

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, project updates, and other operational matters arising. This report includes updates on the following:

- GMC Transformation Programme
- Staffing changes
- The Welsh Language Scheme
- GMC Services International (GMCSI)
- Professional Standards Authority (PSA)
- Valued Awards 2017

Recommendation

Council is asked to consider the report and [Annex A](#) (Projects update and delivery exceptions report), [Annex B](#) (finance summary), [Annex C](#) (fund manager investment performance), [Annex D](#) (legal summary), [Annex E](#) (corporate risk register).

Issue

- 1 This report provides an update on our operational performance, project updates, 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 2017.

Operational Key Performance Indicators (KPIs)

- 2 All operational key performance indicators, at [Annex A](#), were met up to the end of October 2017 other than the exceptions set out below:
 - a In September 2017 we missed our KPI to 'Answer 80% of calls within 20 seconds'. The Contact Centre was significantly understaffed in September due to poor outcomes in two successive rounds of recruitment and a high rate of promotion to other internal roles. Ten new starters joined in October 2017, and further recruitment is planned for November 2017. This is already having a positive impact and we met our target in October 2017, achieving 84%.
 - b In September 2017 we missed our KPI to 'Respond to 90% of ethical/standards enquiries within 15 working days' due to significant capacity challenges. Further recruitment of four additional roles due to start in January 2018 is planned; and responding to enquiries will form part of their early induction. To improve the resilience of the team, we are making improvements to the guidance and supporting materials available for all staff involved in drafting responses to enquiries, which will help us with additional support.
 - c We have also identified an error in previous reporting against this KPI for 2017. The data reported to Council was based on the *projected* achievement of the KPI rather than actual performance against the measure due to a timing issue in the collection of corporate reporting versus the period of time the KPI measured in-month. The restated KPI was marginally missed four times this year, and the corrected data can be found below, with the full detail in [Annex A](#).
 - i January 2017 – actual 88% (reported 94%)
 - ii April 2017 – actual 84% (reported 92%)
 - iii May 2017 – actual 81% (reported 95%)
 - iv August 2017 - actual 85% (reported 95%)
 - d The SLAs were missed in these months due to team capacity issues including sickness absence, staff vacancies and the impact of large scale projects (Confidentiality and Consent). A number of enquiries were also received from the Contact Centre later on in the SLA timeline, reducing the time available to

respond. The team are recruiting to the vacancies which they hope to be filled by January 2018, with answering enquires being an early priority for their induction and training. The Standards team are also running a continuous improvement project to improve the standards and ethics advisory service, which will run into 2018.

- e To ensure accurate reporting in the future, we will be using the most up to date information available at the time of reporting. We are confident this issue does not affect any of our other KPIs.
- f 2016/17 Income and expenditure (7.48% positive variance). At the end of October 2017, income is £2,397k over budget as a result of additional Professional Linguistic Assessments Board (PLAB) candidates, the resulting rise in International Medical Graduate (IMG) applications and a general increase in the number of doctors holding a licence to practice. Expenditure is £3,937k under budget, mainly driven by operational headcount being significantly under budget to date. Additionally, panel and assessment costs and legal costs are lower than anticipated due to a reduction in the average length of hearings. Overall, we have a surplus of £12.4m against a budgeted surplus of £6.1m.

Further financial performance information

- 3 Based on the quarter three forecast, current expectation of the year-end is a surplus of around £12m against a budgeted surplus of £4m. More detail is given at [Annex B](#).
- 4 [Annex C](#) is a summary of the performance of our external fund manager. The dashboard sets out fund manager performance against key indicators. The Investment Sub-Committee considered the dashboard at its meeting on 14 November 2017, and were content with performance and noted an overall return of 3.7% in the first nine months.

Project updates

- 5 At the end of October 2017, the majority of projects were on track other than the exceptions set out below. A summary of our position is at [Annex A](#).
 - a Implementing the recommendations from the review of revalidation – the planned programme delivery date has been extended from June to September 2018. This is to prevent a clash between stakeholder engagement which is needed for both the governance handbook and consultation exercise for the revised supporting information guidance. In addition the expected delivery date for the licensing messages output (looking at the information we provide to doctors and stakeholders concerning when a doctor needs to hold a licence to practise) has slipped from March to May 2018 due to a reallocation of resource.

- b** Medical Licensing Assessment (MLA) - Resourcing will remain amber until we have the right people in place to support the programme. Overall the programme is reported as red due to the need for greater clarity on planning for policy implementation. We have prepared a list of outstanding policy and other questions, along with a timetable for their resolution, for consideration by the MLA Programme Board in November 2017.
- c** Credentialing - The project to pilot the credential model with the Royal College of Surgeons on cosmetic surgery is on target for completion in March 2019. This work will test the efficiency of the model and will identify its value in areas where doctors work entirely in the independent sector. Alongside this work, we are scoping out what interventions might be developed to provide assurance about doctors' capabilities – including credentialing. We will be discussing these options with stakeholders over the next nine months. We are also working with the UK Medical Education Reference Group (UKMERG) to better understand the implication in the Shape of Training Implementation Report (published in August 2017) on curricula development and content, including potential credentials of subspecialty areas. However, we are concerned that there needs to be more clarity on the criteria expected for curricula to meet the Shape principles. More information about these requirements is necessary for colleges and faculties that are revising their curricula to meet our standards in *Excellence by design*. We will be responding formally to the Shape of Training Implementation report in order to clarify the impact of its recommendations on postgraduate curricula, our approvals processes and the introduction of credentials.
- d** The Smarter Working project has now completed, having delivered a number of improvements to better support home and mobile based workers. Further work to implement a communication and collaboration tool for a wider range of teams will now be taken forward as part of the Transformation Programme.

Corporate risk register

- 6** The full Corporate Risk Register is at [Annex E](#). Three new risks have been added since Council's last review.

 - a** Risk 23 recognises the ongoing inherent risk to the GMC of operating a trading subsidiary now that it is fully established.
 - b** Risk 20A reflects the potential impact on delivering the MLA if we do not have the support and confidence of the public and stakeholders. In addition, the residual rating of Risk 10A on planning and management of the MLA has been raised from amber to red to reflect the further work being undertaken on developing detailed policy plans.

- c** Risk 21A reflects that with a significant amount of planned engagement with stakeholders in 2018, it will be essential that there is enough clarity on plans to enable communications teams to develop well co-ordinated engagement plans. The creation of our new Strategic Communications and Engagement directorate is a key mitigation for this.

7 Two risks have also been closed:

- a** Risk 2A – losing support for revalidation from key interest groups is no longer considered a risk as revalidation is now fully operational and we have steps in place for ongoing review.
- b** Risk 12A – the potential conflicts between resource for GMC Services International (GMCSI) and GMC core activities is no longer considered a risk. The GMC/GMCSI Forum is now fully operational and meets monthly to discuss resource requirements.

GMC Transformation Programme

8 As I have previously reported, the objective of our Transformation Programme is to make us a more confident and connected regulator so that we are better able to respond to and shape our external environment. Progress since my last report to you in September 2017 includes:

- a** 360 feedback has been rolled out to over 100 staff. We are starting to pilot and roll-out multi-source feedback for staff at all grades.
- b** A working group has been established to take forward the implementation plan for setting up the new Strategy and Policy and Strategic Communication and Engagement directorates.
- c** We held three interactive sessions on the Transformation Programme with staff in London, Manchester and online.

Staffing changes

- 9** We are recruiting to a number of new Assistant Director level roles, to help support our new Directorate structure and our programme of work. A particular priority is building our management capacity in Education and Standards to support our work on the MLA. The Senior Management Team has taken the opportunity to consider how deployment of our staff at senior level can support our priorities. This is line with our ambition to have a more flexible resourcing model.

- 10 Two existing colleagues have been appointed to new roles: Judith Chrystie will take up a new role of Assistant Director for the MLA moving from Registration and Revalidation, and Paul Spindler will become interim Assistant Director of Strategic Relationship Development.

Welsh Language Scheme update

- 11 We responded to a [Welsh Language Bill White Paper consultation](#) in October 2017, which included proposals on replacing the Welsh Language Commissioner with a Welsh Language Commission, and for this proposed new body to have both regulatory and promotion functions. The original proposals would have potentially had significant impacts on our operations in order to comply including our resource, finance and IS systems. The White Paper proposals include combining the regulatory and promotion roles into a single body, the Welsh Language Commission, which would provide the benefit of a single point of contact for organisations.
- 12 On 9 November 2017, I met with Meri Huws, the Welsh Language Commissioner to discuss the White Paper proposals, as well as the process following the publication of Standards for health regulatory bodies. The Commissioner stated that Standards applying to health regulatory bodies are expected to be published in spring 2018. The meeting gave reassurance that the revised proposals will be more proportionate.
- 13 We will undertake further work to assess the implications for our work once received. However, the Commissioner emphasised that the proposals are a long-term issue and they will continue to be reviewed over the Assembly term.

GMC Services International (GMCSI)

- 14 A set of commercial principles covering GMCSI UK activity were approved by the Executive Board on 18 September 2017. The ethical guidelines and 'what ifs?' developed and agreed with the GMCSI Chair and Board will be presented to the Council as part of an ethics session planned for December 2017. We are also beginning to roll out our detailed plan to bring the business development team up to full strength by mid-2018.

Professional Standards Authority (PSA)

- 15 As I reported to you in September 2017, the PSA's annual review of our performance against their Standards of Good Regulation is currently underway. At the time of writing, their panel was due to meet at the end of November 2017 and we expect to receive their final decision shortly.

Valued Awards

- 16** On 14 November 2017 I was delighted to co-host this year's Valued Awards for GMC staff with Charlie Massey in Manchester. This was a great chance to celebrate the achievements of individuals and teams who had gone the extra mile in delivering on our purpose, values and commitment to customer service. The event was also a celebration of the dedication and professionalism of all our staff with over 350 people joining together to celebrate the year.






