General Medical Council

Chief Executive's Update, August 2021

Action	To note
Purpose	This report outlines developments in our external environment and progress on our strategy since Council last met. Key points to note: ■ Dame Clare Marx has stepped down as Chair of the GMC after a diagnosis of pancreatic cancer. We have received many warm tributes to Clare's compassionate leadership and thank her for her leadership of Council. ■ We submitted our response to the DHSC consultation on *Regulating healthcare professionals, protecting the public* and continue to meet regularly with DHSC officials as they draft the new section 60 (s.60) legislation upon which they expect to consult publicly later this year. ■ National training survey results were published on 27 July 2021, showing that while training quality has been maintained over the past year, burnout is at the highest level since we started tracking it in the survey.
Decision trail	Council receives this report at each full meeting.
Recommendations	**a** To note the Chief Executive's report. **b** To note the Performance and the Corporate Opportunities and Risk Register
Annexes	Annex A: Performance Annex Annex B: Corporate Opportunities and Risk Register
Author contacts	**Iona Twaddell**, Head of the Office of the Chair and Chief Executive, iona.twaddell@gmc-uk.org, 020 7189 5054
Sponsoring director	**Charlie Massey**, Chief Executive, chiefexecutive@gmc-uk.org, 020 7189 5037

Dame Clare Marx

1 Dame Clare Marx stepped down as Chair of the GMC at the end of July. Clare's heartfelt and compassionate message to the profession announcing she was stepping down due to a diagnosis of pancreatic cancer was sent on Wednesday 21 July 2021. This has been opened by 149,715 recipients and we received 631 replies. We have received many kind messages for Clare, from doctors, stakeholders and GMC staff. We thank Clare for her wonderful service over the past three years, embodying the values of compassionate leadership that she promoted throughout her career, and we wish her all the best. Professor Dame Carrie MacEwen, member of our Council and former Chair of the Academy of Medical Royal Colleges, began her role as interim Chair on 27 July 2021. We are also beginning the process of recruitment for a substantive Chair.

Regulatory reform

2 We submitted our response to the Department of Health and Social Care (DHSC)'s consultation, *Regulating healthcare professionals, protecting the public*, by 16 June 2021. The department intends to publish its response to submissions later this year.

3 We continue to meet regularly with DHSC officials as they draft the new section 60 (s.60) legislation upon which they expect to consult publicly, also later this year. Our planning for key milestones such as the launch of tranches of reforms is heavily dependent upon what is within the legislation and the approach that the government takes to commencement dates. We will continue to update Council as dates are confirmed.

4 The Programme itself has regular 'spot-checks' from BDO, reported to the Audit and Risk Committee. We have also increased capacity in the Programme Management Office for regulatory reform. We are planning for an extraordinary away day with Council in January to discuss topics related to the Programme.

Independent review of regulators

5 The Government first signalled its intention to review the number of regulatory bodies in its 2016 consultation *Promoting professionalism, reforming regulation.* DHSC has now commissioned KPMG to deliver an independent review to explore whether the number of regulators should be reduced and provide options for how this might be achieved. This will inform the DHSC's long-term timetable for introducing reforms to the rest of professional regulators after the GMC. All the UK healthcare professional regulators (excluding PSNI) and the PSA are in scope.

6 As the Health and Care Bill will be the enabling vehicle for these changes, the review will be completed during the passage of the Bill through parliament (likely July – March 2022). KPMG have undertaken initial desktop research and wider evidence gathering (surveys, interviews, focus groups) will take place in August and September, with a final report submitted to DHSC and Devolved Administrations in early December. GMC colleagues had an initial meeting with KPMG on 10 August and discussed a range of issues. These included public protection and public confidence, regulatory independence, international models of regulation, collaboration across the system, consistency, the intended outcome of any re-alignment, the principles that should inform it, and the role of the PSA. We have also been asked to provide KPMG with specific data and other information to help inform their thinking. We will keep Council updated on this review as it progresses. If you would like further information, please contact Richard Marchant, Assistant Director - Regulation Policy, richard.marchant@gmc-uk.org.

7 In parallel with (but separate to) this Independent review of regulators, DHSC is considering which professions should continue to be regulated, which groups might be regulated in future and what criteria should be developed to inform this decision. This work will not make any specific proposals but a short consultation is planned soon.

Professional Qualifications Bill

8 As previously updated, a Professional Qualifications Bill was introduced to the House of Lords on 12 May 2021. We worked with our cohort of medically qualified peers to press the Minister responsible to address the concerns we raised that the Bill could cut across our existing international routes to recognition for overseas qualified doctors by preventing us from assuring ourselves of the knowledge, skills and experience of these doctors. To mitigate our concerns, Government submitted four amendments which were adopted. The Bill will continue its progress in the Lords after parliamentary recess after which it will be introduced to the Commons. We plan to proactively brief MPs to ensure that the amendments are maintained.

9 We subsequently met with the Minister to thank him for his support and to take the opportunity to raise the wider issue of Government negotiations in trade agreements where we have similar concerns to the Professional Qualifications Bill. As a result of our engagement, the Minister agreed to create a consultative group for regulators to provide input on the issue of professional qualifications in trade negotiations.

Review of Good medical practice (GMP)

10 The GMP review is in its scoping phase, with intelligence gathering and stakeholder engagement well underway. An external task and finish advisory group, the GMP Advisory Forum, has been set up and Professor Emma Cave has agreed to Chair the group for the period of the review. The final report and presentation from our research project to inform the review is due shortly. We have a session on the review at the Council awayday later this month, where we will discuss the implications of the early findings from the scoping and research for the future model, style, tone and scope of our professional standards, and how we can most effectively position the standards as empowering, enabling and supportive of good practice.

Education and training

National training survey

11 We published the 2021 national training survey results on Tuesday 27 July. Over 63,000 doctors (76% of trainees and 32% of trainers) took part in this year's survey. The survey found that good quality training has been maintained across the UK. Around three-quarters (76%) of trainees rated the quality of teaching as 'good' or 'very good', and almost nine in ten (88%) described their clinical supervision as 'good' or 'very good'. Eight in ten (81%) of trainees said they were on course to meet their curriculum outcomes for the year, although one in ten were concerned about progressing through their training.

12 However, the survey found that the cost to wellbeing was evident with burnout at its highest level since we started tracking it in 2018. 33% of trainees, 25% of secondary care trainers and 22% of GP trainers told us they felt burnt out to a high or very high degree because of their work. Trainees in ophthalmology, and general practice had the highest increase in burnout levels. For trainers, this was felt most acutely in public health and occupational medicine. 29% of trainers told us they weren't always able to use time allocated to them to train. Later this year, we will provide a more in-depth analysis in *The state of medical education and practice in the UK* report.

Weston General Hospital

13 Following ongoing concerns at Weston General Hospital, and in the interest of both trainee and patient safety, a small number of trainees were either not returned or were relocated from the Weston site at the most recent changeover on Wednesday 4 August. We are working closely with HEE and NHS England teams in cooperation with the trust to ensure the trust action plan meets our standards and a safe, supportive and sustainable training environment exists at Weston. Our next regulatory review point is at the end of August.

Trainee roundtable

14 On 23 June 2021 we held the second trainee roundtable of the year. The group consists of elected trainee leaders from the BMA, Academy of Medical Royal Colleges, the Association of Surgeons in Training and some of the larger royal colleges (such as the RCGP). We have representatives from across all four countries of the UK, to make sure we are taking into account different views from across the different health services. In June, we sought their advice on recovery of training after the pandemic and the review of *Good medical practice*.

