

General  
Medical  
Council

Council Meeting -  
1 March 2023

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27 February 2023

**Council**

Meeting room: 2.06/2.07/2.08,  
Regent's Place, 350 Euston Road, London NW1 3JN

## Agenda

### Council meeting

**Wednesday 1 March 2023 - 10:50 – 12:50**

10:50 – 10:53	M1	Chair's business <i>3 mins</i>
10:53 – 10:55	M2	Minutes of the meeting on 14 December 2022 and actions log <i>2 mins</i>
10:55 – 11:15	M3	Chief Executive's report <i>20 mins</i>
11:15 – 11:25	M4	Medical Licensing Assessment – oral update <i>10 mins</i>
11:25 – 11:55	M5	Equality, Diversity & Inclusion update – Sex, Gender and Gender Identity report <i>30 mins</i>
11:55 – 12:10	M6	Report of the Investment Committee 2022 <i>15 mins</i>
12:10 – 12:30	M7	The Professional Standards Authority's annual review of our performance 2021/22 <i>20 mins</i>
12:30 – 12:40	M8	Council meetings in 2024 <i>10 mins</i>
12:40 – 12:50	M9	Any other business <i>10 mins</i>

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**Below-the-line items\***

- M10 Corporate Social Responsibility
- M11 Report of the Executive Board 2022
- M12 2023 Council Forward Work Programme

**\*Members should notify the Chair a minimum of two days prior to the meeting should they wish to discuss any below the line items. If not, then it is assumed that Council wishes to agree the recommendations without discussion.**

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Draft as of: 20 December 2022

*To approve*

# Minutes of the meeting on 13 December 2022, via MS Teams

## Members present

Carrie MacEwen, Chair

Steve Burnett

Vanessa Davies

Anthony Harnden

Philip Hunt

Paul Knight

Deepa Mann-Kler

Raj Patel

Suzanne Shale

Alison Wright

## Others present

Charlie Massey, Chief Executive and Registrar

Shaun Gallagher, Director of Strategy and Policy

Una Lane, Director of Registration and Revalidation

Stephanie McNamara, Assistant Director Communications

Anthony Omo, Director of Fitness to Practise and General Counsel

Neil Roberts, Director of Resources

Colin Melville, Medical Director and Director of Education and Standards

Melanie Wilson, Head of Corporate Governance and Council Secretary

## Agenda item M2

### Minutes of the meeting on 13 December 2022

## Chair's business (item M1)

- 1 The Chair welcomed members, SMT and observers to the meeting.
- 2 Council noted apologies had been received from Paul Reynolds, Director, Strategic Communications and Engagement.
- 3 The Chair paid tribute to former Chair, the late Dame Clare Marx, as an inspirational leader, as a doctor, as a colleague and as a friend.

“Clare was, primarily, a surgeon who transformed the lives of many thousands of patients during a long and successful career as an orthopaedic surgeon. She also, positively, influenced the careers of many surgical trainees as she, not only, shared her surgical skills but also passed on her professional values including that patients are at the heart of all we do as doctors. That said, she had a deep understanding of the needs of the profession and, as GMC Chair, championed the idea of compassionate, supportive regulation - using her position, as she so frequently did, to promote and influence positive change.

She held several senior leadership roles, commonly being the first woman to do so, and although she witnessed discrimination and sexism, and spoke of them, she rarely suffered from them herself as she won over any possible doubters through ability, diplomacy and humour.

Clare will be remembered with great affection and her death is a huge loss to her family, her friends and the medical profession as a whole.”

## Minutes of the meeting on 3 November 2022 and actions log (item M2)

- 4 Council approved the minutes of the meeting on 3 November 2022, subject to the correction of a typographical error in paragraph 14d, as a true record.
- 5 The action points from previous meetings were noted.

## Chief Executive's Report (item M3)

- 6 Council considered the Chief Executive's Report.
- 7 Council noted that:
  - a The independent review commissioned by the GMC into the handling of Dr Arora's case has been published. All recommendations and learning points have been accepted by the GMC, with some already implemented.

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### Minutes of the meeting on 13 December 2022

- b** As part of the GMC's ambition to become a more compassionate regulator, we are piloting a new process where, when an investigation is opened, first contact with the doctor is always by phone.
  - c** The Professional Standards Authority (PSA) has published their review of the GMC which shows we have met all 18 PSA standards.
  - d** The Chief Executive met with Steve Brine MP, Chair of the Health Select Committee. Discussions were focused on Workforce pressures, and the use of GMC data and insight, particularly our State of Medical Education and Practise report. A visit to the GMC's Manchester offices is being arranged in the New Year.
  - e** The financial position of the GMC remains positive though the deficit is slightly higher.
- 8** During the discussion, Council noted that:
- a** Council wished to formally congratulate GMC staff on passing all 18 PSA standards.
  - b** The speech by the Chief Executive at the NHS Providers Conference was welcomed by Council as important in showing the GMC understands the system doctors work in. It is also important to understand the reasons why doctors are leaving UK practise.
  - c** Further information on successful and unsuccessful Gateway fund bids would be of interest to Council.
  - d** The Contact Centre has met their KPI for September and October 2022.

## Business plan and budget 2023 (item M4)

- 9** Council was asked to review and approve the business plan and budget for 2023.
- 10** Council noted that:
- a** With Council's decision to cap fee increases for 2023 at 3.1% to support doctors, continuing high inflation, and a deficit in the pension scheme, the GMC's budget needs to be economic.
  - b** In light of recent market volatility, the GMC's 2023 budget does not rely on investment income.
  - c** Financial stress testing is being undertaken and will be reported to the Audit and Risk Committee at its January 2023 meeting.
  - d** Council indicated at its September 2022 meeting that the GMC could do more to support doctors at the start of their careers and those on lower earnings. In response to this, three proposals were made: a change in the provisional registration fee – a reduction to £25 in year 1 with a higher registration fee in year 2, or a flat reduction to £25 with no

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**Minutes of the meeting on 13 December 2022**

increase the following year; removing administration fees for making registration changes; and increasing the income threshold to £34,000 from April 2023.

**11** During the discussion, Council noted that:

- a** Its preference was for a flat reduction in the provisional registration fee with no increase the following year.
- b** The budget review process for all sections of the GMC involves detailed discussion and testing of resource requirements or availability. For example, a reduction in third party training is due to developing GMC staff to undertake training. Savings will also be realised by increasing the proportion of virtual and hybrid meetings with the associated reduction in travel, accommodation and subsistence, and further use of MS Teams for meetings.
- c** Further analysis of the costs versus benefits of significant projects would be of interest to Council.
- d** Although it approved the proposed removal of the media score from the performance measures, Council was keen to see a measure of how we assess public affairs success. Council was assured there are a range of measures used by the communications team and they are discussing a suitable alternative measure.
- e** Council felt it would be beneficial to receive regular updates on the defined benefit pension scheme.

**12** Council approved:

- a** the 2023 business plan and budget
- b** a flat reduction of the provisional registration fee to £25
- c** raising the income threshold to £34,000
- d** removal of registration administration fees
- e** proposed changes to performance measures.

## Report of the MPTS Committee (item M5)

**13** Council was asked to consider the report of the MPTS Committee.

**14** Council noted that:

- a** Listing of hearings is back to pre-pandemic levels and the MPTS continue to maintain a higher number of hearing days to make up for those lost during the pandemic.
- b** The MPTS continues to run a mix of in-person, virtual and hybrid meetings to provide flexibility and meet the needs of participants.

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- c** Interim Orders tribunals continue to be held virtually. This has received positive feedback and to ensure fairness for all parties, research has been commissioned to ensure participants of virtual hearings are not being disadvantaged. The results are currently being analysed.
- d** An appointment campaign has been run for new lay and medical tribunal members with advice sought to ensure a diverse pool of applicants. There was a strong response from lay applicants.
- e** Dame Caroline Swift is stepping down as Chair of the MPTS after six years. She provided reflections on her time as MPTS Chair and how the GMC has positively changed since her first interactions with the GMC on the Shipman Enquiry.

**15** During the discussion, Council noted that:

- a** It is difficult to find the balance between the doctor and public interest. Fairness, public confidence, and the public interest are a focus for tribunals. The MPTS are considering commissioning new research into understanding where the threshold of public confidence lies.
- b** The MPTS are obliged to hear all cases which are referred to them.
- c** It would be helpful to see in future reports more insight into how learning from appeals and review recommendations are applied.
- d** Council thanked Dame Caroline for providing strong leadership to the MPTS, for all the MPTS has achieved in the last six years, for her insightful comments on the GMC, and wished her well for her retirement.

## **Update on delivery of the Medical Licensing Assessment (MLA) programme (item M6)**

**16** Council was asked to note an update on delivery of the Medical Licencing Assessment programme.

**17** Council noted that:

- a** A content map advisory group has been established.
- b** All medical schools have made their submissions on the clinical and professional skills assessment (CPSA) and progress is being made on evaluating them.
- c** Progress is being made on establishing the GMC's regulatory oversight role for the applied knowledge test (AKT) to be coordinated by the Medical Schools Council (MSC). There are signs of positive progress on this from the MSC and it is hoped assurance can be provided at the 1 March 2023 Council meeting.

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- d** Discussions with the MSC on a data sharing agreement (DSA) are ongoing. The MLA is key to GMC plans to eliminate differential attainment and data collected by the MSC will be essential for this.

**18** During the discussion, Council noted that:

- a** Council agreed that access to MSC data on CPSA at a granular level, is vitally important to realising GMC ambitions in ED&I for medical education but recognised the challenges in establishing a DSA. There was concern over the risks of not establishing a DSA.
- b** While AKT data will be provided directly by medical schools, CPSA data can only be obtained with approval of the MSC.
- c** Scenario planning is being undertaken but we are still planning on the MLA going live in January 2024. The potential of industrial action in medical schools has been considered but should have minimal impact on MLA progress.
- d** Council showed interest in how the costs of implementing the MLA compared to original projections. The MLA evaluation stage will also look at costs and there is evidence the MLA is already showing benefits.

## **Regulatory Fairness Review Final Report (item M7)**

**19** Council was asked to note the Regulatory Fairness review final report.

**20** Council noted that:

- a** Recommendations have been split into cultural changes and process changes focusing on ED&I and quality assurance.
- b** While process changes are relatively easy, changing culture can be more challenging.
- c** Key challenges include: colleagues remembering to consider bias and look for it in their work; providing learning about different types of bias; how to embed learning from training; and how to deliver recommendations without overwhelming the organisation.

**21** During the discussion, Council noted that:

- a** The report was welcomed by Council and it was keen to be kept updated on progress in implementing the recommendations.
- b** More work could be done with stakeholders to address the perception that GMC decisions are not fair or free from bias, and in looking at why doctors are referred to the GMC in the first place.
- c** It is important to remember fairness applies to all GMC stakeholders, including patients and the public, and should focus on all protected characteristics.

## Report of the Audit and Risk Committee 2022 (item M8)

22 Council was asked to note the report of the Audit and Risk Committee 2022.

23 Council noted that:

- a There are proposals for financial stress testing which will give more insight into financial risks.
- b Confidence has grown in the programme management and organisation of regulatory reform work.
- c The Committee continue to develop their knowledge of the business to ensure it can provide challenge and scrutiny.

## Report of the Remuneration Committee 2022 (item M9)

24 Council was asked to note the report of the Remuneration Committee 2022.

25 Council noted that:

- a The Committee had a busy year with overseeing the appointment processes for a new GMC Chair, a new MPTS Chair, and initiating the process to appoint two new Council members.
- b There was a robust and competitive selection process for the GMC Chair leading to the Privy Council appointing Carrie MacEwen.

## Compliments and Complaints Report (item M10)

26 Council was asked to note the review of customer compliments and complaints for April to September 2022.

27 Council noted that:

- a The GMCs ISO 10002 accreditation for complaints handling was successfully audited in October 2022 with no opportunities for improvement identified.
- b The Corporate Review Team have been providing refresher training to other teams on unreasonable behaviour policies.
- c As part of the regulatory fairness work, the team is reviewing how their unreasonable behaviour policies are implemented, as ending correspondence is a high stakes decision with a large impact on customers.

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- d** Conversations have been had with other regulators to ensure a consistent approach to complaint handling across the regulators.

## **Any other business: (item M11)**

*Date of next meeting*

**28** Council noted that its next meeting is scheduled for 1 March 2023 in London.

**29** Council noted three below the line papers:

- a** Annual report of the pension plan management board
- b** Committee membership 2023
- c** 2023 Council forward work programme

Confirmed:

Carrie MacEwen, Chair

1 March 2023

## Chief Executive's report

<b>Action</b>	To note
<b>Purpose</b>	<p>This report outlines developments in our external environment and progress on our strategy since Council last met. Key points to note:</p> <ul style="list-style-type: none"> <li>● The Department of Health and Social Care's consultation on the AA and PA order was published on 17 February 2023. The new legislation will serve as a template for the future reform of the regulatory framework for other healthcare professionals, including doctors. Council will be discussing this in more detail in a separate agenda item.</li> <li>● The amendments to the Postgraduate Medical Education Training (PMET) order were laid on 14 December and we briefed peers on how this will allow us to improve our registration processes for certain GP and specialist applications. Once adopted, the new rules will commence in November this year.</li> <li>● We published our regulatory fairness report on 15 February 2023. This sets out recommendations to ensure the GMC actively seeks out and mitigates the risk of bias in the way the organisation operates.</li> </ul>
<b>Decision Trail</b>	Council receives this report at each full meeting.
<b>Recommendations</b>	<p><b>a</b> To consider the Chief Executive's report.</p> <p><b>b</b> To note the Performance Annex and the Corporate Opportunities and Risk Register.</p>
<b>Annexes</b>	<p>Annex A: Performance Annex</p> <p>Annex B: Corporate Opportunities and Risk Register</p>
<b>Author contacts</b>	<p><b>Iona Twaddell</b>, Head of the Office of the Chair and Chief Executive</p> <p>Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a></p>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Charlie Massey</b> , Chief Executive

## GMC news

- 1 We are conscious of the huge pressure on the NHS at the moment. In her message to the profession on 25 January, Professor Dame Carrie MacEwen reiterated the GMC's commitment to take account of the circumstances in which doctors are working should concerns be raised about them, highlighted work the GMC is doing to improve working environments and signposted doctors towards our ethical hub pages.
- 2 335,936 doctors received the email, with 190,111 (57%) of those doctors opening the email. The sensitive nature of the message meant reaction was more mixed than it was to Carrie's pre-Christmas message, reflecting anxieties in the profession around the ability to provide first-class care given current constraints. We also saw a number of positive responses, thanking Carrie for her compassionate and thoughtful tone.

## Parliamentary and stakeholder updates

- 3 Our external engagement has focused on our response to system pressures, highlighting our approach to compassionate regulation, encouraging responses to the regulatory reform consultation (more details about this are included in the relevant Council paper) and maintaining an influential voice in the system.
- 4 We have maintained our engagement with parliamentary committees, including securing an introductory meeting in December with the new Health and Social Care Select Committee Chair, Steve Brine MP.
- 5 The amendments to the Postgraduate Medical Education Training (PMET) order were laid on 14 December and we briefed peers on how this will allow us to improve our registration processes for certain GP and specialist applications. Once adopted, the new rules will commence in November this year.
- 6 We have responded to DHSC's review into the post-Brexit standstill regulations which govern how we recognise EEA qualifications for the purposes of registration. We have called for the provisions to be extended for a defined period of time as removing them risks exacerbating current NHS workforce pressures. We continue to press DHSC officials for confirmation on whether these regulations fall within scope of the Retained EU Law Bill and are thus at risk of being repealed at the end of 2023. We have written to peers to alert them to the risk and seek their support in gaining clarity from government as the Bill started its passage through the House of Lords in February.

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- 7 We continue to build our relationships with think tanks – Charlie met Martin Marshall in his new role as Chair of the Nuffield Trust and will meet Richard Murray, Chief Executive of The Kings Fund in March. We will build on our engagement throughout April and May to highlight our data and insights offer around the launch of SOMEF.
- 8 We are progressing work on patient group engagement:
  - We held our four country Patient Group Roundtable on 23 November, gaining helpful feedback from patient groups on regulatory reform.
  - We have written to The Patients Association's new Chair, Ann Lloyd Keen, a former Parliamentary Under-Secretary in DHSC during the Labour government, to arrange a meeting.
- 9 Our relationships with doctor representative organisations continue to be positive. Charlie is due to attend the BMA's professional regulation committee on 28 February to provide an overview of GMC priorities. In addition, Carrie and Charlie met Philip Banfield, BMA Council Chair and Mark Corcoran, Chair of the BMA Professional Regulation Committee, in January.

## Equality, diversity and inclusion

### Regulatory fairness

- 10 We published our regulatory fairness report on 15 February 2023. This sets out recommendations to ensure the GMC actively seeks out and mitigates the risk of bias in the way the organisation operates. The recommendations cover five main areas:
  - The GMC's approach to auditing the fairness of its work, which will be more frequent and will involve seeking more external feedback
  - Embedding a single set of decision-making principles to increase consistency across the organisation
  - Tailoring equality, diversity and inclusion (ED&I) training for GMC staff across different roles.
  - Publishing more detailed data about GMC fitness to practise processes, to demonstrate transparency
  - Making sure fairness and ED&I are embedded into the future of how the GMC operates
- 11 We have accepted all the recommendations and set up an implementation board to take them forward. We are also working closely with teams leading on the recommendations from other fairness reviews, including the case of Dr Arora. We will share regular updates with Council on the work in progressing the recommendations.

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**MWRES action plan**

**12** The Medical Workforce Race Equality Standard (MWRES) action plan 'The First Five' was published on 8 February 2023. This sets out an evidence-based approach to tackle the inequality faced by doctors from Black and minority ethnic (BME) backgrounds in the NHS. The document sets out actions within five domains:

- To reduce disproportionality of entry into local disciplinary processes and referrals to the GMC for BME and international medical graduate (IMG) doctors
- To improve diversity in senior medical leadership appointments
- To increase BME representation amongst the Councils of Royal Colleges to proportionately reflect their memberships.
- To ensure there are meaningful local arrangements for initial and ongoing support for IMG doctors
- To support SAS doctors to make progress in leadership roles and by review of the contract.

**13** Charlie Massey wrote the foreword for the action plan highlighting the importance of achieving these actions to support doctors and improve retention, and the need for many stakeholders to work together to make a difference. We supported the publication on our social media channels and through an opinion piece in BMJ.

## Welsh language standards

**14** We are currently in the consultation period for the Welsh language standards. These will replace our current Welsh language scheme with Welsh language standards for healthcare regulators. The standards set out what the GMC and other regulatory bodies need to do to ensure that Welsh language is treated no less favourably than English. Embracing the Welsh language standards shows our commitment to working across all four nations of the UK and will help to strengthen our stakeholder relationships in Wales. It is an opportunity to become more inclusive to those accessing our services in Wales who have the right to use the Welsh language in their everyday lives.

**15** We are due to respond to the Welsh language commissioner by 22 March on the draft compliance notice. We are currently gathering information from teams about the impact of the standards to understand whether we can implement them as currently written, or need to request amended wording or an extension from the Welsh Language Commissioner. We are working with Ateb, consultants who specialise in working with organisations to implement the Welsh Language Standards, to ensure we are appropriately prepared for the consultation deadline and following that, implementation.

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- 16** Following the consultation, we will receive a final compliance notice from the Welsh language commissioner (expected around April-May 2023) and will need to implement the standards in six months (or longer for any standards which have been granted an extension).

## **PLAB**

- 17** We released PLAB1 places on 10 December 2022. Around 74% of eligible candidates booked a place on the day - approximately 11,400. In total we have released around 23,400 places and 1,600 places remain available in 2023 (including priority places). PLAB2 is fully booked until the end of June but with plenty of availability after that, and we are planning to offer around 19,000 PLAB2 places next year.
- 18** Given PLAB2 demand, we are planning to build a fourth PLAB circuit, increasing the number of places by about 6,500 per year. This would cost around £2.3m and was not included in the 2023 budget. Therefore, we may need to spend more than the current 2023 approved budget, which would reduce reserve levels from current projections. It should be noted that we have built in a £1m contingency into the 2023 budget for material changes in demand, and there may also be an opportunity to use operational underspends to fund the project. As the financial outlook for 2023 becomes clearer, if we do need to overspend, we would return to Council for approval as per the financial regulations. We estimate that the project costs will be paid back through the contribution from increased PLAB volumes in four years.
- 19** We will return to Council in April and provide an update on demand for the PLAB exam, our plans to respond to this and their implications.

## **GMC credentials**

- 20** In April 2022, Council agreed that due to the complexity and challenges related to introducing GMC credentials the focus should be working with the early adopters to support them to achieve full approval and prepare for delivery.
- 21** We are pleased to report that we have fully approved the curriculum in mechanical thrombectomy. This is a significant milestone as it means training for this credential can now begin properly. The rural and remote and pain medicine credentials are also nearing full approval.
- 22** We are continuing to work closely with the Royal College of Psychiatry and the Royal College of Surgeons to make progress on the liaison psychiatry and cosmetic surgery credentials.
- 23** We have agreed with the statutory education bodies that they will be responsible for governance and delivery of GMC credentials, as is the case with specialty training. With this responsibility, much of the design of policy and processes will now fall to them to develop as part of preparing for implementation.

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- 24** We have also agreed that processes should mirror those for specialty and subspecialty training wherever possible. Some areas will need to be different for credentials, including signoff panels and a route for recognising doctors who can demonstrate they meet the outcomes of a GMC credential. We are continuing to work with stakeholders on these areas and are aiming to reach an agreed position by April 2023.
- 25** We plan to provide a more detailed update on the early adopter phase and a review of this programme of work to Council later this year. This will help to inform any decisions that need to be made before we begin to look at any new credentials.

## Enhanced monitoring

- 26** The volume of enhanced monitoring cases has been steady. There are currently 39 open cases, with conditions attached to GMC approval to deliver a programme of training at six sites. We have escalated one case to enhanced monitoring over the past month, Anaesthetics training across sites of Barking, Havering and Redbridge University Hospitals NHS Trust (QA12526). A number of concerns have been identified relating to the learning environment and culture following a series of visits in 2022. We have also resolved one case in Obstetrics and Gynaecology at London North West University Healthcare NHS Trust.

## Inquiries and reviews

- 27** The Department of Health and Social Care published an update on its work to implement the recommendations from the Paterson Inquiry in December. This referred to several GMC initiatives including our review of our *Good medical practice* guidance, our work with the Royal College of Surgeons in England to develop shared decision-making materials and our work with the NMC to develop a shared data platform. In December, the Department also published its update on implementing the recommendations from the Independent Medicines and Medical Devices Safety review. Within this, it confirmed that a UK pilot is underway to assess the feasibility of its proposals for managing the declaration, and publication, of conflicts of interest. Subject to the outcome of that pilot, the Department will then roll out its approach for all doctors in late 2023.
- 28** The Department of Health in Northern Ireland approached stakeholders, including the GMC, to confirm how we intend to respond to relevant recommendations from the Independent Neurology Inquiry report. We responded in mid-January, building on our public response to the Inquiry's recommendations and outlining our progress against these.
- 29** We have started engaging with the Nottingham maternity review to understand how we can assist its work, and along with Andrea Sutcliffe (Chief Executive of the NMC), Charlie Massey will be meeting with families affected by the review. This is chaired by Donna Ockenden and

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is likely to be the largest review into maternity care to date, following previous reviews into maternity services at Shrewsbury and Telford and East Kent hospitals. We continue to engage in national discussions about how best to contribute to implementing the recommendations from these reviews.

- 30** The UK Covid-19 Inquiry is currently carrying out Module 3 of its work which is of particular relevance to the GMC because it covers the impact of the pandemic on patients, healthcare professionals and the wider healthcare system. We have reached out to the Inquiry to request a meeting to discuss the type of material we would like to share to inform its work and have started proportionate preparation towards a GMC submission.

## Operational performance

- 31** The annexed report details performance against our KPIs and priorities agreed in the Business Plan signed off by Council in December 2022. We are reporting three new project exceptions as amber for this period due to various resourcing challenges. These projects are *Good medical practice* (GMP) review, Investing in our People, and Welsh Language Standards (WLS). The GMP project team have been experiencing sickness absence and turnover, and to address this they have reprioritised workloads to support the wellbeing of colleagues. The WLS project has set up a project board and have submitted a Planning Gateway bid for additional resource. The rating for Investing in our People is considered to be appropriate given the length of time it is taking to tender for the inclusion and development programmes for minority ethnic staff, and due to the Learning Needs Analysis (LNA) work being paused. Regulatory Reform, Regulation of AAs and PAs, and the Medical Licensing Assessment (MLA) programmes continue to report amber due to stakeholder dependencies.
- 32** On 14 December, Council approved some changes to KPIs reported in the Performance Annex. The most significant change to highlight is the inclusion of a new customer satisfaction measure for the Contact Centre. The measure gives a good indication of the quality of service received by customers through a sample survey that is currently run manually within the team. A target will be considered once enough data has been gathered to establish an appropriate baseline.
- 33** Following approval from Executive Board on 30 January, a threat on Pension Deficit has been escalated to the annexed Corporate Opportunities and Risk Register (CORR). In December 2022, Council members expressed a need for gaining greater visibility of our progress on reducing the pension deficit, which had increased following the economic turbulence in the final quarter of 2022. We had previously monitored a corporate risk on the deficit which was closed back in January 2021 as the funding plan in place was suitable for the size of the deficit, and the impact from the shift from RPI to CPI was understood. As the scheme now

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faces increased risks related to inflation and interest rate changes, the decision was made to re-open the risk with corporate oversight.

