practitioner.

Litigation arising out of the Membership of the Royal College of General Practitioners (MRCGP) examination

- 18** On 10 April 2014, Mr Justice Mitting dismissed a claim for judicial review made by the British Association of Physicians of Indian Origin (BAPIO) against the GMC and the Royal College of General Practitioners (RCGP). This concerned the fairness of elements of the MRCGP assessments and examination and the public sector equality duty. BAPIO was not given leave to appeal against the GMC and although it was given leave to appeal against the RCGP, BAPIO has decided not to pursue this. Costs were awarded to both the GMC and RCGP.
- 19** As we have made clear throughout, there are serious and complex issues behind differential performance in post graduate examinations. We remain determined to take forward the recommendations in the report on this subject that we commissioned from Professor Esmail of Manchester University, and to work with the Academy of Medical Royal Colleges and individual Colleges to identify and address any outstanding issues.

Report of the Health Select Committee

- 20** On 2 April 2014, the House of Commons Health Committee published its report following our annual accountability hearing in December 2013. The report is broadly positive and commends the GMC for the progress we have made over the last year. It also states that the Committee is satisfied with the Professional Standards Authority's overall conclusion that our Fitness to Practise processes protect the public. We are putting together our formal response, addressing some aspects of the report which require clarification.

Abortion Act 1967

- 21** We are working with the Department of Health (DH) and the Royal College of Obstetrics and Gynaecology (RCOG) on further DH guidance on abortion, to ensure good and safe practice in this area.
- 22** We have issued a public statement making it clear that the pre-signing of forms under the Abortion Act, a practice that had become common in some clinics, was wrong and is unacceptable. We have made it clear that doctors must fulfil their obligations under the Act. We wrote to the doctors concerned to obtain

assurances that the practice had stopped and we have stressed that if any doctor were now found to be pre-signing forms, we would regard it as a very serious matter and would take action as a result.

International Association of Medical Regulatory Authorities (IAMRA) conference

- 23** Arrangements for the IAMRA conference that will run from 9–12 September 2014 are progressing well. To date, 145 participants have registered with more than 30 countries represented. We have received more than 110 abstracts, again from all over the world.

Other Government or Parliamentary activity which may impact on our work

- 24** Sir Liam Donaldson has been commissioned to lead a major service review of governance within Northern Ireland healthcare organisations with the aim of identifying areas for improvement. It is expected that the results of the review will be finalised by the end of 2014.
- 25** In Northern Ireland, Edwin Poots MLA has answered questions in the Northern Ireland Assembly on the introduction of a statutory duty of candour on organisations in Northern Ireland. Minister Poots said that a statutory duty of candour is one element of the Francis Report, which is under consideration. He argued that much of what is involved in a duty of candour already exists for many professionals through their regulatory bodies. He indicated that he would be giving the issue further consideration.
- 26** The second report of the Silk Commission on Welsh Devolution recommends a movement towards a 'reserved powers' model for Welsh devolution, which would bring it into line with the settlements in Scotland and Northern Ireland.
- 27** There have been delays in the publication of the report of the Vale of Leven Inquiry in Scotland has been delayed and that of the Inquiry into Hyponatraemia-related deaths in Northern Ireland. A further update on progress of the latter report is expected at the end of May 2014.

Key engagements

- 28** On 4 March 2014, I had a meeting with the Rt Hon Stephen Dorrell MP, Chair of the Health Select Committee about the progress of plans for legislative reform.
- 29** UK Advisory Forum meetings were held in Belfast on 25 March 2014, Edinburgh on 31 March 2014 and Cardiff on 8 April 2014. I attended the Forums with the Chair of Council, various Council members and Directors. We had positive meetings with a range of key interests, including the Health Ministers, the Chief Medical Officers and Deputy Chief Medical Officers in Wales and Northern Ireland as well as the Deputy Chief Medical Officer and the British Medical Association in Scotland. The Forums are currently scheduled to meet next in October 2014.

- 30 On 26 March 2014, I had a meeting with the Rt Hon Andy Burnham MP, Shadow Secretary of State for Health about the progress of plans for legislative change.
- 31 On 2 April 2014, I attended the Chief Executives Steering Group for healthcare regulators at which we discussed the Law Commission Bill.
- 32 On 7 April 2014, together with Judith Hulf, interim Director of Education and Standards, and Sharon Burton, Head of Standards Guidance Implementation, I met with the Health Minister Jane Ellison MP to discuss the 1967 Abortion Act and the Department of Health's proposed guidance for doctors.
- 33 I have had a number of meetings with Harry Cayton, Chief Executive of the Professional Standards Authority (PSA), and members of his team to discuss various topics including the Law Commission Bill, our Council appointments process, Criminal Records Bureau (CRB) checks, the Indicative Sanctions Guidance consultation and the IAMRA conference.
- 34 I have had various meetings with potential sponsors of the International Association of Medical Regulatory Authorities (IAMRA) conference.
- 35 On 1 May 2014, together with Paul Buckley, Director of Strategy and Communication, I had a meeting with Nick Seddon, Health Policy Adviser to the Prime Minister and Ed Jones, Specialist Advisor to Jeremy Hunt MP. We discussed the Law Commission Bill and the importance to the sector of legislative reform.

Section two — Progress on our strategy

Strategy and Policy Board

- 36 The Strategy and Policy Board met on 1 April 2014 and:
 - a Considered the arrangements for the review of the Indicative Sanctions Guidance, the role of warnings and restriction banks and endorsed the proposed governance arrangements and timetable for consultation.
 - b Approved the guidance on the investigation and adjudication of cases involving language concerns and noted the timetable for implementation of the changes.
 - c Endorsed the evaluation report on the Welcome to UK Practice (WtUKP) pilot and approved the next steps towards implementing the programme for all doctors entering UK practice.
 - d Noted the proposals to undertake a consultation on The General Medical Council (Provisional Registration)(Time Limits) Regulations 2014 and the associated timescales.

- e Noted the up to date position on the Home Office review of police disclosure of pre-conviction information about doctors.

Progress against our corporate priorities

Assessing English language skills

- 37** On 29 April 2014, changes to the Medical Act 1983 came into force which created a new category for establishing that a doctor's fitness to practise is impaired - 'not having the necessary knowledge of English'. Our agreed timetable with the Department of Health is that the rules and regulations implementing these changes will come into force on 25 June 2014. In addition to the new power to take action against registrants, the changes also enable us to require EEA doctors to provide evidence of their language skills before we grant a licence to practise in circumstances where we have identified concerns during the registration process. If we do not grant a licence to practise to an EEA doctor in these circumstances, we will continue to recognise their qualifications through granting registration.

Welcome to UK Practice (WtUKP) programme

- 38** The Welcome to the UK Practice programme was approved at the Strategy and Policy Board in April 2014. The evaluation report of the programme highlighted the successful development of a number of standards and ethics training products that we are now using to support doctors new to UK practice. These products were piloted at 11 events across the four countries. Around 300 doctors from over 40 countries attended the events, with 80% of the doctors and external observers rating the day as excellent.
- 39** The implementation of the programme is now led by the Strategy and Communication Directorate through the Regional Liaison Service (RLS) in England and Devolved Office teams in Scotland, Northern Ireland and Wales.