Return to office

15 Since the latest government announcement on lifting COVID-19 restrictions in England, we have welcomed more colleagues to start spending some time in Manchester and London offices on a volunteer basis for up to two days a week. This is a gradual and limited return to the office ahead of a wider return for all colleagues, which we are currently planning for October. We are currently maintaining social distancing in the office.

Inquiries and reviews

Maternity

16 The Department of Health and Social Care's report into maternity services was published on 6 July 2021. This included a recommendation for regulators to consider the actions they could take to reduce the fear that some professionals have of their regulators so that they feel able to be open about mistakes that are made. Charlie Massey subsequently wrote to Jeremy Hunt, Chair of the Committee, to outline some of the work the GMC is continuing to do to support just cultures, candour and learning.

17 We are also considering our response to relevant recommendations that arose from the investigation into the Life and Death of Elizabeth Dixon and are in contact with the DHSC and NMC in relation to this.

Independent Medicines and Medical Devices Review (IMMDR)

18 DHSC published its response on to this review on 21 July and we have published a media statement focusing on how we support the government's proposal for the way that conflicts of interest registers should be managed. We also intend to publish a further statement about our role in supporting plans to address the issues identified by the review, and will be taking a paper on the issue of conflicts of interest to the September Council meeting.

Other inquiries

19 We continue to engage with a number of other reviews and inquiries across the UK. The main developments since we last reported are:

- The independent review into West Suffolk Hospital NHS Foundation Trust is due to publish this autumn. This considers widely reported events arising from an anonymous letter that was sent to the relative of a patient who died at the Trust, including a trust-led investigation that sought fingerprint and handwriting samples from staff. We expect that we may be criticised and will provide Council with further information as relevant.

- The Independent Investigation into Urology Services at University Hospitals Morecambe Bay Trust is also expected to publish this autumn. This follows a series of internal reviews of the trust's urology service and is in its second phase which includes governance in relation to revalidation and clinical care. We are not expecting to be criticised but the GMC may be mentioned as a relevant organisation within the wider system.

- We continue to work with DHSC on its response to the Paterson Inquiry in advance of expected publication later in the year.

Operational performance

20 The annexed report details progress against the 2021-2025 Corporate Strategy and performance against our KPIs. The pandemic will continue to impact on KPI performance for the next 12-18 months and the Senior Management Team continues to closely monitor these impacts and our response. Our missed service target for the Contact Centre was driven by spikes of contact connected with the release and availability of PLAB2 places. High volumes of booking demand caused the PLAB booking system to reach capacity for short periods when PLAB places were released resulting in candidates calling the Contact Centre. In response we approved funding in early August to rebuild our PLAB booking system to improve the scalability, reliability, usability and performance of that system for the longer-term. Our current recovery planning has our capacity for PLAB2 places returning to pre-pandemic levels in Q3 2022.

21 In June we recorded our first overall negative Media score for the month since May 2019, due in part to coverage of our appeal of the Employment Tribunal decision in regional, trade and national media. While coverage of the Employment Tribunal appeal has declined, we expect there to be occasional spikes in coverage for the duration of the appeal and coverage of the outcome.

22 We have commenced our significant event review into the Employment Tribunal, which will be reported to the Audit and Risk Committee. We are also

refining our plans for more robustly and routinely testing and evidencing the fairness of our processes, now and for the longer term. Given this work's clear alignment to our existing strategic priorities on tackling differentials in the health service and our internal inclusivity agenda, we will take this work forward as a fourth strand of our ED&I ambitions that will be reported to Council as part of our standing agenda on ED&I.

23 We have considered the nature and scale of ED&I related risks across the whole organisation and we have escalated two risks to the Corporate Opportunities and Risk Register to provide greater visibility and scrutiny of these risks. One is on our ability to deliver against our strategic ambitions and address long-standing differentials both externally and internally – which we expect to be an open risk for the duration of our strategy. A second escalated risk is related to the employment tribunal and our ability to robustly evidence fairness and transparency. We expect our plans over the coming months will enable us to build our picture of assurance internally and externally and de-escalate that risk to management back down to Directorate level at a point over the next 12-18 months.

Executive board

24 The Executive Board met on 1 June 2021 to consider items on:

- **a** The Performance and Risk report.
- **b** The draft Regulatory Reform consultation response prior to its consideration by Council.
- **c** An update on GMCSI's operational performance, as reported to Council on 9 June.
- **d** The work of the Medical Advisory Board (MAB) that will provide advice to the Executive Board on how the organisation engages with vulnerable doctors in GMC processes.

25 The Executive Board met on 28 June 2021 to consider items on:

- **a** The work that the Regulatory Reform Programme has been doing to develop a baseline plan to implement the proposals within the organisation.
- **b** Refiguration options for our offices in 3 Hardman Street given the site was refurbished to allow for the temporary clinical assessment centre.

c The SMT meeting threshold and guidance for attendees following a light touch review.

26 The Executive Board met on 26 July 2021 to consider items on:

a An update on GMC credentials following the work that the team had done to create a framework prior to this Council meeting.

b Discontinuing an exercise to verify the primary medical qualifications of a group of licensed doctors who had previously joined the Register via a route other than the PLAB test.

c The regular review of the organisation's performance and risk register.

d A further deep dive into risks the Organisation is or could be facing following the Employment Tribunal, the Employment Appeal and the pandemic.

General Medical Council

M3 – Annex A
Performance annex

Data presented as at 30 June 2021 (unless otherwise stated)

Working with doctors Working for patients

Operational Key Performance Indicator (KPI) – since last report to Council

	Indicator	May	June	Exception commentary
Operations	Answer 80% of calls within 20 seconds	83%	78%	**Registration and Revalidation:** 13% of the total call volume for the month occurred on 18 & 21 June, following a release of PLAB places. Over these two days, the average wait time extended to over one minute and the number of calls lost equated to 37% of all calls lost that month. Webchat/messaging volumes also increased 44% month on month, with PLAB activity a contributor but also due to being the first full month when all of the online messaging channels were being promoted again on the website. **Fitness to Practise:** One IOT referral missed the target due to clarification being required from the Case Examiners as to their reasons for referral which caused a delay in the creation of the hearing record. The second miss related to a vulnerable doctor and concerns around appropriate methods of contact and support, which resulted in it becoming appropriate to delay the scheduling of the hearing. **Finance:** Income is under budget due to holding fewer PLAB 2 days than planned and also the cancellation of some PLAB 1 places in May. Expenditure is under budget as the variable costs linked to PLAB 2 days have been removed, we expect fewer hearing days and associated legal costs than budgeted, there is lower activity than planned in a number of areas, including staff expenses, as a result of additional lockdown restrictions and there is a higher level of vacancies now forecast than assumed in budget. **HR**: External turnover is rising slightly but remains below the KPI due to low numbers of staff leaving the organisation. Feedback from our agencies is that the recruitment market is very tight. **Media score**: Coverage sentiment was significantly affected in June due to negative stories on the employment tribunal in regional, trade and national media. This led to our first negative monthly score since 2019. This was offset to some extent by positive coverage of the CEO speaking on maternity at NHS Confed, the opening of our new CAC and new LGBT patient guide. Incoming queries were up around 60% per cent on previous months.
	Decision on 95% of all registration applications within 3 months	99%	99%	
	Decision on 95% of all revalidation recommendations within 5 working days	98%	97%	
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	100%	
	Conclude 90% of fitness to practise cases within 12 months	92%	93%	
	Conclude or refer 90% of cases at investigation stage within 6 months	95%	96%	
	Conclude or refer 95% of cases at the investigation stage within 12 months	95%	95%	
	Commence 100% of Investigation Committee hearings within 2 months of referral	100%	No cases	
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	92%	100%	
Organisation	2019/20 Income and expenditure [% variance +/- 2%]	3.16%	2.78%	
	Rolling twelve month staff turnover within 8-15%	4.6%	5.2%	
	IS system availability (%) – target 98.8%	100%	100%	
	Monthly media score	175	-152	