M4 - Annex A

Projects update and delivery exceptions report

Data accurate as of 31 October 2017
Commentary accurate as of 21 November 2017

Working with doctors Working for patients

General Medical Council

Project name		Progress	Exceptions	Previous Period	Current period	Delivery Risk Trend	Next period
1	Organisational development	<p>Items on track</p> <ul style="list-style-type: none"> GMC Corporate Strategy development – presented to Council in November 2017. Ongoing work with HR on the revised People Strategy and Equality and Diversity on their revised Equality, Diversity and Inclusion Strategy. Investors in People (IIP) – The Senior Management Team (SMT) have approved nine areas identified for development, many of which are already being addressed through the Empowering & Developing our People (EDP) programme. We are developing an implementation plan, and will review progress before the end of 2017 to finalise the timing of our application for accreditation. 	<p>Project closed</p> <ul style="list-style-type: none"> Smarter working – two phases successfully completed. A Microsoft Teams Early Adoption project has been established which will pilot a communication and collaboration tool across several teams. 	G	G		G
2	Responding to legislative change and influencing/driving the UK regulatory reform agenda	<p>Items on track</p> <ul style="list-style-type: none"> Legislative reform – We are responding to the consultation on the future shape of healthcare regulation launched on 31 October 2017. Meeting held with policy leads from various regulators meeting on 13 November 2017 to discuss consultation. CEO and Chairs - Regulatory Reform meeting scheduled for 27 November 2017. Understand the implications of, and responding to, emerging government plans for the UK withdrawal from the EU – SMT considered scenarios and potential implications in November, and a Council seminar is planned for February 2018. We responded to a letter from the Migration Advisory Committee and have a related meeting scheduled with the Home Office. 		R	G		G
3	Understand the context in which doctors practise	<p>Items on track</p> <ul style="list-style-type: none"> Consent guidance - We held a stakeholder day on the 13 October 2017 to collect comments to feed into the review. Following the task and finish group meeting on 16 October 2017, we redrafted and circulated the guidance to members, the Equality and Diversity team, the legal team and Fitness to Practise. Track and advise on impact of Health Board reconfiguration in Scotland and new models of care in England on GMC business including Sustainability and Transformation Plans and Accountable Care Organisations and related discussions in Wales and NI – Ongoing monitoring of the development and impact of Scotland's 14 Territorial Health Boards into three Regional Health Boards. 	<p>Project closed</p> <ul style="list-style-type: none"> My GMP Phase 2 (Standards App) - The student guidance was put onto the app and is now being promoted to new students via the comms team. 	G	G		G
4	Medical Licensing Assessment		<p>Delays to our work</p> <ul style="list-style-type: none"> Medical Licensing Assessment (MLA) – Recruitment plans are progressing, however the resource RAG remains amber until appointments are made. Overall the programme is reported as red due to the need for greater clarity on planning for policy implementation. 	G	R		A
5	Revalidation review	<p>Items on track</p> <ul style="list-style-type: none"> Evaluation of revalidation - We have extended our contract with UMbRELLA until January 2018. The draft final report was delivered on 17 November 2017, slightly later than planned, but we do not anticipate this will impact our timescales to publish the final report in January 2018. Revalidation operations - All KPIs met. 	<p>Delays to our work</p> <ul style="list-style-type: none"> Implementing the recommendations from the review of revalidation – the revised Programme end date has been delayed from June to September 2018. The extended time will prevent engagement and consultation events happening at the same time and therefore avoid overburdening external stakeholders and make sure we gained high quality input to both pieces of work. 	G	R		G



Project name		Progress	Exceptions	Previous Period	Current period	Delivery Risk Trend	Next period
6	Respond to Shape of Training Review	<p>Items on track</p> <ul style="list-style-type: none"> Operationalising Standards for Curricula and Assessment – Arrangements are now in place for assessment against the new standards and the first proposals have been received and assessed in September. Further engagement work with colleges and UK Medical Education Reference Group (UKMERG) is being scheduled to ensure all curricula changes required for compliance with Shape, Excellence by design and Flexibility have been identified. 	<p>Delays to our work</p> <ul style="list-style-type: none"> Credentialing - We are also working with the UK Medical Education Reference Group (UKMERG) to better understand the implication in the Shape of Training Implementation Report on curricula development and content, including potential credentials of subspecialty areas. However, we are concerned that there needs to be more clarity on the criteria expected for curricula to meet the Shape principles. 	G	A		G
7	Fairness and Proportionality	<p>Items on track</p> <ul style="list-style-type: none"> Deliver Equality & Diversity (E&D) Strategy 2014-17 – On track. Differential attainment - There has been a period of planning for key events and milestones. The programme of work is progressing for Differential Attainment with focus at this time on Black and Minority ethnic (BME) and International Medical Graduate (IMG) trainees. We presented at the British Medical Association Differential Attainment conference on 2 November 2017. 		G	G		G
8	Supporting doctors, patients and relatives involved in fitness to practise investigations	<p>Items on track</p> <ul style="list-style-type: none"> Vulnerable doctors - e-Learning on 'interacting with vulnerable doctors' has been launched with 334 operational staff now completing as a compulsory requirement. Speed up notification to doctors about the outcome of an investigation is live – the Service Level Agreement to notify doctors has been reduced from 7 to 3 days. 		A	G		G
9	Communications and engagement	<p>Items on track</p> <ul style="list-style-type: none"> Communications and engagement strategy – Project on track, paper will be considered by the Executive Board in January 2018. Digital media strategy (DMS) – Continuing to provide support across the business with content creation and migration, for the first website release. We held a successful Digital Drop In about the website for staff on 3 October 2017. Coordinate and implement the best handling of our engagement and respond to major inquiries and reports (e.g. Historical Abuse Inquiry) –Reviewing our legal advice in response to Gosport Panel querying our approach to redacting material. Four-country implementation plan – the scope of this project has now changed significantly and developed into a 'Four Country Working' programme of work with various work streams. 		R	G		G
10	Develop our use and sharing of data and insight	<p>Items on track</p> <ul style="list-style-type: none"> Intelligence and Insight Unit data sharing projects - GMC data explorer – September release now live and on track for December release. There will be a formal launch of the data explorer in 2018 at GMC conference. Designated Body Dashboard - Further engagement planned with CQC, well received at Responsible Officer Network and events in Devolved regions. 		G	G		G
11	Speeding up fitness to practise procedures	<p>Items on track</p> <ul style="list-style-type: none"> FTP operations – All KPIs met 		G	G		G

#	Area	BAU Operational KPIs [monthly]	Sept	Oct	RAG for Next period	Commentary
1	R&R	Decision on 95% of all registration applications within 3 months	97%	97%		On track
2	R&R	Decision on 95% of all revalidation recommendations within 5 days	99%	98%		On track
3	R&R	Answer 80% of calls within 20 seconds (2017)	71%	84%		Due to poor recruitment outcomes in two successive rounds and a high rate of internal promotion the Contact Centre was significantly understaffed in September. Ten new starters joined in October and we returned to SLA. A further recruitment round is planned for November.
4	E&S	Respond to 90% of ethical/standards enquiries within 15 working days	87%	-		We have continued to have significant capacity challenges. We are currently recruiting four posts to join from January 2018. Answering enquiries will be an early priority for their induction/training.
-	E&S	80% of enhanced monitoring concerns where action plan is being adhered to ¹				
-	E&S	90% of visits completed in within agreed timescales ²				
5	FtP	Conclude 90% of fitness to practise cases within 12 months	96%	95%		On track
6	FtP	Conclude or refer 90% of cases at investigation stage within 6 months	92%	95%		On track
7	FtP	Conclude or refer 95% of cases at the investigation stage within 12 months	99%	98%		On track
8	FtP	Commence 100% of IC hearings within two months of referral	100%	100%		On track
9	MPTS	Commence 90% of tribunal hearings within nine months of referral	90%	100%		On track
10	MPTS	Commence 100% of IOT hearings within 3 weeks of referral	100%	100%		On track
11	R&QA	Rolling twelve month staff turnover within 8-15% (excluding change programme (redundancy) effects)	9.37%	9.90%		On track
12	OCCE	2016/17 Income and expenditure [% variance]	7.48%	7.48%		Further detail can be found in paragraph 2 of the main report
13	R&QA	IS system availability [%]	100%	100%		On track
14	S&C	Monthly media score	24	22	-	
15	S&C	Doctors and medical students surveyed who said they would change their practice as a result of attending a Regional Liaison Service or Devolved Offices event [%]		-		
16	OCCE	Respond to x% of corporate complaints within 10 working days				Threshold for KPIs still to be determined – work ongoing in 2017 but will be reported to Council when completed.

¹ ²Education KPIs are being revised as part of the wider work on developing KPIs/SLAs across the organisation.

Business As Usual – Operational KPIs (annual / biennial)

#	Area	BAU Operational KPI [Annual]	Previous period	Current period	Commentary
17	S&C	Percentage of policy influencing partners who agreed their engagement with us during 2016 had positive influence on their impression of the GMC as an organisation and a positive effect on their work and the work of their organisation.	90.9% ¹	N/A	Decision was made not to run this survey in 2017, as it is no longer fit for purpose in its current form. Instead this work will be incorporated into the long-term Tracking Survey work.
18	S&C	Level of confidence in the GMC's regulation of doctors (from biennial tracking survey)	79% ²	78% ³	
19	R&QA	Staff engagement score	78% ⁴	79% ⁵	
20	S&C	Award in Employers Network on Equality and Inclusion (annual)	Silver Award	N/A	No application made in 2016.
21	S&C	Inclusion in Stonewall Equality Index as 'Top 250 Employer' (annual)	285	N/A	We did not take part in the Stonewall Equality Index for 2016 as we are working on the recommendations of the last index report. We aim to do the index again in the future as a way of measuring progress.

Reporting Correction - Respond to 90% of Ethical Enquiries within 15 working days

Further detail can be found in paragraph 2 of the main report

Month	SLA data previously reported	Corrected SLA data	Commentary
January	94%	88%	January was a critical month for the review of our confidentiality guidance (which was published on the 25th) which reduced team availability for enquiries; sickness absence at L3 and annual leave in early January also reduced team capacity.
February	96%	90%	SLA still met.
March	90%	90%	SLA still met.
April	92%	84%	In April a new L5 started in the enquiry management team, which led to some delays in allocation while she was trained; April was also a critical month on two major projects (confidentiality, which came into effect on the 25th and consent, which had two task and finish groups in quick succession) which reduced team availability; Easter annual leave also had this effect.
May	95%	81%	During May we had some significant staffing changes (resulting in 2 vacancies at L3; 1 at L4); reduced capacity at L3/2; intense work pressures on consent, prescribing; and team annual leave associated with the bank holidays.
June	100%	98%	SLA still met.
July	98%	93%	SLA still met.
August	95%	85%	In August, due to high volumes of correspondence being received by the contact centre, we received several enquiries late on in the SLA which then gave us less time to respond. We also had significant capacity challenges at L3/L4 due to unexpected sickness absence of 3 team members. Enquiries were re-allocated but planned annual leave meant we were unable to meet the SLA in all cases.

