Council
Meeting Rooms 2.64/2.65/2.66
3 Hardman Street
Manchester M3 3AW

Agenda

Wednesday 12 December 2018

11:05 - 13:00

Meeting

11:05 - 11:10  M1  Chair’s business  5 mins

11:10 - 11:10  M2  Minutes of the meeting on 6 November 2018  0 mins

11:10 - 11:35  M3  Chief Executive’s Report  25 mins

11:35 - 11:45  M4  Chief Operating Officer’s Report  10 mins

10:55 - 11:10  M5  2019 Business Plan and Budget  15 mins

12:00 - 12:20  M6  Report of the Medical Practitioners Tribunal Service Committee 2018  20 mins

12:20 - 12:30  M7  Report of the Audit and Risk Committee 2018  10 mins

12:30 - 12:40  M8  Report of the Remuneration Committee 2018  10 mins

Working with doctors Working for patients
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<td><strong>M9</strong></td>
<td>Council forward work programme 2019</td>
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<td>12:45 - 12:50</td>
<td><strong>M10</strong></td>
<td>Committee membership 2019</td>
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<td>12:50 - 13:00</td>
<td><strong>M11</strong></td>
<td>Any other business</td>
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Draft as of: 14 November 2018

To approve

Minutes of the meeting on 6 November 2018*

Members present

Terence Stephenson, Chair

Steve Burnett
Shree Datta
Christine Eames
Anthony Harnden
Helene Hayman
Deirdre Kelly
Paul Knight
Suzi Leather
Denise Platt
Amerdeep Somal

Others present

Charlie Massey, Chief Executive and Registrar
Susan Goldsmith, Chief Operating Officer
Paul Buckley, Director of Strategy and Policy
Una Lane, Director of Registration and Revalidation
Colin Melville, Director of Education and Standards
Anthony Omo, Director of Fitness to Practise and General Counsel
Neil Roberts, Director of Resources and Quality Assurance
Mark Swindells, Assistant Director, Corporate Directorate
Dame Clare Marx, Chair designate

* These Minutes should be read in conjunction with the Council papers for this meeting, which are available on our website at http://www.gmc-uk.org
Chair’s business

1 The Chair welcomed members, the Senior Management Team (SMT) and observers to the meeting.

2 Council noted the appointment of David Stewart as an external co-opted member to the Investment Sub-Committee in August 2018, as approved on circulation.

Minutes of the meeting on 27 September 2018

3 Council approved the minutes of the meeting on 27 September 2018 as a true record.

Credentialing Update

4 Council considered a paper setting out in detail the draft framework and plans for engagement and implementation for the introduction of credentials.

5 Council noted that:

   a The proposals being consulted on included a draft framework clarifying the need for credentials and how credentials would be identified to ensure proportionate regulation.

   b Views expressed by Council at their seminar in June 2018 around the overall purpose, patient safety and flexibility had been incorporated into the draft framework.

   c Priority for approving credentials would be to address identified needs in the NHS, rather than areas of private practice.

   d The wider issue of recognising experience via flexibility in postgraduate training would be considered in an update to Council on that area of work in 2019.

   e It was not envisaged that any credentials should be seen as mandatory for particular roles.

   f The consultation process had already started and would run until January 2019.

6 Council considered the draft framework, engagement update and implementation plans for credentialing and agreed the approach to continuing engagement.

7 During discussion, Council noted that:

   a The criteria for considering a proposed credential set out in the draft framework included one relating to high risk to patients, which could be looked at separately, rather than weighted alongside the other criteria.
b When Council received its next update on Credentialing, in April 2019, the paper should include figures on the likely implementation and administration costs for the GMC.

GMC Annual Report of Customer Complaints

8 Council considered the annual external review of the GMC’s complaints handling process.

9 Council noted that:

a The report indicated that the GMC compared favourably with similar bodies and with other organisations reviewed by the specialist consultancy Verita, in particular the way the GMC was using the complaints process to drive improvements in the business.

b Verita’s recommendations for improvements had been accepted, and changes had already been made to the navigation of the web pages about making complaints. The recommendation that communications materials about voluntary erasure be made clearer with respect to it being a legally mandated process was being taken forward by setting up a workshop to consider how to improve communications with doctors about the process.

c The current complaints process had been extensively discussed and agreed by Council and did not currently include an independent appeals process in the event of a complaint not being upheld.

10 Council welcomed the report and the enormous progress made in the handling of complaints.

11 During discussion, Council noted that further consideration would be given to sharing with Council additional data about customer complaints, around the number of complaints, the number upheld and information about the kinds of complainants.

Review of Customer Complaints

12 Council noted the twice-yearly review of customer complaints and update on the vexatious complaints policy.

13 The Chair thanked the Corporate Review team for their work with his correspondence, which involved a high volume of complaints, some of which could be difficult and unpleasant to deal with.

14 Council noted that:

a The total number of complaints was reducing, with issues getting resolved earlier.
b The capturing of compliments as well had been successfully implemented, with positive responses from the teams involved.

c Verita had recommended a separate policy for persistent complaints in addition to the vexatious complaints policy.

d People making complaints who gave cause for concern were treated compassionately and helped as much as possible, but a persistent complaints policy would enable teams to give such correspondence a proportionate amount of attention.

15 Council noted the review of customer complaints, noted the update on the vexatious complaints policy and agreed to further work being carried out on a position and policy on persistent complaints.

16 During the discussion, Council welcomed the use of case studies in the paper and noted that consideration would be given to including in the Chief Executive’s report updates on issues that generate significant levels of correspondence not categorised as complaints.

Any other business

17 Council noted that the next meeting would be an evening seminar and meeting on 11-12 December 2018 in Manchester, with the seminar taking place at the earlier time of 17:00 to 19:00 on 11 December.

Taking revalidation forward end of programme report

18 Council noted and agreed for publication a report to mark the completion of the Taking revalidation forward programme, setting out how the findings of Sir Keith Pearson’s independent review of revalidation have been implemented.

Confirmed:

Terence Stephenson, Chair 12 December 2018
Executive summary
This report outlines developments in our external environment and progress on our strategy since Council last met.

Key points to note:

- There is considerable uncertainty over Brexit and the prospects for a “no-deal” scenario. Whilst we have successfully influenced DHSC on draft legislation, we continue to raise publicly our concerns over the workforce risks – this features prominently in our State of Medical Education and Practice report 2018;

- We expect the NHS England long-term plan to be published before Christmas. My recent meeting with Ian Dalton, CEO of NHS Improvement, confirmed that many of our points about workforce have been landing with key decision-makers;

- The Government has announced that it will introduce a statutory framework to regulate physician associates and physician assistants (anaesthesia). We have written to DHSC to explain how we would regulate these groups. We expect a decision on that in the very near future;

- In light of the case of Zholia Alemi, who fraudulently joined the medical register in the 1990s, we are immediately reviewing the basis of registration for the approximately 3,000 licensed doctors who joined by the same, now abolished, route to registration.

Recommendation
Council is asked to consider the Chief Executive’s report.
Developments in our external environment

Brexit

1 There remains a high level of uncertainty around whether the Withdrawal Agreement agreed between the UK Government and the European Union will be approved by Parliament. As a result, a ‘no deal’ exit from the European Union in March 2019 remains a real possibility.

2 We are committed to working with others to ensure workforce continuity whilst maintaining patient safety, nevertheless we have been clear with the UK Government that under a ‘no deal’ exit in March 2019 we may be legally required to treat applications received from a doctor who qualified within the European Economic Area (EEA) as an International Medical Graduate (IMG).

3 We published a report in October 2018 on the applications trends for EEA qualified doctors applying for registration with the GMC. This demonstrated that the UK is still seen as an attractive place for doctors to work and the number of EEA doctors remaining on and joining the medical register has stayed fairly constant since the 2016 referendum. The report also highlighted that:

- There are currently almost 22,000 EEA doctors on the UK medical register, and around 2,000 join the register for the first time every year. The top five nationalities on the medical register are those of the Republic of Ireland, Greece, Romania, Italy and Germany.

- The specialties of ophthalmology and surgery are particularly reliant on doctors with EEA qualification, who make up 24 per cent and 18 per cent of the workforce respectively (the average across specialties is 14 per cent). The contribution of EEA doctors to the NHS is also particularly significant in remote and rural areas in all four UK countries.

Workforce

4 We are expecting NHS England to publish its long-term plan for the NHS in the next few weeks.

5 A significant component of the plan will be a strategy for the future of the healthcare workforce in England. We have been having productive conversations with partners about the important role the GMC can play in this area. We are making the case for reform to our legislation to enable good doctors to be able to get on the medical register more quickly, particularly specialists from overseas who are currently tied down in a cumbersome and outdated registration process. We also want to see greater recognition and support for the important role that SAS doctors play in the
workforce, more intelligent use of data to support workforce planning and a greater emphasis on the wellbeing of medical professionals.

6 Across all four countries, we are committed to playing our part in making sure the NHS has the workforce it needs to deliver safe, high-quality patient care in the years to come, and that doctors are supported to deliver the high standards they aspire to.

Medical Associate Professions

7 The Government announced in October 2018 that it will bring forward legislation to regulate both physician associates and physician assistants’ (anaesthesia).

8 We have long argued that physician associates should be subject to statutory regulation in order to provide an appropriate level of assurance about the safety of their practice to the public. In our response to the Government consultation on the regulation of Medical Associate Professions (MAPs) we stated that we believe all four of these groups (physician associates, physician assistants’ (anaesthesia), surgical care practitioners and advanced critical care practitioners) should be subject to statutory regulation and that MAPs should be considered as a single umbrella profession made up of four areas of practice.

9 Although the proposal is to regulate two of the four identified professional groups, the Government have made clear that the new legislative framework it develops will enable them to regulate other medical associate professions, as the case is made.

10 The Government has yet to announce its preferred regulator for this task although the GMC has been asked to submit modelling of our approach to regulation. We have been clear that if we are asked to take this forward, doctors’ fees will not be used to subsidise the regulation of these new professional groups.

Zholia Alemi

11 We recently became aware that Zholia Alemi used a fraudulent qualification to join the medical register in 1995. Zholia Alemi was suspended from the medical register on 23 June 2017 and since October 2018, she has been serving a five-year prison sentence.

12 Ms Alemi joined the register under a section of the Medical Act which was abolished in 2003. We have initiated an immediate review of all licensed doctors who joined the register via the same route to provide assurance to patients and the public. We have also brought this to the attention of police and other agencies so that they may also take any necessary action to support patients and answer any questions they may have.
13 It is clear that in this case, the steps taken in the 1990s were inadequate and we apologise for any risk arising to patients as a result. We are confident that, 23 years on, our systems are robust and would identify any fraudulent attempt to join the medical register.

14 A doctor applying today in the same scenario would be required to:

- Have their primary qualification verified with the relevant university by an organisation called the Educational Commission for Foreign Medical Graduates, which verifies the credentials of healthcare professionals worldwide
- Provide comprehensive employment history for the most recent 5 years and references
- Provide a certificate of good standing from the regulator in each country they had practised in over those 5 years
- Attend our offices in person to undergo an ID check bringing all original documentation with them
- The majority would have to sit and pass both parts of Professional and Linguistic Assessments Board (PLAB) test

Progress on our strategy

Supporting a Profession under Pressure

15 The independent review into gross negligence manslaughter and culpable homicide, led by Professor Leslie Hamilton, has now carried out significant stakeholder engagement throughout the UK and received over 850 responses to the call for evidence. We have commissioned research to supplement this work which looks into ‘public confidence’ – what this means and how it should be interpreted. We expect the review to report by March 2019.

16 In September 2018, we published new guidance, Reflective Practitioners, which was co-produced with the Academy of Medical Royal Colleges, Medical Schools Council and the Conference of Postgraduate Medical Deans. We have started to engage with other healthcare regulators to explore the publication of a joint team reflection statement across the healthcare professions, with the aim to deliver early in 2019.

17 Roger Kline and Dr Doyin Atewologun are engaging with key stakeholders to gather intelligence from selected sites across the UK to aid their understanding of referrals to the GMC and other local management processes involving doctors. We have received an interim report, and the final report is on track to deliver early in 2019.
18  Our UK-wide review on mental health and wellbeing, led by Denise Coia and Michael West, is now fully scoped. Our focus at present is research, analysis of existing data and engagement to build a reliable evidence base on which to then develop recommendations for future collaborative action to tackle the causes of poor wellbeing and improve support for doctors and medical students.

19  We have two programmes overseeing the extensive work we are pursuing on *Raising and Acting on Concerns* and *Induction and Return to Work*. The former includes working with partners to deliver initiatives such as the *recently announced* joint-regulator escalation protocol and continuing our work with Freedom to Speak Up and Safer Working Guardians in England, especially linked to work on rota gap analysis and reporting. The latter programme includes our continued joint work with NHS England and Health Education England to support the International GP Recruitment programme with induction support.

20  We *recently announced* a new partnership with Oxford University’s Patient Safety Academy to incorporate human factors training into the work of our fitness to practise case examiners, and the medical experts used in our processes.

*Medical Licensing Assessment*

21  We continue to engage with stakeholders and delivery partners to develop the Medical Licensing Assessment (MLA). Our engagement includes discussions with organisations such as the Medical Schools Council (MSC) and a conference for medical students in collaboration with the MSC.

22  We are also holding meetings with staff and students in individual medical schools. These meetings allow us to understand the impact that the MLA will have on individual medical schools as well as to identify the help that we can offer to support a school be ready for the introduction of the MLA in 2022. It's already clear that there is a wide range of engagement with, and preparedness for, the MLA within and across schools.

23  We are developing several critical documents with the help of expert advisors, including the updated list of practical procedures. Following Council’s discussion in September, we have finalised the public consultation on alternative pathways to registration for international medical graduates and will be launching it shortly.

*Executive Board*

24  The Executive Board met on 1 October and 29 October 2018 and considered items on:

   a  The annual review of the Corporate Opportunities and Risk Register, with each of the specific risks and risk management issues considered in depth.
b Proposals on how working more effectively with regulatory partners could achieve greater ‘collective effect’ towards shared purposes. This work is designed to build on our Corporate Strategy commitments to strengthen collaboration with regulatory partners and meet the changing needs of the health services across the four countries.

c New guidance co-authored by the British Medical Association and Royal College of Physicians, on decisions about Clinically-assisted nutrition and hydration and adults who lack capacity to consent, which is due to be published in the second half of November 2018. Although it is not GMC guidance, we have welcomed and endorsed it. We consider that the general principles and standards of practice outlined are consistent with our own guidance on consent and end of life care, and that the guidance will support doctors in making ethically and legally sound decisions in the interests of patients.

d A project for constructing and putting into operation a new Clinical Assessment Centre (CAC) for oversight by the CAC Expansion Implementation Board. The project was approved and would be funded from income generated by PLAB fees and other related sources, with costs expected to be recouped over a five year period.

e The acquisition of and relocation to new, larger premises in Belfast to improve the Northern Ireland office’s capacity to accommodate the growth of cross-GMC activity, stakeholder engagement and the expansion in staffing levels over the past ten years.

f Revised governance arrangements for the GMC Group Personal Pension Plan, including an updated statement of purpose for the renamed GMC Group Personal Pension Plan Management Board.

g The review of corporate complaints, as reported to Council in detail at its meeting on 6 November 2018.

25 The Board received a presentation by the new cohort of clinical fellows on a range of issues they have experienced in frontline medical roles, which was in the form of a role-playing scenario on one morning in a chaotic and noisy emergency department. The Senior Management Team will consider further how to address the issues raised around the GMC’s communications with individual registrants, messaging for employers about basic working conditions and clarifying what the GMC does and does not require for processes like revalidation.

26 The Board received and discussed regular high level updates on operational performance on areas including finance and people, customer service and learning as well as updates on corporate risks.
27 The Board also noted updates on:

a Plans to prepare for a formal consultation on our requirements for patient feedback, including communication and engagement plans.

b The annual health and safety report.

Gender pay gap in medicine review
28 We support the aims of the independent Gender pay gap in medicine review, which was set up by the Department of Health and Social Care in May 2018 and is led by Professor Jane Dacre. The research for the review is being conducted by the University of Surrey with a funding grant from the Department.

29 In order for the research to be robust, it is important that the survey being carried out achieves a significant number of responses and that it is representative of doctors generally. Accordingly, as the only organisation with a comprehensive database of doctors in the UK, we are assisting the researchers from the University of Surrey by putting them in touch with a random sample of doctors.

30 Although some concerns about data protection were raised by individual doctors, I can confirm that our approach to supporting this project is fully compliant with the General Data Protection Regulation (GDPR) and with good practice guidance from the Information Commissioner’s Office. We have also written individually to those doctors who raised a concern or query explaining our approach.

31 Unless a doctor on the randomly generated sample list has told us they would prefer not to participate, we have provided their email address, name and salutation to the researchers at the University of Surrey. The data has been transferred securely and the information will not be used for any other reason. It will be deleted afterwards and a robust data sharing agreement is in place. And of course, those who haven’t told us they would prefer not to participate are still free to decide whether or not to take part in the study when they’re contacted by the researchers.
Council meeting, 12 December 2018

Agenda item: M4
Report title: Chief Operating Officer’s Report
Report by: Susan Goldsmith, Chief Operating Officer
susan.goldsmith@gmc-uk.org, 020 7189 5124
Action: To consider

Executive summary
This report provides an update on our operational performance, key projects and programmes, and other operational matters arising including:

- Financial summary
- Trends in applications for registration and demand for the Professional and Linguistic Assessments Board (PLAB)
- Update on our work to support a profession under pressure (SAPUP)
- Transformation Programme update
- Updates to the Corporate Opportunities and Risk Register (CORR)

Recommendation
Council is asked to consider the report and Annex A (Council portfolio) and Annex B (Corporate Opportunities and Risk Register).
Issue
1. This report provides an update on our operational performance, strategic progress, and other operational matters arising. It is exception-based, highlighting the key issues that Council should be aware of in the delivery of our work programme for 2018.