## Finance

- 34** The December financial update shows we were £0.1m worse off at the end of 2022 compared to budget. Our operational deficit was £6.6m lower than budget, however we made a £4.8m loss on our investments, against a budgeted £1.9m gain. Our overall finances remain in good shape and we are confident our medium term financial forecasts are consistent with our reserves policy. We recognise that cost of living pressures are a very significant issue for many colleagues at the moment and are considering what more we can do to support them.
- 35** Factors that affected our income and expenditure compared to budget in 2022 include:
- a** The cancellation of PLAB 2 exams in January and February 2022 reduced both income and expenditure. This shortfall was not full offset by the additional PLAB 1 places added and 8 additional PLAB 2 circuits later in the year.
  - b** MPTS hearing volumes have been consistently lower than budget due to late cancellations and postponements, and tribunals running shorter than scheduled leading to capacity not being fully utilised.
  - c** Expenditure was also reduced early in the year because of the Omicron variant reducing travel and other costs.
  - d** Our planned vacancy factor was 4% however we ended 2022 at an average 5% which also reduces our expenditure compared to budget on staffing costs.
  - e** The Gateway Fund had a budget of £5m however only £2.3m allocated in year.
- 36** There are several risks which could impact our financial position moving into 2023. The most prominent risk is the continued volatility of our investments and the potential for further instability over the next few months. Further risks include the rise in inflation, which will increase our third-party costs and drive labour market pressure without being able to raise our fee levels to match.
- 37** We will continue to monitor our investment performance and the impact of inflation rises closely.

## Pension scheme

- 38** We are still in discussion with the scheme trustees over the completion of the 2021 triennial valuation and its accompanying recovery plan. The trustees are seeking additional payments from the employer over and above those set out in the recovery plan as the scheme's deficit

**Agenda item M3**

**Chief Executive's report**

increased during the autumn of 2022. We agree that there has been a material change in funding that will lead to a recommendation to Council for additional contributions. We will come back to Council once we have worked through a proposition with trustees.

## Executive Board

**39** The Executive Board met on 19 December 2022 and 30 January 2023 to consider:

- a** The evaluation of the Risk Deep Dives considered throughout 2022. In the first meeting of 2023, board members reflected individually and then as a Board more holistically on what they see as key challenges, currently for both the short and medium/longer term. This did not identify new risks, but did provide further actions for the Board to undertake to sharpen its collective understanding and oversight of the areas identified.
- b** The Revalidation framework for PAs and AAs, initial soundings on this is that it should be similar to the model used for doctors.
- c** An update on the Sex, Gender and Gender Identity work being completed by the team (an update is being considered at this Council meeting)
- d** An update from GMCSI discussing the pipeline, work programme and business plan.
- e** Changing the policy on notifying doctors of their referral to the Disclosure and Barring Service or Disclosure Scotland to only notifying when necessary. The team has been asked to complete some further stakeholder engagement before this policy is rolled out.
- f** The implications of having a single Case Examiner making decisions rather than the two-person model we have at the moment.
- g** The transitional arrangements for those medical students who will be out of programme for a period of time when the MLA is implemented.
- h** Rolling out digital identity checks.

# M3 – Annex A - Performance annex

Data presented as at 01 Feb 2023 (unless otherwise stated)

# Operational Key Performance Indicators (KPIs) – since last report to Council

Indicator		Nov	Dec	Exception commentary
Operations	Decision on 95% of all registration applications within 3 months	97%	98%	<p><b>Investigations</b> - There were no referrals for Investigation Committee (IC) hearings in December however the KPI for commencing 100% of these within 2 months of referral was missed in November (0%). This was as a result of a doctor appealing a conviction related to a hearing during this period. To prevent the GMC and defence incurring avoidable costs, the IC listing was delayed until the outcome of the appeal was known. Low volumes of referrals means that small numeric changes can have a significant impact on the percentage of this KPI.</p> <p><b>Finance</b> - The variance between income and expenditure was 2.52% in November. The cancellation of all PLAB 2 tests in January and a further proportion in February reduced income for the year. Expenditure remains under budget as the variable costs linked to PLAB tests were not spent, and ongoing limited travel patterns and working from home has reduced some of our operational costs. The year to date vacancy rate is 5.2% which is higher than the 4% assumed in the budget. MPTS hearing volumes are lower than budget with reduced associate costs for tribunal members and legal costs in FTP. Financial data for December 2022 is not yet available due to extended processes at year end.</p> <p><b>Contact Centre (survey results)</b> – A customer service measure has been added as approved by Executive Board and Council in December following the 2022 annual performance measures review. It shows the percentage of customers who gave us a positive rating (7 or above) out of 10 in a sample feedback survey about the Contact Centre’s service. A target will be set once enough data has been collected to establish a baseline.</p>
	Decision on 95% of all revalidation recommendations within 5 working days	96%	97%	
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	100%	
	Conclude 90% of fitness to practise cases within 12 months	94%	94%	
	Conclude or refer 90% of cases at investigation stage within 6 months	95%	97%	
	Conclude or refer 95% of cases at the investigation stage within 12 months	97%	97%	
	Commence 100% of Investigation Committee hearings within 2 months of referral	0%	No Cases	
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	100%	100%	
	Contact Centre sample survey - % of customers who rated their overall experience and satisfaction at 7 or above (out of 10)	83%	78%	
	Answer 80% of calls within 20 seconds	82%	81%	
Organisation	2022 Income and expenditure [% variance +/- 4%]*	+2.52%	Not yet Available	
	Rolling twelve month staff turnover within 8-12%**	10.3%	10%	
	IS system availability (%) – target 99.89%	100%	100%	
	Monthly media score	830	154	

\*The range of variance for the finance KPI was increased from +/- 2% to 4% following the 2022 performance measures review. RAG statuses for previous months have remained the same indicating performance against the previous +/- 2% target.

\*\*The target range for staff turnover has been reduced from 8-15% to 8-12% following the 2022 annual performance measures review. By reducing the top end of the range from 15% to 12%, we will be more likely to take appropriate action sooner before turnover exceeds the rate that we are comfortable with.

# Operational Key Performance Indicators (KPIs) – 12 month performance summary

2022

Indicator		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Operations	Decision on 95% of all registration applications within 3 months	98%	97%	97%	99%	99%	99%	99%	98%	98%	98%	97%	98%	
	Decision on 95% of all revalidation recommendations within 5 working days	98%	96%	94%	95%	96%	97%	98%	93%	94%	95%	96%	97%	
	Respond to 90% of ethical/standards enquiries within 15 working days	98.2%	95%	100%	94%	100%	100%	100%	100%	100%	100%	93%	100%	100%
	Conclude 90% of fitness to practise cases within 12 months	94%	93%	93%	94%	95%	93%	95%	93%	93%	93%	94%	94%	
	Conclude or refer 90% of cases at investigation stage within 6 months	96%	96%	96%	96%	97%	96%	97%	95%	96%	95%	95%	97%	
	Conclude or refer 95% of cases at the investigation stage within 12 months	96%	96%	96%	97%	98%	96%	97%	98%	97%	96%	97%	97%	
	Commence 100% of Investigation Committee hearings within 2 months of referral	100%	No Cases	No Cases	No Cases	100%	No Cases	100%	No Cases	No Cases	No Cases	100%	0%	No Cases
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Contact Centre - % of customers who rated their overall experience and satisfaction at 7 or above (out of 10)*											79%	83%	78%
	Answer 80% of calls within 20 seconds	58%	78%	64%	43%	23%	9%	20%	71%	81%	85%	82%	81%	
Organisation	2022 Income and expenditure [% variance +/- 4%]**	+2.61%	+0.70%	+2.23%	+2.94%	+2.93%	+2.67%	+2.88%	+3.16%	+3.31%	+3.29%	+2.52%	Not yet Available	
	Rolling twelve month staff turnover within 8-12%***	8.4%	8.3%	8.7%	9%	9.6%	9.5%	9%	8.9%	9.7%	10.1%	10.3%	10%	
	IS system availability (%) – target 99.89%	99.98%	99.99%	99.93%	99.96%	99.9%	100%	100%	100%	100%	100%	100%	100%	
	Monthly media score	79	4	716	424	164	-263	892	19	104	1459	830	154	

\*An appropriate target will be considered once a baseline has been established.

\*\*The range of variance for the finance KPI was increased from +/- 2% to 4% following the 2022 performance measures review. RAG statuses for previous months have remained the same indicating performance against the previous +/- 2% target.

\*\*\*The target range for staff turnover has been reduced from 8-15% to 8-12% following the 2022 annual performance measures review. By reducing the top end of the range from 15% to 12%, we will be more likely to take appropriate action sooner before turnover exceeds the rate that we are comfortable with.

# Corporate Strategy Delivery: Priority activities forecast

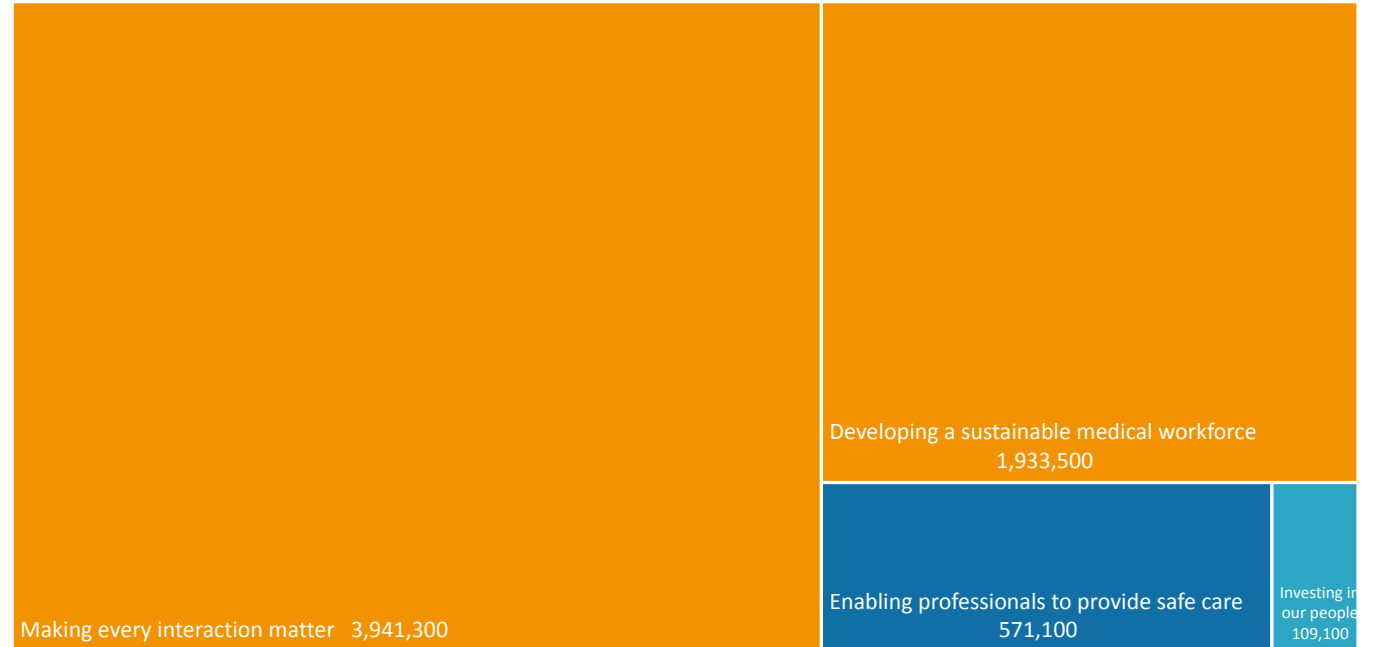
February – December 2023 estimated investment (project team resource)

## Our strategy 2021-25

This strategy has been developed with and for patients, medical professionals, partners and colleagues. Over the next five years, four themes will shape all our work, helping us to achieve our ten-year vision.



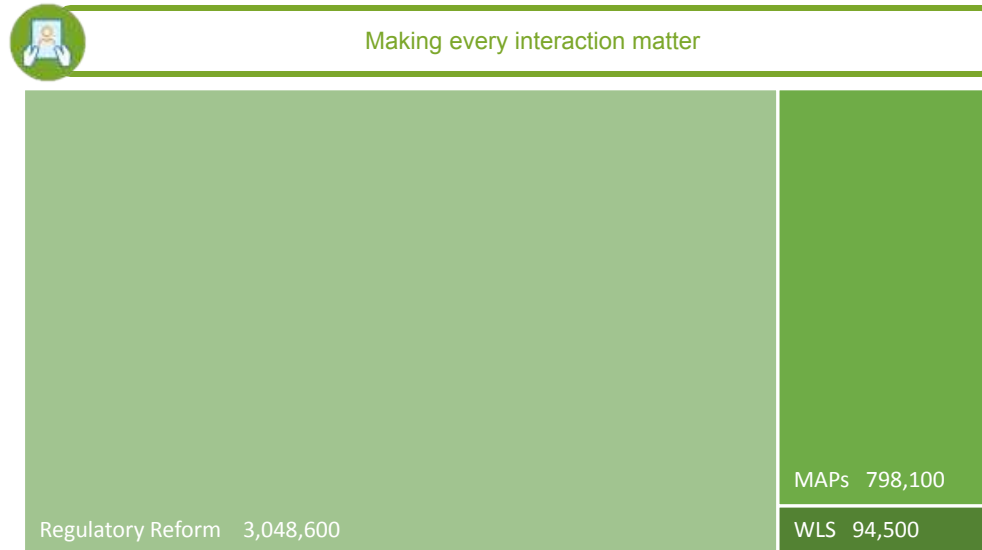
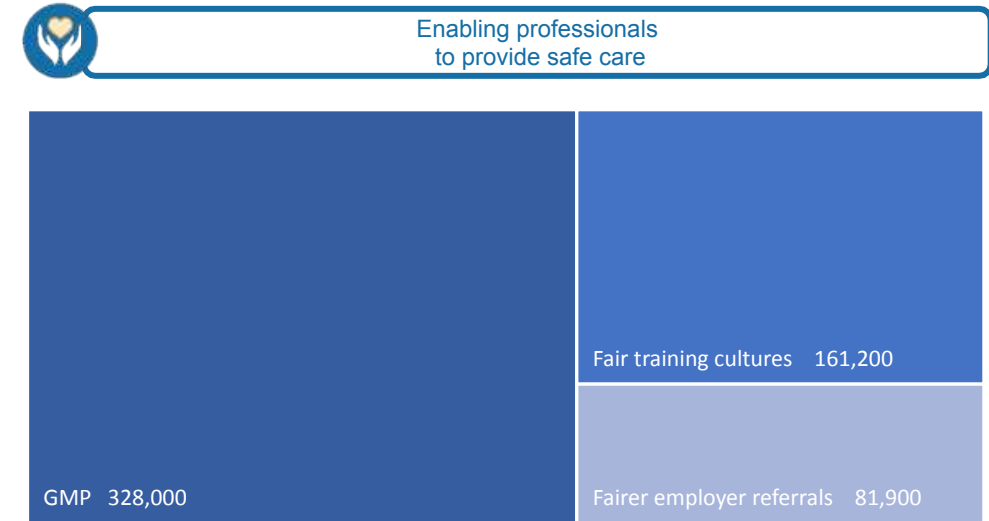
## Committed project resource for remainder of 2023 by Strategic Aim



Themes	Project resource costs to deliver tier 1 priorities
Making every interaction matter	3,941,300
Developing a sustainable medical workforce	1,933,500
Enabling professionals to provide safe care	571,100
Investing in our people to deliver our ambitions	109,100
<b>Total</b>	<b>6,555,000</b>

# Corporate Strategy Delivery: Priority activities forecast

Feb – Dec 2023 estimated investment (project team resource)



\*Cost for Regulatory reform includes resource from enabling teams to deliver programme

\*\*The Regulation of AAs and PAs programme (or MAPs) resource is funded by DHSC and nil cost to the GMC



# Enabling professionals to provide safe care

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

2023 Priority change activities		RAG	Status
Review of Good Medical Practice (GMP)	<p><b>Why:</b> Want to make sure our standards for professions we regulate reflect current patient and public expectations – and that our approach to embedding those with the profession maximises their relevance and application to care. Our guidance will be publicly consulted on and we will have launched an updated GMP.</p> <p><b>When:</b> Complete by Q3 2023 <b>Who:</b> Colin Melville; Mark Swindells</p>		<p>We are reporting amber during this period due to reduced capacity within the team and in reflection of this being a crucial phase of the project, with the redrafting of the core GMP underway and a sub team tasked with reviewing the explanatory guidance in scope. The reduced capacity is due to some sickness absence and turnover. This has impacted the project by increasing pressure on team members. To address this, and protect the wellbeing of colleagues, we have reviewed workloads and assignments to ensure there is a balanced spread across the team. We have also reassessed regular meetings and attendance to ensure value and efficiency. The team is currently finalising the reports and sections of the draft that will be shared with the GMP Advisory Forum on 30 January. The recommendations from these discussions continue to inform the redraft of the guidance. We updated SMT at the end of November and held a Council seminar on 13 December, and on both occasions we received very helpful and positive feedback. We also have plans underway to reallocate responsibilities for the new year.</p>
Fairer Employer Referrals	<p><b>Why?</b> To eliminate differentials in employer fitness to practise referrals</p> <p><b>When:</b> by 2026 <b>Who:</b> Anthony Omo</p>		<p>The project is now being led by a new project manager following sign off of the phase 2 plan by the Chief Executive. A review of activities are underway to develop a strategic implementation plan. Research relating to overrepresentation in primary care is nearing completion and the findings will be reviewed to support next steps. Planning is underway to assess our internal levers for addressing disproportionality. Workshops will be held with staff to understand this in more detail.</p>
Fairer Training Cultures	<p><b>Why?</b> To deliver on our commitment to eliminate discrimination, disadvantage and unfairness for all index measures of fair medical education and training pathways.</p> <p><b>When:</b> September 2031 <b>Who:</b> Colin Melville</p>		<p>We intended to publish enhanced progression reports and a companion narrative report towards the end of last year, however this was delayed by competing communications demands. It has now been scheduled for 13 February. This ties in with the timing of our Train the Trainers evaluation report publication, and supports themes that the Communications team wish to publicise. Following this, Edge Hill University are also seeking to publish a related article in a peer reviewed journal which will require us to plan further communications. This is the first of two significant evaluations we have commissioned. The other is an evaluation of our exam preparation course pilot, which is due imminently. This will underpin a large amount of our engagement this year including some conference attendances. As well as maximising the value of our pilot schemes we are now working with teams internally to embed our project aims into their work throughout 2023. New National Training Survey (NTS) Foundation 1 preparedness questions have been finalised and we will analyse these in June. We'll shortly be starting work engaging with Policy on reviews of the General professional capabilities framework and the Trainers recognition framework.</p>



## Developing a sustainable medical workforce

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

2023 Priority change activities		RAG	Status
Introducing the Medical Licensing Assessment (MLA)	<p><b>Why?</b> Want to give patients greater confidence that they will receive a consistent level of core knowledge, skills and behaviours from any doctor practising in the UK. UK medical schools will deliver the Assessment embedded within final exams for a UK medical degree, overseen and regulated by us, and we will administer the assessment for IMG doctors.</p> <p><b>When:</b> Q4 2025 <b>Who:</b> Colin Melville; Judith Chrystie</p>		<p>MLA implementation work is on track, with an operational focus on continuing to assess medical schools' evidence against our Clinical and Professional Skills Assessment (CPSA) requirements. We have received, and started to triage, the evidence submission from the Medical Schools Council (MSC) against those of our applied knowledge test (AKT) requirements which the MSC is delivering on behalf of medical schools. We have also received a proposed data sharing agreement (DSA) from the MSC. Other ongoing work includes planning for the MLA to go live and the transition to business as usual; scoping research and evaluation projects; and arranging the first MLA Content Map Advisory Group (CMAG) meeting.</p> <p>The overall MLA programme remains on track. However, the MLA is a high-profile change programme which is resource-intensive in the near-term and is being delivered with, and in some aspects through, external delivery partners. As such, the overall programme is likely to remain at amber for the foreseeable future.</p>
Post-Brexit Registration Pathways	<p><b>Why?</b> To ensure we have efficient and effective routes for skilled professionals to gain registration and maximise the number of skilled doctors available to the UK medical workforce. To start, we will expand our Clinical Assessment capacity for international medical graduates to respond to Covid and manage the UKs post-Brexit registration approach for EU professionals.</p> <p><b>When:</b> Q3 2024 <b>Who:</b> Una Lane; Kirstyn Shaw</p>		<p>The DHSC have confirmed the review will launch in January and run for 3 weeks. We've discussed and agreed our response to the review and took our position to SMT for approval on 16 January. The DHSC advised that the standstill legislation could fall under the scope of the Retained EU Law (REUL) bill, which could see certain legislation removed at the end of 2023. We've sought legal advice to understand the impact of this to see if and how standstill arrangements would be affected. The Department for Business, Energy &amp; Industrial Strategy (BEIS) have confirmed they will issue legislation as the mechanism to implement the European Free Trade Association (EFTA) trade deal, and in January, will launch a 6 week consultation. The Postgraduate Medical Education and Training (PMET) Order amendments were laid on 14 December and will come into effect 30 November 2023, which represents a significant milestone for the specialist and GP pathway projects. The PGQ expansion project has begun scoping options for phase 2. In the Sponsorship expansion project we have been receiving submissions to our survey of potential sponsoring organisations. The Cross border working project is developing a proposal for eligibility and evidential requirements of any new type of registration at the programme board in January. The Portfolio assessment pathways project has continued their engagement with Royal Colleges and Faculties, and has continued work on the Equality Impact Assessment (EQIA). The Direct assessment pathways project has had their engagement approach approved the programme board and R&amp;R senior management. They also held workshops with the Enterprise Systems team to develop the IT screens for the Recognised Specialist Qualification (RSQ) pathway, and plan to hold further workshops to look at the different options for adding and removing qualifications from the dynamic list for the RSQ pathway.</p>



## Making every interaction matter

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

2023 Priority change activities		RAG	Status
Regulation of Anaesthesia Associates (AAs) and Physician Associates (PAs)	<p><b>Why?</b> To expand the medical workforce and the contribution by our professionals to quality patient care, while continuing to safeguard patients. We will deliver equivalent statutory functions across MAPs and doctors.</p> <p><b>When:</b> End of 2024 <b>Who:</b> Una Lane; Clare Barton</p>	Amber	We continue to rate the Regulation of AAs and PAs programme as amber to reflect the delay to the DHSC's consultation on the draft AAPA Order, which is now expected to launch around February 2023. Any further delays in the legislative timetable could prevent us commencing regulation of PAs and AAs before the end of 2024 as planned. The GMC's work plan on regulatory development for PAs and AAs is progressing well. In December we obtained Executive Board approval for our proposed revalidation policy approach for PAs and AAs. We also delivered a regulation update to the Faculty of PAs' annual conference.
Regulatory Reform	<p><b>Why?</b> To improve the design and delivery of our functions so that we can be more responsive to the changing needs and expectations of patients, the health system, and the professions.</p> <p><b>When:</b> Expected by Q4 2025 (dependent on when DHSC consult on the Medical Professions Order and lay this in parliament). <b>Who:</b> Shaun Gallagher; Tim Aldrich</p>	Amber	<p>The overall rating for the Regulatory Reform programme is amber. We received the latest draft of the Anaesthesia Associate (AA) and Physician Associate (PA) Order from the Department of Health and Social Care (DHSC) on 23 December. We're pleased to see that some of our previous feedback has now been addressed, however as you would expect at this stage, there still remain some areas on which we will provide more feedback as we believe that the drafting could be further improved.</p> <p>The Write Round process has now commenced so we expect the DHSC consultation on the AAPA Order to be published soon. Our timeframes are dependent on DHSC meeting their milestones, therefore we continue to keep our plans under review. Additionally, we are preparing for a number of stakeholder meetings where Regulatory Reform is high on the agenda over the next few months.</p>
Transition to Welsh Language Standards	<p><b>Why?</b> We are getting ready to comply with the incoming Welsh Language Standards for healthcare regulators, an important part of the Welsh Government's Cymraeg 2050 strategy. This is an opportunity to enhance our Welsh language offer to those accessing our services, and we're planning activities to implement the standards across all functions of the GMC.</p> <p><b>When:</b> Q1 2024 <b>Who:</b> Neil Roberts; Tista Chakravarty-Gannon:</p>	Amber	<p>The Welsh Language Standards Draft Compliance Notice arrived on 13 Dec 2022 with a deadline to respond by 22 March 2023. The project is rated amber to reflect the need for additional resource in order for it to be delivered by the deadline. A cross-directorate Project Board is now in place, and have endorsed a high level plan to respond to the Welsh Language Standards. On 10 January, it was agreed at the project board that a Gateway bid will be submitted to secure more resource for colleagues in the Registration and Revalidation directorate.</p> <p>We continue to work with directorates to gather the detailed information needed in order to provide a robust response to the Commissioner.</p>
Regulatory Fairness	<p><b>Why?</b> We are focussed on making fairness central to our work and we're reviewing the fairness and transparency of high-stakes decision we make.</p> <p><b>When:</b> Q1 2023 <b>Who:</b> Shaun Gallagher</p>	Green	In November, SMT accepted the recommendations put forward in the Regulatory Fairness Review final report which was then shared at Council on 14 December. We are now in the process of preparing the report for publication, which is expected by February. A closure report is being shared at the February Gateway to formally close the project. All further actions have been transitioned to business as usual and the ED&I team are leading on the co-ordination of the implementation of the recommendations. The Director of Strategy and Policy will be the executive lead for the implementation board.