¹The percentages for the 2016 period are based on a 50.7% response rate to the annual survey that went to our top 65 policy influencing partners as identified by our external relations teams: the Devolved Offices, European and International Affairs, and the UK Government, Parliament & Stakeholder Relations teams.

²79% of patients/public who had heard of the GMC are confident in its regulation of doctors (2015).

³78% of patients/public who had heard of the GMC are confident in its regulation of doctors (2017).

⁴Staff engagement from 2015 staff survey results.

⁵Staff engagement from 2015 staff survey results.

M4 - Chief Operating Officer's Report

M4 – Annex B

2017 Income and Expenditure

Summary

1 Income and revenue expenditure at the end of October 2017 was:

Operational financial summary as at October 2017	Budget October	Actual October	Variance		Budget 2017	Q3 Forecast	Variance	
	£000	£000	£000	%			£000	£000
Income								
Annual retention fees	79,574	80,622	1,048	1%	95,569	96,988	1,419	1%
Registration fees	3,860	4,058	198	5%	4,138	4,292	154	4%
PLAB fees	1,962	2,855	893	46%	2,467	3,830	1,363	55%
Specialist application CCT fees	2,394	2,306	(88)	(4)%	2,661	2,576	(85)	(3)%
Specialist application CESR/CEGPR fees	698	705	7	1%	819	812	(7)	(1)%
Interest income	514	510	(4)	(1)%	623	616	(7)	(1)%
Investment income	217	493	276	127%	260	508	248	95%
Other income	1,206	1,273	67	6%	1,445	1,538	93	6%
Total Income	90,425	92,822	2,397	3%	107,982	111,160	3,178	3%
Expenditure by cost type								
Staff costs	45,895	44,273	1,622	4%	55,373	53,456	1,917	3%
Staff support costs	2,470	2,525	(55)	(2)%	3,270	3,251	19	1%
Office supplies	1,704	1,490	214	13%	2,093	1,998	95	5%
IT & telecoms costs	2,680	2,349	331	12%	3,226	2,958	268	8%
Accommodation costs	5,160	4,958	202	4%	6,128	5,950	178	3%
Legal costs	3,696	3,295	401	11%	4,698	4,346	352	7%
Professional fees	1,445	1,342	103	7%	2,138	1,972	166	8%
Council & members costs	329	334	(5)	(2)%	397	399	(2)	(1)%
Panel & assessment costs	10,999	10,675	324	3%	13,331	13,215	116	1%
Depreciation	6,103	5,834	269	4%	7,309	7,068	241	3%
PSA Levy	588	589	(1)	(0)%	707	708	(1)	(0)%
Unallocated efficiency savings	532	0	532	0%	446	0	446	0%
Total Operational Expenditure	81,601	77,664	3,937	5%	99,116	95,321	3,795	4%
Transformation fund expenditure	826	826	0	0%	2,000	1,550	450	23%
Change programme	1,886	1,886	0	0%	2,730	1,886	844	31%
Surplus/(deficit)	6,112	12,446	6,334		4,136	12,403	8,267	

2 The budgeted surplus to the end of October 2017 was £6,112k and the actual surplus was £12,446k due to a combination of operational expenditure being under budget and income being over budget.

Main variances

- a** Staff costs (£1,622k under budget). Our budgeting process assumes a vacancy rate of 25 roles. As of the end of October 2017 there were 91 posts vacant of which 48 are in the process of being recruited to, and 43 are being held vacant as either efficiency savings or while the role is being reviewed. Additional to the planned headcount there are 30 roles which are approved but not budgeted, covering maternity leave and dual running during role handovers.
- b** Efficiency savings (£532k above target). So far, savings of £2,357k have been identified against a target to date of £1,825k. The bulk of savings are driven by headcount being lower than budget.
- c** Panel and assessment costs (£324k under budget). The actual number of MPTS hearing days to the end of October 2017 was 1,898 compared to a budget of 2,059. This is due to a reduction in the average hearing length, driven by a combination of improvements in case management, better management of adjourned hearings, and fewer longer complex hearings. Expenditure on health assessment reports and medical supervisor reports has also been lower than budgeted. Costs in Registration and Revalidation are over budget due to additional demand for Professional and Linguistic Assessments Board (PLAB) tests; however this is offset by additional income generated.
- d** Legal costs (£401k under budget). The majority of the underspend relates to barrister costs. This is driven by fewer MPTS hearings days and fewer High Court Extension cases. There has also been a reduction in costs when witnesses provide statements by video link following technology improvements.
- e** PLAB fees (£893k over budget). The actual number of PLAB 1 test candidates to October 2017 was 2,731 compared to a budget of 2,199, and there were 2,551 PLAB 2 candidates compared to a budget of 1,734. Candidate volumes are expected to remain above budget for the rest of the year. There are additional variable costs of running the additional test days but this is offset by the additional income generated. The increased demand for PLAB tests has also led to higher volumes of registration applications.
- f** Annual Retention Fee (ARF) income (£1,048k over budget). We are seeing fewer doctors relinquishing their licence than we assumed in the budget.

Capital expenditure

3 Capital expenditure at the end of October 2017 was broadly in line with budget:

Capital expenditure as at October 2017	Budget Oct	Actual Oct	Variance		Budget 2017	Q3 Forecast	Variance	
	£000	£000	£000	%		£000	£000	£000
IT projects	4,126	4,115	11	0%	5,100	5,100	0	0%
Accommodation projects	651	654	(3)	(0)%	900	902	(2)	(0)%
Total Capital Expenditure	4,777	4,769	8	0%	6,000	6,002	(2)	(0)%

Efficiency programme

4 Efficiency targets are initially held centrally and then reallocated to specific budget lines when efficiencies have been confirmed. To date we have confirmed savings of £2,357k against a target of £1,825k. We are forecasting total efficiency savings for the year of £2,983k against a target of £2,556k.

Efficiencies by directorate	Efficiency target YTD	Identified efficiencies YTD	Variance to target YTD	Full year efficiency target	Full year identified efficiencies	Full year variance (target vs forecast)
	OCCE / OCOO	71	181	110	99	213
Fitness to Practise	701	877	176	982	1,185	203
MPTS	203	467	264	284	564	280
Strategy & Communication	169	73	(96)	237	131	(106)
Education & Standards	119	155	36	167	180	13
Registration & Revalidation	253	305	52	354	374	20
Resources & Quality Assurance	309	299	(10)	433	336	(97)
Total	1,825	2,357	532	2,556	2,983	427

2017 quarter 3 forecast

5 Throughout October we completed the quarter 3 forecast to the end of 2017. Our current expectation is a forecast surplus of around £12 million against a budgeted surplus of £4m. Key changes since the quarter 2 forecast include:

- a The total number of PLAB 1 candidates expected to sit the test in 2017 have increased from 4,498 to 5,431, resulting from a surge in bookings in August and September.
- b A further reduction in hearing costs. A significant proportion of the movement is a result of hearing cancellations.

- c A reduction in staff recruitment costs, as some roles will now be recruited early 2018, and a resulting reduction in staff training costs. A further decrease in research costs as they are driven by demand from the business, therefore expected costs are not known until the latter part of the year.
- d Some new roles funded from the transformation programme being recruited later than originally planned.

Our expenditure profile comprises predictable costs, such as accommodation costs, and those which are less certain in nature, including costs linked to work volumes. Consequently there are a number of areas of expenditure which could differ to the forecast in the last quarter of 2017, resulting in an expected surplus range between £12.4m and £13.5m.

M4 – Chief Operating Officer's Report

M4 - Annex C

Fund manager investment performance

Trigger points	Data Source	Benchmark/Reference	Outcome	Outcome relative to Benchmark
Investment Performance Review				
Investment return (CPI +2% over rolling five years)	CCLA Investment Report	Current quarter: 1.27% 6 months: 2.57% 9 months: 3.69% 1 year: NA 3 years: NA 5 years: NA	Current quarter: 0.73% 6 months: 2.36% 9 months: 3.70% 1 year: NA 3 years: NA 5 years: NA	Current quarter: -0.54% 6 months: -0.21% 9 months: +0.01% 1 year: NA 3 years: NA 5 years: NA
Maximum capital loss	CCLA Certificate of Balance	-£1m (-10% of initial investment)	+£376,434	
Peer Group Ranking	MSCI UK Investable Market Index	6 months 3.55%	6 months 2.36%	-1.19%
	MSCI World excl UK	6 months 2.37%	6 months 2.36%	-0.01%
	ARC Steady Growth Charity Index	6 months 2.76%	6 months 2.36%	-0.40%

Portfolio Review				
Asset Allocation	CCLA Investment Report	Equities 20%-50%	39.57%	
		Fixed Interest 0%-25%	0.11%	
		Cash & Near Cash 25%-65%	49.03%	
		Infrastructure & Operating Assets 0%-20%	5.11%	
		Property 0%-10%	1.86%	
		Other 0%-10%	4.33%	
Portfolio Risk	CCLA Investment Report	Equity Tracking error	3.94%	
		Equity Beta <1.00	0.88	
Portfolio risk adjusted performance	CCLA	Sharpe ratio	Not yet available	
COIF Ethical fund turnover	CCLA		24.52%	
ESG Compliance	CCLA	GMC investment policy	Full compliance with policy	
Investment Manager Review				
Key staff changes	CCLA	Departure or change in role of CIO	No change	
CCLA staff turnover	CCLA annual reports	31/03/2017	107 staff; 8% turnover	
		31/03/2016	97 staff; 26% turnover	
		31/03/2015	92 staff; 11% turnover	
CCLA ownership	CCLA annual reports	31/03/2017	CBF Church of England 53.87% COIF Charities Investment Fund 22.45% LAMIT 13.47% Executive Directors 10.21%	
		31/03/2016	CBF Church of England 54.9% COIF Charities Investment Fund 22.9% LAMIT 13.7% Executive Directors 8.5%	
Other				
1 Year Inflation (CPI)	ONS	3%	2.90%	
BoE base rate	BOE	Movement of +/- 0.50%	0.25% (No movement)	

M4 – Chief Operating Officer’s Report

M4 – Annex D

Legal summary

The table below provides a summary of appeals and judicial reviews as at 3 November 2017:

	Open cases carried forward since last report	New cases	Concluded cases	Outstanding cases
s.40 (Practitioner) Appeals	11	6	5	12
s.40A (GMC) Appeals	18	2	8	12
PSA Appeals	0	0	0	0
Judicial Reviews	4	5	1	8
IOT Challenges	0	1	0	1

<i>Explanation of concluded cases</i>	Appeals	1 appeals dismissed 2 successful 2 withdrawn
	Judicial Reviews:	1 permission refused
	GMC Appeals	2 new appeals (both related to existing appeals) 3 successful appeals (resulting in no order being required in the 2 new appeals) 1 unsuccessful 2 withdrawn 12 outstanding appeals
<i>New referrals by PSA to the High Court under Section 29 since the last report with explanation, and any applications outstanding</i>	PSA Appeals	N/A
<i>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</i>	IOT challenges	1 new appeal awaiting hearing date.
<i>Any other litigation of particular note</i>	We continue to deal with a range of other litigation, including cases before the Employment Tribunal, the Employment Appeals Tribunal and the Court of Appeal.	