Operational Key Performance Indicator (KPI) – 12 month performance summary

	Indicator	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Operations	Answer 80% of calls within 20 seconds	60%	66%	60%	49%	51%	39%	57%	83%	80%	89%	83%	78%
	Decision on 95% of all registration applications within 3 months	96%	97%	97%	97%	97%	97%	97%	97%	92%	98%	99%	99%
	Decision on 95% of all revalidation recommendations within 5 working days	100%	100%	99%	100%	100%	100%	99%	100%	99%	98%	98%	97%
	Respond to 90% of ethical/standards enquiries within 15 working days	97.4%	92.7%	95%	72.7%	88.5%	92.2%	98.7%	98.3	96.5%	TBC	100%	100%
	Conclude 90% of fitness to practise cases within 12 months	92%	93%	90%	90%	91%	90%	91%	89%	93%	89%	92%	93%
	Conclude or refer 90% of cases at investigation stage within 6 months	93%	89%	93%	91%	94%	94%	95%	94%	91%	95%	95%	96%
	Conclude or refer 95% of cases at the investigation stage within 12 months	95%	94%	94%	94%	94%	93%	95%	92%	96%	93%	95%	95%
	Commence 100% of Investigation Committee hearings within 2 months of referral	No cases	No cases	No cases	No cases	No cases	No cases	100%	No cases	No cases	No cases	100%	No cases
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%	100%
Organisation	2019/20 Income and expenditure [% variance +/- 2%]	3.40%	3.61%	3.06%	3.12%	3.19%	3.07%	4.81%	3.53%	4.40%	4.03%	3.16%	2.78%
	Rolling twelve month staff turnover within 8-15%	5%	5%	4.3%	4.1%	3.7%	3.6%	3.3%	3.6%	4%	4.5%	4.6%	5.2%
	IS system availability (%) – target 98.8%	100%	99%	100%	99.99%	99.61%	99.99%	99%	99.97%	99.99%	99.98%	100%	100%
	Monthly media score	138	66	274	542	1635	222	217	282	1963	43	175	-152

Corporate Strategy Delivery – Priority activities forecast July-Dec 2021 investment (project team resource)

Our strategy 2021-25

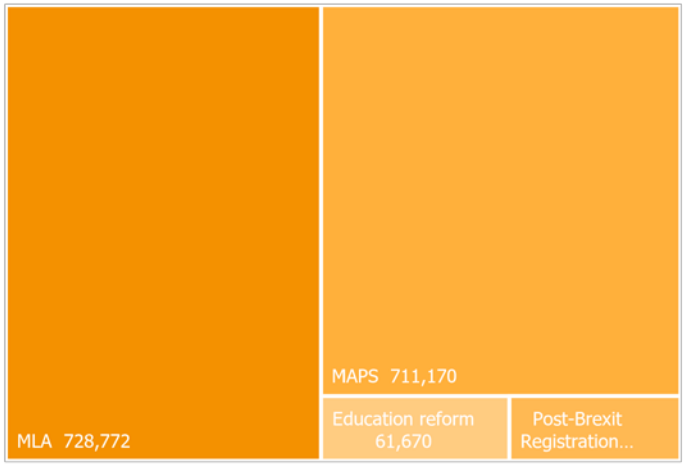
Business Plan Priorities 2021-23

As part of our improved approach to planning and budgeting we have begun estimating the immediate-project team time cost to deliver against our key priorities. Over time as we improve our resource estimating models, we expect this will help us to better quantify the relative size of our commitments and inform prioritisation decisions against their expected impact.

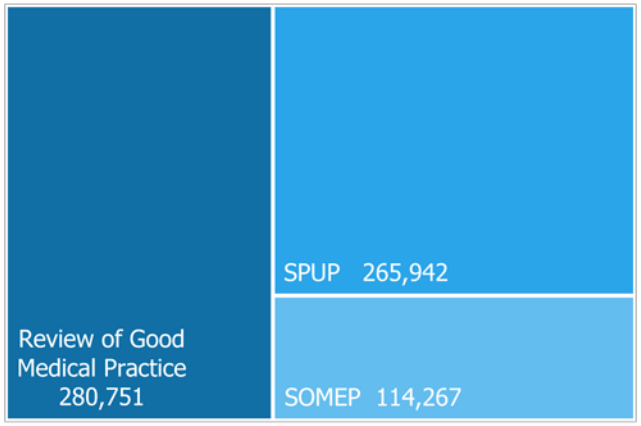
The estimated values on this slide and the next reflect 2021 estimated time-cost of project teams only. They do not account for all associated costs (such as communications support or outreach teams) though we intend to improve our practice on an ongoing basis, which we also expect to improve workload management.

Corporate Strategy Delivery – Priority activities forecast July-Dec 2021 investment (project team resource)

Developing a Sustainable Workforce



Enabling professionals to provide safe care



Making every interaction matter

Investing in our people

Enabling professionals to provide safe care

- We work with others to improve workplace cultures in healthcare environments across the UK making them safe, inclusive and supportive
- The professionals we regulate can meet the professional standards patients expect and use their judgement to apply our ethical standards and guidance
- We use and share our data and insights to improve environments and address inequalities

2021-23 Priority activities		Status
Review of Good medical practice	**Why:** Want to make sure our standards for professions we regulate reflect current patient and public expectations – and that our approach to embedding those with the profession maximises their relevance and application to care. Our guidance will be publicly consulted on and we will have launched an updated GMP. **When:** Complete by Q3 2023 **Who:** Colin Melville; Mark Swindells	We have started structured external engagement on policy issues, the guidance model and implementation strategy. We will be issuing a targeted stakeholder survey in July. Recruitment to the External Advisory Group is almost complete and will be taken to Executive Board for ratification in July. Timescales are still being monitored to manage stakeholder impact and align engagement and consultation with the Regulatory Reform programme to optimise opportunities for collaboration.
State of Medical Education and Practice	**Why:** Want to share our data and insights to highlight the experience of practising medicine in the UK and demonstrate our thought-leadership on key issues. **When:** Annually **Who:** Shaun Gallagher; David Darton	SoMEP barometer launched 7 June. Response rate has been down on 2020 and 2019 with shortfalls in NI, Scotland and Wales in particular. Additional sample being purchased where available (Scotland and Wales), hard copy letter reminder to NI. This means that fieldwork has to be extended by an extra week to apply these strategies to increasing the response rate. This will further compress our analysis time of the findings.

Enabling professionals to provide safe care

- We work with others to improve workplace cultures in healthcare environments across the UK making them safe, inclusive and supportive
- The professionals we regulate can meet the professional standards patients expect and use their judgement to apply our ethical standards and guidance
- We use and share our data and insights to improve environments and address inequalities