## Investing in our people to deliver our ambitions

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

2023 Priority change activities	RAG	Status
<p>Investing In Our People</p>	<p><b>Why?</b> To ensure our approach as an organisation to leadership, support and ongoing improvement attracts and retains the right people to meet our ambitions - we're expanding the diversity of our people and targeting the barriers some colleagues experience so we can become a more inclusive work environment. We're also working to achieve Gold accreditation under Investors in People (IiP).</p> <p><b>When:</b> Q3 2023 (IiP), 2026 for wider diversity. <b>Who:</b> Neil Roberts; Andrew Bratt</p>	<p>The ED&amp;I LNA work is on hold pending a second submission to Gateway for resource to deliver this programme of work. Planning for rolling out Feedback for Success in Q1 2023 is underway. A supplier day was held in October to explore options to replace the previous developing diverse talent and leadership programme. This has helped us make changes to our tender outline which we expect to publish by end of January. We have successfully appointed 8 new apprentices who will be joining at the end of January. In doing so we have met our ED&amp;I target of recruiting 50% from an ethnic minority group. We are in the process of changing our business administration apprenticeship training provider due to unforeseen circumstances however do not anticipate this impacting current plans. The Leadership Everywhere part two training is now available for colleagues to book. The intern project is now closed, although we have submitted a bid to the next Gateway to request funding for a 2023 programme. All graduates are now in post and are being inducted. The programme is graded amber over all to reflect the delays with the LNA work and the tender for revised inclusion and development programme for ethnic minority staff.</p>



# Investing in our people to deliver our ambitions

Our target is to eliminate differentials within our own staffing performance, in Minority Ethnic recruitment, representation across staffing levels, retention, progression, pay and employee engagement by 2026.

Underlying measures and targets		Actual				Target		
		2021 (%)	2021 (Vol)	2022 <sup>1</sup> (%)	2022 <sup>1</sup> (Vol)	By end of 2023	% points off 2023 target	2026
Increase the level of Minority Ethnic representation at Level 3 and above	Applications	32.1%	301	34.9%	236	27%	+ 7.9%	30%
	Interviews	22.4%	38	23.1%	42	22%	+ 1.1%	25%
	Offers	32.1%	18	12.1%	^	17%	- 4.9%	20%
	Workforce	13.3%	81	14.0%	88	16%	- 2.0%	20%
level of Minority Ethnic representation at Level 2+ (workforce)		11.7%	25	12.7%	27	14%	- 1.3%	20%
level of Minority Ethnic representation at level 3 (workforce)		14.3%	56	14.7%	61	16%	- 1.3%	20%
Increase the level of Minority Ethnic representation at all levels	Applications	40.0%	1,517	44.4%	1,697	37%	+ 7.4%	40%
	Interviews	27.4%	306	28.1%	260	32%	- 3.9%	35%
	Offers	30.2%	103	24.3%	61	27%	- 2.7%	30%
	Workforce	16.0%	248	17.3%	278	17%	- 0.1%	20%
Reduce differential turnover rates for Minority Ethnic staff compared to the average to improve retention and for rates to be within 1-2% of each other by end of 2023*		0.6%	-	Minority Ethnic (%)	Non-minority Ethnic (%)	1-2%	% points between groups	1.0%
				12.8%	9.1%		3.7%	
Proportion of Minority Ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level**		-3.4%	-	Minority Ethnic (%)	Non-minority Ethnic (%)	18%	% points between groups	18%
				9.4%	11.2%		1.8%	
Pay differentials within a confined band limited to 2% from 2023 <sup>2</sup> <i>(table shows the proportion of bands that are outside of the tolerance)</i>		41.7%	5/12	58.3%	7/12	2.0%	N/A	2.0%

<sup>1</sup> Rolling 12 month period used to the end of the reporting month (Oct 2022)

<sup>2</sup> Specialist bands are not included

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

\*\* Difference is not set against the 2023 figure, the target is that the proportion of staff will be equal across Minority Ethnic and Non-Minority Ethnic.

^ All volumes fewer than five are redacted to preserve anonymity.

# Financial summary (December)

Financial summary as at Dec 2022	Budget 2022	Actual 2022	Variance	
	£000	£000	£000	%
Operational expenditure	130,573	122,797	7,776	6%
Capital expenditure	9,222	8,450	772	8%
<b>Total expenditure</b>	<b>139,795</b>	<b>131,247</b>	<b>8,548</b>	<b>6%</b>
Operational income	133,784	131,864	(1,920)	(1)%
<b>Operational surplus/(deficit)</b>	<b>(6,011)</b>	<b>617</b>	<b>6,628</b>	

Financial summary as at Dec 2022	Budget 2022	Actual 2022	Variance	
	£000	£000	£000	%
Investment income	1,926	(4,869)	(6,795)	(353)%
Investment management fees	262	209	53	20%
<b>Net investment return</b>	<b>1,664</b>	<b>(5,078)</b>	<b>(6,742)</b>	
<b>Total surplus/(deficit)</b>	<b>(4,347)</b>	<b>(4,461)</b>	<b>(114)</b>	

# Financial detail (December)

Expenditure as at Dec 2022	Budget 2022	Actual 2022	Variance	
	£000	£000	£000	%
Staff costs	79,764	78,781	983	1%
Staff support costs	3,737	3,336	401	11%
Office supplies	1,039	916	123	12%
IT & telecoms costs	5,228	5,057	171	3%
Accommodation costs	7,899	7,635	264	3%
Legal costs	4,815	4,555	260	5%
Professional fees	3,232	3,190	42	1%
Council & members costs	439	407	32	7%
Panel & assessment costs	19,505	16,756	2,749	14%
PSA Levy	858	864	(6)	(1)%
Gateway fund	2,757	0	2,757	0%
Pension top up payment	1,300	1,300	0	0%
<b>Total operational expenditure</b>	<b>130,573</b>	<b>122,797</b>	<b>7,776</b>	<b>6%</b>

Income as at Dec 2022	Budget 2022	Actual 2022	Variance	
	£000	£000	£000	%
Annual retention fees	104,719	104,829	110	0%
Registration fees	7,115	5,254	(1,861)	(26)%
PLAB fees	17,155	16,103	(1,052)	(6)%
Specialist application CCT fees	2,903	3,196	293	10%
Specialist application CESR/CEGPR fees	1,293	1,485	192	15%
Interest income	55	522	467	849%
Other income	544	475	(69)	(13)%
<b>Total Operational Income</b>	<b>133,784</b>	<b>131,864</b>	<b>(1,920)</b>	<b>(1)%</b>

## Finance - GMCSI summary & investments (December)

GMCSI summary as at Dec 2022	Budget 2022	Actual 2022	Variance	
	£000	£000	£000	%
GMCSI income	323	351	28	9%
GMCSI expenditure	323	325	(2)	(1%)
<b>Profit/(loss)</b>	<b>0</b>	<b>26</b>	<b>26</b>	

# Finance - Investment Committee Update (December)

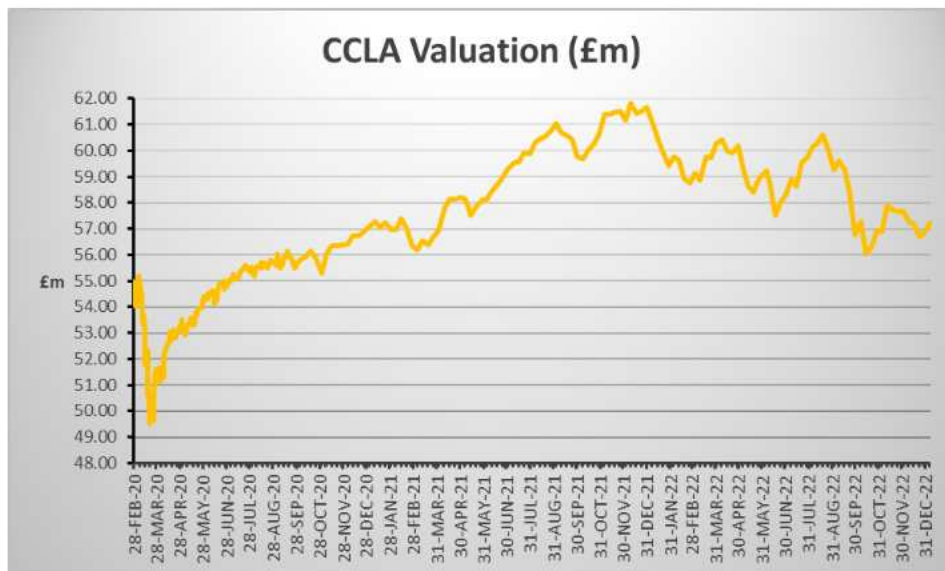
## 1) The Investment mandate, approved by Council, given to our Investment managers CCLA

- \* Our objective is to protect against the erosion of capital by inflation
- \* Our target annual return is CPI plus 2% measured over 5 year rolling periods.
- \* Our benchmark for assessing performance is based on 25% Global Equities/65% Gilts/10% property
- \* Ethical exclusions where companies are excluded if greater than 10% of Turnover for Tobacco/Alcohol/  
Gambling/Pornography/High Interest rate lending/Cluster munitions and landmines/Extraction of thermal coal

## 2) Holdings as at 31 December 2022

	£millions	%
Total Equities	16.1	28.4%
Fixed Interest	11.7	20.7%
Property	2.4	4.2%
Infrastructure	4.5	7.9%
Other Income	2.0	3.6%
Private Equity	1.1	1.9%
Cash	18.8	33.2%
<b>Total</b>	<b>56.6</b>	<b>100.0%</b>

## 3) History of portfolio valuation - as at 6 Jan 2023



\* At 6th January Portfolio is valued at £57.2m

## 4) Performance Overall

The following sets out the investment returns achieved by our chosen Investment managers compared to the target

As at 31 Dec	Performance Period		
	3 Months	12 Months	3 Years (p.a)
Our Actual Portfolio	(0.08)%	(7.86)%	1.51%
Target: CPI + 2%	3.24%	12.51%	7.44%
Actual minus Target Performa	(3.32)%	(20.37)%	(5.93)%

# Litigation summary – Q4 2022

The graph on incoming litigation shows all new litigation records opened between 1 October 2022- 31 December 2022.

**Total Open Litigation: 64** - as at 10 January 2023.

**Concluded litigation: 10**

**8 = GMC Successful**

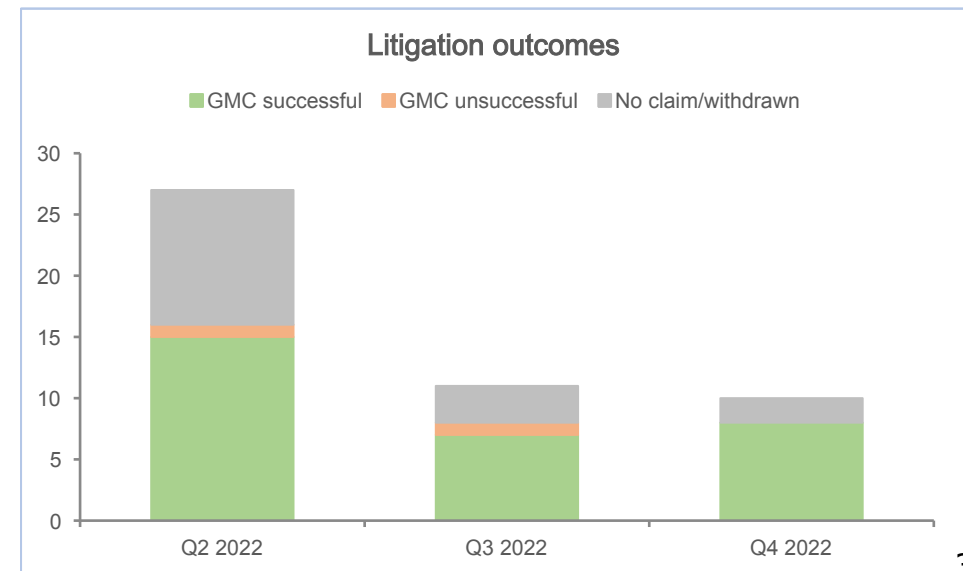
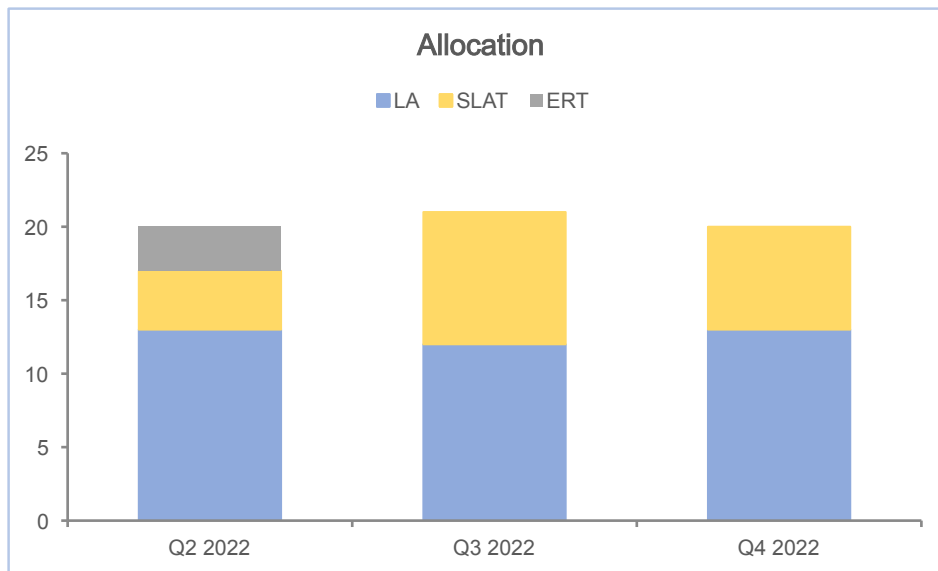
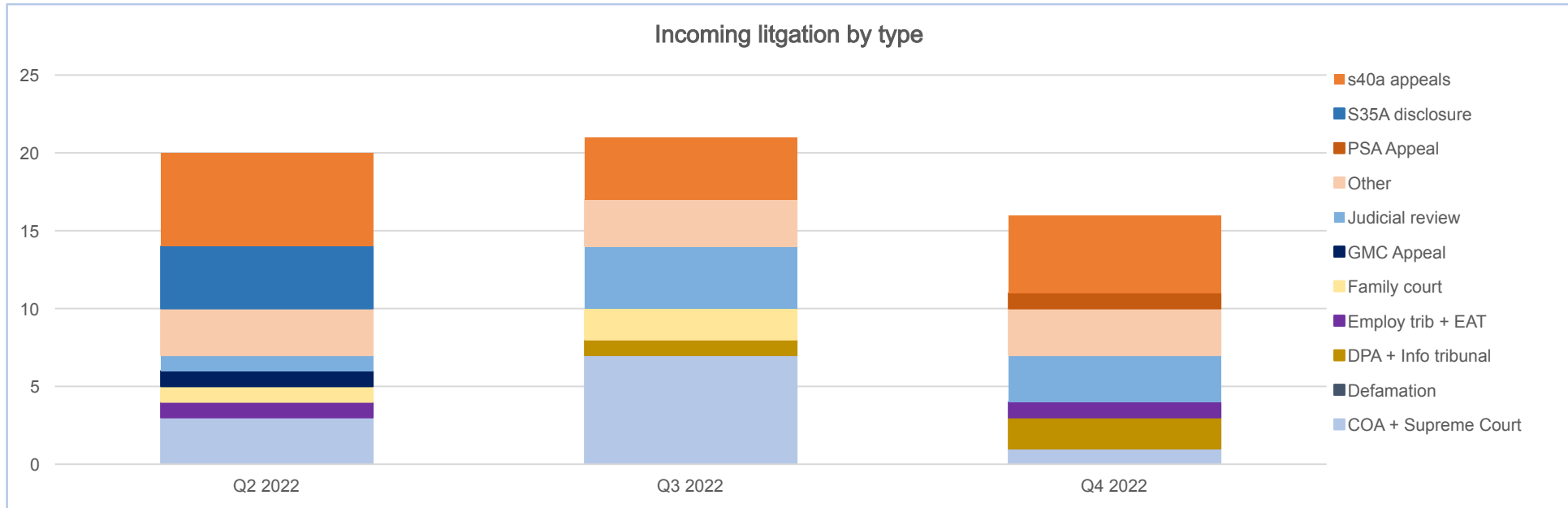
- x5 = s40 (doctor) Appeals
- x1 = Judicial Review
- x1 Supreme Court Appeal
- x1 Court of Appeal

**2 = Claim withdrawn**

- x1 Court of Appeal
- x1 s40 (doctor) Appeal

**Key:**

- PSA – Professional Standards Authority
- EAT – Employment Appeal Tribunal
- DPA – Data Protection Act
- COA – Court of Appeal
- LA – Legal Adviser
- SLAT – Senior Legal Adviser (Technical)
- ERT – Expert Report Team



## Corporate Opportunities and Risk Register - February 2023

Risk ID	Title Date Raised	Category	Detail	Owner	Levelhood - Inherent	Levelhood - Residual	Mitigation / Enhancement	Council and/or Board Assurance	Assurance	Further Action Detail	Risk Appetite
207	<b>Pension Deficit</b> 21/08/2020	Financial	The impact of the economic instability in the final quarter of 2022 resulted in both the asset and liability value of the pension scheme reducing, however the value of the assets reduced to a greater extent. This has increased the size of the deficit significantly.	Neil Roberts	HIGHLY LIKELY	MAJOR	<ul style="list-style-type: none"> <li>Trustees meet regularly and continue to take professional advice in relation to the existing deficit.</li> <li>The employer and trustees work together to ensure suitable funding arrangements are in place to address the deficit.</li> <li>The employer factors annual payments into the budget to cover the agreed funding arrangements.</li> <li>Trustees are reviewing current investment strategy</li> </ul>			<ul style="list-style-type: none"> <li>At the time of reporting - the employer is continuing to discuss funding arrangements with trustees, Council will be updated on the outcomes of discussions.</li> </ul>	Medium
203	<b>Welsh Language Standards</b> 03/10/2022	Legal	We were issued with the draft Welsh Language Standards in December 2022 and are expected to be legally compliant by Autumn 2023. If all directives do not fully engage with, prepare for and then comply with the new Standards, we risk legal, reputational and financial damage.	Neil Roberts	QUITE LIKELY	MAJOR	<ul style="list-style-type: none"> <li>Senior Sponsor in place (but currently on sick leave) – Director of Strategic Communications and Engagement (with Director of Resources Chairing Project based in interim).</li> <li>Project Manager appointed (from 24 October 2022 until April 2024).</li> <li>Ongoing engagement with the Welsh Language Commissioner's office on readiness.</li> <li>Initial gap analysis of our readiness for compliance completed by independent consultants.</li> <li>Consultants retained to support negotiations with the WL Commissioner as part of the consultation to reduce impact to what is proportionate for the organisation.</li> <li>Engagement with directors of GMC most likely to be impacted.</li> <li>Ongoing engagement with other healthcare regulators to align approach.</li> <li>Fluent Welsh speakers in GMC Wales Team supporting ongoing work.</li> <li>Threat escalated to Corporate Register (October 2022).</li> <li>Project Governance established (October 2022).</li> <li>Gateway funding received for support from Welsh Language consultancy firm for priority activities (Dec 2022).</li> <li>Project escalated on the corporate priority list.</li> <li>WLS now set up on GMC's project system (MSPO) and updates will now be provided to EB bi-monthly.</li> </ul>	<ul style="list-style-type: none"> <li>Presentation to SMT on 8 August. We plan to return to SMT in Q1 2023 before submitting our consultation response.</li> </ul>	<ul style="list-style-type: none"> <li>GMC Wales to convene group of regulators to align and share information [In Progress].</li> <li>Project Manager to coordinate compliance mapping by each Directorate (November 2022)</li> <li>GMC Wales liaise with the Commissioner, negotiating on draft compliance notice (January 2023 onwards).</li> <li>Transition service in place to carry out transition of relevant documents – QA review required.</li> <li>Follow-up discussion at SMT on compliance and negotiating options - tbc Feb 2023.</li> </ul>	Low	
215	<b>MAPs regulation delay</b> 10/03/2022	Reputational	<p>If there are further delays to the timescale for commencing regulation of PAs and AAs, we could lose the confidence of stakeholders, and numbers of PA/AAs in education and employment may fall to increase as expected. As well as adversely affecting workforce objectives, this would reduce GMC fee income and further increase our funding requirement from DHSC, which is subject to approval annually.</p> <p>The workforce impact of delay is magnified by the fact that extension of prescribing responsibilities to PAs and AAs is subject to a separate legal process that cannot start until these professions are regulated.</p>	Una Lane	HIGHLY LIKELY	MAJOR	<ul style="list-style-type: none"> <li>Regular communication with key stakeholders, including promoting achievements from the programme so far and upcoming activity.</li> <li>We will maintain some dedicated staffing resource on each workstream until regulation starts, in order to retain expertise and ensure readiness for implementation.</li> <li>Programme cost projections updated quarterly and reported to DHSC/GMC Financial Accountability Group, providing advance notice of funding needs.</li> <li>Principle clearly established that costs of MAPs regulation will not be met from donor fees.</li> </ul>	<p>In July 2022, DHSC announced a revised approach to legislation that will separate the introduction of PA/AA regulation from the wider reform of the Medical Act. Theoretically, this should reduce the risk of significant further delay to regulation, but we feel the timescale remains ambitious. The draft AA and PA Order is being presented as a template for future changes to the legislation of the GMC and other healthcare regulators, meaning that challenges to both policy and drafting may come from a number of sources.</p>	<ul style="list-style-type: none"> <li>Continue liaison with DHSC to ensure they understand our relationships with key PA/AA stakeholders and the importance of maintaining trust for our continuing progress on regulatory development.</li> <li>Use our influence with Governments, SEBs and other stakeholders to press for actions that would help mitigate the workforce impact of continuing delay to regulation.</li> </ul>	Low	
220	<b>ED&amp;I compliance</b> 17/02/2020	Strategic / Policy	The assurance we can evidence that our regulatory decision-making is fair, is not persuasive to key stakeholders and weakens confidence in regulation.	Shaun Gallagher	QUITE LIKELY	MAJOR	<ul style="list-style-type: none"> <li>Equality, Diversity and Inclusion (ED&amp;I) objectives published within the corporate strategy and supported by focused targets based on evidence and routine monitoring and reporting of progress.</li> <li>Supporting governance including the Strategic EDI Advisory Forum (external) and ED&amp;I Steering Group (internal) provides senior oversight and guidance to inform action and priorities.</li> <li>Skilled ED&amp;I team provide strategic advice across the GMC.</li> <li>Mandatory training for all staff and associates.</li> <li>Guidance and tools for equality impact assessment as a requirement of project and policy activity to consider fairness impacts of approach (being reviewed and revised).</li> <li>Regulatory fairness review now complete and actions will be taken forward.</li> </ul>	<ul style="list-style-type: none"> <li>Reporting to council on fairer training cultures, fairer referrals and the inclusion programme, deep dive reporting annual cycle in place.</li> <li>Regulatory fairness review also reporting to council at intervals throughout the duration of the review.</li> <li>ED&amp;I steering group has forward plan for reporting and will report to Executive Board annually on progress the Steering Group has made.</li> </ul>	<ul style="list-style-type: none"> <li>Howlett Brown project considering future approach to fairness assurance. Strategy and policy ED&amp;I compliance and governance review - Campbell Tiddell (2020).</li> <li>Engagement, not personal characteristics, was associated with the seriousness of regulatory adjudication decisions about physicians: a cross-sectional study, Javier A Caballero, Steve P Brown, British Medical Journal (2019).</li> <li>Fairness of decisions to refer doctors to the MPTS interim orders tribunal (2018).</li> <li>Quality Control Audit: Triage decisions (April 2021).</li> <li>Plymouth University Review of decision-making in the GMC's FTP procedures (2016).</li> </ul>	<ul style="list-style-type: none"> <li>Consider key decision-points in our operations for process controls to mitigate the risk of bias or unfairness (such as separated decision making) and our quality assurance regime for decisions (part of reg fairness)</li> <li>Assess staff learning and training needs from first principles through a Learning Needs Analysis (LNA) and the most current evidence base on learning approaches with the greatest impact (part of reg fairness)</li> <li>Consider the adequacy of how we report the timeliness of our regulatory processes to better understand the characteristics of the individual in that process and possible real-time interventions required to address risks of unfairness</li> <li>Review our approach to a regulatory Equal Opportunities Policy (new policy launched)</li> <li>Consider the coverage and credibility of past independence assurance on the fairness of our processes in design and operation to identify gaps or required change in approach</li> <li>Launch new template and guidance on equality impact assessment and strengthen the tracking and oversight (through ED&amp;I SG)</li> </ul>	Low
248	<b>Delivery of statutory functions</b> 11/01/2020	Operational	If we fail to deliver our core statutory functions, there is a potential impact on patient safety, public confidence, and the GMC's reputation as a leading regulator.	Charlie Massey	QUITE LIKELY	MAJOR	<ul style="list-style-type: none"> <li>Monitoring and reporting against statutory delivery to Executive Board and Council</li> <li>Forecasting of operational demand is built into budget planning</li> <li>Active engagement with doctors about potential situations which may put patients at risk</li> <li>Outreach structure in place (ensures statutory process for responsible officers to continue effectively) to help identify and manage concerns (pre-investigation)</li> <li>Available staff with relevant training and skills</li> <li>Information exchange with competent authorities informs our processes</li> <li>Documented operational process and procedures, that are subject to regular review and continuous improvement by specialist staff</li> <li>Auditing our decisions on a regular basis</li> <li>GMC SMT oversight of pandemic response and recovery planning</li> <li>Assessments teams running three PLAB 2 circuits concurrently through 2022 in order to accommodate as many candidates as possible</li> <li>We have implemented an interim solution for managing ID checks in the intervening period of the development of a digital ID checking solution.</li> <li>Additional 4000 PLAB 1 places released on 10 December 2022 to meet increasing demand.</li> </ul>	<p>Council</p> <ul style="list-style-type: none"> <li>Review of performance metrics through the quarterly CEO report.</li> </ul> <p>Executive Board</p> <ul style="list-style-type: none"> <li>Review of performance metrics through the bi-monthly Performance and Risk Report.</li> <li>Risk deep dive (November 2020).</li> </ul>	<p>Internal Audit</p> <ul style="list-style-type: none"> <li>Legal Services (May 2022, green-amber).</li> <li>Recovery and renewal (November 2021, green-amber).</li> <li>FTP Covid-19 Response (Aug 2021, green-amber).</li> <li>Quality Control Audit CE IOT decisions (Aug 2021).</li> <li>Quality Control Audit CE Rule 8 decisions (July 2021).</li> <li>Review of progress in implementing Outreach (May 2021, green-amber).</li> <li>Quality Control Audit: Triage decisions (April 2021).</li> <li>Education Quality Assurance (February 2021, green).</li> <li>Curricula approvals (January 2021 green-amber).</li> <li>Virtual hearings (September 2020, green).</li> <li>Temporary registration (September 2020, green).</li> <li>Interim Order Tribunals (January 2020, green-amber).</li> <li>Standards and Ethics (September 2021, green-amber).</li> </ul> <p>Other Assurance:</p> <ul style="list-style-type: none"> <li>Covid learning reviews (GMC Case Studies): How the regulator responded to emerging evidence of higher prevalence of Covid-19 infection in BAME people; Temporary registration implementation; The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response (December 2020).</li> <li>The MPTS continues to meet our service level agreement to commence 100% of new interim referrals within 21 days.</li> <li>The MPTS continues to hear reviews of all MPT sanctions and IOT orders within statutory deadlines.</li> <li>Passed all PSA standards of good medical regulation in 2022.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to engage with the Professional Standards Authority and other regulatory partners, coordinating the Covid-19 response and reviewing our approach as the situation evolves.</li> <li>Well consider and triage all new concerns, progressing those requiring investigation.</li> <li>We are engaging a new supplier for digital identity checking software for managing doctors' ID checks. Currently we are undertaking data analysis following a successful pilot of the app in December 2022.</li> </ul>	Low