Operational Key Performance Indicators (KPIs)
2. In September 2018 we missed our target to respond to 90% of ethical/standards enquiries within 15 working days, achieving 85%. This is the first time the target has been missed in 2018, following CI work in late 2017 to transform the team’s processes and resources. The target was missed due to a 28% drop in staff resource in September due to combination of staff vacancies and unplanned absences. The staffing situation has since improved and, although we still need to appoint to a key post and induct new staff, we have put in place mitigations including re-deploying an experienced staff member to support the service, reminding staff of the importance of seeking early help when enquiries are particularly complex, and including an update on enquiries in the weekly Assistant Director update. The KPI has been met in October.

3. In October 2018, we narrowly missed our target to ‘Conclude 90% of fitness to practise cases within 12 months’, with four cases missing the target resulting in performance of 89%. The exception was caused by complex cases requiring higher levels of input of senior medical advice. We do not anticipate the issue will affect performance in the near future and have reviewed the cases in question for any lessons learned we can use to anticipate this in future.

4. All other operational key performance indicators (KPIs), at Annex A, were met up to the end of October 2018.

Strategic delivery
5. The strategic portfolio, at Annex A, shows the detail of our strategic delivery in 2018, by exception:

Strategic aim 1: Supporting doctors in delivering good medical practice
- Mental Health and Wellbeing Review - This project is reported amber, as although the project scope has now been defined we are awaiting new resources to support us with the review.
Strategic aim 3: Strengthening our relationship with the public and the profession

- Medical Licensing Assessment (MLA) – This project is reported amber, as we are beginning a new phase of detailed engagement with medical schools as delivery partners. This phase will give us a clearer picture of stakeholder readiness and willingness to implement the MLA, and shape the next stage of our planning. Additionally, a recruitment plan has been agreed with the MLA Programme Board and is in place and we have begun the next phase of recruitment to the core MLA team, however, there will be a lag before roles are filled.

Strategic aim 4: Meeting the change needs of the health services across the four countries of the UK

- Preparing for EU exit – Due to the high level of uncertainty around the Withdrawal Agreement, (despite the agreement of terms of the UK’s exit on 25 November, approval by the UK Parliament is by no means guaranteed), our work to prepare is now reported as red. We are extremely concerned about the significant risk of having only a short time to implement any contingency plans for leaving the EU should the UK Parliament not approve the Agreement. We hope that the next meeting of European Council in December 2018 will give more clarity on whether the Withdrawal Agreement will be signed, and the likelihood of a ‘no deal’ EU exit in March 2019. In the meantime, we are working closely with the Department of Health and Social Care (DHSC) to provide detailed legal comments on the draft Medical Act amendments that would be introduced under the planned EU Withdrawal Bill (when passed).

Financial summary

6 As at end October 2018, we are running at a surplus of £4.2m, compared to a budgeted surplus of £8.5m. This is primarily due to a one-off pension top up payment of £3.6m. However, higher operational expenditure such as higher volumes of MPTS hearing days than forecast, as well as under achievement against our efficiency target to date, have also contributed. Although income is slightly higher than budgeted, chiefly due to increases in demand for PLAB assessments, it is not enough to off-set expenditure. Our latest Q3 estimate is a £0.9m surplus at the end of 2018, compared to a budgeted of £6.9m, which is consistent with the Q2 forecast I reported to you in September 2018.

Trends in applications for registration and Professional and Linguistic Assessments Board (PLAB) demand

7 We continue to see high levels of registration applications from International Medical Graduates (IMGs) (Graph 1 at Annex A). By the end of October 2018 we had received
37% more applications for registration from IMGs year-to-date than at the same point in 2017. This is an increase of 68% at the same point in 2016.

By way of comparison, volumes of applications received for registration from European Economic Area (EEA) Medical Graduates remain relatively stable in comparison to the same point in 2017 (Graph 2 at Annex A) with a 4.2% increase by the end of October, which is 3% lower than at the same point in 2016.

We therefore continue to see a high level of demand for both the PLAB 1 and PLAB 2 tests (graph 3 in Annex A). All available PLAB 2 places for 2018 have been booked and we are taking bookings into Spring 2019. The most recent PLAB 1 numbers were affected by the cancellation of the Islamabad exam due to civil disturbances. We are working to increase the number of PLAB 1 places available at a number of locations in 2019 so that the increased customer demand can be met. The current wait time for PLAB 2 is four months and we continue to monitor this carefully.

As we have reported previously, we are taking further steps to increase Clinical Assessment Centre (CAC) capacity. Our new CAC facility with two circuits running in parallel will be operational by July 2019 and in the interim we will be running additional PLAB 2 tests in January, March and May 2019 at external venues.

**Update on our work to support a profession under pressure (SAPUP)**

We provide a full update on the progress with this work in the CEO report. The work is making good progress, however, the work of Roger Kline and Dr Doyin Atewologun on Fairness may encounter slight delay.

Roger Kline and Dr Doyin Atewologun are engaging with key stakeholders to gather intelligence from selected sites across the UK to aid their understanding of referrals to the GMC and other local management processes involving doctors. We have received an interim report, and the final report is on track to deliver early in 2019. Initial field studies have been completed, however there may be a slight delay with some of the further sites. This has the potential to affect the overall timeframes for delivery of the final report, however we are in discussions with the researchers regarding potential impact on deliverables.

**Transformation Programme update**

We have made good progress against the four key workstreams since my last report to Council. Highlights include:

- **Empower** - Approximately 81% of staff have now engaged as a participant in our ‘Feedback for Success’ programme. In 2019 we will continue to invest in our
people, launching a comprehensive leadership and management programme, aligned with the competencies identified as key to transformation.

- **Enact** – our Contact Centre was awarded the ServiceMark accreditation in September 2018 as part of our customer service focus and we have now started scoping in more detail, new ways of working under our Agility workstream. This will include looking at how we can bring more transparency to decisions and decision making, and more flexibility in how we work.

- **Envision** – we have finalised the resourcing of our new strategic policy function and evaluated its implementation. We have also created a single policy business plan which has driven a more prioritised business plan for the wider organisation in 2019.

- **Engage** – We have completed work to review our Strategic Relationships approach, identifying a number of ways to enhance our ways of working. This will involve more effective ways to harness stakeholder intelligence to inform all of our work supported by a Customer Resource Management [CRM] tool to aid key stakeholder account management

**Updates to the Corporate Opportunities and Risk Register (CORR)**

14 We held two ‘focus group’ style Transformation Programme events with colleagues on 30 October 2018 in Manchester and in London on 7 November 2018. These sought views on how the Transformation Programme is making a difference to staff so far, as well as identifying potential barriers to success. We are analysing the feedback from colleagues to see if there are further opportunities to strengthen delivery and uptake of the transformation agenda.

15 The residual rating of risk IT9, relating to difficulties in the recruitment and retention of staff and associates with the required skills and experience, has been raised from low to significant. This reflects our current recruitment campaign for approximately 650 associates, in part to provide increased examiners for the PLAB assessment.

16 A new risk (AT4) has been added to the CORR on credentialing.
M04 – Annex A

Council portfolio

Data presented as at 31 October 2018 (unless otherwise stated)
Commentary as at 13 November 2018

Working with doctors Working for patients
Operational Key Performance Indicator (KPI) summary

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<th>Key Performance Indicator</th>
<th>Performance</th>
<th>Exception summary</th>
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<tr>
<td></td>
<td></td>
<td>Sept</td>
<td>Oct</td>
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<tr>
<td>We decide which doctors are qualified to work here and we oversee UK medical education and training.</td>
<td>Decision on 95% of all registration applications within 3 months</td>
<td>95%</td>
<td>97%</td>
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<td></td>
<td>Answer 80% of calls within 20 seconds</td>
<td>84%</td>
<td>86%</td>
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<td>We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.</td>
<td>Decision on 95% of all revalidation recommendations within 5 days</td>
<td>99%</td>
<td>99%</td>
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<td></td>
<td>Respond to 90% of ethical/standards enquiries within 15 working days</td>
<td>85%*</td>
<td>90%</td>
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<td>We take action to prevent a doctor from putting the safety of patients, or the public’s confidence in doctors, at risk.</td>
<td>Conclude 90% of fitness to practise cases within 12 months</td>
<td>94%</td>
<td>89%**</td>
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<td></td>
<td>Conclude or refer 90% of cases at investigation stage within 6 months</td>
<td>93%</td>
<td>92%</td>
</tr>
<tr>
<td></td>
<td>Conclude or refer 95% of cases at the investigation stage within 12 months</td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>Commence 100% of Investigation Committee hearings within 2 months of referral</td>
<td>No cases</td>
<td>No cases</td>
</tr>
<tr>
<td></td>
<td>Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business support area</th>
<th>Key Performance Indicator</th>
<th>Performance</th>
<th>Exception summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance</td>
<td>2017/18 Income and expenditure [% variance]</td>
<td>0.25</td>
<td>0.90</td>
</tr>
<tr>
<td>HR</td>
<td>Rolling twelve month staff turnover within 8-15% (excluding change programme (redundancy) effects)</td>
<td>7.58</td>
<td>6.9%</td>
</tr>
<tr>
<td>Information systems</td>
<td>IS system availability (%)</td>
<td>99.98%</td>
<td>99.96%</td>
</tr>
<tr>
<td>Media monitoring</td>
<td>Monthly media score</td>
<td>-72</td>
<td>-195</td>
</tr>
</tbody>
</table>

NB We are currently reviewing our operational KPIs with a view to introducing a revised suite of indicators in early 2019.
Strategic delivery – overall view

The diagram below shows the key benefits of the 2018-2020 Corporate Strategy. The RAG ratings indicate our progress with delivery of the activities that will realise these benefits. More detail on exceptions is on Slides 4-5.
### Strategic aim 1: Supporting doctors in delivering good medical practice

<table>
<thead>
<tr>
<th>Key benefit</th>
<th>Activities to deliver (by exception)</th>
<th>Lead indicators</th>
<th>Lag indicators</th>
<th>Exception commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors are supported to deliver high quality care</td>
<td>Mental Health and Wellbeing Review</td>
<td>Consensus on proposals for the Applied Knowledge Test</td>
<td>TBC</td>
<td>The project is reported amber, as although the project scope has now been defined we are awaiting additional resources to support us in making progress with the Review. We have identified and contracted a new research fellow who will be starting with us imminently subject to standard checks, and we are in the process of recruiting for a Policy Manager. We hope to have the Research Fellow in post before Christmas, and the Policy Manager shortly thereafter. During October we continued to organise meetings with key external stakeholders to raise awareness and to seek support and collaboration as we make progress with the review. The International Conference on Practitioner Health in Toronto gave the project a host of information about the wellbeing culture in other health systems and the types of structures in place to support students, trainees and doctors. We reported back to our co-Chairs on this at our most recent Programme Board meeting on 30 November 2018 in London.</td>
</tr>
</tbody>
</table>

### Strategic aim 3: Strengthening our relationship with the public and the profession

<table>
<thead>
<tr>
<th>Key benefit</th>
<th>Activities to deliver (by exception)</th>
<th>Lead indicators</th>
<th>Lag indicators</th>
<th>Exception commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribute to public confidence in doctors</td>
<td>Medical Licensing Assessment</td>
<td>Consensus on proposals for the Applied Knowledge Test</td>
<td>TBC</td>
<td>This project is reported amber, as we are beginning a new phase of detailed engagement with medical schools. This will give us a clearer picture of schools’ readiness and willingness to implement the MLA, and shape the next stage of our planning. Recruitment plan has been agreed with MLA Programme Board and in place, to continue into 2019.</td>
</tr>
</tbody>
</table>

* The Lag indicators are to be provided from February 2019
Strategic aim 4: Meeting the change needs of the health services across the four countries of the UK

Key benefit

We are well prepared for and can influence legislative change

Activities to deliver (by exception)

Preparing for UK exit

Lead indicators

More certainty on likelihood of scenarios

Lag indicators*

TBC

Exception commentary

Due to the high level of uncertainty around the Withdrawal Agreement, (despite the agreement of terms of the UK’s exit on 25 November, approval by the UK Parliament is by no means guaranteed), our work to prepare is now reported as red. We hope that the next meetings of European Council in December 2018 will give more clarity on whether the Withdrawal Agreement will be signed, and the likelihood of a ‘no deal’ EU exit in March 2019.

* The Lag indicators are to be provided from February 2019
# Financial summary

## Finance - Summary

### Financial summary as at October 2018

<table>
<thead>
<tr>
<th></th>
<th>Budget October £000</th>
<th>Actual October £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational expenditure</td>
<td>82,152</td>
<td>83,197</td>
<td>-1,045</td>
<td>1%</td>
</tr>
<tr>
<td>New initiatives fund</td>
<td>1,191</td>
<td>1,191</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total expenditure</td>
<td>83,343</td>
<td>84,388</td>
<td>-1,045</td>
<td>1%</td>
</tr>
<tr>
<td>Pension top up payment</td>
<td>500</td>
<td>4,100</td>
<td>-3,600</td>
<td></td>
</tr>
<tr>
<td>CAC Expansion</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total income</td>
<td>92,319</td>
<td>92,663</td>
<td>344</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Surplus/ (deficit)

- **Surplus**: 8,476
- **Actual**: 4,175
- **Variance**: -4,301

### Capital Programme

- **Capital Programme**: 4,615
- **Actual**: 4,618
- **Variance**: -3
- **Variance %**: 0%

### Budget Jan - Dec £000 | Q3 Forecast £000 | Variance £000 | Variance % |
- 99,180 | 101,927 | -2,747 | 3% |
- 2,500 | 2,500 | 0 | 0% |
- 101,680 | 104,427 | -2,747 | 3% |
- 109,127 | 109,840 | 713 | 1% |

### Surplus/ (deficit)

- **Budget Jan - Dec**: 8,476
- **Q3 Forecast**: 937
- **Variance**: -6,010
- **Variance %**: 2%

### Key drivers of expenditure - To date

<table>
<thead>
<tr>
<th>Key drivers of expenditure</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headcount changes</td>
<td>-190</td>
</tr>
<tr>
<td>Volume variance</td>
<td>-742</td>
</tr>
<tr>
<td>Unit cost increases</td>
<td>-17</td>
</tr>
<tr>
<td>Unit cost decreases/efficiency savings</td>
<td>-617</td>
</tr>
<tr>
<td>New activities not in plan</td>
<td>-226</td>
</tr>
<tr>
<td>Planned activities dropped/delayed</td>
<td>747</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>-1,045</td>
</tr>
</tbody>
</table>

### Key changes

- **Headcount changes**: Our budgeting assumes a vacancy rate of 70 roles, at the end of October we are currently running a vacancy rate of 30 roles, with the difference being due to parental leave, sickness leave, dual running and additional temps to cover work volumes.
- **Volume variance**: £350k additional costs are due to running additional MPTS hearing days to date. Additional costs are generated by the increase in scope of the GMC management and leadership programme. There are additional costs related to the increase in PLAB candidates plus some additional work on pensions driven by Council. These overspends are reduced by holding fewer performance assessments, investigation committees and CAG meeting than expected.
- **Unit cost increases**: PSA fees are marginally higher than budgeted.
- **Unit cost decreases/efficiency savings**: As the year to date efficiency target has not been met this result is an overspend compared to budget. Efficiencies above target have been made in MPTS by increasing the proportion of Legally Qualified Chair hearings.
- **New activities not in plan**: Some 2017 activities slipped into 2018 plus the Bawa-Garba learning review, policy summit costs, GNM review & HCSA learning review.
- **Planned activities dropped/delayed**: There underspend is driven by both activities being dropped and also re scheduled for later than budgeted. The rollout of meetings with Doctors & Patients has been deferred and depreciation is lower due to the timing of projects. Delayed spend includes the DT2020 costs which is still expected to generate further costs before the end of the year.
## Financial summary