2021-23 Priority activities		Status
Supporting a profession under pressure	**Why:** Want to work together with partners to promote environments that support better practice and patient care as highlighted in our research. We will have implemented four country plans to address areas of greatest shared interest in each UK country, and reduced disproportionality in fitness to practise referrals from employers and attainment in medical education and training. **When:** Complete by Q4 2023 **Who:** Anthony Omo; Maria Bentley	**Fair training cultures (reducing education and training differentials)**: The plan includes 3 main pillars; environment, fair assessment and personalised learning with actions and deliverables sitting under each pillar. Once the plan is developed further this will be taken to members of our external advisory group/other select stakeholders for their feedback. The plan has also been shared with COPMED who are very engaged and have indicated they are keen to work with the GMC in this area. **Reducing differentials in FtP Referrals**: Data has been produced identifying disproportionate referrals from designated bodies based on either ethnicity or PMQ region. Analysis is underway to understand and explore the relevance of the data with a focus on understanding what is useful to share and what our ask/offer is for designated bodies. We've developed a shared narrative on the ethnicity gap and discussed with NHS Resolution who are socialising internally before sign-off. Meeting planned with NHSEI, CQC and NMC to agree the narrative and proposed next steps including reaching a shared view on what organisational interventions work and to agree collaboration on ongoing projects. Amendments to the RO (responsible officer) referral form have been agreed and three month pilot underway with seven ROs covering multiple designated bodies. Options paper in development on mechanisms to support proportionate feedback between ELAs and ROs to enhance understanding of thresholds. **Wellbeing and support**: Outreach is working with partners across the system to improve induction for internationally qualified doctors and those returning to practice. This includes work with HEE and NHSEI, with whom we have co-developed specific, longitudinal, induction packages centred around our ethical standards and incorporating one of our flagship offers, Welcome to UK Practice. The HEE returner induction pilot began in quarter 1 this year and is currently in phase 1 evaluation. Early indications are positive and we remain members of the Assurance Board. The NHSEI induction package has recently secured funding as part of the wider retention programme. We are members of the steering group for the project and are working closely with pilot sites to offer our expertise in local development and delivery. Outreach is enhancing its support for locum doctors by working with partners across the health system to help improve environments and cultures, making them supportive, inclusive and fair for locum doctors. For example, this year we are undertaking a programme of engagement with the leadership at select locum agencies, developing a core programme of virtual RLA workshops specifically for locums. We are also enhancing our training for ELAs to ensure we maximise opportunities to embed best practice in inclusive and fair complaints handling by ROs when locum doctors do encounter difficulties. **Leadership**: We are collaborating with CQC and working with HEE and HEIW to form a joint working group to consider practical ways to support doctors in clinical leadership. Working with partners to support training and development initiatives for clinical leaders at all levels through collaboration with FMLM to establish a pilot leadership programme for SAS doctors (currently paused with a view to expanding to all doctors), supporting the National Guardian's formal leadership training to drive leadership accountability for speaking-up cultures, and working with Deaneries to improve experiential leadership training for foundation doctors. Report being prepared to scope leadership competence/outcomes across post graduate curricula and the training available to support delivery of outcomes. Recommendations to amend *Welcome to UK Practice* workshops to induct new registrants about clinical leadership behaviours are being implemented, including clinical scenarios being updated to describe leadership skills and signpost guidance and the 'things I wish I'd known' video is being re-recorded to include content on leadership and shared decision making.

Developing a sustainable medical workforce

- We work with workforce organisations to support more professionals who meet the required standards to join and remain in the UK medical workforce.
- Education and training are relevant, accessible and supportive, giving all professionals the skills they need to better meet future patient needs.
- Training for the medical workforce is more flexible, throughout their careers.

2021-23 Priority activities		Status
Introducing the medical licensing assessment	**Why?** Want to give patients greater confidence that they will receive a consistent level of core knowledge, skills and behaviours from any doctor practising in the UK. UK medical schools will deliver the Assessment embedded within final exams for a UK medical degree, overseen and regulated by us, and we will administer the assessment for IMG doctors. **When:** Q4 2025 **Who:** Colin Melville; Judith Chrystie	In June, Council approved—subject to directions—a proposal from medical schools for a university-led approach to the applied knowledge test (AKT) part of the MLA in UK schools, coordinated by the Medical Schools Council. This means there is now a clear roadmap for both parts of the MLA—the AKT and the clinical and professional skills assessment (CPSA)—for both UK students and international medical graduates. Work continues on planning and implementing the processes needed to make sure that all AKTs and CPSAs meet the requirements set out in Assuring readiness for practice: a framework for the MLA (March 2021) by the time the MLA goes live in 2024. The programme's individual work strands are on track against the agreed plans. However, the overall programme's status remains at amber due to the challenging stakeholder environment and resourcing pressures across the programme.
Regulating medical associate professionals	**Why?** To expand the medical workforce and the contribution by our professionals to quality patient care, while continuing to safeguard patients. We will deliver equivalent statutory functions across MAPs and doctors. **When:** Q4 2021 **Who:** Una Lane; Clare Barton	We continue to liaise closely with DHSC as they prepare the legislation needed to introduce regulation of PAs and AAs. Revised PA and AA curricula are close to completion and will be subject to external engagement in the autumn. Course providers have submitted their self-assessments and we're now analysing these prior to commencing quality assurance activities in September. Council approved our proposed approach to interim professional standards for PAs and AAs, and a tailored version of Good medical practice has been drafted. We're in the process of updating our webpages to include more information about PA/AA regulation, including an expanded set of FAQs aimed at doctors.
Education Reform	**Why?** We want to harness opportunities which came from the pandemic within Education and Standards by working collaboratively with partners to harness change which benefits systems and the profession as a whole. **When:** This work is being scoped during 2021 when a detailed plan for planning, development and delivery will be produced for 2022 and beyond. **Who:** Colin Melville; Phil Martin. This work will be delivered in partnership with external regulatory bodies including HEE, HEIW, NES, AOMRC.	This project has four workstreams: Generalism, Leadership, Preparedness (FIY1 doctors) and Progression (curricular and assessment). Governance is established and we are working with external partners to explore project scoping and delivery options. The overall status of this programme is amber due to resourcing pressures both internally and externally with key external stakeholders (NES and HEIW).
Post-Brexit registration pathways	**Why?** To ensure we have efficient and effective routes for skilled professionals to gain registration and maximise the number of skilled doctors available to the UK medical workforce. To start, we will expand our Clinical Assessment capacity for international medical graduates to respond to Covid and manage the UKs post-Brexit registration approach for EU professionals. **When:** Q4 2022 **Who:** Una Lane; Kirstyn Shaw	Council approved a paper in June outlining a proposed approach to responding to Mutual Recognition Agreement requests. A series of project mandates have been commissioned to explore upcoming projects which will be needed to respond to the end of the standstill period. DHSC gave some assurances that legislative changes will be delivered in time to give us the flexibility we need to make changes to specialist / GP pathways at the end of the standstill, though we await written confirmation.

Making every interaction matter

- We have a better understanding of the experiences of people who interact with us, particularly professionals, patients and the public
- We use an improved understanding of people's experiences to make our interactions with all those we work with better
- We regularly review our processes to make sure they are as effective as possible and that we use our resources appropriately and responsibly

2021-23 Priority activities		Status
Regulatory reform	**Why?** To improve the design and delivery of our functions so that we can be more responsive to the changing needs and expectations of patients, the health system, and the professions. **When:** Changes for MAPs to come into effect Q4 2022 (TBC), remaining changes to be implemented by Q4 2024**. Who:** Shaun Gallagher; Tim Aldrich	The Programme Board and Executive Board have agreed to baseline the programme plan (for the period between now and Oct 2022). This is the agreed timetable that all workstreams are working towards for the implementation of our first tranche of changes. We still need to reach an agreement with DHSC about how the reforms will be commenced and what will be in the scope of each tranche. We have only had sight of the E&T and R&R modules of the S.60 Order from DHSC so far. This is preventing us developing a longer term plan for when the full suite of reforms will be delivered. We have now appointed 2 x new Project Managers to join the PMO team and will go live with the advert for Project Officers shortly. A coordinated new initiative fund (NIF) bid (across 7 workstreams) was approved in early August to secure additional resources for the programme. BDO have recently undertaken a follow up 'spot check' audit of the programme and we are expecting to see the first draft of this report shortly. Initial feedback has been positive, acknowledging the progress made since the last spot check audit was completed.