Notifiable Occupations Scheme

- 40** The Home Office review of the Notifiable Occupations Scheme (NOS) began in 2009 following concerns about the proportionality and legal basis of disclosure of arrest information to a very wide range of organisations under the provisions of the NOS. Our fitness to practise policy staff have established strong relationships with key contacts within the Home Office and within the Association of Chief Police Officers (ACPO), and influenced the direction of travel to ensure we continue to be notified, together with employers, when a doctor is arrested or charged in relation to a serious criminal matter.
- 41** ACPO has now drafted new guidance for police to replace the NOS which supports this principle which the Home Office is currently considering. In the meantime, the NOS remains in force. We will now commence discussions with ACPO and the Crown Prosecution Service to refresh our memorandum of

understanding on information sharing, which provides operational guidance to underpin the NOS. We also facilitated discussions between NHS England and ACPO on 15 April 2014 to explain our role in notifying Responsible Officers where there are concerns about a doctor.

- 42 In future, the Disclosure and Barring Service (DBS) is likely to be our main source of conviction information. The DBS granted our appeal against plans to remove our registered body status on 2 April 2014 to enable us to access the updates service for this purpose. An independent audit of our work in this area by Grant Thornton, which reported on 10 February 2014, rated our preparations for the outcome of the Home Office review of the NOS as *sound*.

Section three — Operational performance

Progress in delivering our operational plan

- 43 On 26 March 2014, we launched this year's national training survey, which is a key part of our work to monitor the quality of medical education and training in the UK. All doctors in training are expected to take part and give us their views. The survey closed on 8 May 2014 and we will be evaluating over the next few months. The results will be used to help deaneries, local education and training boards and local education providers to recognise the aspects of the training they deliver that are working well, and to take action where the results indicate a need for improvement.
- 44 On 26 March 2014, we completed our North West Regional Visit report. Regional reviews are an important part of our programme of visits to medical schools, postgraduate deaneries and local education providers to check that they are complying with our standards for undergraduate medical education and postgraduate training. The report will be published in May 2014.
- 45 On 31 March 2014, we published information on issues in medical education and training which require enhanced monitoring on a dedicated part of our website. These issues are those that we believe could adversely affect patient safety, doctors' progress in training, or the quality of the training environment. We will update this information every three months.
- 46 On 10 April 2014, we published data we hold on complaints about a doctor, by the NHS and Health and Social Care trusts in England and Northern Ireland, and NHS area board in Scotland and local health board in Wales where the incident that led to the complaint took place. We're committed to sharing more of our data, and have prioritised publishing data about complaints by secondary care location as it is an area we're often asked about. The data provides information on the complaints that we received and investigated each year between 2007 and 2012.

- 47** On 23 April 2014, we launched our consultation on time limiting provisional registration. We are proposing a limit of three years and 30 days on the period of time that a doctor can hold provisional registration. Provisional registration allows medical graduates to take part in the first year of the Foundation Programme (F1) in the UK. Putting a time limit on provisional registration will have benefits such as reducing the risk of those who are not in training working outside the limits of their registration. The consultation will close on 18 June 2014.
- 48** We're continuing with the implementation of revalidation. As at the end of April 2014 we had revalidated approximately 40,000 doctors. Despite the increased volume of revalidation recommendations received (9,931 accumulated to 23 March 2014, compared with 3,082 at the same point last year), we've continued to meet the service target for processing recommendations (98% processed within 5 working days for February 2014).
- 49** As of 17 April 2014, we had withdrawn the licence to practise of 226 doctors who failed to respond to our repeated requests for information to support their revalidation. A further 14 doctors had appealed our decision to withdraw their licence for failure to provide the information we requested and another 28 doctors are in the appeal period.
- 50** Separately we had also approved 17 non-engagement recommendations from Responsible Officers. This is the mechanism that Responsible Officers use to inform us that a doctor connected to their organisation has failed to engage in the revalidation process. Five of these doctors had relinquished their licence or taken voluntary erasure and nine had received a formal notice that we were intending to withdraw their licence because they had failed to engage with the process of revalidation. A decision for one doctor was on hold pending a fitness to practise investigation. One doctor had his licence withdrawn, and another was in the appeal period.

Performance and Resources Board

- 51** The Performance and Resources Board met on the 10 April and:
- a** Considered our achievement of Service Level Agreement (SLA) targets and key performance indicators.
 - b** Considered delivery against our operational plan and strategic aims.
 - c** Considered updates to the Corporate Risk Register.
 - d** Considered the draft Trustees Annual Report and Accounts 2013.
 - e** Considered an update on the records retention review project.

f Considered the 2014 Equality and Diversity action plans.

g Considered an update on Information Security.

52 At its meeting on 10 April 2014, the Performance and Resources Board received an update on the records retention and disposal policy. Following a public consultation, Council agreed a new records retention and disposal policy in December 2012. The policy will help us comply with the Data Protection Act and Human Rights Act. Because of the complexity of the records we hold, the policy will take several years to fully implement and a phased approach will be taken. Implementation will require the development of new business processes to support the policy, such as the creation of a summary record for each fitness to practise case of which we dispose. It will also involve deleting some of our electronic and paper records as a one-off activity.

53 A Project Board has been established to oversee the records retention review project, and met for the first time on 24 February 2014, at which the high-level approach for 2014 was agreed. During 2014 we will focus specifically on fitness to practise Siebel records where a complaint has been raised, but it did not meet the criteria to be promoted to a case and therefore no action was taken.

Operational issues

Raising awareness of issues affecting doctors

54 We have held three workshops with the medical Royal Colleges and Faculties during February, March and April 2014 to explain the evidence that we require to demonstrate our compliance with the Public Sector Equality Duty under the Equality Act 2010.

Increase in workloads and resourcing

55 There has been a 27.5% increase in 'Stream 1' referrals, i.e. those potentially more serious complaints, in 2014 to date. This has been driven by an increase in complaints from members of the public and has resulted in an increase in workload for the Fitness to Practise team. At the same time we have experienced higher than expected levels of staff turnover within the Investigation teams. We are taking action to manage the situation and our decision earlier in the year to take on additional Investigation Officers and Investigation Assistants is helping to relieve the immediate pressures. Plans to increase the number of staff directly responsible for this work are in place and recruitment is underway. Our HR team are also working with the Fitness to Practise Directorate to help to address the wider staff retention issues.

56 Income and expenditure figures to the end of March 2014 are at Annex C. Income is marginally ahead of budget and expenditure is 1% under budget, giving a surplus to date of £0.6 million. While the overall position is favourable,

costs in Fitness to Practise, MPTS and Resources and Quality Assurance are higher than budget due to increased workloads. Also, a number of bids for additional resources are emerging, which will potentially increase our overall expenditure in 2014. In addition, we are considering initiatives beginning in 2014 that are not part of the business plan and budget, such as the delivery of a programme of events across the UK to promote professionalism, in partnership with relevant key interests. We are also exploring opportunities to deliver services to regulators and other bodies outside the UK, subject to the constraints of our statutory and charitable purposes. Among other things we have had a helpful initial discussion with Healthcare UK.

- 57** We are currently working on a forecast of income and expenditure to the end of the year, which we will report to the Performance and Resources Board and to Council. As part of this exercise we will explore whether there is scope to absorb the costs of new initiatives and increasing work volumes within existing budgets including the new initiatives fund.