<table>
<thead>
<tr>
<th>Key drivers of expenditure - Forecast</th>
<th>£000</th>
<th>Key changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headcount changes</td>
<td>-191</td>
<td>Actual headcount now higher than assumed headcount after churn, due to parental leave cover &amp; additional temps to cover workload.</td>
</tr>
<tr>
<td>Volume variance</td>
<td>-1,462</td>
<td>MPTS hearing day increases generate an additional £521k in costs, the forecast is 2,453 hearing days and the budget was 2,152 days. Registration &amp; revalidation - there are additional costs of providing more CAC days &amp; PLAB 1 candidate places (115k), Resources - there is an increase in the scope of training programmes and new IS support contracts, bank charges increased due to PLAB application volumes, Strategic communications &amp; Engagement - there has been a significant increase in travel which is now reflected in the forecast.</td>
</tr>
<tr>
<td>Unit cost increases</td>
<td>-232</td>
<td>There has been an increase in some PLAB 1 invigilation &amp; marking unit costs and role player costs for PLAB 2. The PSA levy &amp; apprentice levy charges higher than budgeted and the VAT reconciliations for services charges at SJB are over expectations.</td>
</tr>
<tr>
<td>Unit cost decreases/efficiency savings</td>
<td>-947</td>
<td>The key aspect is the efficiency target not being met.</td>
</tr>
<tr>
<td>New activities not in plan</td>
<td>-357</td>
<td>Additional unbudgeted activities include the Bawa-Garba learning review, additional policy summits, the lessons learned review, legislative reform work, the GNM review, the mental health &amp; wellbeing review, pharmaceutical visits and some additional recruitment costs.</td>
</tr>
<tr>
<td>Planned activities dropped/delayed</td>
<td>442</td>
<td>There has been a reduction in the depreciation forecast due to timing of projects, and a number of other activities have now been dropped or deferred to 2019, the survey consultation, consent guidance, research on quality assurance reviews and the meetings with doctors &amp; patients project.</td>
</tr>
</tbody>
</table>

**Total**  
-2,747
## Financial – detail

### Finance - Detail

#### Expenditure as at October 2018

<table>
<thead>
<tr>
<th></th>
<th>Budget October</th>
<th>Actual October</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Staff costs</td>
<td>47,771</td>
<td>47,961</td>
<td>-190</td>
</tr>
<tr>
<td>Staff support costs</td>
<td>2,741</td>
<td>3,117</td>
<td>-376</td>
</tr>
<tr>
<td>Office supplies</td>
<td>1,552</td>
<td>1,455</td>
<td>97</td>
</tr>
<tr>
<td>IT &amp; telecoms costs</td>
<td>2,810</td>
<td>2,715</td>
<td>95</td>
</tr>
<tr>
<td>Accommodation costs</td>
<td>4,746</td>
<td>4,579</td>
<td>167</td>
</tr>
<tr>
<td>Legal costs</td>
<td>3,454</td>
<td>3,535</td>
<td>-81</td>
</tr>
<tr>
<td>Professional fees</td>
<td>1,545</td>
<td>1,721</td>
<td>-176</td>
</tr>
<tr>
<td>Council &amp; members costs</td>
<td>472</td>
<td>414</td>
<td>58</td>
</tr>
<tr>
<td>Panel &amp; assessment costs</td>
<td>11,357</td>
<td>11,532</td>
<td>-175</td>
</tr>
<tr>
<td>Depreciation</td>
<td>5,881</td>
<td>5,559</td>
<td>322</td>
</tr>
<tr>
<td>PSA Levy</td>
<td>592</td>
<td>609</td>
<td>-17</td>
</tr>
<tr>
<td>Under-achievement of efficiency savings</td>
<td>-769</td>
<td>0</td>
<td>-769</td>
</tr>
<tr>
<td><strong>Operational expenditure</strong></td>
<td><strong>82,152</strong></td>
<td><strong>83,197</strong></td>
<td><strong>-1,045</strong></td>
</tr>
<tr>
<td>New initiatives fund</td>
<td>1,191</td>
<td>1,191</td>
<td>0</td>
</tr>
<tr>
<td>CAC Expansion</td>
<td>0</td>
<td>0</td>
<td>376</td>
</tr>
<tr>
<td>Pension top up payment</td>
<td>500</td>
<td>4,100</td>
<td>-3,600</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>83,843</strong></td>
<td><strong>88,488</strong></td>
<td><strong>-4,645</strong></td>
</tr>
</tbody>
</table>

#### Income as at October 2018

<table>
<thead>
<tr>
<th></th>
<th>Budget October</th>
<th>Actual October</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Annual retention fees</td>
<td>79,221</td>
<td>79,296</td>
<td>75</td>
</tr>
<tr>
<td>Registration fees</td>
<td>3,220</td>
<td>3,528</td>
<td>308</td>
</tr>
<tr>
<td>PLAB fees</td>
<td>4,512</td>
<td>4,963</td>
<td>451</td>
</tr>
<tr>
<td>Specialist application CCT fees</td>
<td>2,306</td>
<td>2,275</td>
<td>-31</td>
</tr>
<tr>
<td>Specialist application CESR/CEGPR fees</td>
<td>682</td>
<td>824</td>
<td>142</td>
</tr>
<tr>
<td>Interest income</td>
<td>482</td>
<td>591</td>
<td>109</td>
</tr>
<tr>
<td>Investment income</td>
<td>777</td>
<td>261</td>
<td>-516</td>
</tr>
<tr>
<td>Other income</td>
<td>1,119</td>
<td>925</td>
<td>-194</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>92,319</strong></td>
<td><strong>92,663</strong></td>
<td><strong>344</strong></td>
</tr>
</tbody>
</table>

#### Surplus / (deficit)

<table>
<thead>
<tr>
<th></th>
<th>Budget Jan-Dec</th>
<th>Q3 Forecast</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td></td>
<td>57,587</td>
<td>57,778</td>
<td>-191</td>
</tr>
<tr>
<td></td>
<td>3,450</td>
<td>4,034</td>
<td>-584</td>
</tr>
<tr>
<td></td>
<td>1,842</td>
<td>1,863</td>
<td>-21</td>
</tr>
<tr>
<td></td>
<td>3,356</td>
<td>3,349</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>5,726</td>
<td>5,699</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>4,159</td>
<td>4,298</td>
<td>-139</td>
</tr>
<tr>
<td></td>
<td>2,124</td>
<td>2,434</td>
<td>-310</td>
</tr>
<tr>
<td></td>
<td>541</td>
<td>490</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>13,824</td>
<td>14,454</td>
<td>-630</td>
</tr>
<tr>
<td></td>
<td>7,057</td>
<td>6,846</td>
<td>211</td>
</tr>
<tr>
<td></td>
<td>710</td>
<td>733</td>
<td>-23</td>
</tr>
<tr>
<td></td>
<td>-1,196</td>
<td>-51</td>
<td>-1,145</td>
</tr>
<tr>
<td><strong>Operational expenditure</strong></td>
<td><strong>99,180</strong></td>
<td><strong>101,927</strong></td>
<td><strong>-2,747</strong></td>
</tr>
<tr>
<td></td>
<td>2,500</td>
<td>2,500</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>376</td>
<td>-376</td>
</tr>
<tr>
<td></td>
<td>500</td>
<td>4,100</td>
<td>-3,600</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>102,180</strong></td>
<td><strong>108,903</strong></td>
<td><strong>-6,723</strong></td>
</tr>
</tbody>
</table>

|                      | £000           | £000        | £000     | %     |
|                      | 93,551         | 93,916      | 365      | 0%    |
|                      | 3,546          | 3,906       | 360      | 10%   |
|                      | 5,662          | 6,326       | 664      | 12%   |
|                      | 2,582          | 2,580       | -2       | 0%    |
|                      | 801            | 912         | 111      | 14%   |
|                      | 570            | 719         | 149      | 26%   |
|                      | 1,141          | 386         | -755     | 66%   |
|                      | 1,274          | 1,095       | -179     | 14%   |
| **Total Income**     | **109,127**    | **109,840**  | **713**  | **1%** |

| Surplus / (deficit)  | 8,476          | 4,175       | -4,301   |        |
|                      | 6,947          | 937         | -6,010   |        |
## GMCSI summary and investments summary

### GMCSI summary as at October 2018

<table>
<thead>
<tr>
<th></th>
<th>Budget YTD £000</th>
<th>Actual YTD £000</th>
<th>Variance £000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMCSI income</td>
<td>827</td>
<td>144</td>
<td>-683</td>
<td>83%</td>
</tr>
<tr>
<td>GMCSI expenditure</td>
<td>895</td>
<td>453</td>
<td>442</td>
<td>49%</td>
</tr>
<tr>
<td><strong>Profit/ (loss)</strong></td>
<td><strong>-68</strong></td>
<td><strong>-309</strong></td>
<td><strong>-241</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Budget Jan - Dec £000</th>
<th>Forecast £000</th>
<th>Variance £000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,186</td>
<td>215</td>
<td>-971</td>
<td>82%</td>
</tr>
<tr>
<td>1,119</td>
<td>552</td>
<td>567</td>
<td>51%</td>
</tr>
<tr>
<td><strong>67</strong></td>
<td><strong>-337</strong></td>
<td><strong>-404</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Finance - investments summary as at 30th September 2018 (figures are updated quarterly)

<table>
<thead>
<tr>
<th></th>
<th>Original value</th>
<th>Current value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capital value of funds invested</strong></td>
<td>£10,000</td>
<td>£11,114</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asset Allocation</th>
<th>GMC thresholds</th>
<th>Current allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equities</td>
<td>20% - 50%</td>
<td>41.6%</td>
</tr>
<tr>
<td>Fixed interest</td>
<td>0% - 25%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Cash and near-cash</td>
<td>25% - 65%</td>
<td>44.2%</td>
</tr>
<tr>
<td>Infrastructure and operating assets</td>
<td>0% - 20%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Property</td>
<td>0% - 10%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Other</td>
<td>0% - 10%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

### Investment returns

<table>
<thead>
<tr>
<th>Investment returns</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target (CPI + 2%)</td>
<td>4.45%</td>
</tr>
<tr>
<td>CCLA performance</td>
<td>7.05%</td>
</tr>
</tbody>
</table>
## Legal summary (as at 2 November 2018)

The table below provides a summary of appeals and judicial reviews as at 2 November 2018:

<table>
<thead>
<tr>
<th>Open cases carried forward since last report</th>
<th>New cases</th>
<th>Concluded cases</th>
<th>Outstanding cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>s.40 (Practitioner) Appeals</td>
<td>14</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>s.40A (GMC) Appeals</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PSA Appeals</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Judicial Reviews</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>IOT Challenges</td>
<td>5</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

**Explanation of concluded cases**
- **s.40 (Practitioner) Appeals**: 1 unsuccessful, 1 withdrawn
- **s.40A (GMC) Appeals**: N/A
- **Judicial Reviews**: 1 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**: N/A

**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**: 1 new challenge, 4 concluded cases (2 successful, 1 unsuccessful, 2 withdrawn) and 1 application outstanding

**Any other litigation of particular note**
- We continue to deal with a range of other litigation, including cases before the Employment Tribunal and the Court of Appeal.
Graph 1: Registration applications received by month - International Medical Graduates

Graph 2: Registration applications received by month – European Economic Area Medical Graduates
Trends in registration applications

**Graph 3:** PLAB 1 & 2 assessments taken 2012-2018
(Showing volume each year, 1 November-31 October, percentage figures show year on year change)

**Graph 4:** Number of Doctors on the register with a License to Practise
End of year 2012 - end of October 2018
M4 – Chief Operating Officer’s report

M4 – Annex B

Corporate Opportunities and Risk register
**Business Risks – Active threats**

- **AT1** – Recruitment and internal transfer activity remain high and could impact on teams’ ability to effectively deliver functions.
- **AT2** – Stretched external resources in the system, potentially create environment for increased patient safety incidents, which then impacts on our role as regulator – creating pressure on fitness to practise operations.

* The colour denotes the new rating, e.g. a green rating shows a move from amber to green

**Key changes**

- **AT4** – New risk added to reflect that challenges may be associated with the introduction of credentialing if stakeholders do not react positively to it.
- **T4.1** – Due to external uncertainty, the risk on Brexit has been escalated to critical.
- **IT9** – Due to the need to recruit approximately 650 associates, linked to the expansion of the Clinical Assessment Centre, the residual rating has changed from low to significant.

**Key opportunities**

- **OP3.2** – We have the opportunity to be a more proactive regulator and demonstrate our understanding of the pressure in the profession as well as provide further support to doctors.

**Strategic Risks – Active threats**

- **T4.1** - On 15 Oct 2018 we published an insight report on our data about doctors with a European Primary Medical Qualification, and warned that doctors from the EEA are becoming increasingly worried about the post-Brexit landscape.

- **OST1** – If we don’t keep abreast of the changing political landscape, the UK health environment and UK and EU legislative change, we may find our regulatory effectiveness, credibility and reputation erodes over time.
- **OST2** – We may find that our data functions are not equipped to support the capacity and complexity of the programme of work we seek to undertake, meaning we are unable to use data to highlight emerging risks.
- **OST3** – If external partners do not share our strategic priorities and vision, and/or are unable to commit sufficient resources to work with us, we will not be able to secure the support and traction required to make progress on delivering on our strategic aims.
- **OST4** – Contentious circumstances and/or media coverage may cause reputational damage or a loss of public confidence in us and our role, affecting stakeholders’ willingness to work with us.
- **T2.1** – High profile patient safety issues and unsafe working environments, mean there are challenges in working effectively and collaboratively with other regulatory partners.
- **IT9** – Transformation Portfolio set up in June 2017 to oversee delivery of enhancing organisational capabilities..
Overarching opportunities and risks in delivering the Corporate Strategy

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Risk pre-controls</th>
<th>Mitigate (for threats)</th>
<th>Enhancement (for opportunities)</th>
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<tbody>
<tr>
<td>OSCP1</td>
<td>If we clearly articulate our new strategic vision, we: • Enable new Strategic Communication and Engagement Directorate • New Strategic Communication and Engagement Directorate • Regional Liaison Service (RLS) and Employee Liaison Service (ELS) – contact with multiple stakeholders including Responsible Officers (ROs), NHS Trusts, doctor groups etc.</td>
<td>• New Strategic Communication and Engagement Directorate • Regional Liaison Service (RLS) and Employee Liaison Service (ELS) – contact with multiple stakeholders including Responsible Officers (ROs), NHS Trusts, doctor groups etc.</td>
<td>• Transformation Programme exception-based update at alternative Executive Board meetings • Scoping options for Collective Effect work considered at Executive Board 29 Oct 2018</td>
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<td>OSCP2</td>
<td>We use our reputation for operational excellence to further enhance collaboration with our stakeholders, so we identify new opportunities to deliver our statutory functions and contribute to patient safety in the future healthcare system</td>
<td>• Operational excellence tracked through: • Monitoring and reporting on the performance of our core functions to Council, Executive Board, Audit and Risk Committee (ARC) etc. • Professional Standards Authority (PSA) Performance Review • Annual Report – provides overview of how we have deployed our resources to achieve our objectives and deliver our core functions</td>
<td>• Transformation Programme exception-based update at alternative Executive Board meetings • Scoping options for Collective Effect work considered at Executive Board 29 Oct 2018</td>
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<tr>
<td>OSCP3</td>
<td>Through enhancing our engagement across all of our activities, we: • Enhance relationships with stakeholders, and development/ understanding of the impact of GPC decisions/ interventions, so that we achieve the full impact of our ambition to be collaborative</td>
<td>• Identification, prioritisation and coordination of engagement activities by the new Strategic Communication Directorate • Empowering and Developing Our People – Transformation Programme • Impact Assessments • The MLA programme is being implemented by work strands driving on experience and expertise from across the GMC, and in collaboration with medical schools and other key stakeholders • Corporate strategy commitments at team level to increase level of ownership and engagement from staff • Leadership functions – delivering support and training to staff members in managing relationships with stakeholders</td>
<td>• Transformation Programme exception-based update at alternative Executive Board meetings • Council consideration of 2016/17 Performance Review (April 2018) • Perceptions of collaborative working among our key partners to be tested in 2018 tracking survey • Annual internal audit programme</td>
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Further action detail