Council meeting, 12 December 2017

M4 – Chief Operating Officer's Report

M4 – Annex E

Corporate Risk Register

1 Corporate risk register

Inherent business risks and how we manage them

ID	Function / Activity	Risk	Owner	Risk pre-controls			Controls in place to mitigate risk	Residual risk with controls in place			Council and/or Board Review	Assurance	Comment
				Likelihood	Impact	Assessment		Likelihood	Impact	Assessment			

Strategic aim 1 - Making the best use of intelligence

8	Delivery partners	The flow of information between the GMC and other bodies who contribute to our overall impact in protecting patient safety is limited and harm is consequently caused to patients	P.Buckley	Highly likely	Major	Critical	<ul style="list-style-type: none"> GMC processes and systems have other relevant checks/controls Individual process controls exist around major interfaces Systems regulators: Care Quality Commission (CQC); Healthcare Inspectorate Wales; Healthcare Improvement Scotland; Regulation & Quality Improvement: Deaneries and LETBs Medical Royal Colleges Public protection agencies NHS agencies / employers Working closely with the Health and Social Care Regulators Forum to improve collaboration Attendance at Special Measures and Challenge Provider Oversight Group (every two months) External release of Organisational Dashboard to Responsible Officers (ROs) and CQC mid-July 2017 and release of GMC data explorer September 2017 	Quite likely	Moderate	Significant	<p><u>Council</u></p> <ul style="list-style-type: none"> Discussion at Council Seminar (April 2017) <p><u>Performance and Resources Board</u></p> <ul style="list-style-type: none"> Update on UKMED and Data Strategy (Jan 2017) 	<p><u>Internal Audit</u></p> <ul style="list-style-type: none"> Data Strategy and Intelligence follow up (August 2016, green-amber) Data Strategy Programme (February 2015, green) Intelligence review (November 2015, amber) 	-
9	Data	Breach of the Data Protection Act (DPA) and/or Human Rights Act (HRA) may result in financial loss and/or reputational damage	N.Roberts	Highly likely	Major	Critical	<ul style="list-style-type: none"> Certified to ISO 27001, IG Toolkit and the Payment Card Industry information security standard PCI DSS Certified to BSI10008 standard Information Security Working Group oversees controls Security incident reporting process in place All staff have performance objective to promote information security supported by mandatory training programme 	Quite likely	Moderate	Significant	<p><u>Information Security Working Group</u></p>	<p><u>Internal Audit</u></p> <ul style="list-style-type: none"> ISO27001 Review (August 2017, green) ISO10008 (August 2017, no major non-conformities) Independent cyber security audit (August 2017, no critical findings) ISO27001 and BS10008 Review (September 2016, green) Penetration testing (August 2016 - green) <p><u>Other Assurance</u></p> <ul style="list-style-type: none"> Certified to ISO27001 assessed by BSI annually Certified to payment card industry information standard toolkit IG toolkit compliance – assessed by NHS Digital annually Annual information security risk assessment Programme of penetration testing performed by external third party Cyber security incident response testing performed by an external third party 	-

Inherent business risks and how we manage them

ID	Function / Activity	Risk	Owner	Risk pre-controls			Controls in place to mitigate risk	Residual risk with controls in place			Council and/or Board Review	Assurance	Comment
				Likelihood	Impact	Assessment		Likelihood	Impact	Assessment			
12	External environment	Our response to emerging risks is untimely or inappropriate creating a perception or ineffective performance	P.Buckley	Quite likely	Moderate	Significant	<ul style="list-style-type: none"> Understand and respond to political and health environment - skilled and resourced teams consider and manage developments in the external environment including: Regulation Policy (Horizon Scanning, Inquiries & Reviews); Media and Campaigns; UK, European and International Affairs Team; Devolved Office (DO) and Intelligence Unit(s). Council membership, DO, Regional Liaison Service (RLS), Patient Safety Intelligence Forum (PSIF), and Advisory Forums provide insight across all UK countries and inform our work programme. Engagement programme for Chair and Chief Executive Performance monitoring and reporting Risk management framework - escalations Research agenda Quarterly UK Advisory Fora (UKAF) meetings in the devolved countries Joint Working Information Group (JWIG), meeting of GMC colleagues who provide services within a geographical area across four countries New Strategy function created within Strategy & Policy Directorate Quarterly horizon scanning updates provided to the Executive Board 	Quite likely	Moderate	Significant	<p><u>Council</u></p> <ul style="list-style-type: none"> Chief Exec report to each meeting covers the external environment & strategic engagements Paper on GMC Corporate Strategy 2018 - 2020 (Feb 2017) together with research report on The Future Operating Environment of Professional Medical Regulation Discussion of key issues from corporate strategy e.g upstream regulation at Council Away day (July 2017) <p><u>Executive Board</u></p> <ul style="list-style-type: none"> Emerging risks in this environment considered at each meeting Weekly review in Directors meeting Discussion on New Corporate Strategy 2018-2020 (June 2017, September 2017) 	<p><u>Internal Audit</u></p> <ul style="list-style-type: none"> Risk maturity benchmarking effectiveness (January 2016, green) Operational Risk Management (June 2015, green-amber) <p><u>Other Assurance</u></p> <ul style="list-style-type: none"> Professional Standards Authority (PSA) Performance Review 2015/16 Standards of good regulation met 	Recruitment for a new Assistant Director of Strategy role will begin at the end of November 2017 with appointment expected in February 2018
22	External environment	Continued stretched resources and finances in the health environment create 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 practise referrals and education monitoring services	S.Goldsmith	Quite likely	Moderate	Significant	<ul style="list-style-type: none"> Monitoring and forecasting of Fitness to Practise case loads Monitoring of Centre for Workforce Information re NHS staff shortages and skills gaps, and other external sources of quantitative and qualitative data, through horizon scanning (Central Analytics Team) Ongoing engagement with Department of Health (England) (DH(E)), Health Education England, and other stakeholders Monitoring external environment Active engagement with doctors about potential situations which may put patients at risk Enhanced monitoring process in place 	Unlikely	Moderate	Low	<p><u>Council</u></p> <ul style="list-style-type: none"> Fitness to Practise performance against Service Level Agreement (SLAs) reported to each Council through the COO report 	<p><u>Internal audit</u></p> <ul style="list-style-type: none"> Enhanced Monitoring Audit (November 2016, amber-red) 	

Inherent business risks and how we manage them

ID	Function / Activity	Risk	Owner	Risk pre-controls			Controls in place to mitigate risk	Residual risk with controls in place			Council and/or Board Review	Assurance	Comment
				Likelihood	Impact	Assessment		Likelihood	Impact	Assessment			

Strategic aim 2 - Raising standards in medical education and practice

2	Education - quality assuring providers	Our quality assurance processes do not support compliance with standards for education, training and curricula with a potential impact on patients and below expectation educational outcomes for doctors	C. Melville	Quite likely	Moderate	Significant	<ul style="list-style-type: none"> Documented process and procedures to investigate and monitor concerns 'Checks' and thematic quality assurance enable short focussed visits to explore specific issues Trained and available staff and Associates Enhanced Monitoring Information Published on our website quarterly Relationships with other delivery partners Sharing of information across the organisation (PSIF and RLS, Employer Liaison Service (ELS) via Joint Working Intelligence Group) 	Quite likely	Moderate	Significant	<p><u>Council</u></p> <ul style="list-style-type: none"> Operational Key Performance Indicators (KPIs) reported each meeting <p><u>Strategy & Policy Board</u></p> <ul style="list-style-type: none"> Report of the Education Quality Scrutiny Group (Oct 2015) <p><u>Patient Safety Intelligence Forum</u></p> <ul style="list-style-type: none"> Considers patient risk dimension at each meeting 	<p><u>Internal Audit</u></p> <ul style="list-style-type: none"> Enhanced Monitoring Audit (November 2016, amber-red) Adoption of the new Standards in a regional QA visit review – phase 2 (September 2016, green-amber) Adoption of new standards in regional QA visit (May 2016, green) Review of regional quality assurance visits (July 2015, amber) <p><u>Other assurance</u></p> <ul style="list-style-type: none"> Professional Standards Authority (PSA) Performance Review 2015/16 Standards of good regulation met 	-
4	Revalidating doctors	We revalidate an individual who is not fit to practise with an impact on patient safety and our reputation	U.Lane	Quite likely	Moderate	Significant	<ul style="list-style-type: none"> Documented process and procedures Regular performance monitoring and reporting Trained and available staff Local clinical governance systems identify and address performance concerns Employer controls help protect patient safety Daily downloads of the register are sent to primary and secondary healthcare organisations Support and guidance for Responsible Officers making recommendations through the Employer Liaison Service 	Unlikely	Moderate	Low	<p><u>Council</u></p> <ul style="list-style-type: none"> Operational KPIs reported each meeting <p><u>Executive Board</u></p> <ul style="list-style-type: none"> Activity volumes and service target performance reviewed each meeting 	<p><u>Internal Audit</u></p> <ul style="list-style-type: none"> Revalidation compliance review (November 2016, green-amber) <p><u>Other assurance</u></p> <ul style="list-style-type: none"> Professional Standards Authority (PSA) Performance Review 2015/16 Standards of good regulation met Shaping the future of medical revalidation Interim report (January 2016) 	-
7	Ethical standards & guidance	Low awareness and use of our ethical guidance by doctors limits the impact on raising standards of medical practice with a consequent impact on patient care	C. Melville	Quite likely	Moderate	Significant	<ul style="list-style-type: none"> Internal oversight group Established, documented procedures Public consultation used to develop and validate guidance Trained and available staff Extensive outreach and engagement activities to promote ethical guidance Proactive communications strategy and website improvements Use of the digital strategy and new products to enhance doctors' use of the guidance, including e-books (launched Feb 2016) and app (launch December 2016) Transformation of our online digital offer - through Digital Media Strategy 	Unlikely	Moderate	Low	<p><u>Strategy & Policy Board</u></p> <ul style="list-style-type: none"> Agreement to provide cosmetic guidance update (Feb 2016) <p><u>Executive Board</u></p> <ul style="list-style-type: none"> Regular updates during guidance development (ongoing) 	<ul style="list-style-type: none"> Annual tracking survey 2016 and 2017 indicated good awareness of our guidance Working with the Continuous Improvement team on Guidance development and capacity building project during 2017 and 2018 	-

