

Council Meeting - 10 June 2026

PUBLISHED
10 June 2026

Agenda

Main meeting

Wednesday 10 June 2026 - 10:45 – 14:45

Timing includes lunch and Seminar session two

Main meeting

10:45 – 10:48 <i>3 mins</i>	M1	Chair's business
10:48 – 10:50 <i>2 mins</i>	M2	Minutes of the meeting on 23 April 2026
10:50 – 11:05 <i>15 mins</i>	M3	Chief Executive's report
11:05 – 11:15 <i>10 mins</i>	M4	Financial Update
11:15 – 11:35 <i>20 mins</i>	M5	People Strategy
11:35 – 11:45 <i>10 mins</i>	M6	Report of the Audit and Risk Committee
11:45 – 12:00 <i>15 mins</i>	M7	Trustees' Annual report and accounts
12:00 – 12:20 <i>20 mins</i>	M8	Fitness to Practise Statistics Report
12:20 – 12:40 <i>20 mins</i>	M9	Report of the MPTS Committee
12:40 – 12:55 <i>15 mins</i>	M10	Freedom to Speak Up Guardian Annual Report
12:55 – 13:05 <i>10 mins</i>	M11	Annual QA Update

13:05 – 13:10 **M12** **Recommendation of approval: Keele University PAA course**
5 mins

13:10 – 13:10 **M13** **Any other business**
0 mins

Below-the-line items*

M14 **Council Forward Work Programme**

M15 **People Survey workstreams update**

13:10 – 13:45 **Lunch**
35 mins

13:45 – 14:45 **S2** **Frontline experiences of the NHS: a fireside chat with Clinical Fellows**
60 mins

** Members should notify the Chair a minimum of two days prior to the meeting should they wish to discuss any starred items.*

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Draft as of: 24/04/2026

To approve

Minutes of the meeting on 23 April 2026

Members present

Vanessa Davies

Luci Etheridge

Keith Lloyd

Deepa Mann-Kler

Douglas Millican

Raj Patel

Jane Ramsey

Suzanne Shale

Wendy Williams

Jeeves Wijesuriya

Others present

Charlie Massey, Chief Executive and Registrar

Shaun Gallagher, Director of Strategy and Policy

Una Lane, Director of Registration and Revalidation

Pushpinder Mangat, Medical Director and Director of Education and Standards

Stephanie McNamara, Assistant Director Communications

Anthony Omo, Director of Fitness to Practise and General Counsel

Neil Roberts, Director of Resources

Melanie Wilson, Head of Corporate Governance and Council Secretary

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Minutes of the meeting on 23 April 2026

Chair's business (item M1)

- 1 The Chair welcomed members of Council, the Senior Management Team (SMT) and observers to the meeting.
- 2 Apologies had been received from Olamide Oguntimehin.

Minutes of the meeting on 11 February 2026 (item M2)

- 3 Council approved the minutes of the meeting on 11 February 2026 as a true record.

Chief Executive's Report (item M3)

- 4 Council considered the Chief Executive's Report.
- 5 Council noted that:
 - a The Department of Health and Social Care launched its consultation on the draft GMC Order on 24 March till 23 June.
 - b The spring UK Advisory Forum meetings are approaching, with the Scotland meeting taking place next week. The meeting will focus on specific work in that nation, regulatory reform and equality, diversity and inclusion.
 - c The survey for Specialty, Associate Specialist, and Specialist (SAS) doctors, and Locally Employed (LE) doctors, has been launched. This is an important part of the workforce and the number of LE & SAS doctors has increased in recent years.
 - d The go-live date for the new Enterprise resourcing planning system (ERP) has been moved to the autumn to allow more time for testing, data reconciliation, reporting and training. The Audit and Risk Committee are monitoring progress via the internal audit plan.
 - e The regulatory reform risks on the Corporate Opportunity and Risk Register have been updated.
 - f The Key Performance Indicator (KPI) for the contact centre is not representative of the work done by the Contact Centre and will be reviewed once the new system is in place to ensure the right indicators are being measured. Pressures in other areas of the business also influence the Contact Centre KPI such as increases in Fitness to Practise volumes, specialist applications and the voluntary erasure process.
- 6 During the discussion, Council noted that:

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- a The number of cases taking longer than 12 months are not building up but numbers are remaining static. Causes are mainly due to delays in the criminal courts. The situation is being monitored.