Improving how we deal with complaints

- 58** As part of our on-going reform programme in Fitness to Practise we're currently developing processes to share complaints with a doctor's Responsible Officer when they do not warrant investigation by us and would be more efficiently dealt with locally. We refer to this less serious type of complaint as 'Stream 2'. We believe these changes will help streamline the process and help make sure that Responsible Officers have the appropriate information to support their statutory duties. We're using valuable feedback gathered from Responsible Officers in January this year to develop these plans, which we hope will be operational by the end of 2014.

Tracking Survey

- 59** We have commissioned IFF Research, in collaboration with UCL Medical School, to run a survey on our behalf which is aimed at finding out how well each of our key interest groups understands our role. This will help us meet our strategic aim to work more closely with doctors, medical students and patients on the frontline of care. In the third week of May 2014, we wrote to around 20,000 randomly selected doctors and medical students about this new tracking survey. These doctors have until 11 June 2014 to opt out.
- 60** The survey, which will either be in the form of an online survey or telephone interview, will include questions about levels of confidence in the medical profession and the GMC and how we communicate. We will repeat the survey regularly to track how our audiences' perceptions change over time.

Achievement of service targets (by exception)

- 61** To date this year, our Contact Centre has received a higher volume of written enquiries than in 2013. As at end February 2014, there was an 11% increase in

the volume of email and letter enquiries compared with the same time last year. A similar growth in calls to the Contact Centre has been experienced month on month and this is compounded by increased call duration which has now doubled in recent years.

- 62** The increase in enquiries and call duration has put the Contact Centre team under additional pressure and had an impact on our ability to meet our Service Level Agreement (SLA) targets. Between December 2013 and February 2014, we missed our target of answering 90% of calls within 15 seconds (actual figures were 86% in December 2013, 71% in January 2014 and 69% in February 2014).
- 63** We also missed our target of answering 95% of emails and letters within 5 working days in December 2013 and January 2014 (actual for both was 58%). In February 2014 however, the SLA was achieved and we answered 99% of emails and letters within the target. This was the result of a change in working practices in this month, which led to a considerable improvement in the response times to emails.
- 64** We have recently recruited 10 Contact Centre advisors to fill current and impending vacancies and to help deal with the increase in enquiries, as planned in the 2014 budget. Over the next few weeks we'll be reviewing our resourcing model in line with expected future demand. We are also driving forward a number of efficiency measures.
- 65** We narrowly missed our target of concluding or referring 90% of cases at investigation stage within six months in January 2014 (actual 89%). This was caused by an increase in the more serious Stream 1 complaint type in mid-2013, which impacted the target at the beginning of this year.

Supporting information

- The Law Commission draft Bill on the Regulation of Health and Social Care Professionals:
http://lawcommission.justice.gov.uk/docs/lc345_regulation_of_healthcare_professionals.pdf
- Health Education England Board paper on moving the point of full registration:
<http://hee.nhs.uk/wp-content/uploads/sites/321/2013/12/11-HEE-Proposals-Ensuring-suitable-medical-school-graduates-are-able-to-secure-registration.pdf>
- The British Medical Journal article by Niall Dickson on moving the point of registration: <http://www.bmj.com/content/348/bmj.g2863>
- The Department of Health (England) publication from Health Education England Mandate '*Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values*':
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306967/HEE_mandate_2014-15.pdf
- April 2014 update on the GMC's work to address the Francis Report recommendations:
<http://www.gmc-uk.org/about/23442.asp>
- Parliamentary Health Select Committee – Tenth Report following 2013 accountability hearing with the General Medical Council:
<http://www.publications.parliament.uk/pa/cm201314/cmselect/cmhealth/897/89702.htm>
- Our statement on the Abortion Act 1967:
<http://gmcuk.wordpress.com/2014/05/04/clarity-and-compliance-delivering-abortion-services-within-the-law/>
- The Second Report on Welsh Devolution:
<http://commissionondevolutioninwales.independent.gov.uk/>
- The Vale of Leven Hospital Inquiry website:
<http://www.valeoflevenhospitalinquiry.org/>
- PLAB and UK graduates' performance on MRCP (UK) and MRCGP examinations:
<http://www.bmj.com/content/348/bmj.g2621?tab=responses>
- Shape of Training Final Report:
<http://www.shapeoftraining.co.uk/reviewsofar/1788.asp>
- GMC consultation on regulations to introduce a time limit on provisional registration: <http://www.gmc-uk.org/doctors/consultations.asp>

If you have any questions about this paper please contact: Niall Dickson, Chief Executive, ndickson@gmc-uk.org, 0207 189 5291.

Annex A

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

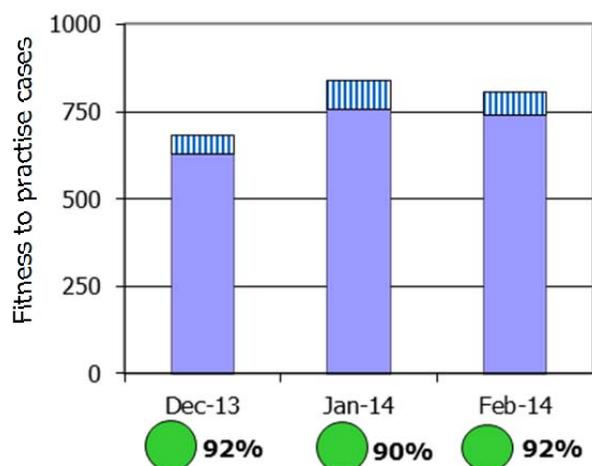
- 1 These graphs show our performance against our fitness to practise and registration service targets over the past three months, and the volume of activity we have handled. This includes the performance of our Contact Centre and reception services which support the whole organisation.
- 2 We also include data on revalidation activity.
- 3 For the service targets, we illustrate the volume of activity and the proportion of total activity handled within and outside the target timeframe. The traffic lights show our monthly performance, and indicate whether or not we achieved the target.

Fitness to practise

Service targets

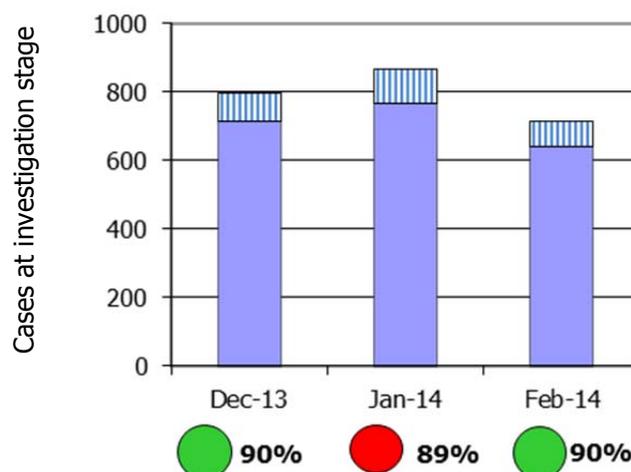


To conclude 90% of fitness to practise cases within 12 months



Commentary: Service target achieved.¹

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

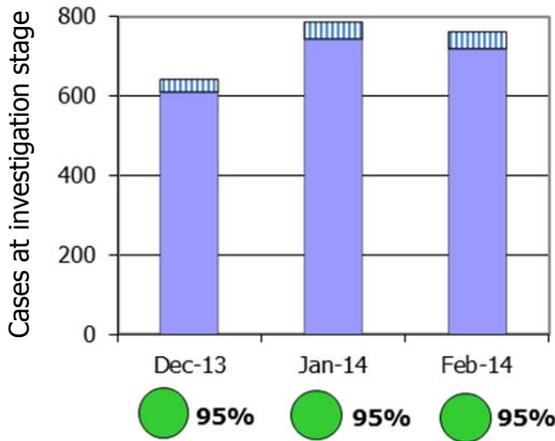


Commentary: We missed this target by a small margin in January 2014. This was due to increased Stream 1 caseloads at the middle of the 2012 that have impacted in the last three months.²

¹ This target measures all fitness to practise enquiries received by the GMC that result in a stream 1 investigation, stream 2 investigation or immediate closure and excludes cases that are criminal convictions, statutory inquiries, determinations and restoration applications. Each bar (by month) shows the number of cases that were opened 15 months before.