149	Availability of resources 31/03/2020	Resource	If we don't secure and retain an appropriately skilled and experienced workforce: a resilient and secure IT and facilities infrastructure; or maintain a sound financial position, we threaten delivery of our statutory functions and strategic aims.	Neil Roberts	HIGHLY LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Our People practices and leadership strategy is aimed towards attracting and retaining a high calibre workforce</li> <li>We have processes in place to identify and manage key staff risks</li> <li>We consider recruitment market surveys and data to identify potential skills shortages.</li> <li>Our Health and safety policies and procedures are robust in regards to our workforce</li> <li>Clear Financial management practice and controls and safeguards including annual investment (GMC/S), fraud policies and pensions.</li> <li>New activity, including Gateway Fund initiatives and existing project work routinely considered by Planning Gateway process to form a cross-organisational recommendation on the priority and deliverability of proposals for SMT to consider collectively</li> <li>Routine monitoring and reporting of operational performance and the volume and complexity of our work</li> <li>Process for regulatory mapping workload pressures across teams to help focus resourcing and prioritisation decisions</li> <li>Revised Recovery and Renewal framework to coordinate our transition to resuming paused activities and use of office space</li> <li>We are working closely with the Pension Trustees to address the increased scheme liability arising from the Govt decision to align RPI and CPI</li> <li>Financial reserves and management provide financial resilience to risks that are realised and effective business continuity exercises manage and minimise the impact of such risk</li> <li>We continually invest in our IT infrastructure and systems to ensure availability and protect against cyber-security threats and maintain ISO 27001 accreditation</li> </ul>	QUITE LIKELY MODERATE SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> <li>Review of annual budget and Annual Accounts.</li> <li>Executive Board</li> <li>Executive Board regular review of finance, HR, project and operational performance and risks.</li> <li>Risk deep dive (June 2020).</li> </ul> <p>Internal Audit</p> <ul style="list-style-type: none"> <li>Social engineering (Nov 2021 green/amber).</li> <li>Recovery and renewal (Nov 2021 green/amber).</li> <li>Payroll (May 2021, green/amber).</li> <li>Procurement (March 2021, green/amber).</li> <li>Fraud arrangements (March 2021, green).</li> <li>Raising concerns arrangements (March 2021, green).</li> <li>Risk Management (October 2020, green).</li> <li>Covid learning review (August, 2020).</li> <li>Assurance Spot-check - Business Planning &amp; Budgeting changes (May 2020 green-amber).</li> </ul> <p>Other assurance</p> <ul style="list-style-type: none"> <li>Covid learning reviews (GMC Case Studies): The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response (December 2020).</li> </ul>	Medium		
150	Ability to work with others 31/03/2020	Strategic / Policy	If we are unable to work collaboratively with our external partners, we may not be able to achieve the ambitions of the corporate strategy, reducing our potential impact on patient safety and doctors' practice.	Paul Reynolds	QUITE LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Engagement with other regulatory bodies to identify opportunities for collaboration and alignment (such as through the Chief Executive Officer Regulatory Body (CEO/RB) Group)</li> <li>Proactive engagement on all major policies and issues, including active engagement with the four UK Governments over the future of our legislation</li> <li>Development and management of stakeholder relationships of strategic importance at national and regional levels of the UK, supported by relationship plans delivered by our external affairs teams and sponsorship of key relationships by SMT.</li> <li>Regular evaluation of our relationships with key partners, using insights from our internal systems and periodic surveys of our stakeholder's perceptions, to identify opportunities for improvement.</li> <li>Relationship stocktakes on annual basis with Chief Executive and Directors.</li> </ul>	QUITE LIKELY MODERATE SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> <li>Seminar: Findings of our 2022 perceptions survey (December 2022).</li> <li>Annual update on communications and engagement (including four country update) (April 2022)</li> </ul> <p>Audit and Risk Committee</p> <ul style="list-style-type: none"> <li>Seminar: Building the trust and confidence of our audiences and stakeholders (Jan 2022)</li> </ul> <p>Executive Board</p> <ul style="list-style-type: none"> <li>Four country public affairs update (March 2021).</li> </ul> <p>SMT</p> <ul style="list-style-type: none"> <li>Stocktake of four country strategic relationships (December 2022).</li> </ul> <p>Internal audit</p> <ul style="list-style-type: none"> <li>Internal audit: Managing UK-wide stakeholder relationships (March 2022) (Control design - Green; Control effectiveness - Green/Amber).</li> <li>Review of progress in implementing Outreach (May 2021) (Green-amber).</li> </ul> <p>Other assurance</p> <ul style="list-style-type: none"> <li>Quarterly health assessments of GMC's major relationships (next assessment due Q1 2023).</li> </ul>	<ul style="list-style-type: none"> <li>Progress actions agreed during annual relationship stocktake with Directors in December 2022 (including taking more proportionate, risk-based approach to relationship planning).</li> <li>Provide Directors with update on usage of Engage system by end of Q1 2023.</li> </ul>	Medium	
151	Unplanned event 31/03/2020	Reputational	The impact of an event in the external or internal environment places our systems to be compromised or our activities to be publicly challenged, potentially leaving us vulnerable to delivery of key functions central to patient safety and reputational damage.	Neil Roberts	QUITE LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Crisis management policies &amp; procedures; pandemic response plan.</li> <li>Business continuity champions and emergency response plans in place with regular testing.</li> <li>Mandatory e-learning for GMC staff and support from business continuity consultants.</li> <li>Responding to public inquiries and reviews, and proactive horizon scanning.</li> <li>Analysis of range of qualitative and quantitative information about the external environment through the Patient Safety Intelligence Forum.</li> <li>Regular engagement with the Professional Standards Authority to assure them on the exercise of our statutory powers – including emergency powers under section 18A of the Medical Act 1983 (Covid-19).</li> </ul>	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> <li>Deep Dive Executive Board (June 2021).</li> <li>Paper: People planning across the United Kingdom (November 2019).</li> </ul> <p>Audit and Risk Committee</p> <ul style="list-style-type: none"> <li>Significant Event Review: Fraudulent registration application, Teodora Crisovan (March 2021).</li> <li>Report on Significant Event Review follow-ups (March 2021).</li> <li>Significant Event Review: Fraudulent doctor Zholia Alemi (November 2019).</li> <li>Significant Event Review: Fraudulent registration application, Teodora Crisovan (March 2021).</li> </ul> <p>Other assurance</p> <ul style="list-style-type: none"> <li>Covid learning reviews (GMC Case Studies): How the regulator responded to emerging evidence of higher prevalence of Covid-19 infection in BAME people; Temporary registration implementation; The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response: Approach to producing Covid specific guidance (December 2020).</li> </ul>	<ul style="list-style-type: none"> <li>Response to a range of public inquiries and reviews underway including Paterson (now reported), Infected Blood Inquiry, Hypnotists, and Historical Sexual Abuse.</li> </ul>	Medium	
152	Regulatory Reform 30/08/2020	Strategic / Policy	There is a risk that we do not secure and deliver the full range of benefits that the reforms present.	Shaun Gallagher	HIGHLY LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Governance and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery</li> <li>Stakeholder influencing plan developed to ensure we secure external support for changes</li> <li>Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and manage potential implementation risks associated with drafting of the legislation</li> <li>Routes for escalation identified (and have been used) for raising concerns with senior officials at DHSC, where required.</li> <li>Cross-directorate working built into programme approach, to ensure that policy is developed in conjunction with operational teams, encouraging a 'one GMC' approach and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed.</li> </ul>	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> <li>Council seminar (21 June 2022) to provide an update on our engagement with DHSC, and proposed changes to commencement of the reforms and to share our approach to engaging with Council on regulatory reform</li> <li>Council away day (4 July 2022) to update Council on progress of policy development and seek views on proposed approach to policy engagement ahead of the DHSC 4/80 consultation this autumn.</li> <li>Council meeting (3 Nov 2022) to provide an update on progress and programme timelines, an overview of our initial feedback on draft APO Order and plans for responding to DHSC's consultation when this goes live.</li> <li>Council meeting (14 Dec 2022) to provide an overview of the legislation and our provisional view of the key themes we anticipate raising in our consultation response.</li> </ul>	<ul style="list-style-type: none"> <li>Most recent spot check shared with Audit and Risk Committee in Sep 2022.</li> <li>Previous spot checks completed in June 2022, March 2022 and Nov 2021.</li> </ul>	<ul style="list-style-type: none"> <li>Combined programme plan developed (in conjunction with DHSC, setting out critical path and clear caveats and assumptions that underpin our planning (Plan) being reviewed at regular check in meetings with DHSC).</li> <li>Use existing structures/communication channels internally as a way of reinforcing messaging and maintain momentum and morale.</li> <li>Continue to use internal audit assurance to provide ongoing scrutiny and give assurance that the programme is being run appropriately.</li> <li>Be prepared to continue to escalate concerns to senior DHSC officials as appropriate.</li> </ul>	Medium
154	ED&I Strategic Ambition 02/03/2021	Strategic / Policy	The actions we take to influence change across the health and education system, and within the GMC, do not deliver progress at a pace to meet our strategic ED&I targets, sustaining known areas of inequality.	Shaun Gallagher	HIGHLY LIKELY MODERATE CRITICAL	<ul style="list-style-type: none"> <li>Clear timebound targets to focus system-wide efforts.</li> <li>Nominated Executive leads for each of our strategic commitments.</li> <li>Skilled and resourced teams designing interventions to deliver against the targets.</li> <li>Established plans of action to deliver against the targets both internally and externally.</li> <li>Annual and bi-annual progress reporting.</li> <li>Scrutiny and monitoring and reporting from the ED&amp;I Steering Group, Executive and Council to allow refinement of plans in response to progress.</li> <li>Established Outreach and engagement functions to understand and influence the system with broader calls for action and support to facilitate system-wide change.</li> <li>Supporting and aligned commitments of others (i.e. reducing differentials in disciplinary processes).</li> <li>Research and data assets including our surveys and insights to highlight relevant issues and support calls for action.</li> </ul>	QUITE LIKELY MODERATE SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> <li>Regular agenda item on ED&amp;I.</li> </ul> <p>Executive Board</p> <ul style="list-style-type: none"> <li>Twice yearly review by Executive Board and performance against internal targets embedded in Performance and Risk Reporting.</li> <li>Risk 'keep dive' embedded throughout the year.</li> </ul>	<ul style="list-style-type: none"> <li>Strategy and policy ED&amp;I compliance and governance review - Campbell Tickell (2020).</li> </ul>	<ul style="list-style-type: none"> <li>Annual report has been published in 2021 and further annual report due in 2022.</li> <li>ED&amp;I internal audit, with support from the Safeguarding Alliance, to take place in October with a report to ARC in November 2022. The audit will look at actions taken to address the recommendations in the ED&amp;I Learning Review, risks and the implementation plan.</li> <li>Risk deep dive to Executive Board to obtain further assurance will take place in December 2022.</li> <li>Internal audit findings and pilot will be used to evaluate our proposed policy, process and training to ensure it fits for purpose prior to implementation across directorates in Q2 of 2023.</li> <li>External consultant procured to support the design and delivery of safeguarding training</li> <li>Safeguarding Project Manager joined the project on 12 month secondment in January 2023</li> <li>The policy and process will go to Exec board for sign off before GMC wide release. The release dates will be subject to available resources in the safeguarding team to review and refer concerns and support policy/process implementation. The availability of resources will be subject to a successful gateway bid in May 2023 - and then recruitment timescales</li> </ul>	Medium
159	Safeguarding at the GMC 12/01/2022	Reputational	If there isn't sufficient corporate understanding and visibility of our safeguarding activities, we may not meet our safeguarding obligations as a regulator and as an employer.	Neil Roberts	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> <li>Safeguarding Working Group in place since 2019 and Neil Roberts chairs.</li> <li>Advisory Review conducted by BDO using a specialist social worker to review our practices and recommend Action plan</li> <li>Action plan in place - Project team assembled to take forward recommendations</li> <li>Presentation given to SMT and Council (Feb 2022) on direction of project</li> <li>Designated Safeguarding Manager in post and is providing safeguarding advice and support to staff</li> <li>Presentation to Council and SMT in October 2022 on progress of project and the plans for a Pilot - to start November 2022</li> <li>SCIE appointed as specialist consultants</li> <li>Comms strategy drafted</li> <li>Pilot ongoing. To date there have been 61 safeguarding forms completed by one triage team and 4 contact centre teams. Training to pilot teams has been completed - feedback positive.</li> </ul>	QUITE LIKELY MODERATE SIGNIFICANT	<p>Audit and Risk Committee</p> <ul style="list-style-type: none"> <li>Advisory report - Safeguarding, (September 2020).</li> </ul> <p>Internal Audit</p> <ul style="list-style-type: none"> <li>Safeguarding progress green (November 2020).</li> <li>BDO audit - November 2022 Green with advisory recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>Policy and process has been developed along with supporting guidance documents to ensure we have corporate approach and consistency in decision making. These will be evaluated in our pilot and refreshed if appropriate.</li> <li>Development of training package for pilot and implementation - level one for all staff to be delivered by e-learning and level two for specialist colleagues</li> <li>Work started on developing a new reporting system for staff to use to refer safeguarding to the designated Safeguarding Manager</li> <li>A pilot to test the new policy, processes and training in a small number of teams to start November 2022. Contact Centre and Triage will take part in the pilot.</li> <li>ED&amp;I internal audit, with support from the Safeguarding Alliance, to take place in October with a report to ARC in November 2022. The audit will look at actions taken to address the recommendations in the ED&amp;I Learning Review, risks and the implementation plan.</li> <li>Risk deep dive to Executive Board to obtain further assurance will take place in December 2022.</li> <li>Internal audit findings and pilot will be used to evaluate our proposed policy, process and training to ensure it fits for purpose prior to implementation across directorates in Q2 of 2023.</li> <li>External consultant procured to support the design and delivery of safeguarding training</li> <li>Safeguarding Project Manager joined the project on 12 month secondment in January 2023</li> <li>The policy and process will go to Exec board for sign off before GMC wide release. The release dates will be subject to available resources in the safeguarding team to review and refer concerns and support policy/process implementation. The availability of resources will be subject to a successful gateway bid in May 2023 - and then recruitment timescales</li> </ul>	Low	
151	Responding to a changing environment 31/03/2020	Strategic / Policy	Inability to respond effectively to changes in the external environment, including legislation and wider social impact changes, could lessen our influence and reduce public, professional and political confidence in our role.	Paul Reynolds	QUITE LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Proactive, senior-level engagement with stakeholders to understand their agendas.</li> <li>Outreach teams structures in place, aligned to UK countries and regions of England, to help us understand and have influence within national and local systems.</li> <li>Contribution to government and system initiatives across four nations.</li> <li>Continuous monitoring of our external environment, including longer term horizon scanning and research (e.g. barometer and perception surveys with the medical profession).</li> <li>Contributing to meetings and networks across the UK and Europe.</li> <li>Internal governance in place to process, consider and make decisions on the intelligence we receive about the quality and safety of local practice and training environments (DMG and RGF meetings)</li> <li>Systems and products in place to share insights and intelligence from external environment with organisation's leadership community to aid them with planning and decision-making.</li> </ul>	UNLIKELY MODERATE LOW	<p>Council</p> <ul style="list-style-type: none"> <li>Seminar: Findings of our 2022 perceptions survey (December 2022).</li> <li>Annual update on communications and engagement (incorporating extensive four country update) (April 2022).</li> </ul> <p>Audit and Risk Committee</p> <ul style="list-style-type: none"> <li>Seminar: Building the trust and confidence of our audiences and stakeholders (January 2022).</li> </ul> <p>SMT</p> <ul style="list-style-type: none"> <li>Discussion about health service writer pressures and GMC response (January 2023).</li> </ul>	<ul style="list-style-type: none"> <li>Internal audit: Managing UK-wide stakeholder relationships (March 2022) (Outcome: Control design - Green; Control effectiveness - Green/Amber)</li> <li>Review of progress in implementing Outreach (May 2021) (Outcome: Green-amber)</li> <li>IA horizon scanning red/green for both control design and control effectiveness</li> </ul>	Low	

27	<b>Deriving more insight from our data capability</b> 31/03/2020	Strategic / Policy	Developing, sharing and working with others using our insight capability provides an opportunity to share public debate, influence the external environment and deliver more proactive regulation.	Shaun Gallagher	QUITE LIKELY MAJOR GOLD	<ul style="list-style-type: none"> <li>Use of our research and insight activity to highlight key issues facing the medical profession, suggesting courses of action which healthcare systems can take to tackle workforce and workplace issues that might directly or indirectly impact on patient safety. Take every opportunity for it to contribute to mailouts, briefings and other external engagement.</li> <li>Leverage our communications channels (such as media and social media) and engagement opportunities to raise awareness of our research and insights and secure external support for the issues and recommendations we are highlighting.</li> <li>Use new data and research insights as a 'peg' for bringing together regulatory partners and key stakeholders together to drive positive changes in policy and practice.</li> <li>Provide data support to the rest of the GMC to inform our response external developments such as the Covid-19 pandemic.</li> <li>Provide data to support the development of policy and process plans for MAPs and regulatory reform.</li> </ul>	HIGHLY LIKELY MAJOR GOLD	<ul style="list-style-type: none"> <li>Paper: Review of UK Advisory Forum meetings (December 2019).</li> <li>Executive Board</li> <li>Risk 'deep dive' (March 2021).</li> </ul>	<ul style="list-style-type: none"> <li>Internal audit</li> <li>Arrangements for assessing progress in the delivery of the Corporate Strategy (July 2021, green-amber).</li> </ul> <p>Other assurance</p> <ul style="list-style-type: none"> <li>Corporate strategy and stakeholder perceptions baseline survey (published March 2019).</li> <li>Tracking survey, undertaken every two years, currently underway and due to report findings in Q4 2022.</li> </ul>	<ul style="list-style-type: none"> <li>Enhancing and providing substantial ED&amp;I data for EQIAs and to identify inequalities in referrals to us, we are also commissioning as part of the research programme a sequence of independent audits on the fairness of our regulatory processes.</li> <li>Development of a new platform for our data that will allow more interactivity and self-service and are planning to develop during 2023 a GMC data hub bringing together all our data into a single entry point on the GMC web site.</li> </ul>	High
28	<b>Working with patients and public</b> 31/03/2020	Operational	Understanding and improving the experiences which patients and the public have of our regulatory services and involving them effectively in our work (such as strategy and policy development) will help us gain their trust and confidence as an effective and transparent regulator.	Paul Reynolds	QUITE LIKELY MODERATE SILVER	<ul style="list-style-type: none"> <li>Champion for patients established at SMT level to ensure senior-level overview of our engagement</li> <li>Strategic ambition to improve patient and public involvement agreed by Executive Board (in November 2020).</li> <li>Clear information easily accessible for patients and public about how we work and can support them (such as on our website).</li> <li>Regular assessment of patients and the public's perceptions of our work through research (such as our perceptions survey).</li> <li>Regular engagement with patient leaders in all four countries of the UK (such as through our bi-annual roundtable, our UK&amp;IE meetings in the devolved nations, and other activities).</li> <li>Accessing stakeholder networks to learn how other organisations engage meaningfully and well with patients and public.</li> <li>Insights and perspectives from patients regularly shared with the organisation to inform their work.</li> </ul>	QUITE LIKELY MODERATE SILVER	<ul style="list-style-type: none"> <li>Council</li> <li>Seminar: Findings of our 2022 perceptions survey (December 2022).</li> <li>Annual update on patient and public involvement (November 2022).</li> <li>Annual update on communications and engagement (April 2022).</li> </ul> <p>Executive Board:</p> <ul style="list-style-type: none"> <li>Opportunity deep dive (February 2021)</li> <li>Paper: Strategic approach to patient and public involvement (November 2020)</li> </ul> <p>Audit and Risk Committee:</p> <ul style="list-style-type: none"> <li>Internal audit of patient and public involvement (November 2022).</li> </ul>	<ul style="list-style-type: none"> <li>Annual perceptions survey showing the public's confidence in how doctors are regulated and feedback on working relationships with patient and public bodies.</li> <li>Insights and perspectives from patients and their organisations shared in weekly external update for GMC leadership community.</li> </ul>	<ul style="list-style-type: none"> <li>Our next roundtable with patient bodies will be in spring 2023. Agenda in development.</li> <li>Development of strategic outcomes as requested by Council. Approach to be discussed with AD heads in Q1 2023.</li> <li>Taking forward support and materials for GMC's policy profession during 2023.</li> <li>Deep dive discussion about opportunity at Executive Board being scheduled for 2023.</li> <li>Next annual update for Council on progress due end of 2023.</li> </ul>	Medium
29	<b>Corporate Social Responsibility</b> 30/11/2022	Reputational	There is a potential opportunity for the GMC to lead the health regulatory sector in identifying, delivering and sharing how to be a more responsible regulator and demonstrating the positive impact this can have on those we regulate, our colleagues, suppliers, communities and patients. This could have multiple benefits, including the GMC becoming an employer of choice; increased diversity in our recruitment campaigns; new organisational partnerships; a positive impact on the environment; an increased regulatory reputation; and increased engagement and satisfaction with medical professionals.	Jane Durkin	QUITE LIKELY MODERATE SILVER	<ul style="list-style-type: none"> <li>Our Corporate Strategy 2021-26 includes clear commitments to be a more responsible organisation both socially and environmentally. Every Annual Report includes a CSR round-up of the previous year.</li> <li>We have improved external visibility of our CSR work on the GMC website and internally on the GMC intranet.</li> <li>We have used blogs to promote our support for widening participation (in medical training) initiatives and new CSR related partnerships e.g. our combined presentation with the Greener NHS Programme at JAMBA.</li> <li>The GMC established the Cross Regulator CSR Group early in 2022 after the proposal (by the GMC) was agreed by the CEOR&amp;B group.</li> <li>External recruitment campaigns now include reference to our CSR initiatives with the intention that this will be a 'pull' factor for potential candidates.</li> <li>The GMC is increasingly engaged with new stakeholders, such as KPMG, on regional and national CSR bodies. These are new relationships which are increasing the profile of the GMC beyond the regulatory, health and education sectors.</li> <li>Cross regulator CSR meeting held in January 2023</li> </ul>	QUITE LIKELY MAJOR GOLD			<ul style="list-style-type: none"> <li>Next annual update on progress for Council due March 2023</li> <li>Corporate Volunteering evaluation underway</li> <li>CSR Policy under development</li> </ul>	High

## Sex, gender and gender identity data

<b>Action</b>	To approve
<b>Purpose</b>	To present the outcomes of: <ul style="list-style-type: none"> <li>a Further work requested by Council last year.</li> <li>b The subsequent review of policy proposals.</li> </ul>
<b>Decision Trail</b>	Proposals agreed by Executive Board (31 January 2022). Previous Council discussions in June 2022 and September 2021.
<b>Recommendation(s)</b>	<ul style="list-style-type: none"> <li>a That we no longer mandate registrants to provide data about their gender.</li> <li>b That we no longer publish details about the gender of individual registrants on LRMP.</li> <li>c That we publicly consult on both proposals ahead of the consultation on our rules for the regulation of physician associates and anaesthesia associates.</li> </ul>
<b>Annexes</b>	Annex A – Outcomes of stakeholder engagement. Annex B – Extracts from previous Council paper. Annex C – Comparative approaches to the collection and publication of registrant gender data.
<b>Author contacts</b>	<p><b>David Winks</b>, Regulation Policy Manager</p> <p><b>Vibha Sharma</b>, Head of Regulation Policy</p> <p>Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a></p>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Shaun Gallagher</b> , Director Strategy and Policy

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### Sex, gender and gender identity data

## Introduction

- 1 This paper summarises the outcomes of work on the sex, gender and gender identity (SG&GI) project that has taken place since the Council discussion last June, and the evaluation of policy options we have undertaken.
- 2 With reference to key terms that appear in the paper, we observe the following definitions<sup>1</sup>:
  - **Sex:** The different biological and physiological characteristics of females, males and intersex persons.
  - **Gender:** The characteristics of women, men, girls and boys that are socially constructed.
  - **Gender identity:** A person’s deeply felt, internal and individual experience of gender, which may or may not correspond to their physiology or designated sex at birth.
  - **Non-binary:** An umbrella term for people whose gender identity doesn’t sit comfortably with ‘man’ or ‘woman’.
  - **Transgender:** An umbrella term that describes a diverse group of people whose internal sense of gender is different than that which they were assigned at birth. Transgender refers to gender identity and gender expression and has nothing to do with sexual orientation.
- 3 Although we have sought to avoid using these terms interchangeably – in particular ‘sex’ and ‘gender’ – it is unavoidable to some extent. For example, we currently refer to ‘gender’ data on the Medical Register, although we are aware that this will predominantly reflect the sex of registrants. For the purposes of continuity with our current naming convention, we refer in the paper to ‘gender’ data on the List of Registered Medical Professionals (LRMP).
- 4 While our proposals remain largely unchanged from those we brought to Council last year, we have paid careful consideration to the outcomes of additional stakeholder engagement and work to better understand how gender data on LRMP is used in practice. In doing so, we have given particular attention to the potential impacts of removing gender data from LRMP.<sup>2</sup> Having weighed-up a range of arguments to identify the most effective way to proceed, we believe that the proposals we are putting forward are both robust, proportionate and in-line with the approach taken by regulators of other health and social care professionals. We therefore ask Council to agree these.