Inherent business risks and how we manage them

ID	Function / Activity	Risk	Owner	Risk pre-controls			Controls in place to mitigate risk	Residual risk with controls in place			Council and/or Board Review	Assurance	Comment
				Likelihood	Impact	Assessment		Likelihood	Impact	Assessment			

Strategic aim 3 - Improving handling of complaints and concerns about patient safety

1	FTP - Investigating concerns	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, witnesses and/or the reputation of the GMC	A.Omo	Quite likely	Major	Critical	<ul style="list-style-type: none"> Documented process and procedures Regular performance monitoring and reporting Trained and available staff (general) Training programme for decision makers Employer Liaison Advisor (ELA) engagement with Responsible Officers (ROs) ensures all relevant information is considered during investigations ELA engagement with ROs to help identify and manage concerns (pre-investigation) Reform agenda to drive process improvements Employer controls help protect patient safety R4(4) now BAU and expanded to include single clinical incidents, so more investigation undertaken earlier in the process. Nov 2017 - decision to be made to approve SCI's as a BAU process and to consider piloting of SCC's - Single Clinical Concerns Notify Employer/Notify RO in place for less serious concerns, supporting local first initiative. 	Unlikely	Major	Significant	<p><u>Council</u></p> <ul style="list-style-type: none"> Operational KPIs reported each meeting FTP Annual Statistics Report (June 2016) <p><u>Executive Board</u></p> <ul style="list-style-type: none"> Activity volumes and service target performance reviewed each meeting 	<p><u>Internal Audit</u></p> <ul style="list-style-type: none"> Review of Legal Services (June 2017, green-amber) Review of the use of independent expert witnesses in FTP activity (June 2017, green) Provisional enquiries (April 2017, green-amber) Implementation of Section 60 requirements (March 2016, green) <p><u>Other assurance</u></p> <ul style="list-style-type: none"> Professional Standards Authority (PSA) Performance Review 2015/16 Standards of good regulation met Field Fisher external audit of 100 closed cases completed June 2017 and found: "We considered that the GMC was conscious of its statutory obligations and acted proportionately in the context of the apparent risk and seriousness of the case in question... It is clear that those making case decisions on behalf of the GMC are experienced and knowledgeable decision makers who understand the principles of good regulation and robust investigation" 	-
5	Adjudication	Patient safety is impacted and/or reputational damage is caused by not providing an effective and timely adjudication process	G.Brown	Quite likely	Major	Critical	<ul style="list-style-type: none"> Documented process and procedures (Adjudication Manual) Regular performance monitoring and reporting Trained and available staff (including MPTS induction) Tribunal members training and assessment (including Induction programme) S60 changes implemented to bring further assurance to MPTS process including binding case management decisions. 	Unlikely	Minor	Low	<p><u>Council</u></p> <ul style="list-style-type: none"> MPTS formal report to Council (6 monthly) Interim Order Panel service targets reported to each meeting <p><u>MPTS Advisory Committee</u></p> <ul style="list-style-type: none"> Quarterly reports to MPTS Advisory Committee 	<p><u>Internal Audit</u></p> <ul style="list-style-type: none"> S60 operational review (November 2016, green-amber) Implementation of Section 60 requirements (March 2016 - green) MPTS system compliance of QA arrangements (February 2015, green) <p><u>Other Assurance</u></p> <ul style="list-style-type: none"> Professional Standards Authority (PSA) Performance Review 2015/16 Standards of good regulation met Review of MPTS outcomes and affected characteristics, no issues identified with bias toward gender or ethnicity (Feb 2017) 	-
6	FTP - sanctions	Doctors under conditions or undertakings do not comply with their sanctions and patients are harmed as a consequence	A.Omo	Unlikely	Major	Significant	<ul style="list-style-type: none"> Case Review Team - documented processes and skilled resources Sanctions are listed on the List of Registered Medical Practitioners Notification of overseas regulators (if required) Publication of public hearing minutes Employer controls help protect patient safety Daily downloads of the register are sent to primary and secondary healthcare organisations Continuing development of GMC/RO relationships 	Unlikely	Moderate	Low	<p><u>Internal Audit</u></p> <ul style="list-style-type: none"> Monitoring sanctions (September 2015, green-amber) <p><u>Other Assurance</u></p> <ul style="list-style-type: none"> Professional Standards Authority (PSA) Performance Review 2015/16 Standards of good regulation met 	-	

Inherent business risks and how we manage them

ID	Function / Activity	Risk	Owner	Risk pre-controls			Controls in place to mitigate risk	Residual risk with controls in place			Council and/or Board Review	Assurance	Comment
				Likelihood	Impact	Assessment		Likelihood	Impact	Assessment			
10	Legislation	The UK and European legislative frameworks in which we operate restricts our ability to deliver functions to full effect or efficiency	P.Buckley	Highly likely	Moderate	Critical	<ul style="list-style-type: none"> Domestic legislation - active engagement with DH(E) including over the use of s.60 orders to amend the Medical Act Chief Executive legislation group has been reformed to assist regulators to develop common positions around future shape of regulation European legislation - Skilled and resourced team to monitor and represent our interests at the European level and advise the organisation about any new EU developments. We continue to engage with EC officials, DH(E) and Business Innovation and Skills on the Recognition of Professional Qualifications engagement and implementation. 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. UK is compliant with RPQ Directive provisions. Analysed outcome of General Election 8 June 2017 and implications for GMC of the Queen's speech heard 21 June. Newly formed UK, European & International Affairs Team will continuingly monitor and support the GMC engagement with the new Government and the initiatives announced in the Queen's speech. Internal EU exit working group established 	Quite likely	Moderate	Significant	<p><u>Strategy and Policy Board</u></p> <ul style="list-style-type: none"> EU Recognition of Professional Qualifications Directive (RPQ) update (Feb 2016) Process of specialty recognition in the recognition Directive (May 2016) <p><u>Performance and Resources Board</u></p> <ul style="list-style-type: none"> Update on Internal Market Information System (Jan 2016) <p><u>Council</u></p> <ul style="list-style-type: none"> Chief Exec report - Legislative reform update Chief Operating Officer's Report Session on legislative reform (Feb 2016) Legislative reform forming part of Horizon Scanning session at Council Away day (July 2017) <p><u>Council - Members Circular</u></p> <ul style="list-style-type: none"> Update on Law Commission Bill (March; April; June; July 2016) Update post-election on impact of new government formation on GMC work (June 2017) Update on prospects of legislative reform (June 2017) 		<p>The consultation on the future shape of healthcare regulation will be launched on 31 October 2017. However, it is unlikely that the consultation will lead to primary legislation in the short term.</p> <p>Charlie Massey wrote to the Minister regarding legislative reform and Brexit (October 2017).</p> <p>Department of Health (DH) consultation on the regulation of Medical Associate Professions launched 12 October 2017</p> <p>In the absence of primary legislation, we will work closely with officials to identify priorities for opportunities presented by one or more Section 60 Orders in the interim</p>
19	External environment	Brexit: The impact of changes resulting from the European referendum are not yet clear, providing uncertainty as to the future implications of the GMC's work.	P.Buckley	Quite likely	Major	Critical	<ul style="list-style-type: none"> 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) Ongoing engagement planned with Governments and key stakeholders Active engagement with key influencers to influence post Brexit proposals for healthcare regulation and accountability. Programme of active engagement and influence with the HSC through 2017, including response to inquiry on impact of Brexit on the health sector Liaison with UK and European regulators to ensure influence and leadership of key networks is maintained Publication of analyses of licensed doctors with an EEA PMQ 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 MLA to EEA doctors or impede reforms under flexibility review 	Quite likely	Moderate	Significant	<p><u>Council</u></p> <ul style="list-style-type: none"> Short discussion at Council on 29 September Council sessions planned in Q1 2017 and Q3/Q4 Implications of Brexit forming part of Horizon Scanning discussion at Council Away day (July 2017) <p><u>Other</u></p> <ul style="list-style-type: none"> CE gave evidence at Health Select Committee (February 2017) Health Select Committee (HSC) response shared with Council (October 2016) Shared HSC submission with new Council members (December 2016) 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 		<p>In June 2017, the UK Government published its policy paper on the status of European Economic Area (EEA) nationals after the UK's withdrawal from the European Union (EU).</p> <p>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.</p> <p>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.</p> <p>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.</p>

Inherent business risks and how we manage them

ID	Function / Activity	Risk	Owner	Risk pre-controls			Controls in place to mitigate risk	Residual risk with controls in place			Council and/or Board Review	Assurance	Comment
				Likelihood	Impact	Assessment		Likelihood	Impact	Assessment			
20	External environment	The GMC's regulatory effectiveness, credibility and reputation may erode over time if we don't keep abreast of widening political agendas in the devolved nations and England and adapt accordingly, as highlighted by the outcome from the EU referendum and national elections	P.Buckley	Quite likely	Moderate	Significant	<ul style="list-style-type: none"> Understand and respond to political and health environment - skilled and resourced DO teams consider and manage developments in the external environment with consideration at regular four country strategic risk meeting UK Advisory Forums UK Regional dinners with key stakeholders Full implementation of DO Review Action plan developed to implement outcomes of Council seminar paper "The vote to leave the EU and regulating in a four country and international context" July 2016 Brexit internal working group set up We have secured external support from a member of KPMG who joined the GMC on a 3 month secondment on 8 May 2017 to explore how we improve coherence at a national and regional level within England 	Quite likely	Minor	Low	<p><u>Council</u></p> <ul style="list-style-type: none"> Regular milestone for Council review to be agreed <p><u>Performance and Resources Board</u></p> <ul style="list-style-type: none"> PRB agreement of risk September 2016 <p><u>Other</u></p> <ul style="list-style-type: none"> Discussion on how we organise ourselves within the regions of the UK at SMT away day (11 July 2017) 		Governance review will explore continuous improvement exercise in relation to UK advisory forums