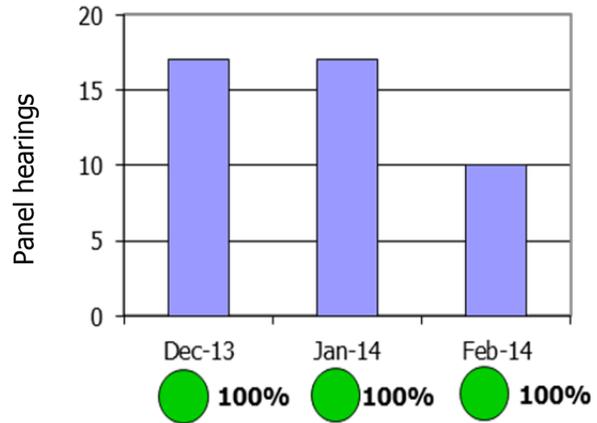
² This target measures all fitness to practise enquiries received by the GMC that result in a stream 1 investigation, stream 2 investigation or immediate closure including cases that require health assessments, performance assessments and those that are considered by the Investigation Committee. It excludes from consideration cases that are criminal convictions, statutory inquiries, determinations and restoration applications. Each bar (by month) shows the number of cases that entered the investigation stage six months before.

To conclude or refer 95% of cases at the investigation stage within 12 months



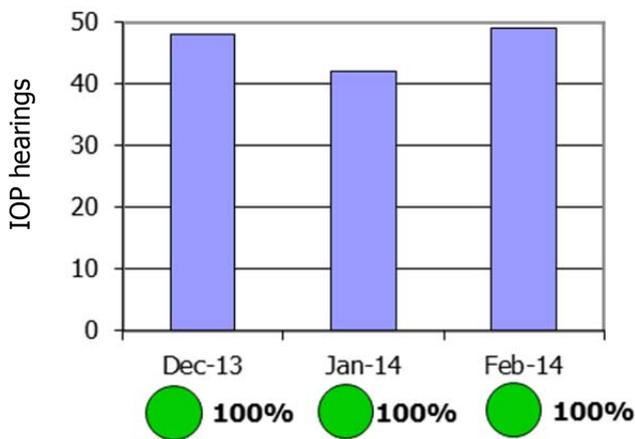
Commentary: Service target achieved.³

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



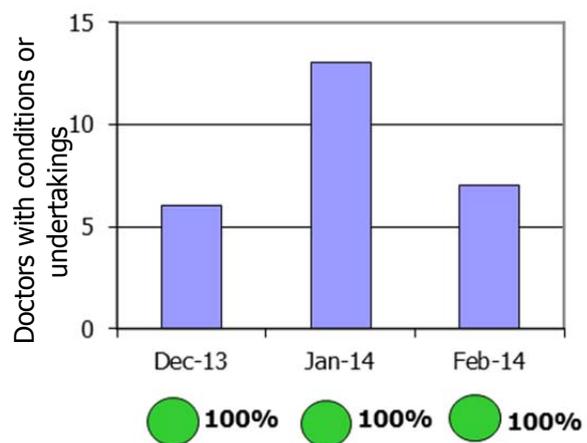
Commentary: Service target achieved⁴

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



Commentary: Service target achieved⁵

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



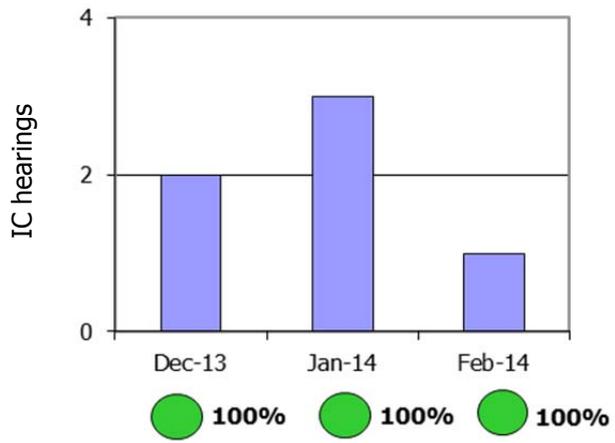
Commentary: Service target achieved.

³ This target measures all fitness to practise enquiries received by the GMC that result in a stream 1 investigation, stream 2 investigation or immediate closure including cases that require Health Assessments, Performance Assessments and those that are considered by the Investigation Committee. It excludes from consideration cases that are criminal convictions, statutory inquiries, determinations and restoration applications. Each bar (by month) shows the number of cases that entered the investigation stage 12 months before.

⁴ This target excludes cases that have concluded prior to a FTP panel hearing within nine months of referral from investigation (i.e. referral cancellations, voluntary erasures etc). Each bar (by month) shows the number of referrals to a Fitness to Practise Panel nine months before.