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<sup>1</sup> As defined by the World Health Organisation and Stonewall. Sex and gender re-assignment are protected characteristics under the Equality Act, gender and gender identity are not.

<sup>2</sup> See: *Sex, gender and gender identity data* (item C4, 22 June 2022).

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**Sex, gender and gender identity data**

## Part 1: Council requests

- 5 The Council discussion last June resulted in a request that we undertake further work ahead of consultation, including:
  - Further pre-consultation engagement with patient representative and women's rights groups, and groups representing religious communities;
  - That we consider if the GMC has a view about whether it is a legitimate expectation for patients to be able to choose to be treated by a doctor of a particular sex and, if so, whether the GMC has a role in enabling this.
  - Further pre-consultation engagement to help us understand how and why gender data is used by people accessing the medical register, in particular patients and members of the public.
- 6 In response to these requests, we have engaged with a number of additional organisations, including Women's Aid, The Fawcett Society, The Muslim Council of Britain and the Patient's Association. A summary of the points raised during these meetings can be found at **Annex A** alongside details of previous engagement and a list of stakeholders we have consulted in the course of the work.
- 7 In addition to this, the GMC's Standards Team have conducted an ethical analysis about the issue of patient requests for treatment from a clinician of a particular sex. This concludes that, whilst the human right to healthcare is clear, there does not appear to be a fundamental right for patients to be treated by a doctor of a certain birth sex. However, in reality, patients are entitled to request to be treated by someone of a particular birth sex (and commonly do this at local healthcare provider level). Our view is that there can be good reasons for such requests to be accommodated locally where possible, such as in the case of women who have experienced sexual abuse, or where they arise because of specific religious beliefs. However, we don't believe that LRMP is the best place for patients to locate this information and we explain the reasons for this in detail within Part 3 of the paper.
- 8 To help improve our understanding of how gender data on LRMP is used, we launched a pop-up survey on LRMP that ran for one month. A proportion of visitors to LRMP who conducted a search for any kind of information were invited to respond to the survey.<sup>3</sup> After accounting for partial responses, there were 542 returns. The headline from this was that the vast majority of respondents (69%), when asked if they found it useful to view doctors' gender information while using the medical register, responded that they did. The largest group to

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<sup>3</sup> In total, the survey was displayed to users 225,881 times. It was initially displayed to 50% of visitors, rising to 70% of visitors by the end of its duration. There were 6,325 survey starts and 542 completes.

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respond in this way was doctors (45%), followed by patients/members of the public (19%), and then employers/administrators (12%).

- 9 Of the respondents who said they found the information useful, the great majority said that their reason for this was because they were using the information ‘to help verify a doctor’s identity’ (73%). This was followed by: ‘To check how to correctly address a doctor’ (11%); ‘to help filter search results’ (11%); ‘for research purposes’ (9%); ‘to confirm a doctor’s gender’ (8%); ‘another reason’ (8%); and ‘I can’t find it elsewhere’ (6%). A further 6% indicated that they found the information useful because they, or someone they were helping, ‘want to request to see a doctor of a particular gender.’<sup>4</sup>
- 10 This appears to confirm our hypothesis that the vast majority of people are not using this information to help them *find* a doctor of a particular gender to receive treatment from, on the basis that it’s not possible to search LRMP for a doctor by specialty or location. In this sense, LRMP does not fulfil the same function as, for example, a search engine for the provision of a commercial service. However, it can be used to *confirm* the gender of an individual doctor – for example, if this is not immediately evident from either their name or appearance.
- 11 By indicating that the great majority of users find gender information helpful, the survey results substantiate data obtained earlier in the year which illustrates the extent to which gender is used as a filter for search activity on LRMP. This revealed that over a 120-day period 579,366 searches were made by individuals/organisations outside of the GMC utilising the category of gender (often in combination with other categories, such as a registrant’s name or ID number).<sup>5</sup>

## Part 2: Policy proposals

### Data collection

- 12 We propose collecting data about sex, gender reassignment and gender identity. The rationale for collecting these categories was set out in the paper that we brought to Council last June and can be found at **Annex B**. There remains broad consensus around collecting this information and it is consistent with the approach taken by many other regulators of health and social care professions (see **Annex C**).

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<sup>4</sup> Of the 376 respondents who said they found gender data useful, patients and the public stating that the reason for this was because they, or someone they were helping, ‘want to request to see a doctor of a particular gender’ represented 2.7% of the total.

<sup>5</sup> These searches, an average of around 4,800 per day, came from 97,520 different IP addresses.

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## Mandatory provision of data

- 13 As per the proposals we brought to Council in June, we also remain of the view that we should no longer mandate the collection of gender data. As a principle, we mandate any information that is required for the medical register (as set out in the Medical Act and the 2015 Form and Content Regulations), and we verify this to preserve the integrity of the Register. Gender information is currently mandated because of a historic decision by Council that it was necessary for the purposes of registration, and therefore included in the Form and Content Regulations (albeit not a requirement of the Medical Act).
- 14 However, we no longer consider this information to be necessary for the purposes of registration and haven't identified a dependency for it that arises from our core functions. In addition, our current approach is inconsistent with how we handle the majority of other ED&I data we collect and so to retain it would be at odds with this and difficult to justify.
- 15 Of course, this data remains useful to us in several ways, including to understand if there are trends and differentials that arise from our regulatory processes and among the profession, and we do not wish to lose these capabilities. However, insights from our wider ED&I data collection suggest that while the data provision 'drop off rate' could create some additional complexity for the analyses we are able to conduct, it would not present a fundamental issue that would impact our ability to conduct wider research and analysis on this data across our registrant population.
- 16 As set out above at paragraph 8, if we no longer mandate the provision of gender data, it follows that we would no longer verify it as we do at present. This has a bearing on decisions about its publication, as discussed in the next section.
  - **Subject to consultation, we recommend that Council agrees to amend the 2015 Form and Content regulations to remove the mandatory collection of gender data as a requirement for the registration of doctors, and that it isn't required for physician associates or anaesthesia associates from the outset of their regulation.**

## Part 3: Publication of gender data on LRMP

- 17 What remains is the decision about whether the information we do collect – modified as set out above – should be published as part of LRMP. After weighing-up the arguments and ensuring due consideration of the public interest arguments in favour of retaining gender data on LRMP, we have reached the conclusion that we should no longer do so. In reaching this position, we have taken into account the evidence and views we have gathered from our survey and stakeholder engagement, and principles of our remit as a regulator. We are also mindful of the expected change in the legal framework, which would raise the bar as to whether our powers extend to publishing such information.

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- 18 While the most recent draft Order for the regulation of Physician Associates (PAs) and Anaesthesia Associates (AAs) would allow us to record gender data if we wanted to, we would not be able to publish it unless we decided that doing so would be in the interest of public protection. We do not consider that it qualifies as such and so, under the Order, we would be unable to publish it.
- 19 While we recognise that there are occasions when patients will express a preference to see a doctor of the same sex, we do not have strong evidence to suggest that LRMP is being used as a mechanism to help facilitate this. And to continue publishing gender data of our registrants would be inconsistent with the approach taken by most other regulators of healthcare professionals, including the Nursing and Midwifery Council, General Dental Council and Health and Care Professions Council.<sup>6</sup> For further detail, see **Annex C**.
- 20 While stakeholders have offered a range of views about the pros and cons of publishing gender details on LRMP, the survey results and usage statistics indicate that the primary reason for which the information is used is not to inform requests to see a doctor of a particular sex. Only a relatively small proportion of respondents, including patients and the public, said that they found the information useful for this purpose. In addition to the aforementioned limitations of LRMP, it's common practice for patients to approach local healthcare providers with such requests, rather than search our register. Decisions by healthcare providers about whether such requests can be accommodated will depend on a range of factors including the nature and urgency of treatment needed.
- 21 Putting aside this evidence from the survey, the Gender Recognition Act (GRA) places an effective limit on the information we can publish. This creates the potential for a disconnect between expectations about the information we can offer and what it is we can really provide. Stakeholders have told us that some patients are more likely to place greater emphasis on a clinician's birth sex as opposed to their gender. However, we are unable to guarantee that the information we provide on LRMP about the 'gender' of GMC registrants will necessarily reflect their birth sex. Although it will in the vast majority of cases, there will be cases when it does not. This is because the gender displayed against the name of doctors who have transitioned will reflect their adopted gender and not their birth sex.<sup>7</sup>
- 22 Stakeholders we have spoken with who are supportive of the continued publication of gender data on LRMP have tended to recognise and accept the nuance, stating that the data remains a useful proxy. However, there remains a risk that the data we publish could be misinterpreted, particularly as the fine distinction between sex and gender is frequently

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<sup>6</sup> The only other regulators of healthcare professionals that publish the gender of their registrants are the General Optical Council, General Chiropractic Council, and General Osteopathic Council.

<sup>7</sup> In any event, we couldn't and wouldn't want to publish birth sex, as this could reveal that an individual had undergone a gender transition, which is an offence under the Gender Recognition Act.

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conflated and perhaps not widely understood. This would raise the risk that the trustworthiness of LRMP, and the GMC as a regulator, could be undermined, with some potentially claiming that we have published information that we cannot stand behind.

- 23 We have considered the possibility of publishing unverified gender data with an accompanying disclaimer, as an alternative to not publishing this data at all. However, we do not recommend this option.
- 24 Firstly, given that we will no longer be mandating gender data, there would be gaps on LRMP where registrants have chosen not to provide this information. The effect of this could undermine the credibility of LRMP and, at worst, risk inadvertently outing people. Second, publishing information on LRMP with a disclaimer to say that it has not been verified (and will not in any case provide birth sex information for those who have transitioned) runs the risk that the GMC could be accused of misleading or misrepresenting. This goes to the heart of what people should be able to expect from the GMC as a regulator – that when we publish information about registrants, it can be relied upon, and we can give assurance as to its validity. We believe that the option of publishing with a disclaimer would therefore undermine our regulatory role. Finally, we do not take this approach for any other information about registrants' protected characteristics, where we do collect it (voluntarily), but we do not publish it on LRMP or elsewhere. Continuing to publish would be making an exception for gender information without justification.

### Conclusion

- 25 We have carefully considered the arguments for and against continuing to publish gender data on LRMP and, for the reasons set out, concluded that we should no longer do so.
- **We recommend that, subject to public consultation, we should no longer publish gender data on LRMP.**

## Part 4: Consultation and next steps

- 26 We have committed to consult publicly about our proposals and have reflected on different possible options to achieve our consultation aims. We remain of the view that we should conduct a standalone consultation. This would most likely need to be of a 'gold standard' and run for twelve-weeks to ensure it is fully inclusive and on account of the sensitive nature of the subject matter. It would be focused on a few key questions, in particular as they relate to the proposals that we neither mandate nor publish gender data in future.
- 27 Subject to the outcome of the consultation, our proposal would be to prepare an updated set of the 2015 Form and Content Regulations under the Medical Act for doctors in which the mandatory collection of gender data has been removed and put these to Council with a

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request for approval. As we would no longer require gender information for registration, we would also no longer publish it.

**28** This approach would assist us in aligning any change for doctors either in advance, or at the same time, of the Order for the regulation of AAs and PAs coming into effect. We would highlight the consultation to project stakeholders and carefully consider how we frame the subject matter.

- **We recommend that we consult on our proposals to no longer mandate and publish gender data ahead of the consultation on our rules for the regulation of physician associates and anaesthesia associates.**

Annex A – this annex contains confidential information and is not included in the published pack of papers.

## Annex B

### Extract from the paper discussed by Council on 22 June 2022

#### The data we collect

- 1 The data we collect about gender at present is important and we use it in number of ways, including to:
  - Understand if there are trends and differentials that arise from our regulatory processes and among the profession, including outcomes in fitness to practise and revalidation;
  - Examine differentials in education and training and quality assurance of medical schools and training programmes;
  - Report on trends for male and female doctors in research and annual publications, including SoMEP and the National Training Survey.
- 2 It is important that we retain these capabilities and there is potential to enhance them by extending the scope of the data we collect and building a better understanding of the diversity of the register. It is therefore not an option for us to stop collecting data about the sex/gender of registrants altogether.

#### *The data we collect in future*

- 3 Through the conversations we have held with internal and external stakeholders, we have found there to be a broad consensus that the binary gender options we provide at the point of registration are not in keeping with current social expectations and out of line with what many other comparable organisations are doing. More generally, they do not reflect the fully inclusive organisation that we aim to be. [REDACTED].
- 4 A common message we have heard is that we should enable data to be collected about trans and non-binary doctors in order to gain a better understanding of their experiences and any challenges they may face in order to help us regulate in an inclusive way. For example, it could help us identify whether there are trends in differential attainment or

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**Equality, Diversity & Inclusion update – Sex, Gender and Gender Identity report**

disproportionate referrals among these groups and inform relevant action where required. Collecting such data would mean we are more likely to be able to meet the expectations of medical students and younger doctors, and it could help us respond more sensitively to registrants when engaging with them (for example, during interactions with case examiners, at MPTS hearings, and during the PLAB process).

- 5 From our conversations with stakeholders, we also know that many other organisations collect a wider range of information beyond the binary male/female. Of the other regulators that we have spoken with, a majority already provide, or plan to provide, more options for their registrants to select from when they are asked to provide SG&GI data, whether for registration or for ED&I monitoring. This includes the Nursing and Midwifery Council, the General Dental Council, and the Healthcare Professions Council. To collect additional data would therefore help bring us closer in line with what other organisations are already doing.
- 6 These benefits aside, a number of stakeholders have stressed that our collection approach should not be at the expense of data about women, and that it is important we hold data about the specific category of sex to prevent its loss.
- 7 At present we ask for details of ‘gender’ on the basis that it represents a more inclusive way of collecting this information since not everyone identifies with their sex registered at birth. However, a criticism of this is that it conflates sex and gender and therefore leaves room for doubt about whether individuals are providing data on the basis of the sex they were assigned at birth or their lived gender. A consequence of this is that it is not then possible to clearly distinguish between non-trans and trans individuals, to the potential detriment of both groups. Therefore, by separating out the categories of information we wish to collect (ie. by collecting data about sex, gender reassignment and gender identity), this would help ensure a greater clarity of data.
- 8 A further compelling rationale for collecting data about the category of sex relates to the fact that it is a protected characteristic under the Equality Act 2010, and we are required to publish information to demonstrate that we have complied with the public sector equality duty. The same logic applies to the collection of data about gender reassignment status. It is also worth noting that the Professional Standards Authority (PSA) have signalled their intention to further strengthen the equality and diversity standard (Standard 3). This standard has a particular emphasis on diversity data collection and the PSA have been clear that they expect regulators to have robust measures in place to ensure that they have an understanding of the diversity of their registrants and the communities they serve.\*

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\* Professional Standards Authority, ‘Equality, Diversity and Inclusion: Where have we got to?’ [PSA website](#), 21 April 2022.

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- 9** While non-binary identities are not currently recognised in law, we have seen pressure for the recognition of gender diversity, creating an expectation on us to do so. This view is not universally shared, and some may question whether a greater emphasis on gender identity could be detrimental to our understanding of biological sex, and to the rights of women and girls in particular. However, by collecting data about both sex and gender identity, we intend to mitigate this risk whilst accruing a deeper and more sophisticated understanding of the diversity of our registrant population. This is supported by the aim ‘Every Interaction Matters’ in our corporate strategy, which commits us to learn more about the experiences of people who interact with us and to make sure that everyone can access our services and information in a way that is suited to them. The work is also relevant to the aim ‘Enabling Professionals to Provide Safe Care’, which highlights that some groups of doctors face greater challenges and barriers in their working environment, which can impact on their working lives and career progression.
- 10** In summary, we believe there are clear reasons for us to collect information about the categories of sex, gender reassignment and gender identity. This approach has the support of the cross-GMC project board and is considered to be sound from an information governance perspective. In collecting the data we would need to carefully differentiate between the three categories and be clear about their definition. We would also need to be clear about the rationale for collecting this information and about how it is likely to be used.

Annex C – this annex contains confidential information and is not included in the published pack of papers.

## Report of the Investment Committee 2022

<b>Action</b>	To approve
<b>Purpose</b>	The Investment Committee is required by its Statement of Purpose to report annually to Council on its activities. This report outlines the Investment Committee’s work since its last report to Council in December 2021.
<b>Decision Trail</b>	This report has been considered and approved by the Investment Committee
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>● To note the Report of the Investment Committee for 2022</li> <li>● To note the Investment Policy</li> <li>● To approve the updated Statement of Purpose and a related change to Annex B1 of the Governance Handbook</li> </ul>
<b>Annexes</b>	<p>Annex A: Statement of Purpose</p> <p>Annex B: Investment Policy</p>
<b>Author contacts</b>	<p><b>Samuel Curtis</b>, Corporate Governance Manager</p> <p>Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a></p>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Steve Burnett</b> , Chair of the Investment Committee

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### Report of the Investment Committee 2022

## Background

- 1 The Investment Committee is required by its Statement of Purpose to report annually to Council on its activities. Since its last report to Council on 10 December 2021, the Committee has met five times in 2022: February, May, August, September and November.
- 2 Following her appointment as Chair of the GMC, Carrie MacEwen remained a member of the Committee until an additional member was appointed. Anthony Harnden returned to the Committee in November 2022 and Carrie therefore stepped down.
- 3 In 2021 the Committee made a decision to not replace Tim Scholefield when he stepped down as a co-opted member. The Committee continued with this approach in 2022 and has no intention at present to change this approach to its membership, however it will review it periodically.
- 4 In 2022, following a tender exercise, the Committee appointed Mercer as the external adviser. The Committee is satisfied with Mercer’s reporting following review and development since their appointment.

## Investment Policy

- 5 The current investment policy includes a number of ethical restrictions on our investments. The Investment Committee has started work to develop a more comprehensive approach to ethical, social and governance issues. To this end the Committee is undertaking a project with our independent investment adviser (Mercer) and our external fund manager (CCLA) to generate more comprehensive ethical data on the aggregate portfolio. This may lead us to revise the Investment Policy in 2023. A seminar has been produced for February 2023 to allow the Council to understand the Committee’s decision-making process.
- 6 Ordinarily the Investment Policy would be considered, reviewed and approved in line with the Committee’s Statement of Purpose, however as there may be changes to it, Council will be asked to note the current Investment Policy (Annex B) and review and approve any changes made at a later meeting in 2023.

## Statement of Purpose

- 7 Council is asked to approve two updates to the Committee’s Statement of Purpose at Annex A:
  - a An additional point under ‘duties and activities’ to set out the Committee’s role in the monitoring treasury management activities of the GMC.
  - b Currently only Council members can vote in an Investment Committee meeting, in accordance with the Governance Handbook. The work and membership of the Committee has evolved. In light of these updates Council is asked to approve that the

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Director of Resources who is already a non-voting member of the Committee will participate as a full voting member and be recognised as part of the quorum of the Committee.

- 8 As the proposed change to the Statement of Purpose would no longer be in accordance with the provisions in Annex B1 (Arrangements for the appointment of Council and external members to Committees) of the Governance Handbook, the Committee also proposes that paragraph 7 of that annex be updated as follows:

In the event that a vote needs to be taken, only Council members of the Committees, plus the Director of Resources in the case of the Investment Committee, will be entitled to vote.

### GMC funds under management

- 9 The GMC originally placed £50 million under investment through its external fund manager CCLA. Returns varied throughout 2022 due to the ongoing impact on financial markets of the COVID pandemic, the cost of living crisis, the changes of Government leadership and the war in Ukraine. The value of the portfolio at the end of 2022 was £56,593,318. The value of the portfolio at the latest valuation on 27 January 2023 was £58,017,488.
- 10 The funds have all been managed within the agreed ethical criteria set out in our investment policy.

	12 months	3 years	5 years
GMC portfolio	-7.9%	+1.5% pa	+3.2% pa
Benchmark portfolio	-19.3%	-3.0% pa	+0.1%pa
ARC Cautious Charity Index	-8.4%	-0.4%	+0.6%
CPI +2% Target	12.5%	7.4% pa	5.9% pa

- 11 The table above shows the returns achieved by CCLA for the GMC investments over the previous 12 months, three years and five years.
- 12 The Benchmark portfolio is a comparator index based on the asset allocation mix contained in the mandate and assumes that market rates are achieved. The ARC Cautious Charity Index is a commonly used index used for comparison in the sector reflecting a cautious investment approach. The CPI+2% target is the target set by the GMC which CCLA is asked to achieve.
- 13 After an extraordinary year for investment markets in 2022, CCLA are understandably well below the target set which was considered unobtainable with CPI rising to 11%. Up until mid-2022 CCLA were ahead of targets and our external advisers were complimentary about their achievements.

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- 14 CCLA's performance continues to do well when compared with the comparator benchmark portfolio and the ARC Cautious Charity Portfolio. This outperformance rewards the stance taken by CCLA to avoid exposure to UK Government Bonds (gilts) which meant they were not hit by the Gilts yield rises (and the resultant drop in value) that has resulted from recent interest rate shocks.
- 15 The Committee remain satisfied with the performance of CCLA which has seen the portfolio rise from £50 million to £58 million.

## GMC Services International (GMCSI)

- 16 The Committee have been updated on GMCSI's activities throughout the year. However due to the pandemic many GMCSI projects in the pipeline have been delayed. The Committee are assured by the progress of GMCSI and will continue to monitor the activities in 2023.

## Treasury Management Update

- 17 The Committee consider a report on the GMC's in-house management of its cash balances at each meeting.
- 18 The value of our investments, plus any cash balances we hold, are typically higher than the level of our free reserves, largely because many doctors pay their annual fees in advance.
- 19 The GMC's cash holdings at the end of 2022 were £47.8 million with a blended interest rate of 3.21%.

## Investment Risk Register

- 20 The Committee reviewed and updated the Investment Risk Register at each of its meetings. This included consideration of the potential investment risks relating to the pandemic and war in Ukraine.
- 21 The Committee's external adviser, Mercer, provide an external perspective on the risk register and have advised that it adequately addressed the risks and mitigations relating to its investments.

## Committee Effectiveness Review

- 22 The Committee intended to hold an effectiveness review in 2022, however due to the changes within the Committee and of the external adviser focus has been on induction and onboarding to ensure the Committee has a solid foundation and support network for financial processes.

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- 23** The Committee still has Governance support in the form of a committee secretary and training support in the form of CCLA and Mercer providing sessions on specific financial topics.
- 24** A review has been scheduled for 2023.