Investing in our people to deliver our ambitions

- We'll deliver our ambitions with flexibility, sensitivity to the external environment and leadership across all roles
- The GMC is a more diverse and inclusive organisation
- We take a more coordinated approach to our corporate responsibilities, including social, environmental and economic

2021-23 Priority activities		Status
Investors in people (Gold accreditation)	**Why?** To ensure our approach as an organisation to leadership, support and ongoing improvement attracts and retains the right people to meet our ambitions - we will strive for Gold accreditation from Investors in People. **When:** Q2 2023 **Who:** Neil Roberts; Andrew Bratt	We are scheduled to undergo re-assessment against the main standard and also against the *We Invest in Wellbeing* standard in November this year. In our first assessment in November 2018 we achieved silver accreditation. Since then we have been using colleague feedback and the annual progress reviews conducted by IiP to help us identify areas for improvement. A range of work is underway to help us reach our ambition of gaining Gold standard accreditation.
Inclusivity	**Why?** To treat our people fairly and model the commitment we ask of the health service – that diverse and inclusive environments support better outcomes for all - we will achieve maturity against the TIDE framework. **When:** Q2 2023 **Who:** Neil Roberts; Andrew Bratt	We have embedded our performance measures and targets into our performance reporting framework. Training for recruiting managers has been developed and delivered. Our Anti-racist Ally training has been launched along with training support for our BME network members. We have successfully appointed an external provider to help us design and deliver a fostering inclusion programme for leaders and talent/career programmes for ethnic groups that are underrepresented at a senior level. We have set up a working group to develop a professional behaviours programme for all colleagues. We have embedded inclusivity in our OneGMC behaviours and have also embedded a requirement for all staff to set development actions around these. We have committed to becoming a Disability Confident Committed Employer – and later this year will ensure our recruitment process is inclusive and accessible, communicating and promoting vacancies, offering an interview to disabled people who meet the minimum criteria for the job, anticipating and providing reasonable adjustments as required and supporting any existing employee who acquires a disability or long term health condition, enabling them to stay in work.

Investing in our people to deliver our ambitions

- We'll deliver our ambitions with flexibility, sensitivity to the external environment and leadership across all roles
- The GMC is a more diverse and inclusive organisation
- We take a more coordinated approach to our corporate responsibilities, including social, environmental and economic

Underlying measures and targets		Actual				2023 target	% off 2023 target	2026
		2020	2020 (Vol)	2021	2021 (Vol)			
Increase the level of BME representation at Level 3 and above	Applications	22.8%	170	32.1	187	27%	+5.1%	30%
	Interviews	15.2%	118	22.9	43	22%	+0.9%	25%
	Offers	14.6%	36	32.1	10	17%	+15.1%	20%
	Workforce	11.1%	64	11.5	67	16%	-4.5%	20%
Overall level of BME representation at Level 2		8%	18	9.5	20	14%	-4.5%	20%
Overall level of BME representation at level 3		12%	46	12.6	47	16%	-3.4%	20%
Increase the level of BME representation at all levels	Applications	29.4%	663	40.5	919	37%	+3.5%	40%
	Interviews	18.2%	118	29.4	186	32%	-2.6%	35%
	Offers	18.2%	36	32.6	42	27%	+5.6%	30%
	Workforce	14.3%	211	15.2	233	17%	-1.8%	20%
Reduce differential turnover rates for BME staff compared to the average to be within 1-2% of each other by end of 2023**		0.8%	-	1.4	-	2.0%	-0.6%	1.0%
Proportion of BME staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level*		-1%	-	+2.8	-	18%	+2.8	18%
Pay differentials within a confined band limited to 2% from 2023[1] *(table shows the proportion of bands that are outside of the tolerance)*		50.0%	6/12	41.7%	5/12	2.0%	N/A	2.0%

[1]specialist bands are not included

*difference is not set against the 2023 figure, the target is that the proportion of staff will be equal across BME and Non-BME

** 2020 is an unrealistic baseline year given the pandemic. Retention rates for BME staff have historically been outside of this range – in 2019 the difference in retention rates against the average for BME staff was 3.9%.

Financial summary

Financial summary as at June 2021	Budget June £000	Actual June £000	Variance £000	Variance %	Budget 2021 £000	Forecast 2021 £000	Variance £000	Variance %
Operational expenditure	55,750	52,213	3,537	6%	119,101	110,154	8,947	8%
New initiatives fund	0	0	0	0%	1,024	1,024	0	0%
Pension top up payment	1,300	1,300	0	0%	1,300	1,300	0	0%
Capital expenditure	3,080	3,095	(15)	(0)%	8,266	7,804	462	6%
Total expenditure	60,130	56,608	3,522	6%	129,691	120,282	9,409	7%
Operational income	59,023	56,919	(2,104)	(4)%	126,102	119,455	(6,647)	(5)%
Operational surplus/(deficit)	(1,107)	311	1,418		(3,589)	(827)	2,762	

Financial summary as at June 2021	Budget June £000	Actual June £000	Variance £000	Variance %	Budget 2021 £000	Forecast 2021 £000	Variance £000	Variance %
Investment income	1,130	2,102	972	86%	2,282	2,282	0	0%
Total surplus/(deficit)	**23**	**2,413**	**2,390**		**(1,307)**	**1,455**	**2,762**	

Income Variance

We are forecasting a significant drop in PLAB 1 and PLAB 2 activity compared to budget with fewer PLAB 1 candidates, holding fewer PLAB 2 test days, opening the new temporary centre later than budgeted and pushing back the assumption on resuming non socially distanced PLAB tests until at least January 2022. Cancellation fees were reintroduced in June and triggered further test cancellations, however, these spaces were soon re-booked.

Income financial risks/forecast sensitivity

The forecast number of candidates sitting PLAB 1 & PLAB 2 may be impacted by international travel restrictions. To date we have approached a significant number of PLAB 2 candidates who are from red list countries. Where the candidate has requested to reschedule their booking we have re-booked in Q1 2022 and have been able to fill their original date in 2021. Between September and the end of 2021 there are a further 2,400 PLAB 2 places booked by candidates from red list countries, out of a total of 3,700. We will be contacting them soon however where candidates wish to re-book it is unclear how many of the available places will be filled in 2021.

Expenditure Variance

The drop in expenditure is made up of the variable costs of holding PLAB 2 test days, an anticipated increase in the vacancy factor compared to budget, holding fewer MPTS hearings, as capacity increases to manage the backlog will take effect in October rather than August & undertaking fewer performance assessments. We have also changed our assumptions for normal activity levels to resume in Q4 which reduces a number of cost areas including staff expenses.

Expenditure financial risks/forecast sensitivity

While we don't expect a significant increase in expenditure compared to existing forecasts there could be a notable drop as we move forward through 2021. Expenditure forecasts are linked to activity assumptions and could be impacted by how and when activities return to normal and how long restrictions are in place. Key examples of where there could be changes are expenses, external engagement and event costs, associate training and office costs.