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

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

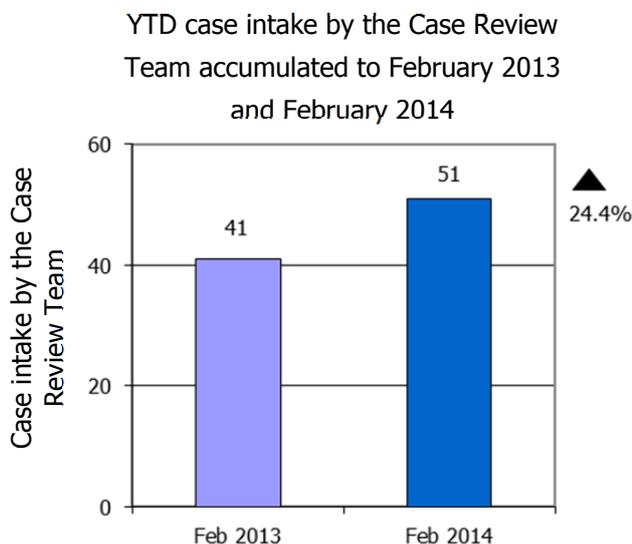
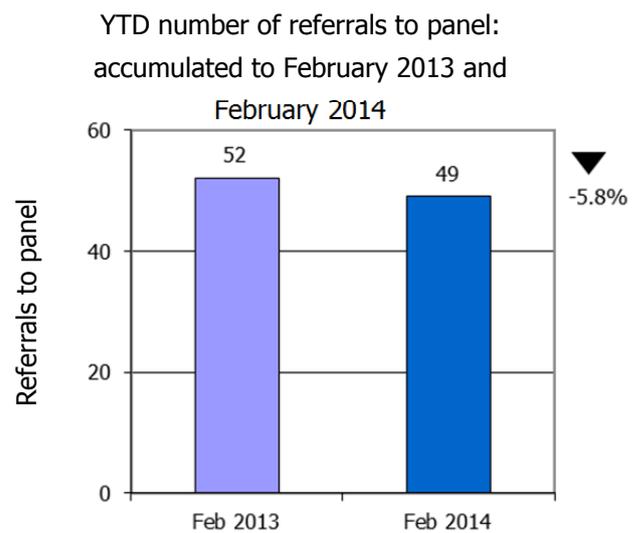
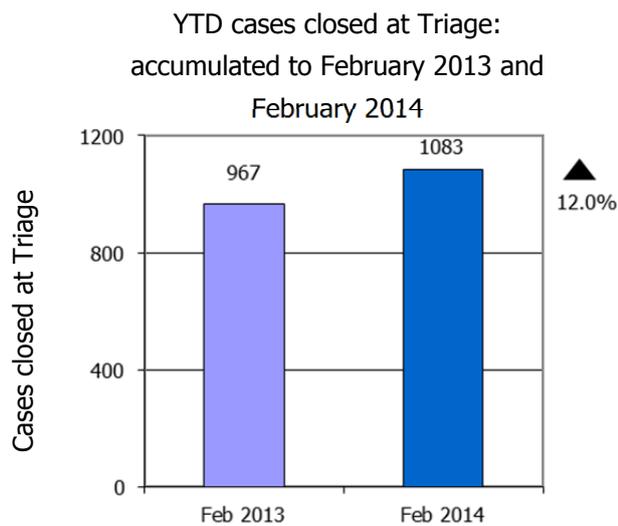
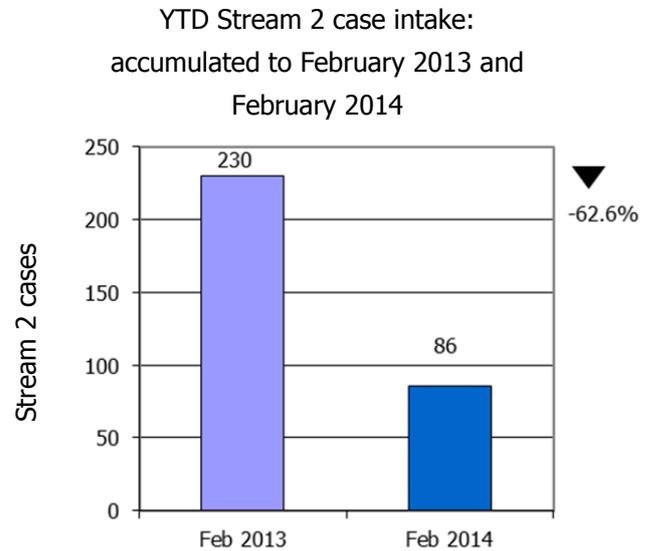
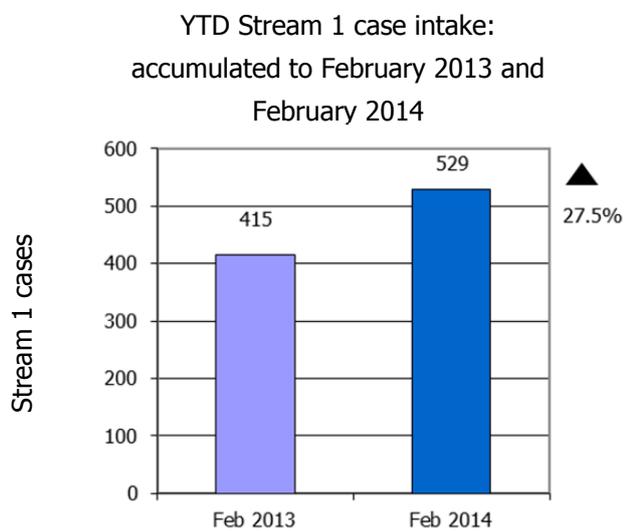


Commentary: Service target achieved⁶.

Fitness to practise

Case intake

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

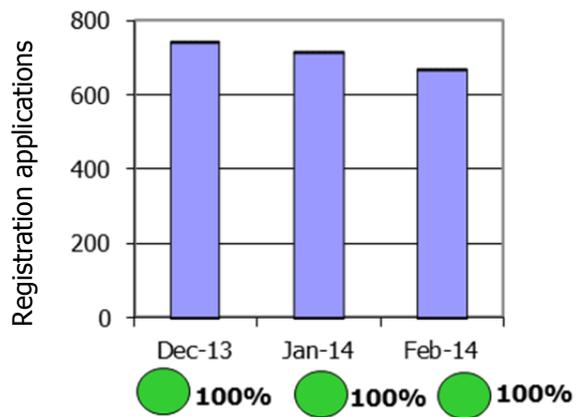


Registration, PLAB and certification

Service targets

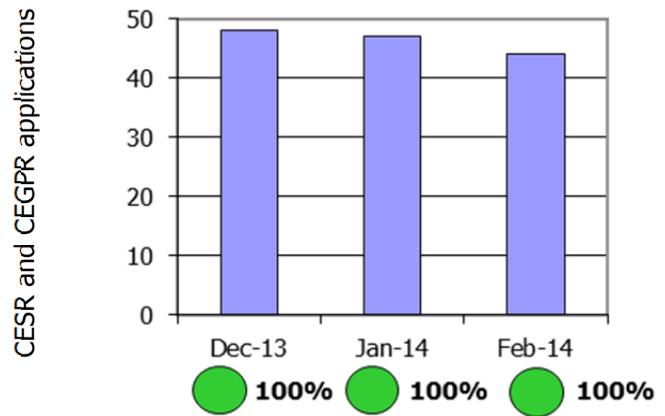


To respond to 95% of registration applications within five working days



Commentary: Service target achieved.

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

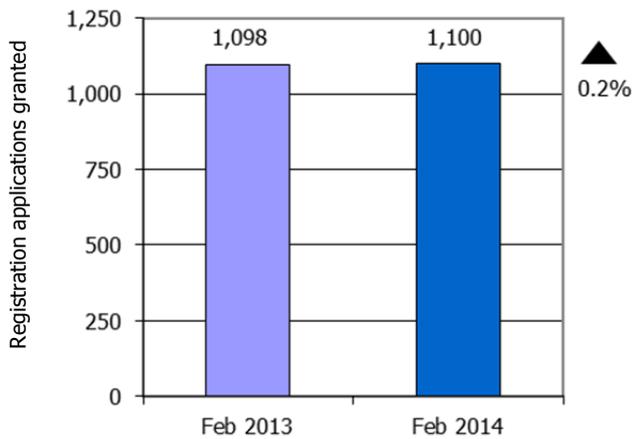


Commentary: Service target achieved.