## **Independent Investment Advice**

- 25** In May 2022 the contract with the previous independent advisers, Asset Risk Consultants (ARC) came to an end. After an extensive procurement exercise Mercer were appointed to provide independent advice on all elements within the Committee’s remit (excluding GMCSI). In addition to this, a review session is led by Mercer during each meeting examining the fund manager’s quarterly report providing expertise on the technical elements of the report.
- 26** Mercer has also been advising the Committee on alternative governance arrangements which are available. The work on this is extensive and is ongoing, Council will be updated on this work at the Seminar on the 28 February 2023.

## **Investment Objective and ESG**

- 27** The Committee is working with Mercer and CCLA to invest in a conservative and well diversified portfolio. The focus is around long-term responsible investment. The investment portfolio will therefore be constructed in a sustainable manner and given due consideration to ethical, environmental, social and governance issues.
- 28** A benchmarking exercise will be developed in 2023 (following a delay as the Committee onboarded a new adviser) and Council will be updated once this has been implemented.

This document intentionally includes tracked changes to show updates from a previous version

## Annex A

### Statement of Purpose – Investment Committee

#### Purpose

- 1 The purpose of the Investment Committee is to provide a forum for implementing and reviewing Council’s Investment Policy.
- 2 Council is ultimately responsible for determining and reviewing the overall Investment Policy, objectives, risk appetite and target returns. Operational decision-making and implementation of the policy is delegated to the Investment Committee.

#### Duties and activities

- 3 The Investment Committee:
  - a) Ensures the management of the assets, including the assets of any trading subsidiary of the GMC in which the GMC has made an investment, is consistent with the Investment Policy set by Council.
  - b) Monitors the Investment Policy to ensure it remains appropriate, and to recommend changes to Council, as appropriate.
  - c) Implements changes to the Investment Policy as appropriate.
  - d) Monitors the treasury management activities of the GMC, ensuring funds are placed to generate competitive returns within the constraints of the Investment Policy.
  - e) Establishes and monitors the investment management structure to ensure that it is appropriate to meet the agreed Investment Policy. This includes decisions about the appointment of fund managers, the number of fund managers used, the proportion of assets managed by each manager, and their mandates.
  - f) Agrees the terms of appointment of the investment fund managers, including their fee scales.
  - g) Implements changes to the investment management structure as appropriate.

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- h) Sets asset allocation parameters, based on advice from fund managers and/or external advisers, and monitors the actual asset allocations chosen by the fund manager, to ensure consistency with the policy. Where more than one fund manager is appointed, the Committee will also monitor the aggregate asset allocation to ensure it provides sufficient diversification to reduce the risk of capital and/or revenue loss.
- i) Monitors the performance of each fund manager against agreed objectives by means of regular review of the investment results and other information.
- j) Monitors the corporate governance activities, policies and exercising of voting rights of the investment fund managers.
- k) Meets with the investment fund managers at least biannually to discuss their performance, actions and future strategy.
- l) Considers and approves any investment by the GMC in a trading subsidiary.
- m) Monitors and has oversight of any investment by the GMC in a trading subsidiary –on a financial, programme-related or mixed motive investment basis to ensure the expected return is delivered, reporting to Council at least annually on this. This would include meeting with representatives of the trading subsidiary at least biannually.
- n) Monitors and reacts to legislative, financial and economic changes affecting, or potentially affecting, the Investment Policy.
- o) Reviews, and makes recommendations to Council on, the Investment Policy so that it remains consistent with, and supportive to, Council’s overall business plan, budget and reserves policy.

## Working Arrangements

- 4 The Investment Committee meets quarterly. Additional meetings may be scheduled if necessary.
- 5 Draft minutes should be cleared by the Chair and circulated to members for comment within two weeks of the meeting. The Committee approves the minutes at its next meeting.
- 6 Membership of the Investment Committee comprises:
  - a Four members of Council, one of who will be appointed as Chair of the Committee
  - b Up to three external, co-opted members, with extensive investment experience.
  - c The Director of Resources and the Assistant Director of finance.

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- 7 The role of the external co-opted members is to bring their experience and knowledge of investments to the work of the Committee. Co-opted members are not appointed as advisers to the Committee. They are expected to act as full members of the Committee, while recognising that they are not trustees or members of Council.
- 8 Quoracy for Committee meetings will be three as outlined in line with B2 of the Governance Handbook.
- 9 In the event that a vote needs to be taken, only Council members and the Director of Resources will be entitled to vote, in line with Annex B1 of the Governance Handbook.
- 10 The Committee may engage professional external advisers to undertake a periodic review/health check of the investment arrangements, and to provide professional advice. External advisers will attend Committee meetings as necessary.
- 11 Fund managers who are appointed to manage investment funds on behalf of the GMC will be expected to attend Committee meetings at least biannually.
- 12 The Chair and/or directors of trading subsidiaries will attend Committee meetings at least biannually.
- 13 Other staff may attend Investment Committee meetings as necessary.
- 14 A summary of the performance of funds invested under management and funds invested through a trading subsidiary will be reported to Council as part of the normal reporting of financial performance within the Chief Executive's report. In addition, the Committee will report annually to Council on its activities.

*[This version of the Investment Committee's Statement of purpose was approved by Council on 1 March 2023]*

## Annex B

### Investment Policy

#### Introduction

- 1 As a matter of prudent financial management we must hold sufficient reserves to:
  - a Provide working capital to undertake our day to day business
  - b Provide funds to deal with any risks that materialise
  - c Provide funds to respond to new initiatives, opportunities and challenges that present themselves
  - d Cover the time period before any changes to fee levels takes full effect
- 2 This ensures that our regulatory independence is underpinned by a strong and stable financial base.
- 3 In addition to our reserves we typically hold significant cash sums during the year because our expenditure is broadly linear while our fee income is concentrated in the summer months.
- 4 This policy sets out the approach we will take with all of the funds that we hold. It supports our charitable aims and our statutory purpose as set out in the Medical Act 1983 and is in line with Charity Commission guidance on investments.
- 5 Our funds can be separated into four categories: those which are required as working capital for the normal day to day operation of the business; those which we may invest under management; those which we may invest in a trading subsidiary; and any residual cash balance.

#### Working Capital

- 6 The Investment Committee will ensure that we hold sufficient working capital for normal cash-flow purposes. The Committee will determine an appropriate amount from time to time which provides sufficient flexibility to avoid temporary borrowing and/or the need to liquidate investments to deal with short term variations in operational income and

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expenditure. Any changes to the actual amount of working capital held will be notified to Council through the report of the Chief Executive Officer to the Council.

7 Working capital will be held as cash in instant access interest-bearing accounts in UK banks which are subject to regulation by the Financial Conduct Authority.

8 As a minimum, the bank must hold at least two out of three of the following short term credit ratings:

- Moody's P-2
- Fitch F1
- Standard and Poor's A-2

9 Working capital will be managed by the Director of Resources who will seek to secure the most advantageous interest rates available, within the constraints of the policy. Funds may be moved between banks during the year to achieve this, but the primary requirements for working capital funds are security and liquidity.

## Funds invested under management

10 After taking account of our working capital requirement we have determined that we will invest up to £50 million under management. This amount is reviewed annually by Council.

### *Attitude to risk*

11 We have a low risk appetite. We wish to protect against volatility, capital loss and the erosion of asset value by inflation.

### *Objectives*

12 When investing funds under management our objectives are: to provide protection against inflation; to generate a modest level of return; and to diversify our funds to reduce the risk of capital and/or revenue loss.

13 Our target rate of return on funds invested under management is inflation (CPI) plus 2% over a rolling five year period.

14 Funds under management will be invested in a broad range of quoted investments, bonds and other debt securities issued by public and corporate bodies, third party regulated funds, regulated and unregulated in-house funds, money market instruments, foreign exchange, private equity and cash (including deposits in pooled cash funds).

15 Asset allocation parameters will be determined by the Investment Committee, based on advice from fund managers and/or external advisers, to ensure that funds are diversified to

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reduce the risk of capital and/or revenue loss. The Investment Committee will monitor compliance with those parameters. The parameters will be reviewed periodically to ensure that they remain consistent with our low risk appetite. If more than one fund manager is used, the Investment Committee will monitor the aggregate asset allocation to ensure it provides sufficient diversification.

*Ethical considerations*

- 16** We have adopted a comprehensive ethical investment approach. We believe that investing in certain companies or sectors would conflict with our charitable aims, or may create reputational damage. We do not wish to profit directly from, or provide capital to, activities that are materially inconsistent with our charitable aims and so we specifically exclude investment in companies whose principal purpose involves: tobacco; alcohol; gambling; pornography; high-interest rate lending; cluster munitions and landmines; and the extraction of thermal coal or oil sands. We recognise that many large companies are involved in a broad range of business activities. Given this we do not invest in companies that derive more than 10% of their revenue from an excluded area. This allows us to invest in, for example, the retail sector while excluding tobacco companies.
- 17** We do not invest in companies that are under investigation for, or been found guilty of, tax evasion or money laundering in the last three years.
- 18** We recognise that when fund managers invest through a third party or pooled funds, we cannot directly influence the selection of individual investments. In these circumstances we require the fund managers to ensure that the proportion of excluded investments in the pooled fund is less than 10%.
- 19** We may invest in companies whose activities are consistent with, or supportive of, our charitable aims. We expect companies in which we invest to demonstrate responsible employment and corporate governance practices, to be conscientious with regard to environmental and social issues, and to deal fairly with customers and the communities in which they operate. We may also use our position as an investor to actively engage with and influence the corporate behaviour of those companies we invest in.
- 20** We will invest only through fund managers who demonstrate the strongest environmental, social and governance (ESG) credentials. When appointing fund managers we will take into consideration how they incorporate an assessment of companies performance on ESG issues into their stock selection.

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## Funds invested through a trading subsidiary

- 21 Where we have the power to do so we may invest funds in a trading subsidiary of the GMC.
- 22 Investments in a trading subsidiary may take the form of loan capital and/or share capital.
- 23 Any funding provided to a trading subsidiary must be justifiable as an appropriate investment of the GMC's resources, e.g. by means of specific investment advice and may take the form of:
  - a A financial investment to generate a financial return to be used to further our charitable objectives (requiring advice).
  - b A straightforward grant of money or a programme-related investment, to directly deliver one or more of our charitable objectives (not normally requiring advice).
  - c A mixed-motive investment, combining elements of both financial and programme-related investments (requiring advice as far as appropriate).
- 24 Any investment in a trading subsidiary will be subject to the same ethical considerations as funds invested under management.
- 25 Any investment in a trading subsidiary will require specific approval by the Investment Committee and must comply with HMRC's requirements for qualifying investments.

## Residual cash balance

- 26 Any residual cash not held as working capital or invested will be held in medium term deposits and/or interest-bearing accounts.
- 27 Medium term deposits and interest-bearing accounts will be held in UK banks which are subject to regulation by the Financial Conduct Authority. As a minimum, the bank must hold at least two out of three of the following short term credit ratings:

●	Moody's	P-2
●	Fitch	F1
●	Standard and Poor's	A-2
- 28 No single deposit should exceed £5 million, with a maximum exposure of £40 million per bank (including any funds held as working capital in instant access interest-bearing accounts).
- 29 Term deposits should be spread on a rolling maturity basis, and maturity dates for deposits should be no longer than 18 months.

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## Management, reporting and monitoring

- 30** Council is responsible for determining and reviewing the overall investment policy, objectives, risk appetite and target returns.
- 31** Council has delegated to the Investment Committee responsibility for implementing the investment policy, appointing and managing fund managers, monitoring performance and reporting to Council. Full responsibilities are set out in the Investment Committee's statement of purpose.
- 32** Day to day investment decisions are delegated to investment fund managers in line with this policy and are accountable to the Investment Committee for performance. The Investment Committee may determine benchmarks against which to measure performance.
- 33** Investment fund managers are required to provide quarterly valuation and performance data.

## Approval and review

- 34** The Investment Policy will be reviewed by Council annually, on the advice of the Investment Committee. This will reflect the Council's overall financial position, its budgetary requirements, and any changes to the reserves policy.

*[This version of the Investment Policy was approved by Council on 1 March 2023]*

# The Professional Standards Authority's annual review of our performance 2021/22

Action	To note
<b>Purpose</b>	<p>The purpose of this a paper is to consider the findings of the Professional Standards Authority (PSA)'s review of our performance for the period 2021/22 against their Standards of Good Regulation. It also provides an overview of the areas of interest throughout the review and our response to these.</p> <p>The report (published by the PSA in December 2022) confirms that we have met all the Standards for this period, building on our track record of having met the Standards every year since their introduction in 2012. Council members are invited to share their reflections on the report.</p>
<b>Decision Trail</b>	The outcome of our performance review was shared with members by Council circular in October 2022.
<b>Recommendation(s)</b>	Council is recommended to consider and note the report.
<b>Annexes</b>	Annex A: Performance Review report – GMC 2021/22
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<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Shaun Gallagher</b> , Director of Strategy and Policy

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### The Professional Standards Authority's annual review of our performance 2021/22

## Background

- 1 The Professional Standards Authority for Health and Social Care (PSA) is responsible for overseeing the work of the GMC and nine other statutory health and social care regulators. The performance review is the PSA's annual check on how well regulators are performing in their overall role to protect the public and support registrants.
- 2 The performance review involves an assessment of performance based on evidence provided by regulators against the 18 Standards of Good Regulation<sup>1</sup>. The PSA apply an evidence framework<sup>2</sup> to make their assessment, and at the end of the review period, they will determine whether the regulator has passed or failed each Standard.
- 3 The assessment considers a range of information such as Council papers, publications, policy and guidance documents, volumes and timeliness of processes, and a check of the Register. The PSA also invite third party feedback from stakeholders and the public. Often the PSA will highlight specific areas of interest during the review where more information is required before they can reach a final decision.
- 4 Last year the PSA transitioned to a revised process for performance reviews<sup>3</sup>, in which it continues to make an annual assessment of performance but the depth of review informing that assessment will vary. This year, we experienced our first 'monitoring' year, intended to be lighter touch, and taking a more risk-based approach to reviewing performance. We are not scheduled to have a more substantive periodic review until 2024.
- 5 The output of the PSA's review is a report which covers our performance for the period 1 September 2021 to 30 September 2022 (see Annex A). Over this period, we engaged with the PSA's Scrutiny team on a monthly basis to discuss our performance throughout the period, with more concentrated engagement during the actual review.

## Report findings

- 6 Following the 2021/22 annual review, the PSA concluded that we had met all 18 Standards of Good Regulation. This continues a track record of meeting all the Standards every year since their introduction in 2012. The report recognises:

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<sup>1</sup>Professional Standards Authority. (2018) *The Standards of Good Regulation*

([https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-of-good-regulation-2018-revised.pdf?sfvrsn=ce597520\\_11](https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-of-good-regulation-2018-revised.pdf?sfvrsn=ce597520_11))

<sup>2</sup> Professional Standards Authority. (2018) *Evidence Framework*

([https://www.professionalstandards.org.uk/docs/default-source/publications/standards/proposed-new-standards-of-good-regulation---evidence-framework-\(june-2018\).pdf?sfvrsn=270c7220\\_6](https://www.professionalstandards.org.uk/docs/default-source/publications/standards/proposed-new-standards-of-good-regulation---evidence-framework-(june-2018).pdf?sfvrsn=270c7220_6))

<sup>3</sup> Professional Standards Authority. (2021) *A new approach to how we review the regulators*

(<https://www.professionalstandards.org.uk/what-we-do/improving-regulation/consultation/consultation-on-performance-reviews>)

## Agenda item M7

### The Professional Standards Authority's annual review of our performance 2021/22

- a our continued work towards our Equality, Diversity and Inclusion (ED&I) fairness targets and commissioning of the Regulatory Fairness Review and Dr Arora case review
  - b our launch of the Good Medical Practice (GMP) review
  - c our continued work to bring Physician Associates (PAs) and Anaesthesia Associates (AAs) into regulation, such as designing routes to registration for existing and future PAs and AAs, and publishing standards for education
  - d our overall improvement in reducing the time it takes to progress cases in Fitness to Practice (FtP).
- 7 We are pleased that the PSA recognise our progress against our diversity targets, and commitment to making our processes fair for all those that engage with them, and that we actively seek learning opportunities to remain an inclusive regulator. They also recognise the work we have done internally regarding AA and PA regulation, and we hope that they can support us in achieving the reforms required to make this happen.
- 8 We were surprised to see a recommendation around reviewing our social media guidance within the report as this is already in scope as part of the GMP review. We aim to provide greater clarity and assurance to the PSA during our regular meetings with them, while learning more about their concerns should any still remain.

## Key focus areas during the review

- 9 In July, the PSA Panel came to a preliminary decision on our performance and provided an indication of which Standards could be at risk of failing if we did not provide enough evidence to say otherwise. Questions from the Panel mainly centred around our ED&I work and improving our FtP timeliness.

### Fairness of our processes

- 10 The PSA requested further information on three areas relating to Standard 3<sup>4</sup> around the fairness of our processes.
- a **The Regulatory Fairness review:** this review considered how we might improve assurance arrangements on fairness in our decision-making. The PSA's Panel were interested to see the outcome of this review and our response to its recommendations.

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<sup>4</sup> Standard 3: *The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.*

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**The Professional Standards Authority's annual review of our performance 2021/22**

- b The Dr Arora case review:** the Panel were also interested in the learning review which looked at our handling of the Dr Arora case as they felt the outcome should be considered as part of the performance review.
  - c Corporate complaints:** the Panel requested more information on complaints made to us about our service which featured an ED&I issue. Specifically, they wanted to know how we defined cases in this category and how we were able to assure ourselves of no evidence of discrimination.
- 11** The timelines for both the Regulatory Fairness review and Dr Arora case review exceeded the PSA's performance review timeframes and therefore could not be considered against 2021/22 performance. However, we did invite GMC leads for these reviews to our monthly meetings with the PSA Scrutiny team in order to provide progress updates and to give a general indication of the themes likely to feature in the end reports. Part of the PSA's concern had been that the findings of these external reviews could be conflicting, but we were able to assure them that we did not anticipate contradicting outcomes. We have since shared the Dr Arora case review publication with the PSA in December 2022, and plan to share the Regulatory Fairness review outcome on publication (expected February 2023).
- 12** Regarding our corporate complaints processes, we had updated the PSA on the training and guidance provided for all Complaints Advisors across the business, which assured them of how we identify complaints featuring an ED&I issue and how we reach our decision (with the support of dedicated ED&I Managers who can offer specialist advice). Further to this, we shared a more detailed breakdown of data showing complaints of this type by each stage of escalation within the complaints process and by protected characteristic. Additionally, we have committed to reviewing our guidance for staff to ensure they are kept up to date.
- 13** It is relevant to note that the PSA are currently undertaking a review of Standard 3. We attended a regulatory round table in September 2022 to consult on the review. After engaging with their other stakeholders, the PSA told us they were planning to increase the threshold for meeting Standard 3 and will consider introducing a number of additions including:
- development of 'outcome statements' supported by 3-year targets, with expectation that regulators show progress against these each year
  - assessments on the internal organisational culture of regulators including organisational metrics (such as recruitment, retention, progression, pay, turnover, staff survey scores) and diversity of governance and decision-making groups (such as senior leadership, Council, committees, decision makers and fitness to practise panellists)
  - review of our governance structures and public reporting of our ED&I strategy, including action plans

## Agenda item M7

### The Professional Standards Authority's annual review of our performance 2021/22

- evidence of the regulators engagement with and influence of others, as well as data and research to reduce differential outcomes and to measure the impact of the regulator's work on the wider system
  - updating the PSA's evidence framework with increased and more detailed expectations on regulators against existing criteria.
- 14** It is likely that recommendations made in the PSA's Safer Care for All report<sup>5</sup> will fall under the current Standard 3 review and form part of the revised evidence framework for regulators.
- 15** The PSA have indicated that any changes to Standard 3 should be completed by the end of March 2023, with a view to implementing changes for the 2023/24 review period. This means we can expect greater scrutiny during our periodic review scheduled to take place during September 2024.

### Fitness to Practise timeliness

- 16** At their September 2022 Board meeting, the PSA felt that overall regulators were underperforming against the FtP Standards, specifically around timeliness (Standard 15<sup>6</sup>). They had also reflected that while the pandemic has caused issues to performance over the last two years, performance prior to this for some regulators was still unsatisfactory. The Board expressed that expectations both during and after the recovery period should be increased, which had been further iterated in subsequent Board discussions.
- 17** So far seven of the ten regulators have completed their performance reviews for 2021/22. Of those, five<sup>7</sup> regulators failed at least one FtP Standard, with all of those five failing Standard 15. From the three<sup>8</sup> that are yet to complete their review, two had failed this Standard in their last review. Towards the end of 2022, the PSA wrote a letter to the Secretary of State outlining their concern over FtP performance.
- 18** At the end of our last annual review (2020/21), although we were one of the few that did not have an FtP backlog, the PSA did flag concern around the increase in older cases within our

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<sup>5</sup> Professional Standards Authority. (2022) *Safer Care for All report: Solutions from professional regulation and beyond*, pg34. ([https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/safer-care-for-all-solutions-from-professional-regulation-and-beyond.pdf?sfvrsn=9364b20\\_6](https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/safer-care-for-all-solutions-from-professional-regulation-and-beyond.pdf?sfvrsn=9364b20_6))

<sup>6</sup> Standard 15: *The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.*

<sup>7</sup> General Dental Council (GDC), General Chiropractic Council (GCC), Nursing and Midwifery Council (NMC), Health and Care Professionals Council (HCPC), General Pharmaceutical Council (GPC) failed Standard 15 during the 2021/22 annual review (as of January 2023).

<sup>8</sup> General Optical Council (GOC), Pharmaceutical Society of Northern Ireland (PSNI), and Social Work England (SWE) are yet to have their 2021/22 reviews published. However, the former two (GOC and PSNI) failed Standard 15 during the 2020/21 period.

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caseload. This had been caused by pausing all new substantive tribunals at the start of the pandemic (see para 19) and the pausing of some new investigations from April to June 2020, where we were required to devise a recovery approach in response to the Covid-19 pandemic and the significant challenges it presented to FtP operations.

- 19** This year, we were able to show the PSA that we have since reduced the number of cases over a year-old by 22%, (compared to a peak in March 2021), which means we have more than halved the caseload increase caused by the pandemic. However, the PSA drew specific attention to the increase in medians with regards to timeliness of closing cases, and they informed us that more evidence was required to explain the trend before they could reach a decision on our performance against Standard 15.
- 20** The measures they referred to can be found in the table below (measures 15-17). These specific measures reflect closed cases, which explains why the medians would rise in the event that we close a high number of older cases. Measure 18 in the table reflects open cases and shows an improvement in the overall number of cases which supports our argument.

Fitness to Practise – Annual data										
Measure No.	Measure		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	Q1 of 2022/23	Q2 of 2022/23
15	Time from receipt of referral to final IC/CE decision	Median	37	29	30	34	42	45	50	39
16	Time taken from final IC/CE decision to final FtP Committee decision or other final disposal of the case	Median	36	27	33	35	63	67	60	52
17	Time from receipt of referral to final FTP Committee determination/or other final disposal of the case	Median	107	104	80	89	104	118	149	132
18	Number of open referrals and cases (at the end of the quarter) which are older than:	52 weeks – 103 weeks	337	324	458	513	642	461	456	421
		104 weeks – 155 weeks	150	131	145	176	303	258	239	234
		156 weeks and above	149	99	103	111	203	232	185	195

Longest / highest figures flagged in red. The figures show an overall improvement in quarter 2 of 2022/23.

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### The Professional Standards Authority's annual review of our performance 2021/22

- 21 Although we have shown improvement, the rate in which we can fully recover is restricted due to residual challenges left by the pandemic. We have been reporting this as a long-term issue to the PSA. Many of these challenges are outside of our control but will have an added impact on the timeliness of progressing cases. These include:
- **Waiting for third party processes:** this is primarily the Police and Courts. Our experience is that cases are taking significantly longer within the criminal justice system and some cases are being postponed at Court multiple times. Cases are progressed where possible, however many are required to wait for the outcome of the judicial process. When cases reach this 'external' stage, they cannot be removed from our data, therefore impacting on our median case times.
  - **Challenges with timely disclosure:** this is particularly the case when trying to obtain medical records from Health Care providers. We understand that organisations continue to face intense pressures caused but the pandemic (and now winter pressures), and although we do use our legal powers when absolutely necessary, this route is still subject to significant time delays and is costly.
  - **Backlog of cases awaiting a tribunal:** all tribunals needed to be paused in 2020 due to the pandemic, subsequently creating a backlog which meant that cases were either unable to progress or progressed much slower. Since then, recovery plans to help the MPTS return to pre-pandemic hearing volumes were shared with the PSA with updates on positive progress against this. The MPTS have confirmed they are on track to achieving this by June 2023 should all things remain equal.
- 22 We continue to monitor these issues and plan to share any significant updates with the PSA as they arise.
- 23 Between now and the next review, we will keep focusing efforts to reduce the overall number of open cases, targeting older cases in particular. We expect this will have a continued impact on medians before improvements are visible in these figures.

## Preparing for our next performance review

- 24 Passing all of the Standards for the previous period means we are in a good position for the next annual performance review. However, there are a few areas where we are expecting further scrutiny for the 2022/23 review.
- How we have responded to both the Regulatory Fairness review and Dr Arora case review including any action plans in place.
  - Our progress against our ED&I commitments.
  - Our progress in developing updated GMP guidance for doctors.