- Work to expand our field force (initial options considered by the SMT on 22 Oct 2018)
- Understanding of strategic direction with our key partners tested in 2018 tracking survey
- Focus on ‘local first’ principles
- Patient and Public Engagement Plan, including live engagement strategy, with our field force teams and Directorates linking up to ensure the work we are doing within the business is promoted to external partners and stakeholders
- Transformation Programme ‘Engage的工作’ (for example, Senior Management Team (SMT) engagement on the front line)
- Implementation of strategic relationships operating model from 2019 onwards (subject to resource requirements being agreed)
- Medical Licensing Assessment (MLA) – will assess new practitioners against a common threshold of safe practice
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<tr>
<td>OST1 Threat</td>
<td>• Domestic legislation - active engagement with DH(E) including over the use of a 60 day's time to amend the Medical Act  • Chief Executive legislation group has been referred to assist regulators to develop common positions around future shape of regulation  • European legislation - skilled and resource team to monitor and represent our interests at the European level and advise the organisation about any new EU developments. We also convene the Alliance of UK Health Regulators on Europe and jointly coordinate the European Network of Medical Regulators on Europe to develop common positions when new European policy and legislative initiatives emerge and jointly engage with decision-makers, if required.  • Internal EU exit and legislative reform working group established  • Understand and respond to political and health environment - skilled and resourceful teams consider and manage developments in the external environment with consideration at regular four country strategic risk meeting  • UK Advisory Forum held twice a year  • Horizon scanning activities  • Patient Safety Intelligence Forum (PSIF)  • Engagement teams - our field forces bring insight back into the business which assists us in developing our understanding of the healthcare system  • Better sharing of information and intelligence between engagement teams and business and using information effectively  • Training/Trainer source - State of Medical Education and Practice in the UK (SOMEP) etc  • Medical Professionalism Matters publication  • Policy Leadership Group (PLG)  • New Strategic Policy Directorate  • GMC Junior Leadership team working within the external environment - with insight gained shared with the rest of the business  • Engagement with Medical Defense Organizations (MDOs)  • Implementation of strategic relationships operating model from 2019 onwards and deployment of new Stakeholder Relationship Management (SRM) system (subject to resource requirements being agreed) will deliver new stream of intelligence into the organisation about changes in external environment  • Improvement of Standards &amp; Ethic advisory areas  • HLA - assessment Mayfair to be themed in content of changes to the wider environment  • TIF Programme - reducing burdens and improving the appraisal experience for doctors (Workstream 2)</td>
<td>P. Bailey &amp; Paul Reynolds</td>
<td>P. Bailey &amp; Paul Reynolds</td>
<td>High</td>
<td>Likely</td>
<td>Mitigation (for threats)</td>
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<td>OST2 Threat</td>
<td>• The volume and complexity of the programme of work we seek to undertake may exceed our capacity to successfully deliver particularly if we have insufficient capacity, experience or expertise within our data functions, then we will not be able to continue to use our data and insights to greater effect in supporting our strategies and could impact the speed at which we are able to develop and provide collective assurance</td>
<td>P. Bailey &amp; Paul Reynolds</td>
<td>P. Bailey &amp; Paul Reynolds</td>
<td>High</td>
<td>Likely</td>
<td>Mitigation (for threats)</td>
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<td>OST3 Threat</td>
<td>• Work to align our communications activity to avoid overwhelming our stakeholders or creating engagement fatigue  • DNT engagement and influencing activities with external organisations  • Joint working frameworks (eg. - CQC/NIHSE/GMC)  • Launch of our new Corporate Strategic and communications around this  • HLA - building links with external partners through joint work on design and delivery  • Education to work with Health Education England (HEE) and universities to ensure our Quality Assurance (QA) is proportionate. We also need to assure their quality management is effective. Part of review of OA  • Taking Nationalelation Forward (TNF) Programme implemented  • ESS engagement activities - building relationships with external partners and explaining what we are aiming to achieve; liaison teams in place  • Implementation of strategic relationships operating model from 2019 onwards (subject to resource requirements being agreed) will deliver closer collaborative working with our regulatory partners  • The HLA will establish a partnership arrangement with our regulatory partners to ensure our regulatory processes and the need to ensure patient safety; demonstrating that an individual is capable of functioning safely on the first day of clinical practice in the UK. If stakeholders accept that, we will be in a better position to drive consistent future improvement  • Our quality assurance role involves ensuring our standards are met. Our review of QA allows us to look at how we hold quality management organisations to account and ensure high standards. This involves looking at how good or noble practices are identified, shared and monitored  • Regular communications and engagement between GMC senior leadership and the Department of health and system regulators across the four countries</td>
<td>P. Bailey &amp; Paul Reynolds</td>
<td>P. Bailey &amp; Paul Reynolds</td>
<td>High</td>
<td>Likely</td>
<td>Mitigation (for threats)</td>
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**Risk Appetite:**
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- Medium
- High
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<td></td>
<td>Threat / Opportunity</td>
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| STS | There may be circumstances and/or media coverage which suggests the profession or public find our actions, decisions and commentary on topics contentious and, without access to all the evidence, could potentially damage the confidence doctors have in us, our reputation with doctors and patients, and result in stakeholders being less willing to work collaboratively in delivering our key organisational priorities. | P. Reynolds | Quite Likely | SIGNIFICANT | • Daily media and social media and political monitoring  
• Analysis of weekly media issues log  
• Monthly high profile case reviews by media team and PIP  
• Proactive stakeholder management handling on a case by case basis  
• Monthly report to CEO on Risk 12, complaints, correspondence from high profile figures or organisations and other high profile issues  
• Field force to provide intelligence reports and help us respond on emerging or live issues  
• SMT standing agenda item on complex and contentious decisions being made  
• Review and refresh our rapid response process, April 2018  
• Learning review being undertaken of GRC handling of outcome of Bawa-Garba case, which will lead to recommendations aimed at improving our handling of similar cases in the future | | | | Council  
• Briefings on sensitive issues each meeting by CEO and General Council and Director of PIP  
• Council circulars between meetings on key matters  
• Learning review Phase 1 was presented to the Council and ARC in September  
• Learning review Phase 2 completed and reported to November ARC and December Council | | | | Audit and Risk Committee  
• Dr Bawa-Garba/Jack Adcock – Learning review phase 1 considered (Nov 2018)  
• Chief Executive gave evidence at the UK Parliament’s Health and Social Care Committee as part of the committee’s inquiry into Patient safety and gross negligence manslaughter in healthcare, on 16 Oct 2018. The one-off session arose following the case of Dr Bawa-Garba, the purpose being for the committee to consider lessons learnt and how similar cases should be dealt with in future.  
• Learning review of how we responded to outcome of the Jack Adcock/Bawa-Garba case has generated recommendations aimed at improving our handling of similar cases in the future. | | No | Learning review Phase 2 completed and reported to November ARC and December Council | Medium |
|----|---------------------|------------------------|-------|------------|--------|------------|------------------------|-------------------------------|---------------------------|-----------|------------------------|---------------------|
| OP1.1 | Opportunity | We use our contact with the large cohort of international and European medical graduates who join the Register each year, to make sure they understand our role and the ways in which we can support them, enhancing their ability to achieve and maintain good practice and their perception of us as their regulator | P. Reynolds | Quite Likely | Moderate | SIGNIFICANT | • Non-training grade doctors is an increasing cohort of the doctor population and has an increasing impact on training. We have identified these impacts in our QA visits. This can be positive, as they fill role gaps, or negative, as they compete for training opportunities with trainees. Any training of this doctor cohort is heterogeneous and currently outside of the oversight and regulation of ourselves, HEE and deaneries. We do not set standards or survey this cohort about their training. We do sometimes speak to these doctors on QA visits however.  
• Where an IMG or EEA doctor is in an official training post, we do regulate their training. We have also analysed their National Training Survey (NTS) responses separately to UK qualified doctors.  
• We have analysed progression through training of different trainee doctors in our differential attainment project. Later in 2018 we will liaise with postgraduate deans to find out what they are doing to remove any unfair barriers to progression.  
• Registration ID checks for all first time registrants, meeting with a member of GMC staff (opportunity).  
• International Association of Medical Regulatory Authorities (IAMRA) - potential to work with other regulators in this forum  
• Continued promotion of content relevant to IMG and EEA doctors (such as information about PLAB, the MLA, English language checks) on social media, our other digital channels, and broadcast media. | Unlikely | Moderate | LOW | Yes | • Increasing participation in Welcome to UK Practice by 80% by 2020  
• Digital Transformation 2020 programme - changes to the information on our website, making it easier to navigate and personalise.  
• The MLA will be a touchpoint for all International Medical Graduates (IMGs) (and potentially EEA), with an assessment blueprint covering ethics and professionalism. Information packs or Welcome to UK Practice sessions for IMGs could potentially be linked to MLA stages (eg, first application, passing AKT, passing CPFA) |
| TL1.2 | Threat | If we do not take full account of the systemic pressures and wider culture within which doctors operate, the impact of our interventions to support doctors in maintaining good practice may be limited, and we may not focus our resources in the most effective way | S. Goldsmith | Moderate | Moderate | SIGNIFICANT | • Strategy and Policy Directorate – Regulatory Policy Teams & the Policy Leadership Group (PLG) – enabling us to deliver more evidence-led policy and understand more about how our standards and guidance traction in a team-based environment.  
• Insights gained from our FpP investigation work in relation to patient care, and from medical CE inputs into the investigation process.  
• Insight bought back into the business by our field force teams, aiding our understanding of the different environments in which doctors work.  
• Intelligence Module available for use.  
• Devolved Office expertise - able to inform organisation of behaviours and environment in devolved regions.  
• Increased collaboration with other regulators through various forums e.g. Inter-regulator groups and Special Measures and Challenge Provider Oversight Group.  
• We attend quality management visits that are increasingly multidisciplinary. HEE and deaneries have a remit for non-medical learners also. Our evidence on training environments focuses on the whole environment, and we also collect evidence on team working. Oftentimes solutions to issues in training are multidisciplinary, such as nurse practitioners, physician associates.  
• In our QA visits, we interrogate our standards, which includes how training environments enable trainee doctors to fulfill the duty of candour | Quite Likely | Moderate | LOW | Yes | • The MLA assessment blueprint will be based on revised Outcomes for Graduates, GPA and other sources with strong emphasis on MDTs. In the development process we will talk to clinical practitioners and assessors so could share any insight from those conversations | STRATEGIC AIM 1 - Supporting doctors in maintaining good practice
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<tr>
<td>T2.1</td>
<td>Threat</td>
<td>In cases where there are high profile patient safety issues and potentially unsafe environments for doctors and doctors in training, there are challenges in working effectively and collaboratively with other regulatory partners causing an adverse reputational impact for the GMC</td>
<td>Susan Goldsmith</td>
<td>Quite Likely</td>
<td>Major</td>
<td>CRITICAL</td>
<td>• Information sharing agreement in place with CQC</td>
<td>• Working closely with the Health and Social Care Regulators Forum to improve collaboration</td>
<td></td>
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<td>Yes</td>
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**STRATEGIC AIM 2 - Strengthening collaboration with our regulatory partners across the health services**

- Information sharing agreement in place with CQC
- Working closely with the Health and Social Care Regulators Forum to improve collaboration
- Education enhanced monitoring process in place
- Internal processes to manage communications
- We help ensure available and appropriately trained staff through our mandatory training on Information Security/Data Protection and training courses such as Influencing & Stakeholder engagement training
- Escalating concerns protocol has been developed

- Acting Chief Executive’s Report (June 2016), North Middlesex Audit and Risk Committee
- CEO/COO update at each meeting
- CE gave evidence to the Health Select Committee about the impact of Brexit on medical regulation (February 2017)

- Working towards information sharing agreements in other regulators including devolved nations
- We are currently undertaking a lessons learned exercise, including whether there are ways to improve our joint working with other regulators
- Health and Social Care Regulators Forum have agreed actions and work streams to improve collaboration across the system
- Influence existing structures and fora to support information sharing
- Agree a process for defining and communicating roles and responsibilities
- Improve the use of data and insight - GMC to set up working group and feedback on analysis of current practice
- Develop a culture of proactively sharing information and briefings
### STRATEGIC AIM 3 - Strengthening our relationship with the public and the profession

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<tr>
<td>OP3.1</td>
<td>Opportunity</td>
<td>If we clarify how we want to strengthen relationships with members of the public, we will target our efforts appropriately and be able to demonstrate the impact our work is having which will impact on our reputation as an effective and transparent regulator in the eyes of the public and the profession</td>
<td>P. Reynolds</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>SIGNIFICANT</td>
<td>• Patient and Public Working Group established</td>
<td>• Patient and Public engagement workstream reported through Engage Board as part of Transformation Portfolio • Annual tracking survey results to understand perceptions of patients and the public</td>
<td>Council • Discussion at Council Away day (July 2018) about Patient and Public engagement and plans for meeting objectives set out in the Corporate Strategy</td>
<td>Yes</td>
<td>• Future opportunities include: publication of NTS 2018 results (with new questions on burnout) and our SOMEP 2018 report</td>
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<tr>
<td>OP3.2</td>
<td>Opportunity</td>
<td>We have the opportunity to be a more proactive regulator and demonstrate our understanding of the environment in which the profession is working as well as showing a willingness to speak up about issues facing the profession, allowing us to provide further support to doctors</td>
<td>P. Reynolds</td>
<td>LOW</td>
<td>• Be more vocal about the pressure in our narratives to external world</td>
<td>• Holding other stakeholders to account • Bringing stakeholders together through various forums to deliver their part in addressing system pressures</td>
<td>• Using campaigns to speak up and raise concerns based on solid evidence and insight, such as publication of NTS results (July)</td>
<td></td>
<td>No</td>
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**STRATEGIC AIM 3 - Strengthening our relationship with the public and the profession**

If we clarify how we want to strengthen relationships with members of the public, we will target our efforts appropriately and be able to demonstrate the impact our work is having which will impact on our reputation as an effective and transparent regulator in the eyes of the public and the profession.

**OP3.1 Opportunity**

- Patient and Public Working Group established
- Patient and Public engagement workstream reported through Engage Board as part of Transformation Portfolio
- Annual tracking survey results to understand perceptions of patients and the public

**Strategic Action**

- Council • Discussion at Council Away day (July 2018) about Patient and Public engagement and plans for meeting objectives set out in the Corporate Strategy

**Further Action required?** Yes

- Future opportunities include: publication of NTS 2018 results (with new questions on burnout) and our SOMEP 2018 report

---

**OP3.2 Opportunity**

- We have the opportunity to be a more proactive regulator and demonstrate our understanding of the environment in which the profession is working as well as showing a willingness to speak up about issues facing the profession, allowing us to provide further support to doctors.

- Being more vocal about the pressure in our narratives to external world
- Holding other stakeholders to account
- Bringing stakeholders together through various forums to deliver their part in addressing system pressures
- Using campaigns to speak up and raise concerns based on solid evidence and insight, such as publication of NTS results (July)

**Strategic Action**

- • Patient workshop took place on 24 October 2018 and we are now reflecting on the messages for that and determining next steps
- • Baseline for Corporate Strategy 2018-2020 success measures, including public perception, commissioned for Sep 2018.
- • Regional Liaison Service focus on patient groups in 2018

**Further Action required?** Yes

- Market research (2016) indicated public support for the principle of the MLA. We could build on this and align MLA communications with wider messaging and further audience research
- Patient workshop took place on 24 October 2018 and we are now reflecting on the messages for that and determining next steps
- Regional Liaison Service focus on patient groups in 2018
STRATEGIC AIM 4 - Meeting the changing needs of the health services across the four countries of the UK

- Establishment of cross-Directorate Brexit working group led by the UK, European and International Affairs team to scope challenges and opportunities for the GMC to define legislative priorities; and to review the potential impact on the legislation affecting our work (monthly meetings).
- Active engagement with key influencers to influence post-Brexit proposals for healthcare regulation and accountability.
- Liaison with the UK and European regulators to ensure influence and leadership of key networks is maintained.
- Publication of analyses of licensed doctors with an EEA PRQ and of doctors with EEA nationality.
- Design and implementation of engagement campaign to try to ensure that post-Brexit legal framework does not prohibit application of NLA for EEA doctors or impede reforms under flexibility reviews.
- Regular meetings with similar organisations / regulators impacted by Brexit to share intelligence and updates on respective preparations.
- Regular meetings with DGHC, BESC and ODBU officials.
- Regular SMT engagement with DHSC officials.
- Programmes of engagement with external stakeholders and governments throughout 2017 and 2018 to push for reform of health professions provisions in RPQ Directive.
- UK, European & International Team – engagement work with other UK healthcare and non-healthcare regulators, and horizon scanning.
- Agile positioning and presentation will demonstrate both our recognition of workforce pressures and our commitment to patient safety.
- Reviewing our approach to Specialist/CP registration.
- No deal scenario planning (Feb -18) Scenario planning for hard, medium and soft Brexit options
- IS scoping work undertaken by R&QA including financial implications of scenario planning.
- Policy discussion taken on impact of Brexit on education policy.
- The MLA is being developed so as to accommodate EEA doctors as IMGs or as under RPQ. We have also developed outline plans for assuring ourselves about new registrants' professional practice in the UK.
- Operational planning work undertaken by R&QA including financial implications of scenario planning.
- Policy discussion taken on impact of Brexit on education policy.
- The MLA is being developed so as to accommodate EEA doctors as IMGs or as under RPQ. We have also developed outline plans for assuring ourselves about new registrants' professional practice in the UK.
- Ongoing engagement with DH and provision of data on risks associated with EEA doctors and impact of changes to routes to recognition and introduction of testing.
- Programme of engagement with external stakeholders and governments throughout 2017 to push for reform of health professions provisions in RPQ Directive.
- Council discussion at Council on 29 September.
- Council meetings planned in Q1 2017 and Q3/Q4.
- Programme of Brexit forming part of Horizon Scoping Discussion at Council Away day (July 2017).
- Paper on Implications of Brexit at Council (Feb 2018).
- May 2018 SMT Discussion.
- August 2018 SMT Discussion.
- September 2018 SMT discussion.
- We also have a Council seminar coming up in 5 November 2018.

- In June 2017, the UK Government published its policy paper on the status of EEA nationals after the UK's withdrawal from the EU.
- We continue to make the case for reform to the RPQ framework to enable us to check the competency of EEA doctors and to ensure a single route to the medical register for all doctors, regardless of where they qualified, in the future.
- The UK Department of Health is currently exploring what amendments would be needed to the Medical Act in the event of the various EU exit scenarios. We are working with the Department both to identify which pieces of primary and secondary legislation impact on our work and may need re-drafting.
- In Northern Ireland we are working on a project to identify the range of regulatory issues that need to be considered further as the Executive’s policy to increase the cross border delivery of healthcare is implemented.
- Charlie Hessey wrote to Jeremy Hunt on 26 March. We sent a joint letter with GDC and NMC to Gavin Larming, Director of Strategy at Department of Health on 19 March, both in relation to planning for Brexit. Our most recent letter to Gavin Larming provides estimated costings and timescale involved with changing over systems from the current EDA system to an international system of registration.
- Meetings and engagement with DSCHC to discuss their "no deal" policy proposal of August 2018.
- Submitted detailed legal comments on DSCHC "no deal" legal drafting.