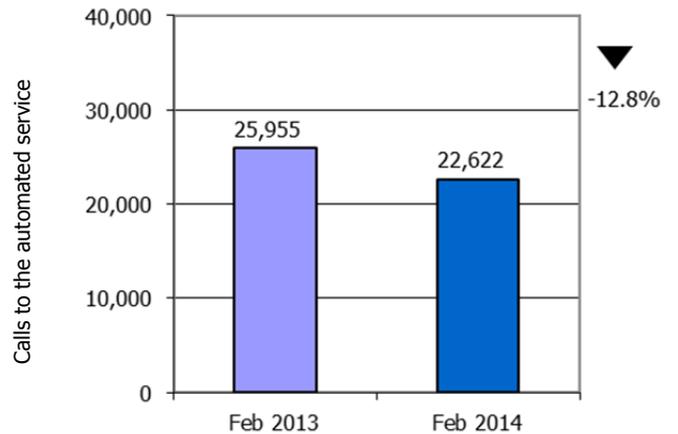
Registration, PLAB and certification

Activity levels

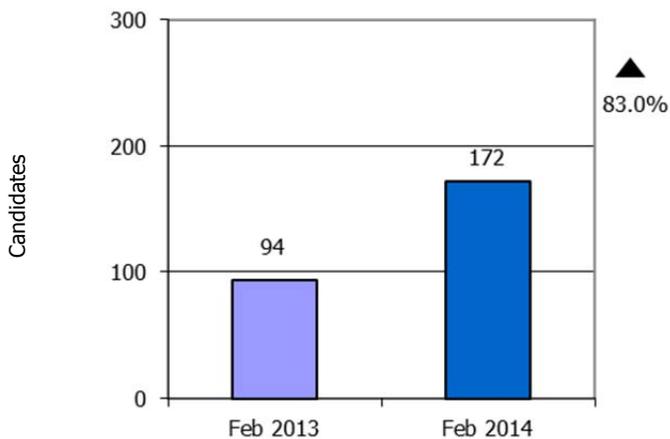
Registration applications granted (excl. specialist registrations, incl. restorations): accumulated to Feb 2013 and Feb 2014



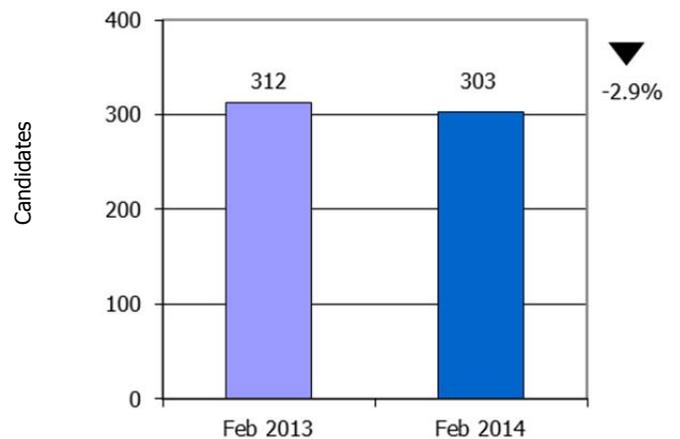
Calls to the automated service confirming a doctor's registration status: accumulated to Feb 2013 and Feb 2014



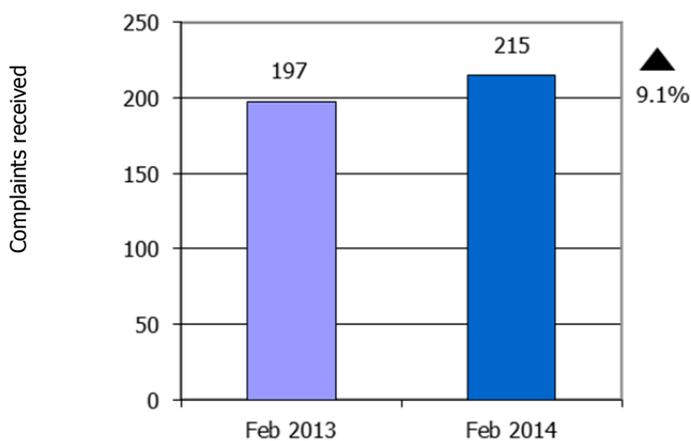
Candidates taking Part 1 of the PLAB test: accumulated to Feb 2013 and Feb 2014



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

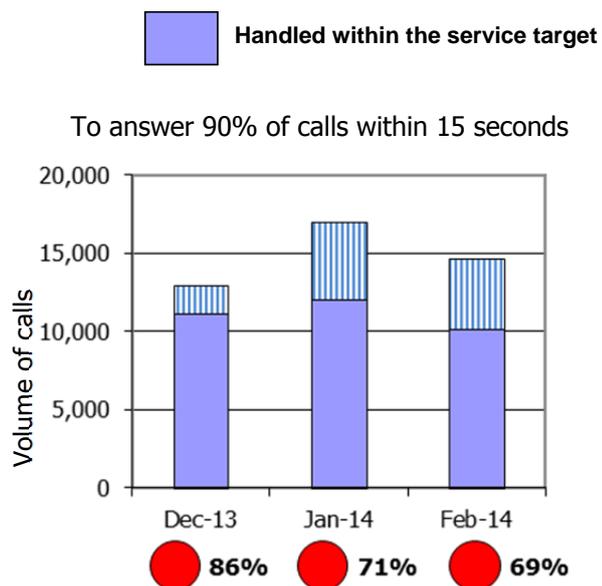


Complaints received by the Registration and Revalidation Directorate: accumulated to Feb 2013 and Feb 2014



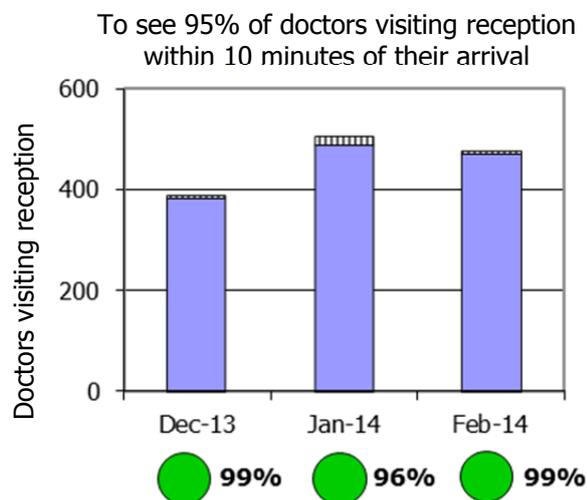
Contact Centre and reception services

Service targets

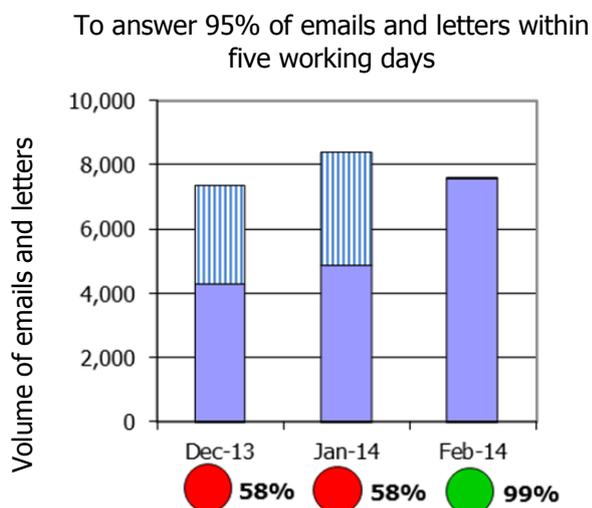


Commentary: Service target missed⁷.

During December 2013, January 2014 and February 2014 the Contact Centre received a higher volume of telephone calls than the same time the previous year. Average call length has also increased significantly. This impacted on our ability to meet this target. We've recently recruited additional Contact Centre staff to help deal with the additional workload, as planned in the 2014 budget.



Commentary: Service target achieved.



Commentary: Service target missed in December and January⁸. The increase in written enquiries compared with the same point a year ago has also impacted on our ability to meet this target.