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- Our continued work to bring AAs and PAs into regulation including further development of processes.
  - Further improvements in FtP towards returning to pre-pandemic performance.
- 25** To help us prepare, we plan to engage with internal colleagues ahead of the review in the above areas. Furthermore, we will continue to share updates at regular meetings with the PSA Scrutiny team and respond to their requests as they arise.
- 26** It should be noted that in January this year, the PSA proposed the introduction of additional FtP measures on timeliness and quantity of cases at different stages for regulators to report against quarterly. Currently we already report on 22 separate FtP measures<sup>9</sup> all of which are solely focused on timeliness and quantity. We believe that if there are to be additional measures of our effectiveness, while more measures on timeliness add value, they should also seek to assess the quality of our processes and we have asked the PSA to consider this. Should the PSA decide regulators must report on the additional measures, we anticipate these will take several months to build, verify and extensively test, before they can be implemented.
- 27** We have asked the PSA to share any learnings from across the regulators once all the 2021/22 performance reviews are complete. We are also keen understand what more we could be doing to demonstrate to the PSA how we meet their Standards, specifically the ED&I and FtP Standards, both of which are areas we intend to gain greater clarity of the PSA's expectations.

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<sup>9</sup> Out of a total 31 measures reported to the PSA quarterly, with the remaining mostly around Registration and Revalidation processes.

## Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator’s performance against our Standards of Good Regulation and reporting what we find. Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive ‘periodic review’ and in the other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process [here](#).

This monitoring report covers the period 1 September 2021 to 30 September 2022.

## Key findings

- This year, the GMC has continued work towards its Equality, Diversity and Inclusion fairness targets. It has also worked on two reviews arising from specific concerns: its Regulatory Fairness Review and its learning review of the case of Dr Arora. We will closely monitor how it responds to the recommendations from these reviews.
- The GMC launched its consultation on the review of *Good Medical Practice* this year. The GMC will also review 10 pieces of explanatory guidance; we think it is important that this review includes incorporating recommendations for doctors using social media into formal guidance.
- The GMC has continued its work to bring Physician Associates (PAs) and Anaesthesia Associates (AAs) into regulation. In this review period, it has designed routes to registration for existing and future PAs and AAs, and has published standards for education. The GMC is considering revalidation options for PAs and AAs, and intends to engage with stakeholders.
- In fitness to practise, there have been some improvements in how long it takes to progress cases, as the GMC recovers from the effects of the pandemic, though the overall time taken remains longer than we would wish. The GMC has reduced its caseload and number of old cases since last year. We note this as positive progress, however we expect the current trends to continue and significant improvements to performance.

## Standards met 2021/22



General Standards	5 out of 5
Guidance and Standards	2 out of 2
Education and Training	2 out of 2
Registration	4 out of 4
Fitness to Practise	5 out of 5
<b>Total</b>	<b>18 out of 18</b>

## GMC standards met 2019-21

2020/21	18 out of 18
2019/20	18 out of 18



355,060

professionals on the register  
(as at 30 September 2022)

## General Standards

**The GMC met all five General Standards this year.**

These five Standards cover a range of areas including: providing accurate, accessible information; clarity of purpose; equality, diversity and inclusion; reporting on performance and addressing organisational concerns; and consultation and engagement with stakeholders to manage risk to the public.

### Equality, diversity and inclusion

This year the GMC has continued its work in relation to Equality, Diversity and Inclusion (EDI). It has been undertaking two reviews in response to specific concerns and has continued with its proactive work towards its longer-term fairness targets.

#### *The GMC's fairness targets*

In May 2021, the GMC published targets to eradicate disadvantages faced by some doctors:

- to eliminate disproportionate complaints from employers about ethnic minority doctors, by 2026
- to eradicate disadvantage and discrimination in medical education and training, by 2031.

The GMC published the first annual report about progress against these targets in March 2022. Although it is too early to draw meaningful conclusions on progress, it reported some improvement against the first set of targets. It piloted and introduced a new referral form for employers, requiring them to confirm the steps they have taken to ensure a referral is fair and appropriate before submitting it to the GMC.

Performance against the second target had not changed, but this was expected. As part of the work towards this target, the GMC will require education organisations to submit action plans outlining how they will improve outcomes for international graduates and ethnic minority learners, as well as asking medical schools to provide exam data to monitor and improve fairness in medical education.

### *Regulatory Fairness Review*

The GMC's Regulatory Fairness Review, begun in 2021,<sup>1</sup> involved reviewing decision points and past research on fairness, embedding learning in new processes and identifying learning needs for staff. The review is now due to be published by February 2023, after the end of our review period. We will monitor the outcome of this review and the actions the GMC takes in response.

#### *Dr Arora case review*

An MPTS decision to suspend a doctor in June 2022 provoked concern from numerous stakeholders, who felt that the referral, investigation and final decision were unfair. The doctor successfully appealed the decision and the GMC launched a review to understand what lessons could be learnt. The review was carried out by the GMC with external oversight provided by Professor Iqbal Singh CBE and Martin Forde KC. The report was published in November 2022. It found no evidence of bias affecting decisions in Dr Arora's case, but made several recommendations for the GMC, including:

- to consider how it assures itself that its decision-making is fair and unbiased, including proactive monitoring for ethnicity-related variations in teams
- for greater levels of cultural competency so that the GMC can better understand the professionals working in health services
- to embed a culture of 'professional curiosity' so that GMC staff feel able to speak up and raise concerns about cases.

The GMC accepted all the recommendations. We are aware that it has already taken steps to start implementing them, for example by amending standard instructions to counsel to encourage them to raise any concerns they have about the strength of a case.

It was appropriate for the GMC to initiate these reviews in response to the specific concerns raised with it. Fair decision-making, cultural competence, and the ability to speak up are crucial for a regulator's work in fitness to practise, and its approach to EDI more generally. We note the work the GMC is doing to learn from cases and ensure its processes – and those of others, like education institutions, and employers making fitness to practise referrals – are fair. Based on the

work the GMC has done so far, we concluded that Standard 3 was met. It will, however, be important for the GMC to show further progress in this area and we will closely monitor its actions.<sup>2</sup>

## Working with others

The GMC has worked with stakeholders this year, including the Department of Health and Social Care, on implementing recommendations from the Paterson Inquiry and the Cumberlege review. The GMC collaborated with other organisations to publish a joint guide to induction for overseas-qualified doctors recruited to the NHS.<sup>3</sup>



*“We continue to have very positive relationships with the GMC at all levels. They are very responsive when dealing with our queries”*

*Stakeholder feedback*

## Accurate and accessible information

The GMC continues to provide up to date, accurate and accessible information about its registrants, regulatory requirements, guidance, processes, and decisions through its website and social media. Between May 2021 and September 2022, the GMC did not meet its call centre KPI to answer 80% of calls within 20 seconds. It identified specific reasons for the increase in calls, acted to address the issue by recruiting new staff, and in recent months has met this target.

## Guidance and Standards

**The GMC met both Standards for Guidance and Standards this year.**

This year the GMC launched its consultation on the review of *Good Medical Practice*. The review aims to address some gaps, such as

guidance on interprofessional boundaries and sexual misconduct. The changes will also include tackling discrimination, promoting fairness and inclusion, and organisational culture.

The GMC will also review 10 pieces of explanatory guidance. We think this should include ensuring that its guidance on social media is up to date. There are already some recommendations in the GMC's *Ethical Hub* for doctors using social media. However, we have seen cases where doctors' use of social media has been problematic (for example in relation to the pandemic, or to inappropriate messages in their private life). Clear guidance on this topic is important to maintain public confidence.

We will continue to monitor the development and implementation of the updated Good Medical Practice and explanatory guidance.

## Education and Training

**The GMC met both Standards for Education and Training this year.**

The GMC has progressed with its education reform programme this year, which includes taking learning from the pandemic, particularly to consider opportunities for improvement.

The GMC published the revised framework for credentialing in December 2021. GMC credentials are intended to be a flexible way of providing additional assurance in specific areas of care. The GMC continued to work with early adopters in preparation for delivery throughout 2022. In June 2022, it approved the curriculum content for the first GMC credential, in remote and rural medicine.

## Physician Associates and Anaesthesia Associates

The GMC published standards for education for Physician Associates (PAs) and Anaesthesia Associates (AAs)<sup>4</sup> in September 2022. It is currently carrying out Quality Assurance checks of PA and AA courses and will give all course providers feedback on self-assessments. It has also published interim guidance for PA and AA students about how

the standards apply to them. The GMC will update the guidance once it has completed its review of *Good Medical Practice*.

## Registration

**The GMC met all four Standards for Registration this year.**

### Accuracy of the Register

Our register check did not identify any inaccuracies in the GMC's Register.

Year	Number of GMC registrants
2019/20	336,747 professionals
2020/21	348,787 professionals
2021/22	355,060 professionals

### Routes to registration

The GMC is continuing to develop post-Brexit routes to registration. It has designed routes to registration for existing PAs and AAs and future qualifiers; it will now design a route for those who qualified overseas.

### PLAB<sup>5</sup> exams

The GMC cancelled the January PLAB 2 exams and ran socially distanced exams with reduced capacity in February this year due to the Omicron variant of coronavirus. We do not have concerns about this because there was a clear risk of harm if the sessions went ahead as scheduled and it allowed examiners to prioritise clinical work. The GMC offered places to those candidates who were already in the UK at the time of cancellation or who had an offer or place in training. The remaining candidates were offered places to sit the exam by October.

The GMC stopped a release of places for PLAB 1 for February 2023; due to an increase in demand, the traffic accessing the website caused it to fail. The GMC re-released them in June 2022. Candidates were reassured that there were enough places for those who needed to book when places were released.

We acknowledge that these issues would have caused distress and inconvenience to a number of applicants. However the GMC rectified the issue and, overall, there were enough places for those who needed them.

### Processing applications for registration

Despite an increase from last year in applications from overseas graduates, processing times are in line with previous years and the annual median for processing applications from UK graduates has remained at one day. We have no concerns about the data relating to how the GMC deals with registration appeals.

### Revalidation

The GMC will engage with stakeholders about revalidation options for MAPs. As part of the regulatory fairness review, the GMC intended to commission an external audit of its registration and revalidation process, but this has been put on hold while the GMC receives guidance about commissioning such audits.

## Fitness to Practise

**The GMC met all Standards for Fitness to Practise this year.**

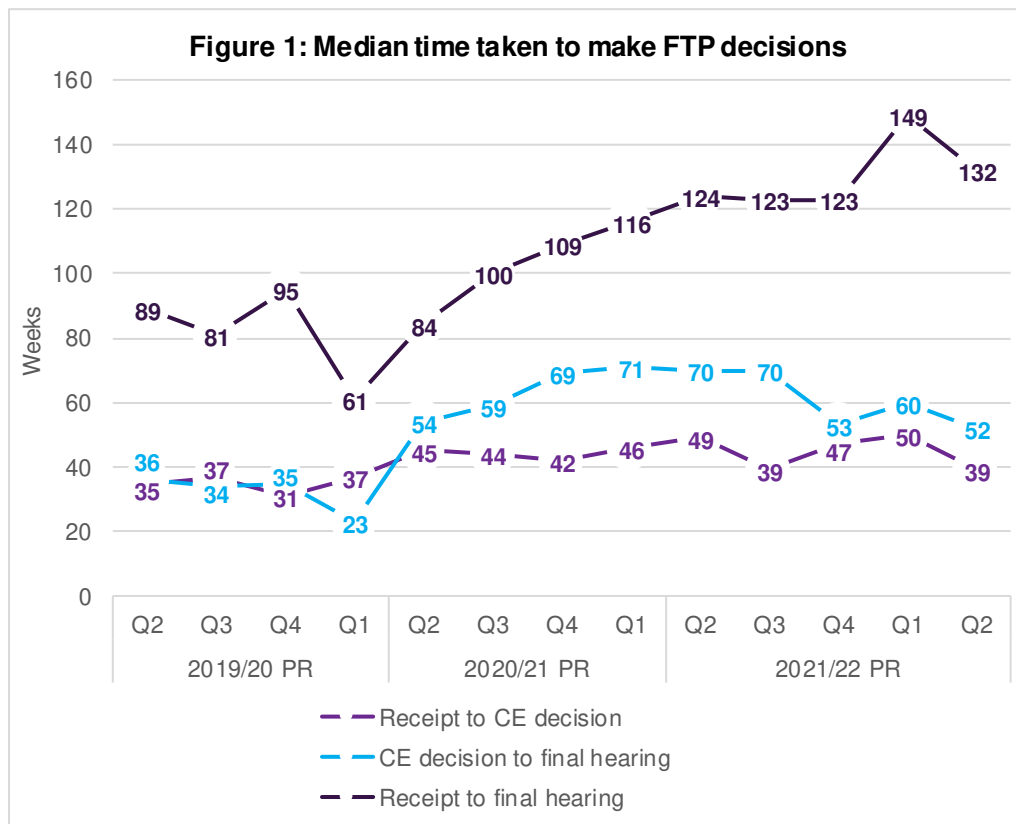
### New referrals

The number of referrals received by the GMC this year has increased from last year and is more in line with pre-pandemic levels. Overall, the data about decisions made at the earliest stage of the process does not suggest concerns.

As we have noted at Standard 3, there has been some progress against the GMC's fairness targets in relation to disproportionate fitness to practise referrals.

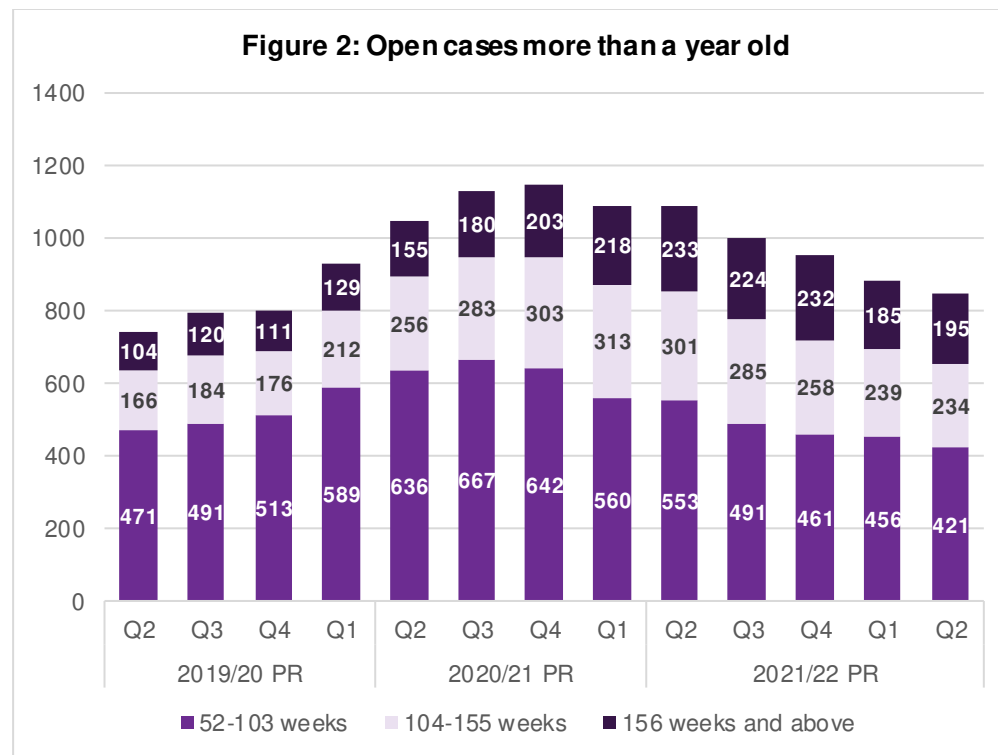
### Timeliness

Figure 1 shows the median time for cases to progress through the fitness to practise process. The data is based on closed cases. It shows improvements this review period in the time from receipt to Case Examiner (CE) decision, and in the time from CE decision to hearing. Both measures are at their lowest since the start of the pandemic. The time from receipt to final hearing increased. That is consistent with the GMC's focus on closing old cases: as it closes its old cases, many of which will be ones that have gone all the way to a final hearing, they affect the median closure time.



The GMC has worked to return to a normal, pre-pandemic, running rate. It has reduced its open caseload, improved the median of open cases in investigations and reduced the number of cases older than 52 weeks at pre-CE stage.

Figure 2 shows the total number of cases over 52 weeks old. There has been a reduction of 237 (22%) old cases since the start of this review period. The GMC told us that it is still experiencing difficulties obtaining information for its investigations from other organisations, including healthcare providers and the criminal justice system. It told us that 32% of all open cases over 52 weeks have been subject to third party investigations.



The GMC commissioned external barristers to review 219 cases that are older than two years and have not yet been considered by the CEs. The review found delays due to third party investigations and the pandemic. In 44% of cases there were delays due to GMC processes as well as external factors. The GMC told us that the internal delays

were due to the pandemic and the usual challenges of complex and document heavy cases. We expect the GMC to continue to consider how it can avoid unnecessary delays to case progression.

This year, 279 decisions were made by the Medical Practitioners Tribunal Service (MPTS), which is a significant increase from 155 last year. The MPTS is on track to return to pre-pandemic performance in early 2023 and this is consistent with the recovery plans we saw last year.

The median figures for timeliness are higher than we would normally regard as acceptable. However, overall, the data indicates that the GMC is recovering from the disruption associated with the pandemic. Reducing the number of open old cases increases the median closure times in the short term, but it is a necessary precondition to reducing them sustainably in the longer term. Accordingly, we will expect the data to show further improvements over the next year. We note the impact that employers and other third-party investigations can have on timeliness, and the GMC should consider how it can use its influence or adapt its processes to mitigate this. On balance, we decided that Standard 15 was met this year.

### Fitness to practise decision-making

The GMC updated its guidance for decision-makers about how they should take the context of the pandemic into account. It intended the update to reflect the sustained nature of the pandemic. We have not identified themes in the concerns we have received or in our review of final decisions to indicate problems with the GMC's decision-making.

<sup>1</sup> We reported on the review in [last year's report](#).

<sup>2</sup> We are currently reviewing our approach to assessing Standard 3 as part of our own organisational EDI action plan: <https://www.professionalstandards.org.uk/about-us/equality-and-diversity>

<sup>3</sup> [Welcoming and Valuing International Medical Graduates](#), produced jointly with NHS England and NHS Improvement, Health Education England, the British Medical Association and the Medical Protection Society.

### Interim Orders

The time it takes the GMC to make IO decisions remained broadly consistent with last year. The time to IO decision from the point where a possible need for one is identified has been increasing slightly since 2017/18 but is well within the range of other regulators' performance. Overall, we do not have concerns about how long it takes the GMC to make IO decisions.



#### Quick links/find out more

- ▶ [Find out more about our performance review process](#)
- ▶ [Read the GMC's 2020/21 performance review](#)
- ▶ [Read our Standards of Good Regulation](#)

#### Professional Standards Authority for Health and Social Care

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<sup>4</sup> Physician Associates (PAs) and Anaesthesia Associates (AAs) are two professions due to be regulated by the GMC commencing in the second half of 2024 at the earliest.

<sup>5</sup> The Professional and Linguistic Assessments Board (PLAB) is a two-part test for doctors who qualified abroad. PLAB 1 is a written test run four times a year and can be taken at a number of locations in the UK and overseas. PLAB 2 is an objective structured clinical examination which takes place at the GMC's assessment centre sites.

## Council meetings in 2024

<b>Action</b>	To approve
<b>Purpose</b>	This paper builds on the new ways of working introduced for Council in 2023, setting out the proposed dates of Council and Board/Committee meetings in 2024 with a more even distribution of meetings across the year.
<b>Decision Trail</b>	Council notes the dates for the following year's meetings in February each year. Each committee chair has been consulted on the proposed dates for their committee.
<b>Recommendation(s)</b>	To agree the 2024 schedule of meetings.
<b>Annexes</b>	Annex A: Draft 2024 meetings schedule
<b>Author contacts</b>	<b>Melanie Wilson</b> , Head of Corporate Governance and Council Secretary  Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Sophie Brookes</b> , Assistant Director Corporate Directorate

## Background

- 1** Building on new ways of working introduced for Council in 2023, such as external speakers, extending the formal meetings and the introduction of periodic members-only meetings, this paper sets out the proposed dates of Council and Board/Committee meetings in 2024.
- 2** In preparing the schedule of dates for 2024, the Corporate Governance team has taken into account dates of school holiday periods, as far as is possible at this early stage, and major religious festivals. We avoided scheduling meetings around Christmas and new year holidays and during some of the summer holiday period. However, due to the number of meetings required and the fact that half terms and summer holidays vary between schools and different regions, and in each of the four countries, it is not always possible to completely avoid these periods.
- 3** As set out at paragraphs 7 and 8, this calendar proposes a different distribution of meetings across the year from previous years.
- 4** The full meeting schedule will also be uploaded and available for members to view via the Board Intelligence app and will be kept updated should any changes be made.
- 5** Additional briefings or meetings may be held as required. The Corporate Governance Team will endeavour to arrange these at a convenient time for as many members as possible.

## Council

- 6** The draft schedule of Council meetings for 2024 is at Annex A. Council meets six times each year to meet the needs of the work programme, and has an ‘away day’ over two days. There is one members-only meeting marked on the calendar, in September 2024, although other members-only meetings will be aligned with the six scheduled Council meetings.
- 7** In a change from previous years, this draft calendar of meetings includes a different pattern of Council meetings, spread out more evenly across the year. The main issue this seeks to address is that half of Council’s meetings have been taking place in a three-month period between the end of September and the first half of December.
- 8** In proposing this change, we have taken the following points into consideration:
  - a** The planning of Council meetings approximately every other month evens out the distribution of those and other meetings, reducing congestion of meetings and of agenda items at certain times of year.
  - b** This draft 2024 schedule is intended to plan meetings of Council, committees and Executive Board to make best use of the time available and provide timely information on finance, performance and risks, including year-end data for a Council meeting in the first half of February.
  - c** Council meetings are therefore based around the first half of even-numbered months. The exception would be that instead of an August meeting, a virtual meeting in late

**Agenda item M9**

**Council meetings in 2024**

July would reduce – but not entirely remove – the impact on the peak summer holiday period. In order to accommodate this July Council meeting, the away day has been moved to March.

- d** The away day has been held in March in previous years, mainly to enable earlier direction to be sought from Council in the development of the corporate strategy. Holding it at this point in the year should provide a longer lead time to influence the annual planning cycle.
  - e** Periodic reporting from committees to Council could also be spread across the year to avoid the need for a concentration of meetings in November and a December Council agenda full of annual updates.
- 9** Council seminars are still planned for the evening before each Council meeting, from 16:30 to 19:00.
- 10** Of the six meetings, two will be held in London, one in Manchester, one in one of the national offices – Cardiff in 2024 – and the remaining two will be virtual.

## **Committees and boards**

- 11** The draft schedule at Annex A also contains the proposed dates of other meetings involving Council members, including the Audit and Risk Committee, Remuneration Committee, Investment Committee, GMCSI Board and the Board of Pension Trustees. The frequency of these meetings has been determined in accordance with the working arrangements set out in their statements of purpose.
- 12** As usual, it will be open to Chairs, in consultation with other members, to decide as the work programmes develop, whether to make adjustments to a committee's programme of meetings.

### Draft 2024 Meetings Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Jan	1 New Year's Day	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24 ARC	25	26	27	28
	29	30	31	1	2	3	4
Feb	5	6	7	8	10	11	12
	12 Council Seminar	13 Council	14	15	17	18	19
	19	20	21	22 Investment Cttee	24	25	26
	26	27	28	29	1	2	3
Mar	4	5	6	7	8	9	10
	11	12 Council away day	13 Council away day	14 ARC	15	16	17
	18	19	20	21	22	23	24
	25	26 RemCo	27 BPT	28 GMCSI	29 Good Friday	30	31
Apr	1 Easter Monday	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17 Council Seminar	18 Council	19	20	21
	22	23	24	25	26	27	28
	29	30	1	2	3	4	5
May	6 Bank Holiday	7	8	9	10	11	12
	13	14	15 Investment Cttee	16	17	18	19
	20	21 GMC/MPTS LG	22 BPT	23 ARC	24	25	26
	27 Bank Holiday	28	29	30	31	1	2
Jun	3	4	5 Council Seminar	6 Council	7	8	9
	10	11	12	13	14	15	16
	17	18	19 GMCSI	20	21	22	23
	24	25	26	27	28	29	30
Jul	1	2	3	4	5	6	7
	8	9 BPT	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23 Council Seminar	24 Council	25	26	27	28
	29	30	31	1	2	3	4
Aug	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26 Bank Holiday	27	28	29	30	31	1
	2	3	4	5 Council (private)	6	7	8
Sep	9	10	11 ARC	12	13	14	15
	16	17 BPT	18	19 Investment Cttee	20	21	22
	23	24	25 GMCSI	26	27	28	29
	30	1 Council Seminar	2 Council	3	4	5	6
	7	8	9	10 RemCo	11	12	13
Oct	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31	1	2	3
	4	5	6	7	8	9	10
Nov	11	12	13 ARC	14 BPT	15	16	17
	18	19	20	21 GMC/MPTS LG	22	23	24
	25	26 GMCSI	27	28	29	30	1
	2	3	4 Council Seminar	5 Council	6	7	8
Dec	9	10 Investment Cttee	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25 Christmas Day	26 Boxing Day	27	28	29
	30	31					

KEY:	ARC	Audit & Risk Committee	GMCSI	GMC Services International Ltd
	BPT	Board of Pension Trustees	GMC/MPTS LG	GMC/MPTS Liaison Group
			RemCo	Remuneration Committee

## Corporate Social Responsibility

<b>Action</b>	To note
<b>Purpose</b>	To provide Council with an update on Corporate Social Responsibility (CSR) and Net Zero Carbon work
<b>Decision Trail</b>	Council previously discussed CSR at a seminar on 27 April 2022
<b>Recommendation</b>	To note progress
<b>Annexes</b>	Annex A - GMC Emissions 2019 and 2021 Annex B - Widening participation event feedback Annex C - Corporate Volunteering pilots - impact headlines Annex D - BDO audit recommendations
<b>Author contacts</b>	<b>Jane Durkin</b> , Assistant Director, Corporate Social Responsibility <b>Daniel Archer</b> , Project Manager <b>Paul Sargeson</b> , Environmental and Compliance Manager Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Neil Roberts</b> , Director of Resources

## Agenda item M10

### Corporate Social Responsibility

## Background

- 1 We attended Council Seminar in April 2022 and provided an overview of our corporate social responsibility work in general and our net zero carbon project in detail. Since then, we have made substantial progress and this paper provides highlights of our work since then to make sure Council remains fully informed.