Inherent business risks and how we manage them

ID	Function / Activity	Risk	Owner	Risk pre-controls			Controls in place to mitigate risk	Residual risk with controls in place			Council and/or Board Review	Assurance	Comment
				Likelihood	Impact	Assessment		Likelihood	Impact	Assessment			

Strategic aim 4 - Working more closely with doctors, medical students and patients

3	Registering doctors	We register an individual who is not properly qualified and/or fit to practise with an impact on patient safety and our reputation	U.Lane	Quite likely	Major	Critical	<ul style="list-style-type: none"> Documented process and procedures: <ul style="list-style-type: none"> UK graduates EEA IMG Specialist and GP applications Identify and document checks face to face and physical document checks Post-registration primary source verification conducted on a risk based sample of newly registered doctors Regular performance monitoring and reporting Trained and available staff Information exchange with competent authorities informs our processes (Including Internal Market Information alert mechanism) Daily downloads of the register are sent to primary and secondary healthcare organisations Use of Royal colleges for clinical input into CESR and CEGPR applications 	Unlikely	Moderate	Low	<p><u>Council</u></p> <ul style="list-style-type: none"> Operational KPIs reported each meeting <p><u>Executive Board</u></p> <ul style="list-style-type: none"> Activity volumes and service target performance reviewed each meeting <p><u>Strategy & Policy Board</u></p> <ul style="list-style-type: none"> Revising the experience/ foundation for future practice criteria for Section 19 and Section 21B applicants (October 2015) Guidance for doctors practising on a temporary and occasional basis (December 2015) Update on review of the routes to the Specialist GP registers (December 2016) 	<p><u>Internal Audit</u></p> <ul style="list-style-type: none"> Review of the adoption of changes arising from the new RPO directive audit (November 2016, green-amber) Adoption of Recognition Professional Qualification Directive 2013/55/EU (March 2016, green) UK Graduate Application (May 2015, green) Approved Practice spotcheck (November 2015) <p><u>Other Assurance</u></p> <ul style="list-style-type: none"> Professional Standards Authority (PSA) Performance Review 2015/16 Standards of good regulation met 	-
13	Media	Low awareness of our role and how we conduct our business leads to media coverage which damages our reputation	P.Buckley	Quite likely	Moderate	Significant	<ul style="list-style-type: none"> Skilled and resourced media team to handle media enquiries Communications activities to raise awareness of our role: <ul style="list-style-type: none"> Co-ordinated campaign planning with policy directorates News bulletins to stakeholders and key audiences in 4 countries Proactive media and social media campaigns about our role Professional and active corporate presence on all main social media channels GMC processes and systems have other relevant checks/control: <ul style="list-style-type: none"> Daily media monitoring Social Media monitoring Governance - media principles agreed by Chair & Chief Executive Development of Media Strategy includes audience plans Digital Media Strategy - improving channels of communication for key stakeholders and providing more interactive communications Communication activities to emphasis independence of GMC role from MPTS particularly around decision making 	Quite likely	Minor	Low	<p><u>Council</u></p> <ul style="list-style-type: none"> Receive daily media cuttings Receive GMC press releases Informal session on the work of the media team (April 2016) Media performance reviewed at each Council <p><u>Strategy & Policy Board</u></p> <ul style="list-style-type: none"> Relationships Review (Oct 2016) 	<p><u>Internal Audit</u></p> <ul style="list-style-type: none"> Social media spot check (June 2017, green-amber) Writing with impact and tone of voice (July 2016, green-amber) <p><u>Other Assurance</u></p> <ul style="list-style-type: none"> Tracking Survey publication June 2017 	-

Inherent business risks and how we manage them

ID	Function / Activity	Risk	Owner	Risk pre-controls			Controls in place to mitigate risk	Residual risk with controls in place			Council and/or Board Review	Assurance	Comment
				Likelihood	Impact	Assessment		Likelihood	Impact	Assessment			

Strategic aim 5 - Working better together to improve our effectiveness in delivery of regulatory functions

11	Governance	Our governance arrangements may not enable the Trustees to discharge their accountabilities effectively	S.Jones	Highly likely	Major	Critical	<ul style="list-style-type: none"> • Governance arrangements in place including Council, executive and external engagement and in relation to GMC Services International Ltd • Performance management system for members and staff • Business planning & budget setting process • Risk Management Framework • Performance monitoring & reporting • Policies and procedures • Internal audit • Council member training and annual appraisal in place • Regular governance reviews 	Unlikely	Moderate	Low	<p><u>Council</u></p> <ul style="list-style-type: none"> • CE and COO reports at each meeting • Review of performance data at each meeting • Report of the Remuneration Committee (December 2016) • Report of the Performance & Resources Board (February 2017) • Report of the Strategy & Policy Board (February 2017) • Council forward work programme 2017 (February 2017) • Report of the Audit and Risk Committee (June 2017) • Review of Council effectiveness (ongoing) 	<p><u>Internal Audit</u></p> <ul style="list-style-type: none"> • Performance reporting to Council (September 2016, green) • Change programme risk management (June 2016, green) • Equality and diversity review (June 2016, green) • Risk benchmarking review (January 2016, green) • Operational risk management (June 2015, green-amber) • Review of whistleblowing arrangements spotcheck (March 2015) • Gifts and hospitality spotcheck (March 2015) • HR performance data reporting (February 2015, green) <p><u>Other Assurance</u></p> <ul style="list-style-type: none"> • Four year scheduled review of Governance in 2017 • External audit of financial accounts, 2016, 2015 	
14	Financial controls (fraud) and expenditure	Our anti fraud procedures and process may not prevent internal or external parties from committing fraud against the GMC resulting in monetary loss	N.Roberts	Quite likely	Moderate	Significant	<ul style="list-style-type: none"> • 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 • Anti-fraud mandatory training launched (Oct 17) • Training to support procurement processes include Sourcing, Purchasing (e-learning) and Contract Management 	Unlikely	Moderate	Low	<p><u>Council</u></p> <ul style="list-style-type: none"> • Annual Report & Accounts 2016 (June 2017) • Fitness to Practise Annual Report 2016 (June 2017) • Financial performance reported as part of COO report each meeting <p><u>Audit & Risk Committee</u></p> <ul style="list-style-type: none"> • Review of annual accounts (May 2017) • Review of gifts and hospitality register, fraud and procurement exceptions (January 2017) <p><u>Executive Board</u></p> <ul style="list-style-type: none"> • Financial performance reviewed at each meeting 	<p><u>Internal Audit</u></p> <ul style="list-style-type: none"> • Expenses audit (September 2017, green) • Payroll audit (October 2017, green) • Expenses spot check (August 2017, green) • Contract management arrangements review (May 2017, amber) • Contract management arrangements review (October 2016, amber) • Budget management and monitoring (October 2016, green) • Anti fraud arrangements (May 2016, green) • Financial controls review (October 2015, green) • Procurement review (March 2015, green) <p><u>Other Assurance</u></p> <ul style="list-style-type: none"> • External audit of financial accounts 2016, 2015, 2014 	

Inherent business risks and how we manage them

ID	Function / Activity	Risk	Owner	Risk pre-controls			Controls in place to mitigate risk	Residual risk with controls in place			Council and/or Board Review	Assurance	Comment
				Likelihood	Impact	Assessment		Likelihood	Impact	Assessment			
15	Work programme delivery	The volume and complexity of the programme of work we seek to undertake exceeds our capacity to successfully deliver	C. Massey (S.Goldsmith)	Quite likely	Major	Critical	<ul style="list-style-type: none"> Business planning & budget setting process Risk Management (including risk escalation matrix incorporating SLA variation triggers) Monthly monitoring of delivery progress and reporting Centralised Corporate Business Planning team embed processes and systems across Directorates Trained and skilled staff in project management PPM methodology and reporting: update on risks and project delivery every month via highlight reports with daily availability of progress for all including Portfolio Lead, Sponsor, Project Manager, PMO and COO Corporate Business Planning Manager stage gate reviews for corporate projects 	Unlikely	Moderate	Low	<p><u>Council</u></p> <ul style="list-style-type: none"> Delivery progress update as part of COO report at each meeting 2017 Business Plan & Delivery (Dec 2016) <p><u>Executive Board</u></p> <ul style="list-style-type: none"> Exceptions to corporate project delivery reported at every other meeting 	<p><u>Internal Audit</u></p> <ul style="list-style-type: none"> Risk Management in Projects (June 2017, amber) Review of Change Programme Benefits Realisation (June 2017, green-amber) Programme Management Office spot check follow up (November 2016, green-amber) Change Programme Risk Management (June 2016, green-amber) Programme Management Office spot check (May 2016, green-amber) Change Programme planning (March 2016, green-amber) Operation risk management (June 2015, green-amber) 	
16	Staffing	Difficulties in the recruitment and retention of staff and Associates with the required skills and experience may challenge our ability to deliver our functions effectively	N.Roberts	Quite likely	Major	Critical	<ul style="list-style-type: none"> Talent and leadership programmes builds 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. 	Unlikely	Moderate	Low	<p><u>Council</u></p> <ul style="list-style-type: none"> Council receive an annual HR report <p><u>Executive Board</u></p> <ul style="list-style-type: none"> Staffing volumes monitored at each meeting (including absenteeism, turnover, key staff changes) 	<p><u>Internal Audit</u></p> <ul style="list-style-type: none"> Review of induction planning (August 2016, green) HR appraisal review (June 2015, green-amber) HR conducting annual review of succession planning <p><u>Other assurance</u></p> <ul style="list-style-type: none"> Internal checks are carried out on the quality of the performance management system throughout the year 	Transformation Portfolio set up June 2017 to oversee delivery of enhancing our organisational capabilities. Programmes of work are designed around embedding a clearer sense of purpose and impact; empowering and developing our people; injecting more pace, agility and cross-organisational working; and enhancing our engagement with the healthcare system