- Establishment of cross-Directorate Brexit working group led by the UK, European and International Affairs team to scope challenges and opportunities for the GMC to define legislative priorities; and to review the potential impact on the legislation affecting our work (monthly meetings).
- Active engagement with key influencers to influence post-Brexit proposals for healthcare regulation and accountability.
- Liaison with the UK and European regulators to ensure influence and leadership of key networks is maintained.
- Publication of analyses of licensed doctors with an EEA PRQ and of doctors with EEA nationality.
- Design and implementation of engagement campaign to try to ensure that post-Brexit legal framework does not prohibit application of NLA for EEA doctors or impede reforms under flexibility reviews.
- Regular meetings with similar organisations / regulators impacted by Brexit to share intelligence and updates on respective preparations.
- Regular meetings with DGHC, BESC and ODBU officials.
- Regular SMT engagement with DHSC officials.
- Programmes of engagement with external stakeholders and governments throughout 2017 and 2018 to push for reform of health professions provisions in RPQ Directive.
- UK, European & International Team – engagement work with other UK healthcare and non-healthcare regulators, and horizon scanning.
- Agile positioning and presentation will demonstrate both our recognition of workforce pressures and our commitment to patient safety.
- Reviewing our approach to Specialist/CP registration.
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- We also have a Council seminar coming up in 5 November 2018.

- In June 2017, the UK Government published its policy paper on the status of EEA nationals after the UK's withdrawal from the EU.
- We continue to make the case for reform to the RPQ framework to enable us to check the competency of EEA doctors and to ensure a single route to the medical register for all doctors, regardless of where they qualified, in the future.
- The UK Department of Health is currently exploring what amendments would be needed to the Medical Act in the event of the various EU exit scenarios. We are working with the Department both to identify which pieces of primary and secondary legislation impact on our work and may need re-drafting.
- In Northern Ireland we are working on a project to identify the range of regulatory issues that need to be considered further as the Executive’s policy to increase the cross border delivery of healthcare is implemented.
- Charlie Hessey wrote to Jeremy Hunt on 26 March. We sent a joint letter with GDC and NMC to Gavin Larming, Director of Strategy at Department of Health on 19 March, both in relation to planning for Brexit. Our most recent letter to Gavin Larming provides estimated costings and timescale involved with changing over systems from the current EDA system to an international system of registration.
- Meetings and engagement with DSCHC to discuss their "no deal" policy proposal of August 2018.
- Submitted detailed legal comments on DSCHC "no deal" legal drafting.
# Business risks and how we manage them

## ACTIVE OPERATIONAL RISKS

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>AT1</td>
<td>Threat</td>
<td>Recruitment and transfer activity remains high and could challenge teams ability to deliver their functions effectively and impact on other key initiatives such as development of the policy profession.</td>
<td>Colin Melville</td>
<td>Quite Likely</td>
<td>Low</td>
<td>LOW</td>
<td>Low</td>
<td>Yes</td>
<td>Induction of new HR staff</td>
<td>Low</td>
</tr>
<tr>
<td>AT2</td>
<td>Threat</td>
<td>Continued stretched resources and finances in the health environment creates the potential for increased patient safety incidents which could strategically impact the GMC’s role as the regulator upholding professional standards for doctors and trainees and create operational pressures on fitness to practice referrals and education monitoring services.</td>
<td>Susan Goldsmith</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>SIGNIFICANT</td>
<td>Low</td>
<td>Yes</td>
<td>Scoping of research opportunities with Roger Kline in relation to key requirements for further insight in relation to representation patterns.</td>
<td>Low</td>
</tr>
<tr>
<td>AT3</td>
<td>Threat</td>
<td>We do not comply with our statutory obligations on Data Protection, Human Rights and/or Equality and Diversity, leading to legal challenges, financial loss and/or unfair outcomes, all of which could lead to reputational damage.</td>
<td>Susan Goldsmith</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Low</td>
<td>No</td>
<td>No</td>
<td>Low</td>
</tr>
<tr>
<td>AT4</td>
<td>Threat</td>
<td>As we are developing the credentialing framework for implementation in 2018, stakeholders may not react positively to 8 potentially causing challenges with its introduction</td>
<td>Colin Melville</td>
<td>Quite Likely</td>
<td>Low</td>
<td>LOW</td>
<td>Low</td>
<td>Yes</td>
<td>Formal engagement on the framework to continue until early 2019 and feedback to be included within the Council and Executive Board sign off papers in 2019.</td>
<td>Medium</td>
</tr>
</tbody>
</table>

**Business risks and how we manage them**

**Executive Board**
- Monitoring of staff turnover and other indicators through the bi-monthly Operational Performance and Risk Review report
- Enhanced Monitoring Audit (November 2018, amber-red)
- Spot check – Enhanced Monitoring (November 2017 amber)

**Internal audit**
- E & D team linked into key strategic forums and key transformation boards, i.e. new Policy Leadership Group and Research Board
- Internal Audit (July, August)
- Enhanced Monitoring Audit (July 2016, green)

**Education and Training Board**
- Will consider how to ensure reasonable adjustments within the continuance of the education and training framework and have an agreed consensus on the direction of travel
- E & D team linked into key strategic forums and key transformation boards, i.e. new Policy Leadership Group and Research Board
- E & D team linked into key strategic forums and key transformation boards, i.e. new Policy Leadership Group and Research Board

**Operational Performance and Risk Review**
- Recruit and transfer activity monitored and staff turnover monitored through the quarterly CDQ report
- Oversight of staff vacancy rates and staff turnover through the quarterly CDQ report

**Council and/or Board Review**
- Monitoring of Centre for Workforce Information on NHS staff shortages and skills gaps, and other external sources of quantitative and qualitative data, through horizon scanning (Data, Research and Intelligence team)
- Ongoing engagement with Department of Health (England) (DH/FE), Health Education England, and other stakeholders
- Protection of patient and public interest
- Active engagement with doctors about potential situations which may put patients at risk
- Enhanced monitoring in place
- Chair’s annual letter to the profession

**Operational Performance and Risk Review**
- Internal audit
- Enhanced Monitoring Audit (November 2018, amber-red)
- Spot check – Enhanced Monitoring (November 2017 amber)

**Operational Performance and Risk Review**
- A phased implementation is planned to support the development of skills and capabilities in doctors (for example through increasing numbers of training posts and improving access to training)
- To support the development of skills and capabilities in doctors (for example through increasing numbers of training posts and improving access to training)
- To support the development of skills and capabilities in doctors (for example through increasing numbers of training posts and improving access to training)

**Operational Performance and Risk Review**
- Formal engagement on the framework to continue until early 2019 and feedback to be included within the Council and Executive Board sign off papers in 2019.
- We will be engaging with stakeholders, via workshops and meetings including at the GMC’s Doctors in training roundtable.
- A phased implementation is planned that will initially address key safety concerns, whilst enabling us the opportunity to develop further over time (for example bringing in other groups such as SAS doctors).
### INHERENT OPERATIONAL RISKS

<table>
<thead>
<tr>
<th>ID</th>
<th>Threat / opportunity</th>
<th>Risk detail</th>
<th>Owner</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Assessment</th>
<th>Council and/or Board Review</th>
<th>Assurance</th>
<th>Further Action required?</th>
<th>Further action-detail</th>
<th>Risk applicable</th>
</tr>
</thead>
</table>
| IT1 Threat | Application of key controls and processes lead us to reach the wrong conclusion in investigating a doctor’s fitness to practise with an impact on patient safety, registrants, employees and/or the reputation of the GMC | Anthony Chmi | Quite Likely | Moderate | CRITICAL | SIGNIFICANT | LOW | Unlikely | Council: Operational KPIs reported each meeting  
Executive Board: Activity volumes and service target performance reviewed each meeting  
PSA Audit (February 2018, green-amber) | Internal Audit: Review of Legal Services (June 2017, green-amber)  
Lawyers: External audit of 100 closed cases completed June 2017 | No | No | Integration of Human Factors training into investigation processes (ongoing)  
LSA: Direct review of 100 closed cases (June 2017) | Medium |
| IT2 Threat | We register an individual who is not properly qualified and/or fit to practise with an impact on patient safety and our reputation | Una Lane | Quite Likely | Moderate | CRITICAL | SIGNIFICANT | LOW | Unlikely | Council: Operational KPIs reported each meeting  
Executive Board: Activity volumes and service target performance reviewed each meeting  
PSA Audit (February 2018, green-amber) | Internal Audit: Review of Legal Services (June 2017, green-amber)  
Lawyers: External audit of 100 closed cases completed June 2017 | No | No | Integration of Human Factors training into investigation processes (ongoing)  
LSA: Direct review of 100 closed cases (June 2017) | None |
| IT3 Threat | We revalidate an individual who is not fit to practise with an impact on patient safety and our reputation | Una Lane | Quite Likely | Moderate | CRITICAL | SIGNIFICANT | LOW | Unlikely | Council: Operational KPIs reported each meeting  
Executive Board: Activity volumes and service target performance reviewed each meeting  
NSQCC: External audit of 100 closed cases completed June 2017 | Internal Audit: Review of Legal Services (June 2017, green-amber)  
Lawyers: External audit of 100 closed cases completed June 2017 | Yes | Yes | Finalisation of TRP - consulting on changes to our patient feedback requirements for revalidation | None |
<table>
<thead>
<tr>
<th>ID</th>
<th>Threat / opportunity</th>
<th>Risk detail</th>
<th>Owner</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Assumptions</th>
<th>Council and/or Board Review</th>
<th>Assurance</th>
<th>Further Action required?</th>
<th>Further action detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT4 Threat</td>
<td>IT2 Threat</td>
<td>Our quality assurance processes fail to identify a lack of compliance with standards for education, training and curricula with a potential impact on patient and educational outcomes for doctors</td>
<td>Colin Melville</td>
<td>Quite Likely</td>
<td>Minor</td>
<td>Moderate</td>
<td>Low</td>
<td>Documented process and procedures to investigate and monitor concerns</td>
<td>Council</td>
<td>Internal Audit</td>
<td>• Audit split check on enhanced monitoring completed in October 2017</td>
<td>Low</td>
</tr>
<tr>
<td>IT5 Threat</td>
<td>Low awareness and use of our ethical guidance by doctors limits the impact of the digital strategy and new products to enhance doctors' use of the guidance, and app enhancements</td>
<td>Colin Melville</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>Low</td>
<td>Moderate</td>
<td>Low</td>
<td>Documented process and procedures (Adjudication Manual)</td>
<td>Executive Board</td>
<td>Strategy &amp; Policy Board</td>
<td>• Agreement to provide cosmetic guidance update (Feb 2016)</td>
<td>Low</td>
</tr>
<tr>
<td>IT6 Threat</td>
<td>Patient safety is impacted and/or reputational damage is caused by not providing an effective and timely assurance process</td>
<td>Gavin Brown</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Documented process and procedures and resource</td>
<td>MPTS Advisory Committee</td>
<td>N/A</td>
<td>• MPTS formal report to Council (6 monthly)</td>
<td>Low</td>
</tr>
<tr>
<td>IT7 Threat</td>
<td>Doctors under conditions or undertakings do not comply with their sanctions and patients are harmed as a consequence</td>
<td>Anthony Omo</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Case Review Team - documented processes and skilled resources</td>
<td>Executive Board</td>
<td>N/A</td>
<td>• Publication and disclosure of immediate/interim orders and warnings (June 2017)</td>
<td>Low</td>
</tr>
</tbody>
</table>
### INHERENT OPERATIONAL RISKS

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>IT1 Threat</td>
<td>Anti-fraud and fraud procedures and processes may not present internal or external parties from committing fraud against the GMC resulting in monetary loss</td>
<td>Quite Likely</td>
<td>Moderate</td>
<td>Control:</td>
<td>No</td>
<td></td>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>IT2 Threat</td>
<td>Difficulties in the recruitment and retention of staff and associates with the required skills and experience may mean that the GMC has challenges in delivering core functions effectively</td>
<td>Likely</td>
<td>Significant</td>
<td>Control:</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>IT3 Threat</td>
<td>An external incident, including a cyber attack, which affects our infrastructure, security systems and processes may prevent us from delivering our key functions</td>
<td>Quite Likely</td>
<td>Low</td>
<td>Control:</td>
<td>No</td>
<td></td>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>IT4 Threat</td>
<td>Adverse economic events may create a significant deficit in the Defined Benefit (DB) Scheme which the employer needs to cover</td>
<td>Quite Likely</td>
<td>Low</td>
<td>Control:</td>
<td>No</td>
<td></td>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>IT5 Threat</td>
<td>Due to operating a global trading subsidiary, there is a risk that regulatory activities create reputational harm which may impact on our charitable mission and our ability to effectively deliver some aspects of core regulatory services</td>
<td>Quite Likely</td>
<td>Low</td>
<td>Control:</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Low</td>
</tr>
</tbody>
</table>

**Risk Mitigations:**
- Business planning & budget setting process to ensure funds are allocated appropriately
- Monthly management reporting and review
- Financial regulations and financial controls including delegated authorities by the Exec Board
- Fraud-control processes including policy, training, response plan, public interest disclosure policy and anti-fraud and corruption policy
- Gifts and hospitality policy
- Oversight of Investment Policy by Investment Sub-Committee
- Training to support procurement processes include Sourcing, Purchasing (e-learning), Anti-Fraud and Contract Management
- Talent and leadership programmes build capacity
- Corporate record keeping systems and requirements enable central record for corporate memory
- Directors and ADs identify unique knowledge, skills and relationships to ensure suitable mechanisms in place to record/transfer
- Annual performance management cycle and learning and development function identify staff training needs and prioritise and support staff development as required
- Working with our advertising company, LinkedIn and outreach activities to target our marketing activity helping to increase our external profile as an employer of choice
- Working with our PSL partners to source candidates and temps to ensure core functions are supported
- Business continuity processes in place with periodic testing and reviewed with focuses on core business as usual
- Investment programme in resilience components to proactively avoid failures
- Programme of phishing education for staff, random testing and exercises carried out to raise staff awareness.
- Suite of security products in place including virus identification, web filtering, email filtering, firewalls
- Information security processes protect against IS failures
- Maintaining adequate reserves
- Future liabilities restricted by scheme closure and benefits changes
- Full implementation of Trustees de-risking investment strategy
- Additional employer funding agreed
- Governance framework in place
- GMC/GMC2 Forum now meeting monthly with GMC Directors given early sight of opportunities
- GMC Services International Ltd Operating Agreement (June 2017)
- A set of commercial principles covering UK activity was approved by the GMC Executive Board on 18 September 2017.
- The ethical guidelines and what it’s developed and agreed with the GMC2 Chair and Board were presented to the GMC Council as part of an ethics session in December 2017
- Council have concluded a strategic review
- Quarterly Report Sept 2017
- Governance arrangements April 2017
- The scheme is subject to an annual audit. Both the Trustees and the employer receive regular, separate, independent and professional advice
- Quite Likely | Low | Control: | No | | | | | Low |
Executive summary
This report gives an update on the work of the Medical Practitioners Tribunal Service (MPTS) since the last report to Council in June 2018. Key points to note:

- We have successfully introduced a requirement on parties to submit hearing bundles in advance of a Medical Practitioners Tribunal (MPT) hearing. Along with more pre-hearing case management and the use of Legally Qualified Chairs (LQCs), we are seeking to minimise the stressful impact delays can have, particularly on doctors and witnesses.

- These changes, particularly the use of LQCs, mean we are on track to deliver savings of £776,000 in 2018, which has partly offset the MPTS receiving higher levels of referrals than expected.

- Working with colleagues, we have improved our accommodation on the seventh floor of St James’s Buildings, launched a new MPTS website and refreshed the MPTS branding.

- In 2019 and beyond, we will be focused on maximising MPTS resources, managing our workload more effectively and supporting the delivery of a high quality service to all users. More details on these proposals will be contained in our next report to Council.

Recommendation
Council is asked to consider the report of the MPTS Committee.
Governance

1 This paper is the Medical Practitioners Tribunal Service (MPTS) Committee’s second biannual report of 2018.

2 The MPTS Committee met on 11 September 2018 and considered updates on tribunal member resourcing and its annual review of the MPTS vision.

3 It also met on 13 November 2018 and considered updates on quality assurance of tribunal decisions, the case management review and business planning for 2019.

4 The MPTS laid its second annual report before Parliament in July, reporting on how we met our statutory duties in 2017.

Operational update

5 As previously reported, since 12 March 2018, parties have been required to submit a hearing bundle in advance in Medical Practitioners Tribunal (MPT) hearings, unless there are exceptional circumstances.

6 This initiative has now benefited around 350 MPT hearings, reducing the need for tribunal reading time during hearings, saving time and costs for all parties involved.

7 We now use Legally Qualified Chairs (LQCs) in the majority of our hearings. Previously, all tribunals were assisted by a Legal Assessor, who are now only appointed in exceptional circumstances.

8 When active case management of a hearing is needed, LQCs are able to act with confidence because of their experience.

9 Combined with more pre-hearing case management, these changes have resulted in a significant increase in the number of tribunal hearings finishing on time or early. We believe it is important to minimise the stressful impact delays can have on doctors, witnesses and all those involved in our hearings.

10 We therefore continue actively to monitor all adjournments, and prioritise work to reduce the number of cases that adjourn part-heard.

11 The changes referred to above have produced significant efficiency and effectiveness gains in 2018, predicted to be £776,000 by the end of the year.