Financial detail

Expenditure as at June 2021	Budget June	Actual June	Variance		Budget 2021	Forecast 2021	Variance	
	£000	£000	£000	%	£000	£000	£000	%
Staff costs	36,351	35,414	937	3%	74,451	72,997	1,454	2%
Staff support costs	1,291	1,013	278	22%	3,657	2,915	742	20%
Office supplies	715	451	264	37%	1,740	1,113	627	36%
IT & telecoms costs	2,327	2,312	15	1%	4,508	4,377	131	3%
Accommodation costs	3,826	3,533	293	8%	7,733	7,396	337	4%
Legal costs	1,862	1,854	8	0%	4,338	4,066	272	6%
Professional fees	1,308	1,375	(67)	(5)%	3,037	3,096	(59)	(2)%
Council & members costs	187	171	16	9%	384	367	17	4%
Panel & assessment costs	7,212	5,673	1,539	21%	18,739	13,487	5,252	28%
PSA Levy	422	417	5	1%	858	843	15	2%
Under/over-achievement of efficiency savings	249	0	249	0%	(344)	(503)	159	0%
Operational expenditure	**55,750**	**52,213**	**3,537**	**6%**	**119,101**	**110,154**	**8,947**	**8%**
New initiatives fund	0	0	0	0%	1,024	1,024	0	0%
Capital expenditure	3,080	3,095	(15)	(0)%	8,266	7,804	462	6%
Pension top up payment	1,300	1,300	0	0%	1,300	1,300	0	0%
Total expenditure	**60,130**	**56,608**	**3,522**	**6%**	**129,691**	**120,282**	**9,409**	**7%**

Income as at June 2021	Budget June	Actual June	Variance		Budget 2021	Forecast 2021	Variance	
	£000	£000	£000	%	£000	£000	£000	%
Annual retention fees	48,973	48,969	(4)	(0)%	99,258	99,255	(3)	(0)%
Registration fees	1,734	1,769	35	2%	5,667	5,412	(255)	(4)%
PLAB fees	6,002	3,983	(2,019)	(34)%	16,584	10,391	(6,193)	(37)%
Specialist application CCT fees	1,451	1,391	(60)	(4)%	2,755	2,766	11	0%
Specialist application CESR/CEGPR fees	602	543	(59)	(10)%	1,216	1,021	(195)	(16)%
Interest income	33	33	0	0%	78	79	1	1%
Other income	228	231	3	1%	544	531	(13)	(2)%
Total Operational Income	**59,023**	**56,919**	**(2,104)**	**(4)%**	**126,102**	**119,455**	**(6,647)**	**(5)%**

GMCSI summary & investments

GMCSI summary as at June 2021	Budget June £000	Actual June £000	Variance £000	Variance %
GMCSI income	173	84	(89)	(51)%
GMCSI expenditure	148	101	47	32%
Profit / (loss)	**25**	**(17)**	**(42)**	

Budget 2021 £000	Forecast 2021 £000	Variance £000	Variance %
388	268	(120)	(31)%
384	277	107	28%
4	**(9)**	**(13)**	

Investment summary 2021	Value as at Dec 2020 £000	Value at 30 June £000	2021 returns * £000
CCLA managed funds	57,020	**59,062**	**2,042**

* Return after fees

Investments summary as at 31 March 2021 (figures are updated quarterly)

Asset Allocation	GMC thresholds	Current allocation
Equities	0% - 45%	**32.6%**
Bonds and Cash	20% - 80%	**47.9%**
Alternatives	0% - 45%	**19.5%**

Investment returns	1 year rolling
Target (CPI + 2%)	2.74%
CCLA performance	10.68%

Legal summary (as at 28 July)

	Open cases carried forward since last report	New cases	Concluded cases	Outstanding cases
s.40 (Practitioner) Appeals	17	7	8	16
s.40A (GMC) Appeals	5	0	4	1
PSA Appeals	1	0	1	0
Judicial Reviews	6	4	4	6
IOT Challenges	1	0	1	0

Explanation of concluded cases	s.40 (Practitioner) Appeals	a. 7 GMC successful – i. 5 appeals dismissed ii. 1 appeal struck out iii. 1 appeal withdrawn b. 1 GMC unsuccessful – remitted back to MPTS
	s.40A (GMC) Appeals	a. 4 GMC successful i. 3 cases remitted back to MPTS ii. 1 appeal upheld in the Court of Appeal – case remitted back to MPTS
	Judicial Reviews	a. 4 GMC successful i. 4 permission refused
New referrals by PSA to the High Court under Section 29 since the last report with explanation, and any applications outstanding	PSA Appeals	There has been no new referrals by PSA to the High Court under Section 29 since the last report, and one concluded (PSA successful and the decision substituted), therefore no appeals outstanding.
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	IOT challenges	There have been no new applications in the High Court challenging the imposition of interim orders since the last report, and one concluded (GMC successful – order maintained), therefore no challenges outstanding.
Any other litigation of particular note	We continue to deal with a range of other litigation, including cases before the Employment Tribunal, the Employment Appeals Tribunal and the Court of Appeal.	

A15

Corporate Opportunities and Risk Register - Council September 2021

Id	Title	Category	Detail	Owner	Assigned To	Likelihood - Inherent	Impact - Inherent	Rating - Inherent	Mitigation/Enhancement	Likelihood - Residual	Impact - Residual	Rating - Residual	Council and/or Board Assurance	Assurance	Further Action Detail	Risk Appetite
Corporate Threats																
148	Delivery of statutory functions	Operational	If we fail to deliver our core statutory functions, there is a potential impact on patient safety, public confidence, and the GMC's reputation as a leading regulator.	Charlie Massey		QUITE LIKELY	MAJOR	CRITICAL	• Monitoring and reporting against statutory delivery to Executive Board and Council. • Forecasting of operational demand is built into budget planning. • Active engagement with doctors about potential situations which may put patients at risk • Outreach structure in place (ensures statutory process for responsible officers to continue effectively) to help identify and manage concerns (pre-investigation). • Available staff with relevant training and skills. • Information exchange with competent authorities informs our processes. • Documented operational process and procedures, that are subject to regular review and continuous improvement by specialist staff. • Auditing our decisions on a regular basis. • We have restarted PLAB 2 and can currently assess a limited number of candidates in a Covid-secure, socially distanced way. • We completed the build of our new temporary clinical assessment centre on the second floor of 3 Hardman Street and officially launched the centre on 10 June 2021. We are now able to assess candidates at both 3 Hardman Square and 3 Hardman Street, bringing our socially-distanced testing capacity back up to pre-pandemic levels. This will also allow us to manage built-up demand for PLAB 2 places more quickly once we are able to run both centres without social distancing.	QUITE LIKELY	MODERATE	SIGNIFICANT	Council • Review of performance metrics through the quarterly CEO report Executive Board • Review of performance metrics through the bi-monthly Performance and Risk Report • Risk deep dive (November 2020)	Internal Audit • Interim Order Tribunals (January 2020, green-amber) • Interim Order Review on Papers (May 2019, green-amber) • Voluntary and admin erasure (May 2019, green-amber) Other assurance • Annual PSA Performance review (2019/20) passed • Covid learning reviews (GMC Case Studies): How the regulator responded to emerging evidence of higher prevalence of Covid-19 infection in BAME people; Temporary registration implementation; The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response (December 2020) • Curricula approvals Jan 2021 green/amber, Education QA March 2021, green	• Continue to engage with the Professional Standards Authority and other regulatory partners, coordinating the Covid-19 response and reviewing our approach as the situation evolves. •We'll consider and triage all new concerns, progressing those requiring investigation. • The MPTS continues to meet our service level agreement to commence 100% of new interim referrals within 21 days. • The MPTS continues to hear reviews of all MPT sanctions and IOT orders within statutory deadlines. • Following a successful pilot, we will begin rolling out digital ID checks to other cohorts of doctors over the coming months.	Low
120	ED&I Compliance	Strategic / Policy	The assurance we can evidence that our regulatory decision-making is fair - is not persuasive to key stakeholders and weakens confidence in regulation	Shaun Gallagher	Robert Scanlon	QUITE LIKELY	MAJOR	CRITICAL	• Equality, Diversity and Inclusion (ED&I) objectives published within the corporate strategy and supported by focused targets based on evidence and routine monitoring and reporting of progress. • Supporting governance including the Strategic EDI Advisory Forum (external) and ED&I Steering Group (internal) provides senior oversight and guidance to inform action and priorities. • Skilled ED&I team to provide strategic advice across the GMC. • Mandatory training for all staff and associates. • Guidance and tools for equality analysis as a requirement of project and policy activity to consider fairness impacts of approach. • Past research, fairness audits, Campbell Tickell Governance and Compliance review.	UNLIKELY	MAJOR	SIGNIFICANT	• Executive Board and Council consideration of Campbell Tickell compliance report (Feb and April 2021)	• Strategy and policy ED&I compliance and governance review - Campbell Tickell (2020) • Engagement, not personal characteristics, was associated with the seriousness of regulatory adjudication decisions about physicians: a cross-sectional study, Javier A Caballero, Steve P Brown, British Medical Journal (2019) • Fairness of decisions to refer doctors to the MPTS interim orders tribunal (2018) • Plymouth University Review of decision-making in the GMC's FTP procedures (2014)	• Consider key decision-points in our operations for process controls to mitigate the risk of bias or unfairness (such as separated decision making) and our quality assurance regime for decisions. • Assess staff learning and training needs from first principles through a Learning Needs Analysis (LNA) and the most current evidence base on learning approaches with the greatest impact. • Consider the adequacy of how we report the timeliness of our regulatory processes to better understand the characteristics of the individual in that process and possible real-time interventions required to address risks of unfairness. • Review our approach to a regulatory Equal Opportunities Policy. • Consider the coverage and credibility of past independence assurance on the fairness of our processes in design and operation to identify gaps or required change in approach.	Low
200	Regulatory Reform	Strategic / Policy	The DHSC's plans for reform, including the scale and complexity of the changes we are seeking and the potential for different levels of support from stakeholders could threaten our ability to deliver the programme on time or mean that we fail to maximise the full range or potential opportunities that this presents.	Shaun Gallagher	Tim Aldrich	HIGHLY LIKELY	MAJOR	CRITICAL	• Governance and controls in place for the programme, including; agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. • Stakeholder influencing plan developed to ensure we secure external support for changes. • Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and manage potential implementation risks associated with drafting of the legislation. • Cross-directorate working built into programme approach, to ensure that policy is developed in conjunction with operational teams, encouraging a 'one GMC' approach and making sure that changes can be operationalised as soon as policy agreed. • A New Initiative Fund (NIF) bid submitted to the July Gateway meeting to request additional resource to deliver the programme. • Use responses to the recent DHSC consultation from other stakeholder groups proactively over the next period to engage and influence ahead of and during the technical DHSC s.60 consultation in the autumn.	QUITE LIKELY	MODERATE	SIGNIFICANT	Executive Board • Risk deep dive (September 2020)	Legislative Reform Programme (now Regulatory Reform) - Spot Check (March 2021)	• Use existing strutures/communication channels internally as a way of reinforcing messaging and maintain momentum and morale. • Continue to use internal audit assurance to provide ongoing scrutiny and give assurance that the programme is being run appropriately. (Latest spot check undertaken in June.)	Medium