Inherent business risks and how we manage them

ID	Function / Activity	Risk	Owner	Risk pre-controls			Controls in place to mitigate risk	Residual risk with controls in place			Council and/or Board Review	Assurance	Comment
				Likelihood	Impact	Assessment		Likelihood	Impact	Assessment			
17	Business Continuity	An external incident, including a cyber attack, which effects our infrastructure, security systems and/or staffing levels may prevent us from delivering our key functions	N.Roberts	Quite likely	Major	Critical	<ul style="list-style-type: none"> Business continuity plans in place including periodic testing - focussed on core business as usual areas to ensure patient safety protection Alternative routing procedures and systems in place to manage faults when they arise Investment programme in resilience components to proactively avoid faults Cyber security plan Regular programme of penetration tests Programme of phishing education for staff and random testing Regular programme of installing software patches to address identified vulnerabilities Suite of security products in place including virus identification, web filtering, email filtering, firewalls Testing of process recovery Information security processes protect against IS failures Business Continuity mandatory training launched (May 17) Business Continuity Champions appointed for each directorate across GMC sites 	Unlikely	Moderate	Low	<p><u>Business Continuity Working Group - (2 monthly)</u></p> <p><u>Annual report to Executive Board for review</u></p> <ul style="list-style-type: none"> Annual update from Business Continuity Working Group to Executive Board <p><u>Council circular</u></p> <ul style="list-style-type: none"> 15.5.17 following widespread ransomware attack 	<p><u>Internal audit</u></p> <ul style="list-style-type: none"> Independent cyber security audit (August 2017, no critical findings) Penetration testing (June 2016, no rating) Business Continuity arrangements (August 2015, green) Penetration testing (July 2015, no rating) <ul style="list-style-type: none"> Cyber security audit scheduled for June 2017 	We have taken a number of actions in relation to strengthening our security arrangements including deploying the latest Microsoft and Oracle Patches to our systems and implementing the next generation Palo Alto Firewalls to our perimeters. We have also implemented a new back-up system which enables us to recover data more efficiently in the event of a Ransomware attack and phishing simulation exercises are being carried out regularly to raise staff awareness.
18	Operation of DB pension scheme	Adverse economic events create a significant deficit in the Defined Benefit (DB) Scheme which the employer needs to cover	N.Roberts	Quite likely	Major	Critical	<ul style="list-style-type: none"> Maintaining adequate reserves Future liabilities restricted by scheme closure and benefits changes Full implementation of Trustees de-risking investment strategy 	Unlikely	Moderate	Low	Council have concluded a strategic review.	The scheme is subject to annual external audit. Both the Trustees and the employer receive regular, separate, independent and professional advice.	-
23	GMC Services International Ltd	Due to operating a global trading subsidiary, there is a risk GMCSI activities create reputational harm which may impact on our ability to effectively deliver some aspects of core regulatory services.	C. Massey	Quite likely	Major	Critical	<ul style="list-style-type: none"> Governance framework established and agreed with Council (April 2017) GMC/GMCSI Forum now meeting monthly with GMC Directors given early sight of opportunities GMC Services International Ltd Operating Agreement (June 2017) Ongoing and regular updates to COO on projects 	Unlikely	Moderate	Low	<p><u>Council</u></p> <ul style="list-style-type: none"> Quarterly Report Sept 2017 Governance arrangements April 2017 	Internal audit coverage planned for January 2018	-

Current active risks and how we are reducing them

ID	Function / Activity	Risk	Owner	Existing controls (incl. Local QA where relevant)	Residual			Further mitigating actions to be implemented (with target date)	Council and/or Board Review	Internal Audit coverage	Comment (incl. external assurance where relevant)	Risk target			Corporate Risk that Action Plan relates to
					Likelihood	Impact	Assessment					Likelihood	Impact	Assessment	

Strategic aim 1 - Making the best use of intelligence

1A	Utilising data	By not effectively sharing the information we hold throughout the organisation or broader health service, we could contribute to a risk to patient safety	P.Buckley	<ul style="list-style-type: none"> Data Strategy Patient Safety Intelligence Forum Quality Architecture Project Group Quarterly surveillance groups consider risk with CQC Existing specialist data teams and Siebel analytics capability Regular (8 weekly) intelligence sharing meetings in place (Regional Information Forums) MoUs: Healthcare Inspectorate Wales, TDA and RQIA, Health Improvement Scotland -DO protocol for escalation processes - Jwig meeting brings together DOs, RLS, Revel & Education to share information. Existing employer controls to protect patient safety Systems regulators, professional regulators, professional bodies, education institutions actively overseeing patient safety Revision of escalation process and RLS operating model (June 2016) Central Analytics Team now in place with responsibility for co-ordinating data sharing Evaluation of data sharing agreements completed by CAT (April 2017) Engaging with CQC/HEE/NHSI Oversight Group Working closely with the Health and Social Care Regulators Forum to improve collaboration Work on escalation criteria 	Quite likely	Moderate	Significant	<ul style="list-style-type: none"> Intelligence Forum Manager and Stakeholder Intelligence Sharing Manager now in post External release of Agora (end of Sept 17) First release took place in September, 2nd release planned in Dec and Intelligence Strategy was discussed at strategic PSIF in October Release of Organisation dashboard for Responsible Officers in all four countries Developed of an Intelligence Strategy which is being discussed at the Patient Safety Intelligence Forum (Oct 17) 	<p><u>Performance & Resources Board</u></p> <ul style="list-style-type: none"> Resourcing the data strategy (June 2016) <p><u>Council</u></p> <ul style="list-style-type: none"> Developing the online medical register (December 2016 and Feb 2017) Evening seminar - Risk Based regulation (April 2017) Drop in session at Council away day on Intelligence & Insight Unit offering (June 2017) 	Data Strategy and Intelligence follow up (August 2016, green-amber) Intelligence review (Nov 2015, amber) Data Strategy Programme (Feb 2015, green)	-	Quite likely	Moderate	Significant	12- External Environment
----	----------------	---	-----------	--	--------------	----------	-------------	---	---	---	---	--------------	----------	-------------	--------------------------

Current active risks and how we are reducing them

ID	Function / Activity	Risk	Owner	Existing controls (incl. Local QA where relevant)	Residual			Further mitigating actions to be implemented (with target date)	Council and/or Board Review	Internal Audit coverage	Comment (incl. external assurance where relevant)	Risk target			Corporate Risk that Action Plan relates to
					Likelihood	Impact	Assessment					Likelihood	Impact	Assessment	
4A	Equality & Diversity	We do not comply with our statutory obligations on Equality and Diversity and Human rights, leading to unfair outcomes	S. Goldsmith	<ul style="list-style-type: none"> Equality & Diversity Strategy (Developing new strategy in 2017) Directorate action plans Skilled and resourced team to promote E&D in our work Equality analysis undertaken as a component of major project activity Equality and diversity training for all staff and associates E&D Steering Group (chaired by COO) Unconscious Bias training delivered to key staff and associates involved in making decisions about doctors We took legal advice on our compliance with Sections 15 and 22 of the Gender Recognition Act (GRA) 2004 in how we handle and share information about transgender patients in our FTP activities - FtP & Info Gov have agreed an action plan. Work on reasonable adjustments and supporting disabled people Joined AoMRC working group to develop guidance on making reasonable adjustments in high stakes exams Scrutiny of Curriculum Advisory Group (CAG) submissions for their E&D evidence Developed supplementary E&D guidance for promoting excellence 	Quite likely	Moderate	Significant	<ul style="list-style-type: none"> RAND Europe Research and Seminar on fair decision making (November 2017) 	<p><u>Strategy & Policy Board</u></p> <ul style="list-style-type: none"> Consider and update on 2016 plans & priorities (May 2016) <p><u>Council</u></p> <ul style="list-style-type: none"> Update via COO report (ongoing) Seminar on Fairness & Proportionality (April 2016) Update on implementation of our strategy (Sept 2016) Council Seminar on new E&D Strategy (June 2017) Evening seminar to seek views on strategic aims of new E&D strategy (June 2017) Discussion on new E&D Strategy (Oct/Nov 2017) <p><u>Education and Training Board</u></p> <ul style="list-style-type: none"> Will consider how to ensure reasonable adjustments within the continuum of medical education and training (Oct 2016) 	E&D operationalisation (July 2016, green)	<p>We are not consistent in our approach to making reasonable adjustments for people involved in our activities this is being raised with colleagues in FtP & IS. This has been escalated through CCRG and options are being considered on the way forward.</p> <p>Currently reviewing the Academy of Medical Royal Colleges draft guidance on reasonable adjustments</p>	Unlikely	Moderate	Low	1-7

Current active risks and how we are reducing them

ID	Function / Activity	Risk	Owner	Existing controls (incl. Local QA where relevant)	Residual			Further mitigating actions to be implemented (with target date)	Council and/or Board Review	Internal Audit coverage	Comment (incl. external assurance where relevant)	Risk target			Corporate Risk that Action Plan relates to
					Likelihood	Impact	Assessment					Likelihood	Impact	Assessment	