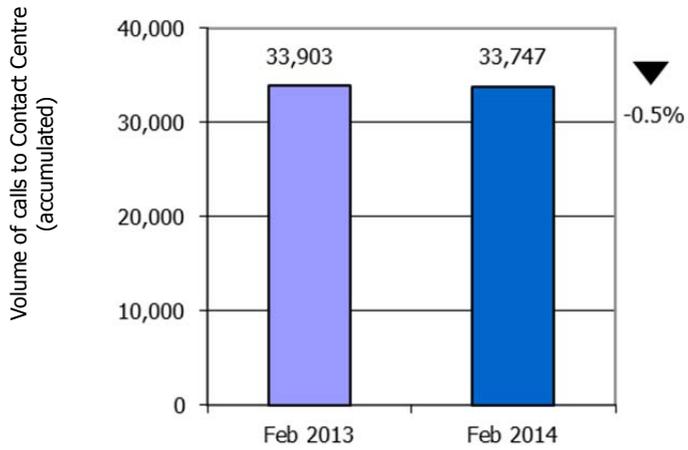
⁷ Excludes lost calls. This is consistent with the industry standard.

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

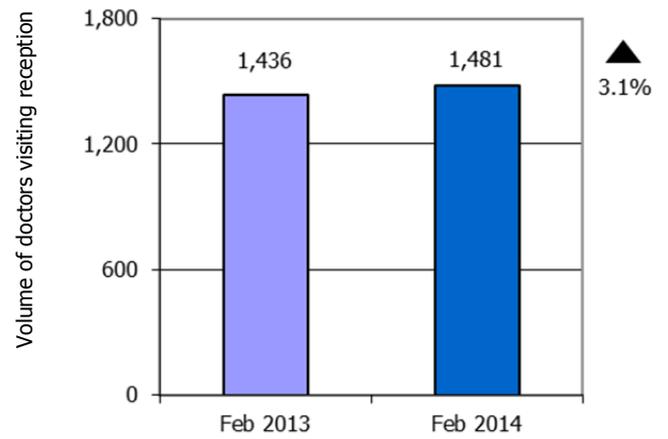
Contact Centre and reception services

Activity levels

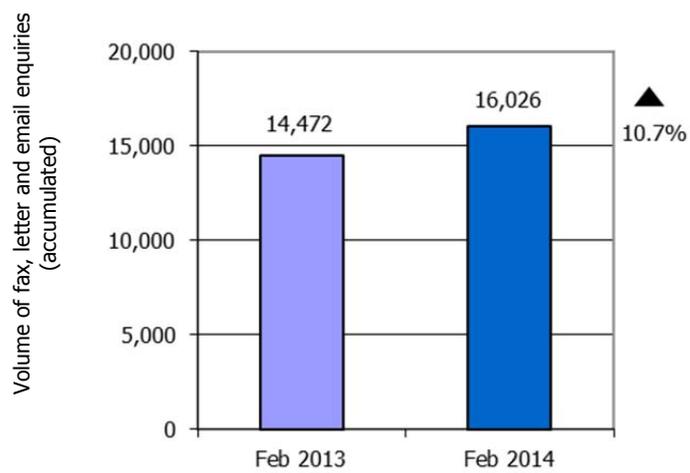
Call volume to Contact Centre:
accumulated to Feb 2013 and Feb 2014



Doctors visiting reception: accumulated to
Feb 2013 and Feb 2014



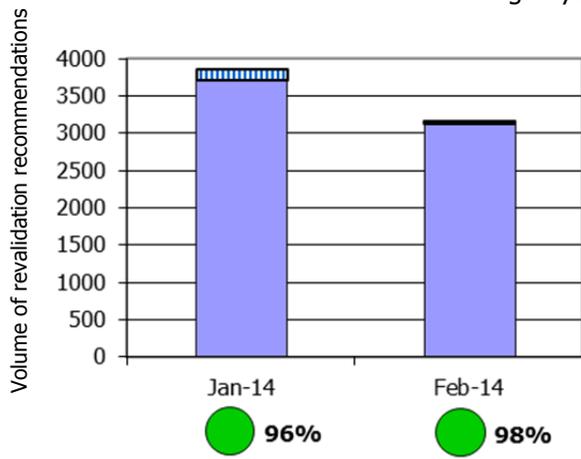
Fax, letter and email enquiries:
accumulated to Feb 2013 and Feb 2014



Revalidation

Service target

To process 95% of revalidation recommendations within 5 working days



Commentary: Service target achieved.

Annex B

Summary Information on Appeals and Judicial Reviews

- 1 The table below provides a summary of appeals and judicial reviews as at 25 April 2014.

	Open cases carried forward since last report	New cases	Concluded cases	Outstanding cases
Appeals	21	6	7	20
Judicial Reviews	12	2	5	9
IOP Challenges	4	1	3	2

Explanation of concluded cases

2 Appeals:

- a 4 appeals dismissed.
- b 2 withdrawn.
- c 1 appeal successful (in part – referred back to Panel).

3 Judicial Reviews:

- a 1 dismissed.
- b 1 permission refused.
- c 3 successful (GMC agreed to retake decision).

4 Interim Order Panels:

- a** 1 partly successful (period of suspension reduced but order otherwise upheld).
- b** 1 dismissed.
- c** 1 withdrawn by consent.

Any new applications in the High Court challenging the imposition of interim orders since the last report with explanation; and total number of applications outstanding

- 5** There has been one new challenge to IOP orders since the last report.
- 6** The current position of the 2 cases outstanding is:
 - a** 1 Acknowledgment of Service filed, still awaiting listing of hearing.
 - b** 1 listed for hearing.

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

- 7** We have 3 outstanding PSA referrals in total:
 - a** Hearing listed for 22 May 2014.
 - b** Hearing listed for 28 May 2014.
 - c** Hearing listed for 17 June 2014.

Any other litigation of particular note

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

Annex C

2014 Income and Expenditure

Revenue Budget

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

Financial Summary as at March 2014	Budget to date	Actual to date	Variance		Full year budget
	£000	£000	£000	%	
Income					
Annual retention fees	20,759	20,798	39	0%	85,200
Registration fees	550	550	(0)	0%	4,000
PLAB fees	345	320	(25)	(7%)	1,200
Certification fees	646	855	209	32%	3,000
Investment income	175	175	(0)	1%	1,400
Other income	50	62	12	23%	200
Total Income	22,525	22,760	235	1%	95,000
Expenditure by cost type					
Direct staffing costs	11,031	11,174	(143)	(1)%	47,902
Indirect staffing costs	755	760	(5)	(2)%	3,262
Office costs	1,545	1,240	305	20%	6,620
Accommodation costs	1,572	1,478	94	6%	6,470
Legal costs	1,448	1,378	70	5%	5,806
Professional fees	1,049	726	323	31%	4,604
Council & members costs	96	92	4	4%	388
Panel & assessment costs	3,328	3,731	(403)	(12)%	14,973
Depreciation	1,613	1,567	46	4%	6,696
New Initiatives Fund	0	0	0		250
Total Expenditure	22,437	22,146	291	1%	96,971
Surplus/deficit	88	614	526		(1,971)

- 2 The actual surplus at the end of March is £614k, compared to a budgeted surplus for the period of £88k. Income is marginally ahead of budget and expenditure is 1% under budget.