234	ED&I Strategic Ambition	Strategic / Policy	The actions we take to influence change across the health and education system, and within the GMC, do not deliver progress at a pace to meet our strategic ED&I targets, sustaining known areas of inquality	Shaun Gallagher	Robert Scanlon	HIGHLY LIKELY	Moderate	CRITICAL	• Clear timebound targets to focus system-wide efforts. • Nominated Executive leads for each or our strategic commitments. • Skilled and resourced teams designing interventions to deliver against the targets. • Establised plans of action to deliver against the targets both internally and externally. • Annual and bi-annual progress reporting. • Scrutiny and monitoring and reporting from the ED&I Steering Group, Executive and Council to allow refinement of plans in response to progress. • Established Outreach and engagement functions to understand and influence the system with broader calls for action and support to facilitate system-wide change. • Supporting and aligned commitments of others (i.e. reducing differentials in disciplinary processes). • Research and data assets including our surveys and insights to highlight relevant issues and support calls for action.	QUITE LIKELY	MODERATE	SIGNIFICANT	Council • Regular agenda item on ED&I Executive Board • Twice yearly review by Executive Board and performance against internal targets embedded in Performance and Risk Reporting • Risk 'deep dive' (July 2021)	• Strategy and policy ED&I compliance and governance review - Campbell Tickell (2020)		Medium
150	Ability to work with others	Strategic / Policy	If we are unable to work collaboratively with our external partners, we may not be able to achieve the ambitions of the corporate strategy, reducing our potential impact on patient safety and doctors' practice.	Paul Reynolds	Robert Khan	QUITE LIKELY	MAJOR	CRITICAL	• Being transparent and managing stakeholders at SMT level. • Engagement with other regulatory bodies to identify opportunities for collaboration and alignment (such as through the Chief Executive Officer Regulatory Body (CEORB) Group). • Proactive engagement on all major policies and issues. • Development and management of stakeholder relationships of strategic importance at national and regional levels of the UK, supported by annual relationship plans delivered by our external affairs and outreach teams. • Regular evaluation of our relationships with key partners, through analysis of insights captured in our new Engage system and periodic surveys of our stakeholders' perceptions. • Active engagement with the four UK Governments over the future of our legislation.	QUITE LIKELY	MODERATE	SIGNIFICANT	• Regular agenda item on ED&I	• Corporate strategy and stakeholder perceptions baseline survey (published March 2019). • Corporate strategy and perceptions survey 2020 (published December 2020). • Quarterly health assessments of our major relationships (last assessments carried out by external affairs teams in February 2021).	• Complete final stage of adoption programme for new Engage system, to increase levels of internal co-ordination and information sharing about our external relationships across the organisation. (Update March 2021: Nearly 170 staff members have received training). • Contribute to joint work through CEORB group. • Contribute to UK plans to manage the coronavirus (Covid-19) impact and engage with other regulatory partners to coordinate our response. • Continue to strengthen our collaboration on patient safety issues with our regulatory partners (such as CQC and NMC) following Paterson inquiry report on issues such as maternity care and treatment in the independent sector.	Medium
152	Unplanned event	Reputational	The impact of an event in the external or internal environment causes our systems to be compromised or our activities to be publicly challenged, potentially leaving us vulnerable to delivery of key functions central to patient safety and reputational damage.	Neil Roberts	Steve Jones	QUITE LIKELY	MAJOR	CRITICAL	• Crisis management policies & procedures; pandemic response plan. • Business continuity champions and emergency response plans in place with regular testing. • Mandatory e-learning for GMC staff and support from business continuity consultants. • Responding to public inquiries and reviews, and proactive horizon scanning. Analysis of range of qualitative and quantitative information about the external environment through the Patient Safety Intelligence Forum. • Regular engagement with the Professional Standards Authority to assure them on the exercise of our statutory powers – including emergency powers under section 18A of the Medical Act 1983 (Covid-19).	QUITE LIKELY	MODERATE	SIGNIFICANT	Executive Board	Internal audit • Cyber security (July 2019) Audit and Risk Committee • Significant Event Review: Fraudulent doctor Zholia Alemi (November 2019) • Significant Event Review: Fraudulent registration application, Teodora Crisovan (March 2021) • Report on Significant Event Review follow-ups (March 2021) Other assurance • Covid learning reviews (GMC Case Studies): How the regulator responded to emerging evidence of higher prevalence of Covid-19 infection in BAME people; Temporary registration implementation; The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response; Approach to producing Covid specific guidance (December 2020)	• Response to a range of public Inquiries and Reviews underway including Paterson (now reported), Infected Blood Inquiry, Hyponatraemia, and Historical Public Abuse. • Continue to engage with the Professional Standards Authority regularly, to assure them of how we use our emergency powers in response to the Covid-19 pandemic arising from section 18A of the Medical Act 1983.	Medium
149	Availability of resources	Resource	If we don't maintain a flexible workforce with strong IT infrastructure and sustainable finances, we threaten delivery of our statutory functions and strategic aims.	Neil Roberts	Robert Scanlon	HIGHLY LIKELY	MAJOR	CRITICAL	• Our HR practices and leadership strategy is aimed towards attracting and retaining a high calibre workforce. • Our Health and safety policies and procedures are robust in regards to our workforce. • Clear Financial management practice and controls and safeguards including around investment (GMCSI), fraud policies and pensions. • New activity, including New Initiative Fund initiatives and existing project work routinely considered by Planning Gateway process to form a cross-organisational recommendation on the priority and deliverability of proposals for SMT to consider collectively. • Routine monitoring and reporting of operational performance and the volume and complexity of our work. • Process for regularly mapping workload pressures across teams has been activated to help focus resourcing and prioritisation decisions. • Reactivated Recovery and Renewal Taskforce to coordinate our transition to resuming paused activities and use of office space. • We will work closely with the Pension Trustees to address the increased scheme liability arising from the Govt decision to align RPI and CPI. • Financial reserves and management provide financial resilience to risks that are realised and effective business continuity processes manage and minimise the impact of such risks.	UNLIKELY	MODERATE	LOW	• Twice yearly review by Executive Board and performance against internal targets embedded in Performance and Risk Reporting	Internal Audit • Assurance Spot-check - Business Planning & Budgeting changes (May 2020 green-amber) • Covid learning review (August, 2020) • Transformation Programme (July 2019, amber) • Managing change (August 2019, amber) • Risk Management (June 2019, green-amber) • Recruitment (September 2019, green-amber) • Procurement (March 2021, green-amber) • Payroll (May 2021, green-amber) Other assurance • Covid learning reviews (GMC Case Studies): The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response (December 2020)	• Quantify the overall risk exposure presented by these and similar cases to assess whether additional measures such as insurances are proportionate, as part of the broader learning response to the Employment Tribunal outcome.	Medium