12 We ensure the quality of MPTS decision-making through our regular Quality Assurance Group (QAG) meetings (see paragraph 23) and by regular observations of tribunal members. This year, our primary focus for observations has been our new LQCs.

www.mpts-uk.org
13 Our tribunal chairs, legally qualified or not, receive dedicated training on chairing skills and case management, in addition to the annual training received by all tribunal members. This year, the MPTS has run successful Shared Chairs Training with our colleagues at the NMC. Pooling our resources in this way has been an efficient way of delivering training and sharing best practice.

14 As previously reported, earlier this year we expanded our Doctor Contact Service. This is available to all doctors on the day of a hearing, and is particularly aimed at those attending alone or without legal representation. Two members of staff now spend 50% of their time working on the Doctor Contact Service.

15 From January to September 2018, the Doctor Contact Service helped 76 individual doctors on 132 occasions. The Service aims to help lessen the isolation and stress doctors might encounter when attending a hearing. A member of our staff unconnected to the doctor’s case can be available to support them at any time.

Support services update

16 The MPTS is operationally separate in all activities that impact on independent tribunal decision-making. In other areas, we share resources with the rest of the GMC.

17 Working with our colleagues in GMC Facilities, we have improved our accommodation on the seventh floor of St James’s Buildings. This includes a new witness waiting room, which has significantly improved the experience of people coming to give evidence to our tribunals. It also includes dedicated, fit for purpose tribunal member training facilities and a new MPTS reception, providing an improved service to the thousands of visitors we receive each year, and a safer working environment for our staff.

18 With our colleagues in the GMC’s Information Services, Digital Transformation and Marketing Communications teams, we have launched a new MPTS website. The new site is designed around the needs of its users. Our research showed that most visitors to our site want information on upcoming hearings and recent decisions, so we have made this much easier to access. The site has a responsive design which will provide a much improved experience for anyone using a mobile device. It includes resources specifically targeted at witnesses and doctors without legal representation.

19 This work has been accompanied by a refresh of our MPTS branding. This will be gradually rolled out over 2019, for example by using up existing printed materials before replacing them.

Tribunal member diversity

20 As of September 2018, the MPTS has 297 tribunal members (including 67 legally qualified chairs) of whom 48% are female and 20% identify as BME.
21 This compares favourably with the most recently published figures for courts in England and Wales (29% female and 7% BME) and tribunals in England and Wales (49% female and 15% BME). (Source: [https://www.judiciary.uk/publications/judicial-diversity-statistics-2018](https://www.judiciary.uk/publications/judicial-diversity-statistics-2018))

22 It also compares well with the UK population (51% female and 13% BME). (Source: www.ons.gov.uk/census/2011census)

**Quality assurance**

23 The MPTS QAG meets monthly to review a proportion of written tribunal determinations. The purpose of these reviews is to make sure the determinations are clear, well-reasoned and compliant with the relevant case law and guidance.

24 The QAG also identifies issues which can usefully be incorporated into future tribunal training sessions, and learning points which are sent out in tribunal circulars.

25 Each year, all tribunal members attend a training day tailored to their role. Tribunal chairs and legally qualified chairs attend additional training.

26 To ensure our tribunal members keep their skills and knowledge up to date, we issue regular circulars updating them on learning points that have emerged from our QAG meetings and from recent appeal judgments. We also use circulars to inform them of any changes to the relevant guidance. In addition, we have begun using webinars and videos to communicate learning points outside of our annual training.

27 Some of the learning points we have issued in 2018 include:

- The need to consider all three limbs of the statutory overarching objective when making decisions.

- The need to take account of both emotional and physical harm, when deciding whether a patient has been harmed by the actions of a doctor.

28 All learning points issued to tribunal members can be viewed at [www.mpts-uk.org/learning_points](http://www.mpts-uk.org/learning_points).

**Hearing outcomes**

29 Hearing outcomes for the previous three years and the first three quarters of 2018 are provided at Annex A.

30 In the period January to September 2018, 189 doctors appeared at new MPT hearings. 29% of those doctors had their name erased from the medical register, 42% were suspended and 11% given conditions. 13% were found not impaired and a further 3% found not impaired but issued with a warning. In two hearings (1%), the tribunal decided
no action was necessary after a finding of impairment. In one hearing (>1%) the tribunal accepted an application for voluntary erasure from the register.

31 These figures are broadly consistent with outcomes in previous calendar years. For example, in 2017, 195 doctors appeared at new MPT hearings. 32% of those doctors had their name erased from the medical register, 39% were suspended and 7% given conditions. 14% were found not impaired and a further 7% found not impaired but issued a warning. In the remainder of hearings (just under 2%), the tribunal granted an application for voluntary erasure, or decided no action was necessary after a finding of impairment.

32 From January to September 2018, 299 doctors appeared at new IOT hearings, slightly more than the 266 doctors in the same nine month period in 2017. This increase contrasts with the reduction in IOT referrals we had seen in recent years, something we commented on in previous reports to Council. There were 522 new hearings in the whole of 2015, 339 in 2016 and 352 in 2017.

33 Eight new non-compliance hearings have been held in January to September 2018, with a suspension imposed in six cases and non-compliance not found in two cases. This is still a relatively new type of hearing, as the GMC gained powers to bring such cases in December 2015. If the GMC believes a doctor is consistently or explicitly refusing to comply with a direction to undergo a health, performance, or English language assessment, it may refer them to the MPTS for a non-compliance hearing.

34 12 restoration hearings have been held in January to September 2018, with the doctor’s application being refused in nine cases.

Resources

35 Elsewhere on this agenda, Council will be asked to confirm the MPTS budget as £8.757 million for 2019.

36 As reported above (para 11), changes to the way the MPTS runs hearings are predicted to result in savings of £776,000 in 2018.

37 Forecast spend is expected to be 3% higher than budget for the full year.

38 This has been driven by higher than expected referrals from the GMC. In January to September 2018 the MPTS ran 1863 hearing days against a budget of 1655, a 12.6% increase. For the full year, we predict running 2453 hearing days against a budget of 2152, a 14% increase.

39 The MPTS budget is set based on forecasts of the number of cases likely to be referred by the GMC. Any significant change in the number of cases referred has a corresponding impact on MPTS spending.
Looking ahead

40 Looking ahead to 2019 and beyond, we will be implementing the findings of an internal review of our pre-hearing case management service. These changes will include:

- The MPTS using legally binding case management directions earlier in the pre-hearing process.
- Setting listing expectations for different types of cases, reducing the peaks and troughs we currently see in our listing of cases.
- Introducing standard forms for the GMC and doctors to make pre-hearing applications, reducing time lost on incomplete or unclear applications.

41 Along with a number of structural changes, this new approach will help us maximise MPTS resources, manage our workload more effectively and support us in the delivery of a high quality service to all users.

42 More details on these proposals will be contained in our next report to Council.
### Hearing outcomes: 2015 – September 2018

#### Medical practitioners tribunals

<table>
<thead>
<tr>
<th>New MPT hearing outcomes</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Q1-3 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impaired: Erasure</td>
<td>72</td>
<td>70</td>
<td>62</td>
<td>54</td>
</tr>
<tr>
<td>Impaired: Suspension</td>
<td>94</td>
<td>93</td>
<td>76</td>
<td>79</td>
</tr>
<tr>
<td>Impaired: Conditions</td>
<td>24</td>
<td>17</td>
<td>13</td>
<td>21</td>
</tr>
<tr>
<td>Impaired: No action</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Not impaired: warning</td>
<td>6</td>
<td>11</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Not impaired</td>
<td>38</td>
<td>34</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>Voluntary erasure</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Undertakings</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>238</strong></td>
<td><strong>229</strong></td>
<td><strong>195</strong></td>
<td><strong>189</strong></td>
</tr>
</tbody>
</table>

#### Non-compliance hearing outcomes

<table>
<thead>
<tr>
<th>Non-compliance hearing outcomes</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Q1-3 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspension</td>
<td></td>
<td>2</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Conditions</td>
<td>-</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non-compliance not found</td>
<td>-</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
### Outcomes in restoration hearings

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Q1-3 2018</th>
</tr>
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<td>Application refused</td>
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### Interim orders

#### Number of review hearings

#### New interim orders tribunal hearing outcomes

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### Medical practitioners tribunal review hearing outcomes

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Executive summary
This report provides an update to Council on the Audit and Risk Committee’s activities since May 2018. It notes:

- The assurance the Committee continues to receive in the operation of the Risk Management Framework.
- There is a good control framework in place across the organisation and internal audit recommendations have appropriate actions in place to address them.
- Continued satisfaction with the work of external and internal auditors.
- The reappointment of Moore Stephens as internal audit delivery partners in the co-sourced model for three years commencing 1 January 2019.

Recommendation
Council is asked to:

a  Note the report of the Audit and Risk Committee.
b  Approve the changes to the Statement of Purpose (Annex A).
c  Note the Internal Audit Charter (Annex B).
Introduction

1. The Audit and Risk Committee has met three times since its last report to Council, in formal session and seminar on 19 July, 13 September (in Manchester) and 15 November 2017. The seminar in July focused on the GMC’s work supporting vulnerable doctors following the review by Professor Appleby in 2015/6.

2. In September the Committee’s seminar covered organisational culture and considered the importance of culture in making sustainable change. It reflected on highlights from the 2018 staff survey and the work the Executive is doing to support change both through the transformation programme and wider streams of work addressing staff feedback including managing workloads and staff wellbeing. The November seminar focused on the work of the new Strategy and Policy Directorate and Strategic Communications and Engagement Directorate.

3. Committee meetings continue to be supported by the Executive Team and have included the attendance of relevant directors and assistant directors when audit reports relating to their area of business have been presented. Following the successful pilot earlier in the year to only discuss audit reports with a green rating unless specifically requested otherwise by a member, the Committee has now adopted this approach. This has created more time for discussion of risk and brought a better balance to the Committee’s focus. A recent observer from the Chartered Institute of Internal Auditors has commented that the risk discussions the Committee hold are in best practice territory for their quality and depth.

4. The Committee appreciates the commitment given to meetings which contributes to its assurance on the effectiveness of operational processes, the ongoing ability of management teams and their leadership to follow up and deal with issues arising from audit review and the quality of audit work undertaken.

5. At the meeting on 15 November 2018, the Committee undertook its annual review of the Statement of Purpose and considers this remains relevant for its assurance role. It also took the opportunity to refresh its Internal Audit Charter aligning it with updated guidance from the Institute of Internal Auditors. These are attached at Annexes A and B respectively.

6. Areas to bring to Council’s attention arising from the Committee’s responsibilities and activities are outlined below.

Integrity of the financial statements and performance of the external auditor

7. In June, following the work of the external auditors, Crowe LLP, Council approved the financial statements and Annual Report 2017. Since then, the Committee has undertaken its annual assessment of the external auditor’s performance and
continues to hold a positive view of their work and relationship with the Committee. The external audit fee, terms of engagement, external audit plan and audit scope for 2018 were discussed in preparation for the 2018 external audit at the November Committee meeting.

8 The Committee has also met privately with the external auditor since the last report to Council providing an opportunity to discuss any issues without the presence of senior management.

**Governance and risk management**

9 The Committee continues to use risk as the basis for its approach to oversight and scrutiny bringing a balanced consideration of forward looking risks and issues alongside its backward look at audit work to gain assurance on systems of internal control and risk management. Members have found the changes it made in March to increase the focus on risk discussion and provide members with an opportunity to bring their own input before the CEO strategic update and COO risk report, are providing a constructive and member led dialogue with the Executive.

10 This year’s internal audit review of risk focused on an overview of the operation of the Risk Management Framework (RMF). The audit concluded that the RMF continues to operate effectively and that there is a high level of buy-in to risk management at senior levels across the organisation. The report also acknowledges the embedded concept of continuous improvement and the good progress made on various aspects of the framework – such as the inclusion of opportunities, positive risk taking practice and the effective escalation and de-escalation of risks between the corporate and directorate opportunity and risk registers.

11 The report encourages more sharing of risk and opportunity identification examples to continue promoting effective risk management down the organisation to local levels and further guidance on risk appetite. The Committee has also now adopted a risk dashboard which focuses key risk reporting matters for members’ attention alongside the full Corporate and Opportunities Risk Register. This is included in the papers to Council as an annex to the COO report. The Committee also approved a refreshed RMF which, amongst other improvements, provides further guidance for colleagues on opportunity management and risk appetite.

12 To maintain independence from the responsibilities for risk which sit with the Assistant Director of Audit and Risk Assurance, the scope and report for this review were agreed directly with the Chair of the Committee.
Systems of internal control

13 A comprehensive risk-based audit programme has been delivered during 2018. In addition the Committee has piloted a more ‘agile’ approach to providing assurance over emerging risks, such as a review of the progress with the digital media strategy (a major organisational initiative with significant investment) and the learning reflections following the case of Jack Adcock and Dr Bawa-Garba. It considers that this way of working has allowed it to be responsive and flexible to assurance needs for itself and Council. The audit programme for 2019 is also constructed this way.

14 As in previous years, the audit programme has comprised a mixture of operational compliance based audits, spot checks for short targeted reviews, and audit work on areas with a clear key strategic impact, such as the transformation programme. All audit findings have been scrutinised and discussed with both the audit team and relevant senior management members. This allowed the Committee to assure itself that issues identified and the recommendations proposed were fair, proportionate and owned by the business.

15 Overall, the Committee is satisfied that there is a good control framework in place. The outcomes from individual reviews undertaken since the last report to Council and the number of recommendations for each are shown in the following table. A green rating indicates an overall sound control framework and green/amber that minor weaknesses have been identified.
16 Of the 29 recommendations made in the above reviews two were high priority. The first related to the digital media strategy which has now concluded the phase relating to updating the GMC’s website and considering whether more detailed financial cost collection is of benefit to the GMC and if so, how this might be achieved. The second was in relation to the establishment of the Strategy and Policy and Strategic Communications and Engagement directorates. Whilst there are wider success measures in place for the Transformation Programme overall, the directorates need to develop their detailed success criteria for the changes they are seeking to achieve and ensure they monitor these over time.

17 As well as work by Moore Stephens, the Committee separately commissioned through the Assistant Director of Audit and Risk Assurance, an independent review of the GMC’s BS 10008 (the British Standard for best practice in the implementation and operation of electronic information management systems) to which the GMC became
fully accredited in 2016, and a review of cyber security. The independent reviewer was again complimentary about the work of the team concluding that the information management system at the GMC is effective in ensuring the trustworthiness of electronic information.

18 The cyber security review adopted a ‘hacker’ approach to make the work as realistic as possible to the increasing information security attacks we are noting in the media. This included two phishing tests, an increasingly common tactic used by hackers, both of which were identified quickly by the GMC’s in-house security team. The report did not identify any high risk findings and the IS Team have the remaining findings in hand to address. Overall the review concluded that in comparison to other organisations, the GMC is taking a proactive and mature approach towards cyber security.

19 At each meeting, the Committee has received a progress report from the Assistant Director Audit and Risk Assurance, including an update on the status of actions arising from internal audit work. There remains a continuing effort to close outstanding audit actions promptly and the Committee is pleased to report that at the time of this report, there are only three recommendations overdue. The Committee is satisfied with the arrangements in place and timeframes to address these.

Significant event reviews

20 Since the last report to Council the Committee has considered one significant event review (SER). Sadly, this related to the suicide of a doctor whilst in the GMC’s fitness to practise processes. The Committee considered the discussion at its previous seminar on the work undertaken post Professor Appleby’s review and the further training being provided to staff on tone of drafting submissions in response to applications made where the basis of the application is health. The Committee also noted the training being put in place post the Dr Bawa-Garba case on human factors and emphasised the need for communications with vulnerable doctors to demonstrate compassion. The Senior Management Team has also attended human factors training at British Airways.

Internal audit management arrangements

21 The Committee considers that the enhanced co-sourcing model continues to work effectively and the GMC has benefited from having carefully tailored audit scopes and the right level of expertise and knowledge delivering individual reviews. The current contract with auditor partners, Moore Stephens, comes to an end on 31 December and in June the Committee undertook a procurement exercise for a new three year contract. The selection panel was led by the Chair of the Committee with an independent member, Assistant Director Finance, Head of Procurement, Head of Quality Assurance in Education and the Assistant Director Audit and Risk Assurance.
The panel were delighted to re-appoint Moore Stephens, whose presentation and interview responses demonstrated a confident, innovative approach alongside good understanding of the GMC and its regulatory role.

Next year the internal audit function is due for its independent five year Quality Assurance review. In preparation for this the Institute of Internal Auditors has, at our request, undertaken a short readiness assessment. The reviewer presented his findings to the Committee in July, concluding that the GMC is compliant with sixty two of the sixty four standards and partially compliant in the remaining two. A number of strengths were highlighted including the regard for internal audit as a trusted advisor and the alignment of its work to risk and business assurance. The assessor also made some helpful observations for further consideration, including bringing more focus on value for money and exploring what further use can be made of data analytics. Both of these have been adopted as principles for the 2019 audit programme development.

Audit programme 2019

At its meeting in November, the Committee approved the audit programme for 2019. The Committee considered that as noted above, the programme will continue to retain a flexible element to allow it to respond to emerging risk areas or where assurance is needed on major initiatives.