Principal Variances

- 3 As part of the 2014 budget-setting process we adjusted staffing budgets to reflect normal staff turnover, which typically runs at around 9%. The budget to date has been adjusted by £464k, but actual turnover so far has been marginally lower at £321k, so costs are currently £143k over budget. There is additional staffing in Fitness to Practise due to an increase in work volumes.
- 4 Recruitment costs and travel costs are marginally over budget.
- 5 Office costs are currently £305k under budget. This is mainly because some marketing work in Strategy and Communication has not yet commissioned, postage and stationery costs are under budget, and there is an underspend on IT revenue projects.
- 6 Accommodation costs are under budget due to the receipt of a one-off business rates rebate relating to 2013.
- 7 Legal costs are currently under budget, mainly on barristers fees. This is a timing issue and we expect costs to move back in line with budget over the year.
- 8 Research and development projects are under budget as work has not yet been commissioned, and work on the review of GMC Standards and other projects in Strategy and Communication has not yet started. Costs are expected to move closer to budget over the year.
- 9 Council and member costs are lower than budgeted to date.
- 10 There were more IOP days and adjudication hearing days than budgeted to date, resulting in additional costs of £281k. There has also been an increase in performance assessments and health examination reports, which is partly offset by an underspend in Education due to the timing of medical school visits and fewer registration appeals than budgeted to date.
- 11 Depreciation is £46k under budget. This reflects timing differences between estimated and actual completion dates for capital projects.

Capital Programme

- 12** In addition to our revenue expenditure on day to day operational business, the GMC incurs capital expenditure on major projects and assets that will generate benefits over a number of years. The standard accounting treatment is to spread capital costs over the lifetime of the asset, rather than accounting for the whole cost in the year of acquisition. This is achieved through an annual depreciation charge to the revenue account.
- 13** Capital projects, by their nature, involve relatively long timescales. When budget proposals are being formulated in October and November, we cannot always forecast with certainty the stage of completion of each project and so some projects will span our normal financial year-end. At the end of 2013 a number of capital projects were still in progress, and so we have carried forward the unspent budget provision to 2014, to allow the projects to be completed.
- 14** Capital expenditure to the end of March 2014 is:

Capital Programme as at March 2014	Budget to date £000	Actual to date £000	Variance		Full year budget £000
			£000	%	
2013 Facilities projects brought forward	15	0	15	100.0%	15
2013 IS Projects brought forward	277	189	88	31.7%	277
2014 Facilities Projects	73	36	37	50.8%	1,324
2014 IS Projects	1,273	1,047	226	17.8%	5,501
2014 Home working - Facilities	126	104	22	17.4%	583
2014 Home working - IS	393	326	67	17.1%	690
Total	2,157	1,702	455	21.1%	8,390

- 15** Capital expenditure is currently £455k under budget. Projects brought forward from 2013 include additional Oracle licences, email management and new network connections.

Conclusion

- 16** Income is marginally ahead of budget and costs are 1% under budget. We are currently working on a forecast of income and expenditure to the end of the

year, which we will report to the Performance and Resources Board and to Council.

Annex C

2014 Income and Expenditure

Revenue Budget

1 The income and revenue expenditure figures to the end of April 2014 are:

Financial Summary as at April 2014	Budget to date £000	Actual to date £000	Variance		Full year budget £000
			£000	%	
Income					
Annual retention fees	27,841	27,850	9	0%	85,200
Registration fees	720	712	(8)	(1)%	4,000
PLAB fees	407	378	(29)	(7)%	1,200
Certification fees	861	1,047	186	22%	3,000
Investment income	234	232	(2)	(0)%	1,400
Other income	67	118	51	77%	200
Total Income	30,130	30,337	207	1%	95,000
Expenditure by cost type					
Direct staffing costs	14,959	15,103	(144)	(1)%	47,902
Indirect staffing costs	1,043	1,023	20	1%	3,262
Office costs	2,092	1,718	374	18%	6,620
Accommodation costs	2,101	1,968	133	6%	6,470
Legal costs	1,932	1,834	98	5%	5,806
Professional fees	1,356	927	429	32%	4,604
Council & members costs	128	126	2	2%	388
Panel & assessment costs	4,876	5,066	(190)	(4)%	14,973
Depreciation	2,136	2,115	21	2%	6,696
New Initiatives Fund	0	0	0		250
Total Expenditure	30,623	29,880	743	2%	96,971
Surplus/(deficit)	(493)	457	950		(1,971)

- 2 The actual surplus at the end of April is £457k, compared to a budgeted deficit for the period of £493k. Income is marginally ahead of budget and expenditure is 2% under budget.

Principal Variances

- 3 As part of the 2014 budget-setting process we adjusted staffing budgets to reflect normal staff turnover, which typically runs at around 9%. Actual turnover to date has been lower, so costs are currently £144k over budget. There is additional staffing in Fitness to Practise due to an increase in work volumes.
- 4 Office costs are currently £374K under budget. This is mainly because some marketing work in Strategy and Communication has not yet been commissioned, postage and stationery costs are under budget, and there is an underspend on IT revenue projects.
- 5 Accommodation costs are under budget, mainly due to the receipt of a one-off business rates rebate relating to 2013.
- 6 Legal costs are currently under budget, mainly on barristers fees. This is a timing issue and we expect costs to move back in line with budget over the year.
- 7 Research and development projects are under budget as work has not yet been commissioned, and work on the review of GMC Standards and other projects in Strategy and Communication has not yet started. Costs are expected to move closer to budget over the year.
- 8 Council and member costs are lower than budgeted to date.
- 9 Panel and assessment costs are over budget due to more Interim Order Panel (IOP) days and adjudication hearing days than anticipated. There has also been an increase in performance assessments and health examination reports, which is partly offset by an underspend in Education due to the timing of medical school visits and fewer registration appeals than budgeted to date.
- 10 Depreciation is £21k under budget. This reflects timing differences between estimated and actual completion dates for capital projects.

Capital Programme

- 11 In addition to our revenue expenditure on day to day operational business, the GMC incurs capital expenditure on major projects and assets that will generate benefits over a number of years. The standard accounting treatment is to spread capital costs over the lifetime of the asset, rather than accounting for the whole cost in the year of acquisition. This is achieved through an annual depreciation charge to the revenue account.

12 Capital projects, by their nature, involve relatively long timescales. When budget proposals are being formulated in October and November, we cannot always forecast with certainty the stage of completion of each project and so some projects will span our normal financial year-end. At the end of 2013 a number of capital projects were still in progress, and so we have carried forward the unspent budget provision to 2014, to allow the projects to be completed.

13 Capital expenditure to the end of April is:

Capital Programme as at April 2014	Budget to date	Actual to date	Variance		Full year budget £000
	£000	£000	£000	%	
2013 Facilities projects brought forward	15	14	1	7.5%	15
2013 IS Projects brought forward	277	187	90	32.6%	277
2014 Facilities Projects	142	135	7	5.1%	1,324
2014 IS Projects	1,753	1,528	225	12.9%	5,501
2014 Home working - Facilities costs	204	120	84	41.4%	583
2014 Home working – IS costs	464	413	51	11.0%	690
Total	2,855	2,397	458	16.0%	8,390

14 Capital expenditure is currently £458k under budget. Projects brought forward from 2013 include additional Oracle licences, email management and new network connections.

Conclusion

15 Income is marginally ahead of budget and costs are 2% under budget. We are currently working on a forecast of income and expenditure to the end of the year, which we will report to the Performance and Resources Board and to Council.