151	Responding to a changing environment	Strategic / Policy	Inability to respond effectively to changes in the external environment, including legislation and wider social impact changes, could lessen our influence and reduce public, profession and political confidence in our role.	Paul Reynolds	Robert Khan	QUITE LIKELY	MAJOR	CRITICAL	• Proactive, senior-level engagement with stakeholders to understand their agendas. • Outreach teams structures in place, aligned to UK countries and regions of England, to help us understand and influence national and local systems. • Contribution to NHS People Plan (England) and Government initiatives across the UK. • Continuous monitoring of our external environment, including longer term horizon scanning and research (e.g. barometer and perception surveys with the medical profession). • Contributing to meetings and networks across the UK and Europe. • Internal governance in place to process, consider and make decisions on the intelligence we receive about the quality and safety of local practice and training environments (JWIG and PSIF meetings).	UNLIKELY	MODERATE	LOW	• Risk 'deep dive' (July 2021)		• Intelligence from our external environment continues to be shared on a weekly basis with Senior Leadership team and Council members to aid our response to the COVID-19 pandemic and wider understanding of the context in which we regulate. • Adoption of new 'Engage' system by engagement and policy teams to capture intelligence from our engagement with stakeholders is ongoing. (Update March 2021: Almost 170 staff are now trained on Engage.) • Internal programme established by Strategy and Policy to improve our approach and capabilities for capturing, coordinating, recording and using intelligence from our external environment. • Media Relations team exploring how new monitoring platform can be exploited to improve content of daily media summary, to make it more relevant to work of teams across GMC.	Low
Corporate Opportunities																		
26	Government majority	Strategic / Policy	The size of the Government's majority in the UK Parliament should enable it to get legislation through, providing an opportunity for us to drive forward our ambitions for change.	Paul Reynolds	Robert Khan	QUITE LIKELY	MAJOR	GOLD	• Regular Chair and CEO engagement with Governments across the UK to identify shared goals. • Regular contact with governments and relevant departments to influence legislative proposals. • Active engagement with stakeholders across the UK to build support for regulatory reform and to help manage our transition towards post Brexit trade agreements with the EU and beyond where they impact on the recognition of medical professional qualifications.	QUITE LIKELY	MAJOR	GOLD	Executive Board: • Four country public affairs update (March 2021).	• Biannual perceptions survey of stakeholders and key audiences, to understand levels of awareness of regulatory reform proposals. Fieldwork for last survey carried out February-March 2020. • Annual survey of parliamentarians and assembly members, to understand levels of awareness of regulatory reform proposals. Fieldwork for last survey carried out January 2021.	• March 2021: Campaign underway to promote Department of Health and Social Care's consultation on regulatory reforms to key stakeholders, encouraging them to respond. • Continue to engage with the Department of Health and Social Care on potential Section 60 orders that will reform aspects of our education powers, governance, fitness to practise investigations, and the requirements of international registration. • Continue to engage with the Department of Health and Social Care, BIS and DIT on new post-Brexit trade agreements with the EU and beyond.	High
27	Deriving more insight from our data capability	Strategic / Policy	Developing, sharing and working with others using our insight capability provides an opportunity to shape public debate, influence the external environment and deliver more proactive regulation.	Shaun Gallagher	David Darton	QUITE LIKELY	MAJOR	GOLD	• We use our research and insights to highlight key issues facing the medical profession, suggesting courses of action which healthcare systems can take to improve workforce and workplace issues. • We leverage our communications channels (such as media and social media) and engagement opportunities to raise awareness of our research and insights and secure external support for the issues and recommendations we are highlighting. • We use our influence to bring regulatory partners and key stakeholders together to drive positive changes in practice and training environments.	HIGHLY LIKELY	MAJOR	GOLD	• Paper: Review of UK Advisory Forum meetings (December 2019) Executive Board • Risk 'deep dive' (March 2021)	• Corporate strategy and stakeholder perceptions baseline survey (published March 2019).	• Embed outputs from horizon scanning scrum process in PLG and other GMC-wide forums. • Continue to use data to contribute to mailouts, briefings and external engagement. • Provide data support to the rest of the GMC in managing our response to the Covid-19 pandemic. • Exploring innovative ways of collaborating on data and insight with regulatory partners.	High
28	Working with patients and public	Operational	Understanding and improving the experiences which patients and the public have of our regulatory services and involving them effectively in our work (such as strategy and policy development) will help us gain their trust and confidence as an effective and transparent regulator.	Paul Reynolds	Robert Khan	QUITE LIKELY	MODERATE	SILVER	• Champion for patients established at SMT level to ensure senior-level overview of our engagement. • Strategic approach to patient and public involvement agreed by Executive Board (in November 2020). • Clear information easily accessible for patients and public about how we work and can support them (such as on our website). • Regular assessment of patients and the public's perceptions of our work through research (such as our bi-annual perceptions survey). • Regular engagement with patient leaders in all four countries of the UK (such as through our roundtable and UKAF meetings). • Accessing stakeholder networks to learn how other organisations engage meaningfully and well with patients and public. • New content on consent available in patient area of our website.	QUITE LIKELY	MODERATE	SILVER	Council • Strategic approach to communications and engagement update (June 2019) • Discussions at Council Away days (July 2019) about patient and public engagement in our work and preparation Corporate Strategy 2021-2025 • Paper: annual update on communications and engagement (July 2020) Executive Board: • Paper: Strategic approach to patient and public involvement (November 2020). • Risk deep dive (February 2021)	• Annual perceptions survey showing the public's confidence in how doctors are regulated and feedback on working relationships with patient and public bodies.	• Programme Board for work in process of being established (first meeting on 4 August 2021). • Discussion with Council members planned for their away day end of September 2021. • Brown Bag Lunch with David Gilbert planned for September 2021. • Next roundtable with patient organisations to be held in November 2021.	Medium