The Committee’s 2018 review of its effectiveness

The Committee will be undertaking its annual review of effectiveness during December and January. Following previous years’ approach, this will comprise a self-evaluation questionnaire which will also be sent to the Executive and non-member attendees of the Committee, including external and internal audit. In addition this year, we will be seeking the views of Council members who are not members of the Committee and extending the Senior Management Team input to include all assistant directors. This will give a richer picture of how its work and role is seen and the extent to which it is considered to be adding value to the GMC’s business and governance arrangements.

Adding value

By continually improving its knowledge of the business and seeking assurance through audit and risk activity, the Committee believes it is improving its own performance and consequent value to the business through:

a Being clear on its role and purpose and continuing to check that this is still appropriate for the business’s needs.
b  Developing agendas and a programme of work which are pertinent to regular business and emerging issues so that meetings are relevant and focused.

c  Holding regular seminars which focus on continual development of the Committee’s knowledge and understanding of the business and specific risk areas.

d  Providing scrutiny of the Corporate Opportunities and Risk Register and Corporate Issues Log.

e  Holding management to account by calling directors and senior staff to meetings to respond to the findings from audit reviews and following through on the implementation of audit recommendations.

f  Meeting internal and external auditors without management present.

g  Regular dialogue between the Chair and Assistant Director of Audit and Risk Assurance between meetings.

h  Dialogue between the Chair of Council and Chair of the Committee on emerging issues.

i  Inviting auditors to provide broader insight from global and national risk and audit trends in the financial, political and health environments.

j  Providing a significant amount of time on agendas to reflect on broader opportunity/risk issues and horizon scanning.
M7 – Report of the Audit and Risk Committee 2018

Review of the Audit and Risk Committee’s Statement of purpose

Purpose

1. The Audit and Risk Committee provides Council with independent assurances on the effectiveness of arrangements established by the Executive to ensure the:

   a. Integrity of the financial statements.
   
   b. Effectiveness of the systems of internal control, governance and risk management.
   
   c. Adequacy of both the internal and external audit services.

2. The Committee is specifically authorised by Council to:

   a. Investigate any activity within its terms of reference including any activity by a trading subsidiary of the GMC. Any investigation will normally be initiated in consultation with the Chief Executive.

   b. Seek any information it may reasonably require from any member, employee or associate of the GMC or of any trading subsidiary of the GMC. All members, employees and associates are directed to co-operate with any reasonable request made by the Committee.

   c. Obtain outside legal or other independent professional advice and to secure the attendance of people with relevant experience and expertise if it considers this necessary. The Committee may not incur direct expenditure in this respect in excess of its allocated budget without prior approval of the Chair of Council, in consultation with the Chief Executive.
Duties and activities

Financial Reporting

3 Review the annual financial statements taking into account advice from the external auditors and ensure they are a fair and accurate reflection of the activities of the GMC and of any trading subsidiary of the GMC. If necessary, this should involve challenging the actions and judgements behind the preparation of the annual financial statements and related documents, before submission to and approval by Council.

4 Review the organisation’s accounting policies.

5 Consider any other topics, as directed by Council.

Internal Control and Risk Management

6 Monitor the integrity of internal controls. In particular, review management and the internal audit reports on the effectiveness of the system of internal control.

7 Assess the scope and effectiveness of the systems designed to identify, assess, manage and monitor significant risks including those of any trading subsidiary.

8 Review statements in the annual report and accounts relating to audit and risk management.

9 Monitor anti-fraud policies and procedures and review arrangements for raising concerns.

10 Review all delegated authorities at least once in every four-year Council term.

11 Review and assess the risks relating to General Data Protection Regulations (GDPR) and cyber security.

Internal Audit

1112 The appointment or dismissal of the Assistant Director of Audit and Risk Assurance and the external provider of internal audit services is the responsibility of the Chief Operating Officer in consultation with the Chief Executive, but should be ratified by the chair of the Audit and Risk Committee. In the event of any unresolved disagreement between the Chief Executive and the chair of the Committee, the matter will be referred to the Chair of Council.

1213 Ensure that the Assistant Director of Audit and Risk Assurance has direct access to the Chair of Council and the Committee and is accountable to the Committee.
1314 Review the internal audit programme and ensure that the function is adequately resourced and has appropriate standing within the organisation.

1415 Consider and monitor the organisation's response including the response of any trading subsidiary to any major internal audit recommendations.

1516 Monitor and assess the role and effectiveness of the internal audit function.

1617 Ensure the provision of any non-audit services does not impair the internal auditors' independence or objectivity.

External Audit

1718 Consider and make recommendations to Council on the appointment, reappointment and removal of the external auditors.

1819 Approve the terms of engagement and fee to be paid to the external auditor in respect of audit services provided.

1920 Assess the qualification, expertise, resources, effectiveness and independence of the external auditors annually.

2021 Discuss in advance with the external auditor the nature and scope of the audit.

2122 Review with the external auditors their findings, the content of the management letter and management's responses and the audit representation letter.

2223 Ensure the provision of any non-audit services does not impair the external auditors' independence or objectivity.

Working arrangements

2324 Meetings will be held at least four times a year. At the discretion of the chair of the Committee, additional meetings can be convened.

2425 The Committee should review its statement of purpose at least once a year and suggest any necessary amendments to Council.

2526 The external auditors or internal auditors may request a meeting of the Committee.

2627 At least once a year the Audit and Risk Committee should meet the external auditors and internal auditors without management.

2728 Members of the Committee (including the co-opted members) may meet alone at any time. Normally, senior staff will be in attendance including the Chief Executive, the Chief Operating Officer, the Director of Resources and Quality Assurance, the
Assistant Director of Finance and Procurement, and the Assistant Director of Audit and Risk Assurance. Others may attend meetings at the invitation of the Committee.

Draft minutes should be cleared by the chair and circulated to members for comment within two weeks of the meeting. Minutes are circulated to all Council members.

Where the Committee is not satisfied with any aspects of the organisation’s performance or the performance of any trading subsidiary of the GMC in relation to audit and risk or other systems of internal control it will report its views to Council.

The Committee prepares a report, for inclusion in the annual report and accounts, on its role and responsibilities and the actions it has taken to discharge those responsibilities. The report includes any unresolved disagreements between Council and the Committee.

The chair or another designated member of the Committee, if the chair is not available, presents a report and answers questions on the Committee’s activities for Council at least twice a year.
M7 – Report of the Audit and Risk Committee 2018

M7 – Annex B

Internal Audit Charter
Internal Audit Charter

Introduction

1. The Audit and Risk Committee (ARC) plays an important role in providing oversight of the GMC's governance, risk management and internal control practices. The Committee performs its role by providing independent oversight to Council, providing confidence in the integrity of these practices. This charter defines the purpose, authority and responsibility of internal audit at the GMC. It should be read in conjunction with the Committee’s Statement of Purpose, which is included in the GMC Governance Handbook.

2. The GMC has a co-sourced internal audit function with an in-house Audit and Risk Committee (ARC) and Head of Internal Audit supported by an external supplier internal audit team from Moore Stephens LLP. The role of internal audit is to provide scrutiny and assurance of the GMC's practices outlined in paragraph 1. The results of the work will inform the annual internal audit opinion provided to the Chief Executive and ARC with the opinion being used by the organisation to inform its risk statement and Annual Report.

3. In addition internal audit provides an advisory role to management. Advisory assignments are intended to add value and to improve governance, risk management and internal control processes.

Purpose

4. The Audit and Risk Committee was reconstituted on 1 January 2013. At that time, a Statement of Purpose was established. An IA charter for the Committee was agreed in June 2015. The charter was reviewed and updated on 15 November 2018.

5. The Committee is designed to provide a structured, systematic oversight of the organisation’s governance, risk management and internal control practices. It assists Council, and management by providing assurance on the adequacy of the organisations initiatives in the following areas:
   - Organisational values and ethics
6 The Committee reviews the adequacy and effectiveness of management’s practices and responses to audit activity in these areas, suggesting potential improvements where necessary.

Authority and Statement of Purpose

7 The scope of the Committee’s remit authorised by Council, and its working arrangements are outlined in the Statement of purpose.

8 In addition, the Head of Internal Audit has direct access to the Chair of Council and the Chair of ARC as well as the Chief Executive and Chief Operating Officer.

9 Internal audit is provided full, free, and unrestricted access to all records, data, reports, physical properties, all personnel and other third party providers delivering a service to the GMC, as relevant to carrying out its activities:

10 All employees are requested to assist internal audit in fulfilling its roles and responsibilities. Internal audit must retain strict accountability for confidentiality and safeguarding of records and information it accesses in the course of its work. If access to requested documents is denied due to legal or confidentiality reasons, the Head of Internal Audit will seek resolution through the CEO and Chair of ARC.

Composition of ARC

11 The Committee includes two members that are independent of the organisation. All members should collectively possess sufficient knowledge of audit, finance, regulatory business, IT, law, governance, risk and control. Members participate in an annual appraisal process. An overall review of the balance of skills on ARC, in response to emerging needs, is conducted periodically and each time a member leaves.

The Chair of the ARC

12 Council designates the Chair of ARC and appoints Committee members.
Terms of office

13 The term of office for members is determined by their appointment term to Council and in any event, cannot exceed eight years in twenty. Appointment terms are staggered to ensure continuity. Independent members are appointed for a period of four years with a second term considered for a further four years. Continuance of members is reviewed annually.

Remuneration of Committee members

14 Committee members will be reimbursed for travel and Committee related expenses in line with GMC policy.

Quorum

15 The quorum for ARC is three members.

Operational principles

ARC values and conflicts of interest

16 The Committee will conduct itself in accordance with the Members Code of Conduct (Chapter 7 of the Governance Handbook). It is the responsibility of ARC members to disclose any conflict of interest or appearance of a conflict of interest to the rest of the Committee. If there is any question as to whether an ARC member should recuse themselves from a vote, the Committee should vote to determine whether the member should recuse him or herself.

Professionalism

17 The work of internal audit is based upon the International Professional Practice Framework and includes mandatory standards, which are the Definition of Internal Auditing, Code of Professional Conduct (which includes the Code of Ethics), and the International Standards. These are outlined below:

- Definition of Internal Auditing: internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations.

- Principles of the Code of Ethics:
  i  **Integrity**: The integrity of internal auditors establishes trust and thus provides the basis for reliance on their judgment.
  
  ii  **Objectivity**: Internal auditors exhibit the highest level of professional objectivity in gathering, evaluating, and communicating information about the
activity or process being examined. Internal auditors make a balanced assessment of all the relevant circumstances and are not unduly influenced by their own interests or by others in forming judgments.

iii **Confidentiality:** Internal auditors respect the value and ownership of information they receive and do not disclose information without appropriate authority unless there is a legal or professional obligation to do so.

iv **Competency:** Internal auditors apply the knowledge, skills, and experience needed in the performance of internal audit services.

- International Standards: These cover the attributes of organisations and individuals performing internal auditing (laid out in this charter) and the performance nature of internal audit.

18 The Institute of Internal Auditors' Practice Advisories, Practice Guides, and Position Papers will also be referred to as applicable to guide internal audit activity. In addition, the Head of Internal Audit and the internal audit team will adhere to the relevant policies and procedures included in the Moore Stephens internal audit manual. Any variations from the manual will be documented as appropriate to reflect the co-sourcing model.

**Independence and objectivity**

19 Internal audit must remain free from interference by any element in the GMC, including matters of audit selection, scope, procedures, frequency, timing, or report content to allow a necessary independent and objective attitude.

20 Internal auditors must have no direct operational responsibility or authority over any of the activities audited. Nor must they implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that may impair their judgment.

21 Internal audit will have the highest level of professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined. They will make a balanced assessment of all the relevant circumstances and not be unduly influenced by their own interests or by others in forming judgments.

22 The Head of Internal Audit will confirm the organisational independence of the internal audit function in their annual report and will meet independently with the Chair and the Committee at least annually.
Communications

23 The Committee expects that all communication with management and staff of the GMC as well as with any external assurance provides will be direct, open and complete.

The Committee's work programme

24 The ARC Chair will collaborate with senior management and the Head of Internal Audit to establish a work plan to ensure that the responsibilities of the Committee are scheduled and will be carried out.

Meeting agenda

25 The Chair will establish agendas for Committee meetings in consultation with members, senior management and the Head of Internal Audit. ARC members are obliged to prepare for and participate in Committee meetings.

Information requirements

26 The Committee will establish and communicate its requirements for information, including the nature, extent and timing of information. Relevant papers will be provided to Committee members and attendees one week prior to each ARC meeting.

Executive sessions

27 The ARC will schedule and hold if necessary, a private session with the Chief Executive, Chief Operating Office, Director of Resources and Quality Assurance (as chief financial officer), the Head of Internal Audit, external assurance providers, and with any other officials that the Committee may deem appropriate at each of its meetings.

Orientation and training

28 ARC members will receive formal orientation training on the purpose and mandate of the Committee and on GMC objectives. A process of continuing learning will be established through seminar discussions and individual development programmes as appropriate.

Operational procedures

Working arrangements

29 The Committee’s working arrangements are laid out in the Statement of Purpose. The Committee Secretary with the support of the Head of Internal Audit, will facilitate and
coordinate meetings as well as provide ancillary support to the Committee, as required.

Responsibilities

30 It is the responsibility of the Committee to provide Council with independent, objective advice on the adequacy of management’s arrangements with respect to the following aspects of the management of the organisation.

Values and ethics

31 To obtain reasonable assurance with respect to the organisation’s values and ethics practices, the Committee will:

- Provide oversight of the mechanisms established by management to establish and maintain high ethical standards for all managers and staff of the GMC.
- Review and provide advice on the systems and practices established by management to monitor compliance with laws, regulations, policies, and standards of ethical conduct and identify and deal with any legal or ethical violations.

Organisational governance

32 To obtain reasonable assurance with respect to the organisation’s governance process, the Committee will:

- Review and provide advice on the governance process established and maintained within the organisation and the procedures in place to ensure that they are operating as intended.

Risk management

33 To obtain reasonable assurance with respect to the organisation’s risk management practices, the Committee will:

- At least annually review the GMC’s overall risk profile.
- Obtain an annual internal audit report on management’s implementation and maintenance of the GMC’s risk management framework.
- Provide oversight on significant risk exposures and control issues, including fraud risks, governance issues, and other matters needed or requested by senior management and the Council.
- Provide oversight of the adequacy of the combined assurance being provided.
Review and provide advice on the risk management process established and maintained by management and the procedures in place to ensure that they are operating as intended.

**Fraud**

34 To obtain reasonable assurance with respect to the organisation's procedures for the prevention and detection of fraud, the Committee will:

- Oversee management's arrangements for the prevention and deterrence of fraud and corruption.
- Ensure that appropriate action is taken against known perpetrators of fraud.
- Challenge management and internal and external auditors to ensure that the entity has appropriate anti-fraud programmes and controls in place to identify potential fraud and ensure that investigations are undertaken if fraud is detected.

**Control**

35 To obtain reasonable assurance with respect to the adequacy and effectiveness of the organisation's controls in responding to risks within the organisation's governance, operations and information systems, the Committee will:

- Consider the effectiveness of the organisation's control framework, including information technology security and control.
- Review and provide advice on the control of the organisation as a whole and its individual units.
- Receive reports on all matters of significance arising from work performed by other providers of financial and internal control assurance to senior management and the Council.

**Compliance**

36 The Committee will:

- Review the effectiveness of the system for monitoring compliance with laws and regulations and the results of management's investigation and follow-up (including disciplinary action) of any instances of noncompliance.
- Review the observations and conclusions of internal and external auditors and the findings of any regulatory agencies.
Oversight of internal audit activity and other assurance providers

Internal audit activity

37 To obtain reasonable assurance with respect to the work of the internal audit activity, the Committee will provide oversight through:

- Annual review and approval of this charter.
- Advising Council about increases and decreases to resources to deliver the audit programme.
- Evaluating the ongoing effectiveness of the co-sourced delivery model.
- Providing input to evaluating the performance of the Head of Internal Audit.
- Reviewing and providing input to the IA Strategy, annual work programme and performance measures and outcomes, including the resources to deliver it.
- Making recommendations concerning audit work where there are emerging new opportunities/risks or major new corporate activities.
- Reviewing all audit reports and other assurance communications to management.
- Tracking management follow up of audit recommendations or learning points.
- Inquiring as to whether non-audit engagements have been completed but not reported to the Committee and whether any matters of significance arose.
- An annual report on fraud matters from management and confirmation from internal audit as to whether any evidence of fraud has been found in its work, and if so, the actions taken to address it.
- Seeking confirmation from the Head of Internal Audit as to the steps taken to ensure conformance with the International Standards for the Professional Practice of Internal Auditing and ensuring there is an external quality assurance review every five years.
- Ensuring that the co-sourcing arrangement has an appropriate quality assurance improvement plan in place.

Customer service

38 Internal audit will provide a professional, responsive and timely service to the Committee. Both the Head of Internal Audit and Moore Stephens will encourage and listen to feedback both generally and at the end of each piece of audit work.
Escalation of any areas of dissatisfaction will be to the Chief Operating Officer and Moore Stephens contract partner. Moore Stephens have a formal documented complaints procedure if further escalation is required.

39 Performance standards will be monitored at quarterly contract management meetings and reported annually to the ARC.

Quality assurance and improvement programme

40 Moore Stephens has a quality assurance and improvement programme which identifies their quality assurance processes and any actions arising from the assessments.

41 The Head of Internal Audit will communicate to senior management and the ARC on internal audit’s quality assurance and improvement program, including results of ongoing internal assessments and external assessments conducted at least every five years.