Strategic aim 2 - Raising standards in medical education and practice

10A	Medical Licensing Assessment	Due to inadequate planning and management, the MLA project may not engage the right resource and capability at the right time, with a consequent impact on the programme's ability to deliver to the agreed timeframe and budget.	C. Melville	<ul style="list-style-type: none"> Governance arrangements in place, a Programme Board chaired by the COO providing oversight (and reporting to Council via Executive Board) Formal project and project team established, with programme planning and management, and regular reporting via the MLA Programme Board Resource and budget planned, allocated and regularly reviewed Consultants reviewed structure, governance and communications for the project (June - September 2016), programme manager appointed Consultants produced detailed cost and impact analysis of a range of MLA options (June - October 2016) Expert Reference Group (ERG) appointed, meeting regularly from October 2016 and materially informing programme development ERG subgroups for Applied Knowledge Test and Clinical and Professional Skills Assessment established (June 2017), contributing content expertise to programme development 	Quite likely	High	Critical	<ul style="list-style-type: none"> Actions being taken forward following the amber rating from the internal audit (April - December 2017) Ongoing resource planning and recruitment to reflect developing programme planning. 	<p><u>Council</u></p> <ul style="list-style-type: none"> Initial business case and agreement to develop proposals June 2015 Update report April 2015 Consultation paper - September 2016, paper re-circulated to Council Jan 2017 Update on MLA Consultation (June and September 2017) Considered consultation report and proposed ways forward (September 2017). Agreed further discussion with stakeholders and asked for formal recommendations at December 2017 meeting <p><u>Strategy & Policy Board</u></p> <ul style="list-style-type: none"> Initial business case May 2015 Adopted MLA Programme Board as its task and Finish Group February 2017 (transferred to Executive Board June 2017) 	Review of the Medical Licensing Assessment (programme structure, governance and resource planning) (April 2017, amber)	Existing AD Judith Chrystie appointed to Assistant Director of MLA role	Unlikely	Minor	Low	12 - External Environment
14A	Working with regulatory partners	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	S. Goldsmith	<ul style="list-style-type: none"> 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 Trained and available staff 	Quite likely	High	Critical	<ul style="list-style-type: none"> 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 <p>Health and Social Care Regulators Forum have agreed actions and work streams to improve collaboration across the system:</p> <ul style="list-style-type: none"> Develop a shared escalation protocol 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 	<p><u>Council</u></p> <ul style="list-style-type: none"> Acting Chief Executive's Report (June 2016), North Middlesex <p><u>Audit and Risk Committee</u></p> <ul style="list-style-type: none"> CEO/COO update at each meeting <p><u>Other</u></p> <ul style="list-style-type: none"> CE gave evidence to the Health Select Committee about the impact of Brexit on medical regulation (February 2017) 	Case study report which explored the GMC's engagement with North Middlesex University Hospital Trust (NMUHT) during the period January 2015 to September 2016 was discussed at PSIF in November 2016	Development of PSIF aligned to vision of new CE - moving towards better understanding of impact on the healthcare system	Quite likely	Moderate	Significant	Risks 2 - Education QA, 8 - information flow between GMC and other bodies, 1A - information sharing internally and externally

Current active risks and how we are reducing them

ID	Function / Activity	Risk	Owner	Existing controls (incl. Local QA where relevant)	Residual			Further mitigating actions to be implemented (with target date)	Council and/or Board Review	Internal Audit coverage	Comment (incl. external assurance where relevant)	Risk target			Corporate Risk that Action Plan relates to
					Likelihood	Impact	Assessment					Likelihood	Impact	Assessment	

Strategic aim 3 - Improving handling of complaints and concerns about patient safety

13A	Utilising data	Further historical abuse cases involving doctors come to light which call in to question the GMC's actions at the time and impact on our reputation as a patient safety organisation	P.Buckley	<ul style="list-style-type: none"> Regular media monitoring of historic abuse cases Internal Historic Abuse Inquiries Project Group to monitor and manage interactions with all inquiries and take forward internal review of historic abuse cases Scanning of bound volumes of historic fitness to practise cases dating back to 1945 is complete Engaging with CQC/HEE/NHSI Oversight Group We shared the outcome of Sir Anthony Hooper's Review of Dr Fraser case with the Historical Abuse Inquiry in England Anthony Omo attended Historic Abuse Inquiry (England) seminar in September 2017, as part of a series of seminars 'to gather information and views... and to identify matters for further investigation and scrutiny'. There was no criticism of the GMC during the seminars and our guidance, webpages and tools were commended. 	Highly likely	Moderate	Critical	<ul style="list-style-type: none"> Review of historical child abuse cases to complete in October 2017. Terms of Reference, methodology and new initiative fund bid have been agreed 	The review will be overseen by the Historical Abuse Inquiries Project Group, and findings will be reported to Council in due course		We will complete our analysis of GMC cases for the wider review by October 2017 and report to Council in Spring 2018	Quite likely	Moderate	Significant	
-----	----------------	--	-----------	--	---------------	----------	----------	--	---	--	--	--------------	----------	-------------	--

Current active risks and how we are reducing them

ID	Function / Activity	Risk	Owner	Existing controls (incl. Local QA where relevant)	Residual			Further mitigating actions to be implemented (with target date)	Council and/or Board Review	Internal Audit coverage	Comment (incl. external assurance where relevant)	Risk target			Corporate Risk that Action Plan relates to
					Likelihood	Impact	Assessment					Likelihood	Impact	Assessment	

Strategic aim 5 - Working better together to improve our effectiveness in delivery of regulatory functions

17A	S&C directorate restructure	The planning and restructuring of the current Strategy and Communication Directorate in to separate Strategy & Policy and Strategic Communication & Engagement directorates, and their integration with the existing directorates, is not supported with the appropriate level of resource and capability detracting from our ability to continue to deliver business as usual and undermining staff morale	C. Massey/ S. Goldsmith	<ul style="list-style-type: none"> Current Director of Strategy and Communication to continue oversight of existing directorate until a new appointment is made Policy Network Forum meeting 22 May External support for organisational re-design completed, a member of KPMG joined the GMC on a 3 month secondment on 8 May 2017 to help plan and implement the re-design of the two directorates. Findings of KPMG reviewed by Executive Board in July 2017 Appointment of Director of Strategic Communications and Engagement – Paul Reynolds – start date tbc Policy Leadership Group set up to help develop new ways of working in Strategy & Policy Directorate Implementation has been developed for the setting up of two new directorates Project Management support being secured to support implementation of two new directorates 	Quite likely	Moderate	Significant	<ul style="list-style-type: none"> On-going discussions with Heads of Sections and Assistant Directors on establishing the new directorate Develop agreed operating framework Comms programme to be developed for affected colleagues to be kept up to date with progress Early engagement with 2018 business planning process to ensure new directorates have capacity to deliver work programmes for 2018, which should involve more stringent scrutiny of proposed work programmes Recruitment of new roles to begin shortly 	Council private session CEO update February 2017			Unlikely	Moderate	Low	
18A	Working with HEE	Due to the proposals for structural changes and staff reductions at Health Education England, there is a risk that their ability to provide us with the data and support that we need for quality management, clarity around their roles and responsibilities and capacity to respond to problems locally and engage in support of the GMC training surveys may be impaired	C. Melville	<ul style="list-style-type: none"> Teams are having regular discussions and meetings with HEE at strategic and operational levels Ongoing continuous improvement work to reduce the monitoring burden on HEE. Resource restrictions are being taken into account within the Development of the Quality Assurance Cycle project (to begin in June). 	Quite likely	Moderate	Significant	<ul style="list-style-type: none"> Chief Executive and Director of Education and Standards still due to meet with HEE for further discussion (date TBC) 	<p><u>Executive Board</u></p> <ul style="list-style-type: none"> Discussed as an emerging risk and agreement to add to Corporate Risk Register 		<p>Formal letter expected from HEE once their consultation process is finalised</p> <p>We have also received a letter from the Dean of East Midlands identifying risks to their quality management activity as a result of the HEE changes (June)</p>	Quite likely	Moderate	Significant	

Current active risks and how we are reducing them

ID	Function / Activity	Risk	Owner	Existing controls (incl. Local QA where relevant)	Residual			Further mitigating actions to be implemented (with target date)	Council and/or Board Review	Internal Audit coverage	Comment (incl. external assurance where relevant)	Risk target			Corporate Risk that Action Plan relates to
					Likelihood	Impact	Assessment					Likelihood	Impact	Assessment	
19A	Data Protection	Due to lack of legal clarity on requirements for implementation of the General Data Protection Regulation (EU) 2016/679, we may not be adequately prepared for when the regulation comes in to force on 25 May 2018 and therefore be in breach of the regulation with potential for financial and reputational impact.	N. Roberts	<ul style="list-style-type: none"> Cross-directorate programme board established to prepare for and implement the new legal duties Programme risk register established which is reviewed monthly at the Programme Board Bi monthly working group with the 'Consent' project leads to discuss progress, dependencies and emerging risks Bi monthly meeting with Workstream lead to discuss progress and emerging risks Regular monitoring of the public domain to catch all updates Government official identified and contact has been established GMC contributed to the GDPR consultation 	Unlikely	Major	Significant	<ul style="list-style-type: none"> Engagement with S&C to develop a GDPR communications plan which will include Council and Directorates updates (target date tbc) 2018 Business Planning review to ensure directorates are capturing the resource requirements from their area that is needed for GDPR work (target date tbc) 		Internal audit scheduled for Q1	<ul style="list-style-type: none"> CBP Stage gate reviews conducted by the R&QA Corporate Business Planning Manager <p>The draft GDPR bill was published on the 14 September 2017 and is making its way through the legislative process. It had its second reading in the House of Lords on the 10 October-1. On the 30 October the GDPR will be reviewed by the House of Lords Committee.</p>	Unlikely	Moderate	Low	
20A	Medical Licensing Assessment	Due to lack of a clear and shared understanding of the programme's aim, or ineffective communications, the MLA does not command the confidence and support of the public and stakeholders, which undermines its deliverability, with potential impact on patient safety and the reputation of the GMC.	C. Melville	<ul style="list-style-type: none"> A public consultation launched in January 2017 and closed in April 2017. Council discussed consultation outcomes and proposed ways forward, and agreed these for discussion with stakeholders (September 2017) Regular engagement with the Medical Schools Council, the Medical Schools Council Assessment Alliance, individual medical schools and other stakeholders and partners. Dedicated MLA Communications Manager in role (September 2017); engagement plan in place to liaise with a range of key stakeholders including all UK administrations 	Quite likely	Major	Critical	<ul style="list-style-type: none"> Formal recommendation for next steps of the MLA to be considered by Council (December 2017) Review the outcomes for graduates (2017-2018) Ongoing engagement with key stakeholders to follow up on the consultation 		Audit review (consultation) scheduled for autumn 2017 [for confirmation by MLA Programme Board]		Unlikely	Moderate	Low	
21A	Communications planning & engagement	There is a risk that lack of clarity on key engagement points across the business for the short to medium term may prevent communications teams from developing a co-ordinated, deliverable and effective engagement plan. This could lead to significant stakeholder fatigue and/or conflicting messages. Ineffective planning by individual teams could also impact on other parts of the business who are providing support, or where there are critical project dependencies.	P.Buckley	<ul style="list-style-type: none"> Creation of Strategic Communications & Engagement directorate to ensure better co-ordination and scheduling of communications and messages to stakeholders Effective engagement with Business Planning process for 2018 - and embedding engagement with communications and policy teams early on in project development process. Increased communications with teams requiring engagement activity 	Quite likely	Moderate	Significant	<ul style="list-style-type: none"> Raise risk as emerging issue at Exec Board (Nov 17) Using SOMEPEP editorial board in a more strategic way – understanding what other products and their messages are coming up in the year Further detail on 2018 engagement activity for projects with stakeholder impact (Jan 2018) 				Unlikely	Moderate	Low	