## Reducing our environmental impact

- 2 Our Net Zero Carbon (NZC) groundwork concluded mid-2022 and targets were agreed at SMT in September. These are to reach net zero for Scopes 1 and 2 emissions (those under our control, such as electricity) by 2030. For Scope 3 emissions (those we can influence, such as travel, procurement and waste management) by 2040. Delivery of the work to achieve our NZC targets will be led by Satinder Kaur, Assistant Director Facilities.
- 3 We will treat 2019 as our baseline year because 2020 was so untypical due to the impact of pandemic lockdowns. Annex A shows the breakdown for Scopes 1, 2 and 3 for 2019 and the changes in emissions between 2019 and 2021. We are currently compiling the same data for 2022. We expect the detail in our data collection to increase and improve as this project progresses and we will share that progress with Council.
- 4 Examples of early changes include retrofitting the energy supply for the 3 Hardman Street data centre so it is more energy efficient. We have also changed how we dispose of outdated and faulty IT equipment. This has always been done to the highest security and environmental standards. We have recently agreed a process for any equipment that can be re-purposed to be securely 'wiped' and donated to community groups. We're sourcing a partner for this initiative through Business in the Community's [National Business Response Network \(NBRN\)](#) which matches support from businesses to people and community organisations.

## Social mobility and widening participation in medical education

- 5 We remain committed to levelling the playing field for talented individuals from a diverse range of backgrounds who wish to become doctors. Our efforts are focused on working with specialist organisations such as the [Social Mobility Foundation](#) (SMF) and [Social Mobility Business Partnership](#).
- 6 As well as our ongoing links with the Medical Connections team at Lancaster Medical School, we've developed a new relationship with [Edge Hill University Medical School](#), a recently approved medical school with a commitment to accommodating gifted students from a widening participation (WP) background who understand the needs of local communities.
- 7 After outstanding feedback (highlights at Annex B) from our joint summer event in 2022, we'll be hosting further events in 2023. Students will hear more about the work of the GMC

## Agenda item M10

### Corporate Social Responsibility

and the career paths followed by our Marx Fellows. These events provide a rare opportunity for these talented young people to network and get acquainted with a broad range of professionals from the medical profession, and their future regulator.

- 8 Feedback from SMF included this interesting reflection *“Prior to this event the students did not have a strong understand of who the GMC are and what they do. Rating their familiarity with the organisation out of 5, half of SMF students (50%) selected ‘3’ with the majority of remaining students spread between ‘1’ and ‘2’. However, following the event students feel much more familiar with the GMC and what it does. 58% of students now rate themselves a ‘4’, with the remaining 42% at a ‘5’, demonstrating a clear increase in their understanding of the organisation.”*
- 9 This year’s Marx Fellows are enthusiastic supporters of this aspect of our CSR work and have committed time from their busy fellowship year to speak at virtual events for SMF students and first year medical students from a WP background.

## Supporting healthy communities through corporate volunteering

- 10 We continued to pilot corporate volunteering options through 2022. This approach allows us to explore opportunities whilst exercising caution with the amount of colleagues’ time and corporate resources that we are expending.
- 11 The link between [literacy and poor health outcomes](#) is well established and this was key to our decision to pilot two reading initiatives in 2022.
  - a AIM North London Academy – approximately 15 GMC colleagues read for 30 minutes twice a week with Year 9 and 10 pupils academy who have English as a second or third language. The impact, after 12 months, have been impressive and Annex B includes a table showing the impressive improvements in reading ability.
  - b National Literacy Trust (NLT) – working with a team from ‘We Love Reading’ the organised and co-ordinated three events at primary schools in deprived areas in Greater Manchester. These were equally well received and some GMC volunteers from these events have continued their volunteer role in their own time.
- 12 Similarly [research](#) has found that social isolation and loneliness in older people poses health risks and so we have partnered with the Royal Voluntary Service (RVS) to pilot a telephone befriending scheme.
  - a RVS provided training and support to approximately 21 GMC colleagues who from September 2022 have been holding a weekly 45-minute phone conversation with an elderly person. Early feedback is positive, from GMC colleagues and RVS clients. We will extend and enlarge this pilot in 2023.

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### Corporate Social Responsibility

- 13 We have conducted detailed evaluation from each of these pilots, looking at activity, outputs and impact. Headlines from these reports are in Annex C.

## Cross Regulator CSR group

- 14 The GMC secured approval from the Chief Executives of Regulatory Bodies (CEORB) group to establish a Cross Regulator CSR Group. The purpose of the group is to share best practice and it has met three times. It is attended by Nursing and Midwifery Council, General Dental Council, General Pharmaceutical Council, General Chiropractic Council, Health and Care Professions Council and Social Work England.
- 15 Meetings are themed and have covered sustainability, net zero carbon planning, and policy and strategy. Sharing of experience and expertise is central and events have been well attended and generated networking and information sharing outside meetings.
- 16 These will continue throughout 2023 and general consensus at the most recent meeting in January 2023 was that frequency of meetings should increase because participants were finding meetings so useful.

## External Scrutiny

- 17 We invited BDO, the GMC's external auditors to examine the CSR work programme in 2022. This provided valuable expert scrutiny and the audit concluded that *"There is a genuine willingness and desire to ensure that CSR is embedded in everything the GMC does with Board and Executive level buy-in. Unlike other organisations currently in the not-for-profit sector and central government bodies, there is a collective and more mature drive to 'do better' rather than just a bottom-up approach."* This was helpful validation of the work done so far. Recommendations were constructive and highlighted the need for improvements to the GMC website and for the development of training material for all GMC colleagues. Recommendations and actions are summarised in Annex D.

## What's next?

- 18 Later in 2023 we will participate in an external benchmarking exercise run by Business in the Community. The [Business Tracker](#) offers gap analysis, benchmarking against sector peers and, the opportunity for recognition of where we are performing strongly and where we need to improve and innovate.
- 19 The GMC has been invited to run a (virtual) session at International Association of Medical Regulatory Authorities ([IAMRA](#)) 2023 to provide an update from our session in 2021 where we shared our early plans for the GMC's CSR work and our recent engagement with the [Greener NHS Programme](#). This international interest and recognition are most welcome and

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**Corporate Social Responsibility**

we're looking forward to sharing our progress with an international audience of medical regulators.

## Annex A

### GMC Emissions 2019 & 2021

Figure 1 – Breakdown of emissions in 2019



Scope 1	1%
Scope 2	5%
Scope 3	94%

Figure 2 – Changes in emissions from 2019 to 2021

Scope	Emissions Category	2019 emissions (tCO <sub>2</sub> e)	2021 emissions (tCO <sub>2</sub> e)	Percentage change (%)
Scope 1	Fossil fuels	89	92	+3%
Scope 2	Electricity emissions	552	282	-49%
Scope 3	Well-to-tank emissions	953	150	-84%
	Business travel emissions	210	7	-97%
	Waste emissions	3	2	-33%
	Water emissions	16	0.36	-98%
	Procurement	6,497	6,480	-0.3%
	Staff commuting	1,215	35	-97%
	Homeworking Emissions	426	803	+88%
<b>Total</b>		<b>9,931</b>	<b>7,851</b>	<b>-21%</b>

## Annex B

### Widening participation event feedback



Lancaster University  
Medical School

#### What did you think was the most useful part of the visit and why?

- *“Presentations from the clinical fellows – it was interesting and inspiring to hear about their different careers”*
- *“Hearing the experiences of medical professionals and how they grew into their professions”*
- *“The presentations from the clinical fellows as it helped me think more about the next steps on my medical journey and reignited my love for medicine as it reminded me why I chose it”*

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##### Highlights

- *100% of students rated the overall Medicine event as either excellent or good.*
- *83% of students rated the Clinical Fellows’ Presentations as excellent with the remaining 17% rating them as good*
- *Students most enjoyed the presentations from the Clinical Fellows, and the opportunity to network with Lancaster students currently studying Medicine*
- *“I enjoyed the presentation from the clinical fellows the most as I was able to see what I could potentially become in the future and was able to get a clearer idea of why so many people are a part of the medical field. I also enjoyed the last clinical fellow who spoke of her experience as an anaesthetist as I just felt like she was exactly what I wanted to be.”*

# Annex C

## Corporate volunteering pilots – impact headlines



### Reading age improvements in year 9 pupils

Sep-21		Sep-22		Progress	
Years	Months	Years	Months	Years	Months
6	7	13	3	6	8
5	6	10	11	5	7
6	7	12	0	5	5
5	9	9	11	4	2
5	9	9	11	4	2
7	10	11	8	3	10
5	9	8	6	2	9
7	6	10	3	2	9
6	10	9	7	2	9
5	9	7	6	1	9
5	9	6	7		10
5	5	6	2		9
5	9	6	5		8
6	5	7	2		7
9	11	10	3		4



Impact surveys showed that phase 1 of the volunteering programme has been a success and has been there to support people during difficult times.

- **89%** of clients saying the service made them feel happier
- **67%** feeling more part of their community
- **78%** saying it helped them have more social contact
- **56%** saying it improved their well-being
- **67%** saying they felt the service made them feel more able to cope

For GMC volunteers

- **75%** feeling more connected to people (including giving them a better understanding of people from difference backgrounds and life circumstances),
- **100%** feeling like they were making a positive contribution to society
- **88%** feeling more connected to people and **100%** saying it gave them a sense of purpose.
- **100%** saying they would recommend Royal Voluntary Service



- Over the three days, we engaged 135 children in reading and stories
- *“Thank you so much to you and the volunteers for coming today! The children loved hearing the volunteers talk about reading with them and hearing about the value of reading from someone other than a teacher/other member of school staff was really valuable!”*
- In the evaluation survey [schools reported](#) that they found the day to be either ‘exceptional’ or ‘good’. This was based on the communication, the quality of the volunteers and the resources provided.

## Annex D

### BDO audit recommendations

<u>BDO Audit Recommendations</u>	<u>Deadline</u>	<u>Status</u>
1. Continue to review the spreadsheets and documents that underpin the business plan, to enable each element to be reported and then consider whether there is a requisite forum for this to be reported within the governance structure.	30-Sep	<b>Complete:</b> Business Plan is now reviewed and updated monthly. There is a regular schedule of reporting to Council & SMT. Governance has been reviewed and strengthened in agreement with Business Planning team
2. Review the current governance structure and decide whether CSR oversight can be incorporated, given the level of importance placed on initiatives underway.	30-Jun	<b>Complete</b>
3. Consider documenting an overarching CSR policy and related procedures to improve understanding and application across the GMC. In addition, consider work with either the BiTC or another third-party consultancy to develop in-house training material to increase staff knowledge.	31-Dec	<b>Complete:</b> Policy has been drafted and reviewed by Regulation Policy Team. Self-guided training module (Hemsley Fraser) on CSR added to Aspire. Currently working with L&OD to develop an additional GMC specific CSR module.
4. Review available regulatory frameworks and consider whether any of these are relevant for the GMC to align to; to assist with governance structure and reporting of available CSR information as appropriate.	31-Dec	<b>Complete:</b> Reviewed available ESG regulatory frameworks in July; concluded BiTC framework remains most suitable. Agreed to review annually, recognising CSR work is still developing and our requirements may change.
5. Consider developing further training material to build on existing induction training.	31-Dec	<b>Complete:</b> See above
6. Review the content of the GMC website, from a CSR perspective, and reflect on the level of content that might be appropriate to include, considering the information already available on the intranet and available to internal stakeholders.	30-Apr	<b>Complete:</b> CSR information now on the GMC website with scheduled reviews to keep content up to date.
7. Assess the level of information that is internally reported throughout the GMC and consider increasing the detail, especially where there is reference to CSR.	30-Sep	<b>Complete:</b> Increased reporting agreed. Internal CSR Newsletter established. Website and intranet enhanced along with dedicated comms support. Metrics dashboard in development
8. Consider opportunities to increase the level of CSR focused questions that can be included in the People Survey, which can then be analysed and applied across the CSR agenda within the GMC, especially where the strategy is concerned.	30-Sep	<b>Complete:</b> Unable to get CSR question on People Survey for 2022 due to timescales and capacity. It is on the 'to consider' list for 2023.

## Report of the Executive Board 2022

<b>Action</b>	To note
<b>Purpose</b>	This report summarises the work undertaken by the Executive Board during 2022, setting out the decisions taken, policies and guidance agreed and reports noted across a range of strategic issues.
<b>Decision Trail</b>	<p>Council receives a report on the work of the Executive Board annually, in addition to the updates included in the Chief Executive's report at each meeting.</p> <p>This paper has been agreed by the Executive Board.</p>
<b>Recommendation(s)</b>	To note the report of the Executive Board 2022.
<b>Annexes</b>	None
<b>Author contacts</b>	<p><b>Dale Langford</b>, Corporate Governance Manager</p> <p>Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a></p>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Charlie Massey</b> , Chief Executive

**Agenda item M11**

**Report of the Executive Board 2022**

## Background

- 1 The Executive Board was established in 2017 as a decision-making forum and to promote collective executive decision-making by the senior management team (SMT). The Board is required by its statement of purpose to submit an annual report to Council, as well as regularly reporting to Council via the Chief Executive’s report.
- 2 The Board met ten times during 2022, on the following dates:

31 January 2022	27 June 2022
28 February 2022	25 July 2022
28 March 2022	3 October 2022
3 May 2022	28 November 2022
30 May 2022	19 December 2022

## Key matters considered by the Executive Board in 2022

### Operational performance and risk

- 3 In alternate months, the Board considered the Performance and Risk Report, providing high level reports on performance, including finance and people, customer service and learning, and updates on the key risks to achieving our strategic aims. Council receives performance and risk annexes as part of the Chief Executive’s report at each meeting.
- 4 The Board considered options on how to improve the consistency of the GMC’s [performance measures](#) approving a routine annual review and a common set of parameters for performance measures of end-to-end processes (25 July 2022).
- 5 The board also conducted a series of risk deep dives. The aim of these discussions is to focus on a single corporate risk and consider the extent to which individual board members are confident that the directorate level risks that underpin it provide sufficient assurance to the Board collectively that the corporate risk is being managed. A similar approach applies to deep dives relating to opportunities.
- 6 Risk deep dives during 2022 covered the following risks and opportunities: *MPTS* (31 January 2022), *Regulatory Reform* (28 March 2022), *Risk Appetite* (25 July 2022), *Education & Standards statutory function* (28 November 2022). The final such discussion of the year, on 19 December 2022, assessed the value and effectiveness of the sessions, identified areas for improvement and agreed the draft programme for deep dives in 2023.

## Agenda item M11

### Report of the Executive Board 2022

#### Policy

- 7 The Board approved updated [Guidance on undergraduate clinical placements](#) to bring it in line with current standards and address wider issues that affect clinical placements (3 May 2022).
- 8 The Board approved the [removal of reference data from fitness to practise performance assessment tests of competence](#), which will increase the validity and fairness of assessments; doctors under assessment will no longer be compared with doctors of different grades and specialties (27 June 2022).
- 9 The Board noted a paper setting out the implications of amendments to secondary legislation which will have the effect of changing the [standard required for specialist and GP registration](#) from 'equivalence to a UK certificate of completion of training' to 'knowledge, skills, and experience required for practising as an eligible specialist in the UK' (3 October 2022).
- 10 The Board received a progress report on the review of *Good Medical Practice* and considered the draft text of the consultation (31 January 2022) and an update on the consultation following the closing date (25 July 2022).

#### Business Plan and Budget

- 11 The Board reflected on the [budget scrutiny process](#) for the 2022 budget, agreeing changes to the 2023 process and the implementation of a half-yearly review of our financial position (28 February 2022).
- 12 At the meetings on 3 October and 28 November 2022, the Board considered the draft Business Plan and Budget, ahead of consideration by Council on 14 December 2022.

#### Equality, diversity and inclusion (ED&I)

- 13 The Board approved an ED&I policy to apply to our role as a regulator which had been highlighted in an Employment Tribunal outcome (28 March 2022).
- 14 The Board received an update on the work being conducted to provide stronger leadership to address the ED&I challenges in the health service and GMC as part of the ED&I audit review (28 March 2022).
- 15 The Board considered proposals in relation to the collection of data on sex, gender and gender identity, ahead of consideration by Council on 22 June and following up actions requested by Council (31 January, 30 May and 19 December 2022)
- 16 The Board discussed an update on the governance arrangements for our ED&I priorities (28 March 2022) and received the [Annual Report of the ED&I Steering Group](#), plus a review of diversity memberships, benchmarks and awards (3 October 2022)

**Agenda item M11**

**Report of the Executive Board 2022**

**Other regular reports**

**17** The Board received the following reports:

- a** The draft Executive Board report to Council for 2021 (31 January 2022), ahead of consideration by Council on 24 February 2022.
- b** Plans for the staff survey (28 February 2022) the results of which were reported to Council on 3 November 2022.
- c** The annual report of the Data Protection Officer, providing an overview of our information governance activities in 2021 (28 March 2022).
- d** Update on GMC Services International Ltd (30 May 2022).
- e** The draft 2021 Trustees' Annual report and accounts and the annual fitness to practise statistics, for submission to Council (3 May 2022). Council agreed the [Trustees' Annual report and accounts](#) for 2021 at its meeting on 22 June 2022.
- f** Updates on corporate complaints and compliments received, ahead of Council's consideration of the complaints and compliments reports ([3 May](#) and [28 November 2022](#)).
- g** Evaluation of the [Planning Gateway](#), a collective, cross-organisation source of advice to make recommendations to SMT on the prioritisation of initiatives (28 November 2022).
- h** The annual business continuity report, summarising the work undertaken by the Business Continuity Working Group and Compliance Team during 2021/22 (25 July 2022).
- i** The annual [health and safety report](#), providing an overview of health and safety activities and accident/incident information for 2021 (3 October 2022).
- j** The annual report of the [GMC Group Personal Pension Plan Management Board](#) (28 November 2022), on which Council also received an update on 14 December 2022.
- k** The draft Annual Responsible Officer Board Report and Statement of Compliance for submission to NHS England (approved on circulation October 2022).
- l** The approach for applying the 2023 pay award (28 November 2022).

This paper sets out the planned items for future meetings of Council. The content of agendas is liable to change.

Items marked as ‘below the line’ are included on an agenda where no discussion is required, although members may request a discussion at the meeting.

<b>26/27 April 2023 - Manchester</b>		
	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	• Development of new medical schools (tbc)	Colin Melville
	• AAs and PAs	Una Lane
<b>Confidential session</b>	• Good Medical Practice update	Colin Melville
<b>Public session</b>	• Chief Executive’s report	Charlie Massey
	• Approval of Aston and Anglia Ruskin to award PMQ	Colin Melville
	• Quality Assurance update	Colin Melville
	• HR report 2022	Neil Roberts / Andrew Bratt
	• National reports final sign-off	Paul Reynolds
	• ED&I Annual report	Shaun Gallagher
	• Key findings and messages – SOMEPE workplace and experiences report	Shaun Gallagher
	• Biannual section 40a report	Charlie Massey
	• Update on Regulatory Reform	Shaun Gallagher
	• Clinical assessment centre expansion	Una Lane
	• GMP final sign off (?tbc)	Colin Melville
<b>Below the line</b>	• 2022 Council forward work programme	Carrie MacEwen
	• Council members’ register of interest	Carrie MacEwen

**Agenda item M13**  
**2023 Council forward work programme**

<b>14/15 June 2023 – Virtual</b>		
	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	<ul style="list-style-type: none"> <li>Regulatory reform – how do we describe our work(tbc)</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>Regulatory reform – rules drafting (tbc)</li> </ul>	Tim Aldrich
<b>Confidential session</b>	<ul style="list-style-type: none"> <li>GMCSI report</li> </ul>	Paul Reynolds/ Andrew McCulloch
<b>Public Session</b>	<ul style="list-style-type: none"> <li>Chief Executive’s report</li> </ul>	Charlie Massey
	<ul style="list-style-type: none"> <li>Mid-year financial review</li> </ul>	Neil Roberts
	<ul style="list-style-type: none"> <li>Report of the MPTS Committee</li> </ul>	MPTS Chair
	<ul style="list-style-type: none"> <li>Trustees’ Annual report and accounts</li> </ul>	Paul Reynolds / Neil Roberts
	<ul style="list-style-type: none"> <li>Fitness to practise statistics report</li> </ul>	Anthony Omo
	<ul style="list-style-type: none"> <li>Report of the Audit and Risk committee</li> </ul>	Paul Knight/ Neil Roberts
	<ul style="list-style-type: none"> <li>Compliments and complaints report</li> </ul>	Charlie Massey
	<ul style="list-style-type: none"> <li>Credentialing post pilot/implementation update</li> </ul>	Colin Melville
	<ul style="list-style-type: none"> <li>Education derogations</li> </ul>	Colin Melville
	<ul style="list-style-type: none"> <li>EDI –Regulatory Fairness (Implementation update) (tbc)</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>Update on Regulatory Reform</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>Freedom to speak up guardian annual report</li> </ul>	Neil Roberts
<ul style="list-style-type: none"> <li>Comms and engagement update</li> </ul>	Paul Reynolds	
<b>Below the Line</b>	<ul style="list-style-type: none"> <li>2022 Council forward work programme</li> </ul>	Carrie MacEwen/ Mel Wilson

<b>Away day Tuesday 11/Wednesday 12 July - Manchester</b>		
	<ul style="list-style-type: none"> <li>Mid-point corporate strategy review – assessing progress etc</li> </ul>	

**Agenda item M13**  
**2023 Council forward work programme**

<b>27/28 September 2023 - Virtual</b>		
	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	• External speaker?	
	• TBC	
<b>Confidential Session</b>	• Draft business plan/budget	Neil Roberts/ Shaun Gallagher
<b>Public session</b>	• Chief Executive’s report	Charlie Massey
	• Biannual section 40a appeals update	Charlie Massey
	• SOMEP workforce report – launch and impact	Shaun Gallagher
	• EDI - Fairer training cultures update	Shaun Gallagher
	• Update on Regulatory Reform	Shaun Gallagher
	• Unitary Board – feedback on work to date	
	• Progression	Colin Melville
<b>Below the line</b>	• 2022 Council forward work programme	Carrie MacEwen
	• Council members’ register of interest	Carrie MacEwen

<b>1/2 November 2023 – Belfast</b>		
	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	• Northern Irish focus (plus stakeholder dinner)	Paul Reynolds
<b>Confidential session</b>	• Update on the people survey	Neil Roberts/ Andrew Bratt
<b>Public session</b>	• Chief Executive’s report	Charlie Massey/ Iona Twaddell
	• Compliments and Complaints report	Sophie Brookes/ Jenny Broadley
	• EDI – employer measures	Shaun Gallagher
	• Update on Regulatory Reform	Shaun Gallagher
<b>Below the Line</b>	• 2022 Council forward work programme	Carrie MacEwen/ Mel Wilson

**Agenda item M13**

**2023 Council forward work programme**

<b>12/13 December 2023 – London</b>		
	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	<ul style="list-style-type: none"> <li>External speaker?</li> </ul>	
	<ul style="list-style-type: none"> <li>TBC</li> </ul>	
<b>Confidential session</b>	<ul style="list-style-type: none"> <li>2024 budget</li> </ul>	Neil Roberts
<b>Public session</b>	<ul style="list-style-type: none"> <li>Chief Executive’s report</li> </ul>	Charlie Massey/ Iona Twaddell
	<ul style="list-style-type: none"> <li>2024 Business plan and budget</li> </ul>	Neil Roberts
	<ul style="list-style-type: none"> <li>Report of the MPTS Committee 2023</li> </ul>	MPTS Chair
	<ul style="list-style-type: none"> <li>Report of the Audit and Risk Committee 2023</li> </ul>	Paul Knight
	<ul style="list-style-type: none"> <li>Report of the Remuneration Committee 2023</li> </ul>	Anthony Harnden
	<ul style="list-style-type: none"> <li>EDI - Fairer referrals</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>Update on Regulatory Reform</li> </ul>	Shaun Gallagher
<b>Below the line</b>	<ul style="list-style-type: none"> <li>2024 Council forward work programme</li> </ul>	Carrie MacEwen/ Mel Wilson
	<ul style="list-style-type: none"> <li>Committee membership 2024</li> </ul>	Carrie MacEwen/ Mel Wilson
	<ul style="list-style-type: none"> <li>Annual report on defined contribution pension plan</li> </ul>	Neil Roberts