42 The work and delivery of the Head of Internal Audit role will be subject to an annual review process, which will include taking account of the views of relevant internal and external stakeholders.

43 The internal audit budget is approved by the GMC Council through the annual budget setting cycle. The ARC has responsibility for oversight of delivery of the audit programme in line with the agreed budget and the authority to request additional resources during the year if required.

The financial statements and external auditors

44 The Audit and Risk Committee is responsible for oversight of the independent audit of the financial statements of the GMC, including but not limited to overseeing the resolution of audit findings in areas such as internal control, legal, regulatory compliance and ethics. To obtain reasonable assurance with respect to work of the external auditors, the Committee will meet with Crowe LLP during the planning phase of the engagement, the presentation of the audited financial statements, and the discussion of the results of engagement and recommendations for management.

45 The Committee will:

- Review the proposed audit scope and approach, including coordination of audit effort with internal audit activity.
- Review with management and Crowe LLP the results of audit engagements, including any difficulties encountered.
- Review significant accounting and reporting issues, including complex or unusual transactions and highly judgemental areas and understand the assumptions and
estimates that management has made in preparing the financial statements and budgets.

- Review the annual financial statements, and consider whether they are complete, consistent with information known to Committee members, and reflect appropriate accounting principles.

- Review other sections of the annual report and related regulatory filing and consider the accuracy and completeness of the information before it is released.

- Obtain statements from the external auditors about their relationships with the organisation, including non-audit services performed in the past, and discuss the information with the external auditors to review and confirm their independence.

- Have scheduled exclusive meetings with Crowe LLP to discuss any sensitive matters three times a year.

- Review the performance of Crowe LLP, and make recommendations to Council on the appointment or removal of auditors.

Other responsibilities of the Committee

46 In addition to its annual work programme if needed the Committee will commission and oversee any special investigations if needed or carry out further work requested by Council.

Reporting on ARC performance

47 The Committee will report to Council twice a year (June and December) summarising its activities and recommendations and by exception in between if needed.

48 The report will include:

- A summary of the work performed to fully discharge its responsibilities during the previous period.

- A summary of management’s progress in addressing the results of internal and external audit engagement reports.

- An overall assessment of management’s risk, control and compliance process and details of any significant emerging risks or legislative changes impacting the organisation.

- Details of meetings including the number of meetings held during the relevant period and the number of meetings each member attended.
Any new or emerging corporate governance developments which are relevant to the GMC.

Internal Audit charter approval

Date approved: 15/11/2018

Chair of the Audit and Risk Committee:

Chief Operating Officer:

Council Chair
Agenda item: M8

Report title: Report of the Remuneration Committee 2018

Report by: Mark Swindells, Assistant Director Corporate Directorate, mark.swindells@gmc-uk.org, 020 7189 5178

Considered by: Remuneration Committee

Action: To consider

Executive summary
The Remuneration Committee is required to report to Council on its activities at least annually. The report summarises the work undertaken in 2018. The Committee is also required to review its Statement of Purpose. It has done so and does not propose any changes at this time.

Recommendation
Council is asked to:

a  Consider the report on the work of the Remuneration Committee in 2018.

b  Agree that the Remuneration Committee’s Statement of Purpose is updated to remove the job title of 'Senior Medical Adviser’ since this title is no longer going to be use following the change to ‘Medical Director and Director of Education and Standards’, as at Annex A.
Issue

1 The Committee has met twice in 2018 and has also considered issues on email circulation where action was required to be taken between meetings. The Committee is satisfied that in undertaking its work programme for 2018 it has fulfilled its responsibilities under its terms of reference. The Remuneration Committee’s Statement of Purpose is at Annex A.

2018 Pay award

2 The Committee considered the annual pay award for the Chief Executive, Chief Operating Officer, Directors and Chair of the Medical Practitioners Tribunal Service.

3 The Committee considered the available options, which included making no annual base award, applying the base award as agreed for all other GMC staff, and recognising performance by applying a variable non-consolidated element.

4 The Committee agreed that:

   a The base award as agreed for all other staff (which comprised a core award of 1.5% for satisfactory performance), together with variable pay based on performance (as applicable) which would be non-consolidated, should be applied to the salaries of the Chief Executive, Chief Operating Officer, Directors and Chair of the Medical Practitioners Tribunal Service.

   b That the base pay award would be applied to the Director of Strategic Communications and Engagement on completion of his probation period.

Talent and succession planning

5 The Committee considered talent and succession planning for senior roles, including capacity and potential at Assistant Director level. The Committee considered that the position around talent and succession planning remained positive.

6 The main developments on staffing since the 2017 update have been:

   a The appointment of the current Director of Strategic Communications and Engagement.

   b A significant restructuring of our strategy and policy function through a new Directorate.

   c The completion of plans to make further appointments to support developments in the Policy Directorate and in Education to support MLA.
d A recruitment campaign to appoint a Deputy Medical Director. We hope to be able to make an announcement imminently.

e The appointment of five Assistant Directors and the internal transfer of one Assistant Director to Education and Standards since the Committee received its detailed report in November 2017.

These appointments enhanced the organisation’s overall management capacity and contingency cover.

Remuneration Policy and Pay System

7 The Committee reviewed the remuneration policy. The Committee agreed to retain the existing approach of three performance levels for the roles within its remit.

Pension benefits and salary exchange for senior staff

8 The committee agreed a proposal to allow staff within the Committee’s remit to exchange pension contributions for salary.

9 The proposal is based on the principle of adopting an equal approach over the whole workforce, and it will be done in a way that is cost neutral to the GMC.

10 There will be an updated table to show the salary and benefits of senior staff in the 2019 Annual Report. There will be a note that explains that individuals have the option to exchange pension contributions for salary payments, to ensure we take a transparent approach.

MPTS Committee member appointments

11 The Committee agreed the proposed approach and requirements for the MPTS Committee member vacancy in 2017 and agreed the approach to staggering members’ terms for reappointment.

Review of Statement of Purpose

12 The Committee is required to review its Statement of Purpose at least once a year and suggest any amendments considered necessary to Council.

13 The Committee noted that the Director of Education and Standards and Senior Medical Advisor’s job title was changed to ‘Medical Director and Director of Education and Standards’. The committee has reviewed its Statement of Purpose and therefore proposes a minor change to remove references to ‘Senior Medical Advisor’.
Light touch effectiveness review
14 The Committee agreed to conduct a light-touch effectiveness review in early 2019.

2018 Work programme
15 The Committee reviewed and agreed the proposed work programme for 2019.
M8 – Report of the Remuneration Committee 2018

M8 – Annex A

Statement of purpose of the Remuneration Committee

Purpose

1 The Remuneration Committee advises Council on remuneration, terms of service, and the expenses policy for Council members including the Chair.

2 The Remuneration Committee will determine:

   a The appointment process for the Chief Executive.

   b The remuneration policy and underlying principles for remuneration of the senior management roles within its remit.

   c Remuneration, benefits, and terms of service for permanent and interim appointments to the role of Chief Executive, Chief Operating Officer/Deputy Chief Executive and, Directors, and the Senior Medical Adviser.

   d The appointment and suspension/removal process for the Chair of the Medical Practitioners Tribunal Service (MPTS) and members of the MPTS Committee.

   e Remuneration, benefits and terms of service for the Chair of the MPTS and members of the MPTS Committee.

Duties and activities

3 The Committee is responsible for reviewing and advising Council on the remuneration arrangements and levels (including expenses policy) for Council members, including the Chair.

4 The Committee sets all aspects of salary or honoraria, the provision of any other benefits, and any other arrangements or contractual terms, unless these are required by employment law or are routine changes to GMC staff policies.
5 The Committee will consider all proposed changes which will have a material impact on agreed terms and conditions, such as an extended leave of absence, sabbatical arrangements and relocation support, and offers advice in respect of the following roles:

a The Chief Executive.

b The Chief Operating Officer/Deputy Chief Executive.

c Directors and the Senior Medical Adviser.

d The Chair of the MPTS and members of the MPTS Committee.

e Any other such staff and posts as may be required.

6 In respect of the appointments of the Chief Executive and the Chair of the MPTS and members of the MPTS Committee, the Committee is responsible for designing the recruitment/appointment processes in accordance with Council’s agreed delegation.

7 The Committee will:

a Ensure that the assessment and measurement of performance takes place within an appropriate framework for the senior management roles within its remit.

b Ensure that the assessment of talent management and succession planning issues takes place within an appropriate framework for the senior management roles within its remit.

8 The Committee will ensure that equality and diversity principles are embedded in the issues relevant to its remit.

Working Arrangements

9 The Committee may commission appropriate external advice where required.

10 Meetings are held twice a year. At the discretion of the Chair of the Committee, additional meetings can be convened.

11 The Committee should review its statement of purpose at least once a year and suggest any necessary amendments to Council.

12 Papers for each meeting will be sent electronically to Committee members at least seven days in advance of meetings.
13 Draft minutes, recording conclusions of the issues discussed, should be cleared by the chair and circulated to members for comment within two weeks of the meeting. The Committee approves minutes at its next meeting.

14 The Chair of the Committee presents a report on its activities to Council at least annually.
**Executive summary**

The Council forward work programme for 2019 has been developed to reflect the strategic aims of the GMC’s Corporate Strategy 2018-2020, the Business Plan for 2019 and to enable the effective conduct of its work.

The proposed work programme is not a static document, and as a new measure for 2019, will be reviewed in the summer to set the agenda for the following 12 month period.

Council needs to consider the proposed work programme and whether any changes need to be made.

**Recommendation**

Council is asked to agree its forward work programme for 2019.
Council meeting, 12 December 2018

Agenda item M9 – Council Forward Work programme 2019

Issue


2. Council has in previous years expressed a particular interest in spending time at Council meetings on a range of significant policy and operational areas which the forward work programme seeks to reflect. Given our position in the Corporate Strategy cycle, many of the items are milestones and updates in projects you will be familiar with, at various stages of their maturing stages of their implementation, rather than new initiatives.

3. The work programme reflects the anticipated timetable associated with issues requiring reporting to or consideration by Council, and may be subject to further changes as priorities change, as new issues arise, or because of external factors which impact on the work.

4. There will be an opportunity to review the forward work plan in the summer, for the rolling 12 month period from then.

5. The programme also takes account of securing Council’s input at an interim and end stage to inform key strategic and high level policy issues. It also reflects the outcomes of the governance and Council effectiveness review, particularly in relation to the structure of the agenda and keeping the number of confidential items to a minimum, in accordance with set criteria as outlined in the Governance Handbook, to enable greater transparency and accountability.

6. Seminar sessions are proposed before each meeting, continuing the current format. This means they will focus on one or two strategic items for open discussion, rather than for specific decision. As we hope to retain some flexibility to accommodate issues that come up early in the year, not all of the seminar slots are populated at this stage.
# Council forward work programme 2019 - working version

<table>
<thead>
<tr>
<th>Date and time:</th>
<th>Meeting:</th>
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<tbody>
<tr>
<td>Tuesday 26 February (evening seminar) and Wednesday 27 February 2019 (Meeting) 09.00 – 13.00</td>
<td>Council</td>
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<tr>
<td>Evening seminar 18:00 – 20:00</td>
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<tr>
<td>▪ Fitness to Practise strategy: Provisional Enquires</td>
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## Confidential items
- Review of Corporate Risk Register
- Historic Child Sexual Abuse Inquiry – response
- Brexit preparedness (if required)

## Meeting
- Chief Executive’s report
- Chief Operating Officer’s report
- Field Force Review
- Review of quality assurance in medical education and training, including enhanced monitoring
- Consent consultation outcomes
- Report of the Investment Sub-Committee 2018 and review of Investment Policy
- Practical procedures element of Outcomes from Graduates.

## Below the line
- Report of Executive Board
- 2020 meeting schedule
### Date and time:

<table>
<thead>
<tr>
<th>Day and Time</th>
<th>Meeting:</th>
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<tbody>
<tr>
<td>Monday 19 April (evening seminar)</td>
<td>Council</td>
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<tr>
<td>Tuesday 20 April 2019 (Meeting)</td>
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### Evening seminar 18:00 – 20:00
- Away day planning
- Standards reform (including Consent update)
- Review of Gross Negligence Manslaughter and Culpable Homicide

### Confidential items
- 

### Meeting
- Chief Executive’s report
- Chief Operating Officer’s report
- Professional Standards Authority: Annual Review of our performance
- Human Resources Report 2018 and Gender Pay reporting
- Buckingham Medical school approval for Primary Medical Qualification
- Update on transformation programme (other regular updates to be included within the COO report throughout 2018)
- Credentialing framework
- Update on Mental Health and Wellbeing review
- Update on review of flexibility in postgraduate medical education and training

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<tr>
<td>Tuesday 11 June (evening seminar) and Wednesday 12 June 2019 (Meeting) 09.00 – 13.00</td>
<td>Council</td>
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</table>

Evening seminar 17:00 – 19:00 to be followed by dinner
- Away day preparation

Confidential items
- GMCSI
- Clinical Assessment Centre update

Meeting
- Chief Executive’s report
- Chief Operating Officer’s report
- Report of the MPTS Committee
- Trustees Annual Report and Accounts 2017
- Medical Licensing Assessment (MLA): statutory determination for medical schools to include the MLA within their degrees
- Fitness to Practise Statistics Report 2018
- Draft Consent guidance policy and implementation plans
- Report of the Audit and Risk Committee
- Pension future funding strategy
- Strategic stakeholder engagement plan
- Complaints report
- International GP recruitment programme
- Update of Kline report on fairness

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<table>
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<th>Date and time:</th>
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<tr>
<td>Wednesday 25 September (evening seminar) and Thursday 26 September 2019 (Meeting) 09.00 – 13.00</td>
<td>Council</td>
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<tr>
<td>Evening seminar 18:00 – 20:00</td>
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<tr>
<td><strong>Confidential items</strong></td>
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<tr>
<td>• Corporate Risk Register</td>
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<tr>
<td>• Outline draft Business Plan and Budget 2019</td>
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<td>• GMCSI</td>
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<td>• The State of Medical Education and Practice (SoMEP) report 2018</td>
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<td><strong>Meeting</strong></td>
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<tr>
<td>• Chief Executive’s report</td>
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<td>• Chief Operating Officer’s report</td>
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<td>• Update on implementing the Corporate Strategy</td>
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<td>• Consent guidance</td>
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<td>• Alternative pathways to the MLA for International Medical Graduates: Response to consultation</td>
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<td>• Results of patient feedback consultation</td>
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<td>• Annual report on Defined Contribution pension scheme</td>
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<td>Tuesday 5 November (evening seminar) and Wednesday 6 November 2019 (Meeting) 09.00 – 13.00</td>
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<td>Evening seminar 18:00 – 20:00</td>
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<tr>
<td>• Confidential items</td>
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<td>• Update on the staff survey</td>
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<td>• Annual Review of Governance Framework: GMC and GMCSI</td>
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<td><strong>Meeting</strong></td>
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<tr>
<td>• Report of the Audit and Risk Committee</td>
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<td>• Report of the Remuneration Committee 2019</td>
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<tr>
<td>Wednesday 11 December (evening seminar) 17 and</td>
<td>Council</td>
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<td>Thursday 12 December 2019 (Meeting) 09.00 – 13.00</td>
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<td>dinner</td>
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<tr>
<td>▪ Draft Business Plan and Budget 2019</td>
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<td>▪ GMCSI</td>
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<td>▪ Chief Operating Officer’s report</td>
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<tr>
<td>▪ Quality Assurance update – next steps following</td>
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<td>pilots</td>
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<tr>
<td>▪ MLA update &amp; governance</td>
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<tr>
<td>▪ 2019 Business Plan and Budget</td>
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<td>▪ Report of the Medical Practitioners Tribunal</td>
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<td>Service Committee 2019</td>
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<td>▪ Council forward work programme 2019</td>
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Executive summary
A review of the membership of all the committees that report to Council is due. Council Members have the opportunity to discuss their current roles in the course of their appraisals with the Chair. Major changes to committee membership are not planned, but roles will be found for the new Council Members. Council will be notified of the changes by circulation early in 2019.

Recommendation
To note the process for reviewing the membership of the Committees
Issue

1. The Governance Handbook states that membership, including the chair, of each of the committees and boards in our governance framework, be reviewed at the beginning and mid-point of each four year term of Council. Therefore a review is due now with any changes to come into effect from 1 January 2019.

2. The committees and boards in question are:
   a. The Audit and Risk Committee
   b. The Remuneration Committee
   c. The Investment sub-Committee
   d. The Board of Pension Trustees
   e. The GMCSI Board

3. A major shakeup of board membership is not planned in this review given Council’s ambition to consolidate committee members’ knowledge and working relationships and that there will be a new Chair of Council.

4. We will, however, have one vacancy each on the Remuneration Committee and the Audit and Risk Committee. The GMCSI Board has a vacancy for an independent director since the resignation of Vikas Shah. The two new Council Members, Lord Hunt and Dr Michael Marsh, take up their posts on 1 January 2019, and will be given roles on committees.

5. The appraisal process for Council Members is underway. As a part of this process, Council Members have opportunity to discuss their current roles with the Chair. Once the appraisals have concluded, Sir Terence will make a recommendation on committee membership for 2019 to Dame Clare Marx. This will involve consultation with the Chairs of the Committees.

6. The revised membership will be confirmed by circulation in early January.