Finance report (item M4)

7 Council received an update on the GMC's finances.

8 Council noted that:

- a Pressures on the GMC's finances continue to build. The reduction in demand for the Professional Linguistic Assessment Board (PLAB) examination is greater than forecast. There is also a change in behaviours with fewer doctors who pass PLAB one then taking PLAB two, and doctors passing PLAB two then not seeking registration. This is affecting the GMC's income due to slowing growth of the register. There is also an emerging trend of doctors keeping registration but without a licence to practise, which has increased eight fold between 2000 and 2025, and could be due to a changing jobs market. It is unclear where or when these trends will plateau.
- b Financial pressures are being managed with actions such as reviewing directorate budgets. Further actions will be required and the Senior Management Team will consider as part of the mid-year financial review. An impact analysis will be undertaken and included in the mid-year report to Council at the July meeting.
- c With regards to the GMC's investments, markets have not reacted as badly to the current geopolitical unrest as anticipated and the GMC's portfolio was valued at £62.6 million as of April 2026.
- d The Investment Committee has appointed new Investment Advisors Stanhope Capital.

9 During the discussion, Council noted that:

- a The GMC is monitoring its financial situation and is having conversations across the organisation, developing scenarios and making decisions as required to ensure finances are allocated to key areas of expenditure such as the regulatory reform programme or the increased pressure on the fitness to practise process.
- b The GMC has taken a clear stance that the Government should take care in its narrative on prioritisation for training places and doctors from overseas as this workforce is relied upon to deliver high quality patient care.
- c The GMC aims to balance its budget over a two-to-three-year time scale so implementing corrective measures halfway through the year to ensure the budget balances by year end is not a priority. The GMC is looking at prioritisation as part of

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corrective measures and will use this opportunity to also look at making the organisation more efficient and agile.

- d** The reducing trend of overseas doctors wanting to work in the UK may not be a temporary situation given the Medical Prioritisation Bill and reduced PLAB numbers may now be business as usual.
- e** The PLAB centres are operated at cost and due to fixed and variable costs, the PLAB centres tend to balance over a few years' cycle. When considering the future of our PLAB infrastructure, it is important to remember the investment made in the PLAB centres recently at a point of increasing numbers and that it is hard to predict what will happen in the future. The GMC is trying to reduce variable costs to get the centres back to a self-funding position.
- f** The senior management team and Audit and Risk Committee undertake horizon scanning to anticipate future challenges and conversations are had with stakeholders as required. For example, thinking around Artificial Intelligence and new technology.

2025 National Reports (item M5)

- 10** Council noted that the reports had gone through the usual extensive review process, including by the Council members for each nation, and if approved, would be published in June.
- 11** Council approved the 2025 National Reports.

Regulatory Reform update (item M6)

- 12** Council noted an update on the Regulatory Reform programme of work.
- 13** Council noted that:
 - a** The consultation by the Department of Health and Social Care was live and a lot of engagement had taken place with stakeholders.
 - b** While similar to the Anaesthesia Associate and Physician Associate Order, there were new elements to the GMC Order which only affect doctors. Engagement activities to highlight these differences, and differences between the GMC Order and the Medical Act are ongoing.
 - c** A further update, including the GMC's draft response to the consultation, will be brought to the June Council meeting.

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People and Organisational Development Annual Report 2025 (item M7)

14 Council approved the People and Organisational Development Annual Report 2025.

15 Council noted that:

- a** 2025 was a positive year with good employee relations, introduction of the building inclusive cultures programme, and further progress on the disability confident scheme. There were positive People Survey results and work is progressing on the people strategy.
- b** Turnover is low at 6.4% and the absence rate is lower than relevant benchmarks at 7.4 days. Mental health was the highest recorded reason for absence. Although the majority of this is not work related, it is still a cause for concern.
- c** There have been low levels of casework but there is an overrepresentation of disabled and ethnic minority colleagues in these formal processes. These are mainly grievances, but it is hard to draw conclusions from this due to the small sample size.
- d** Ethnic minority representation in the workforce is in line with our target at most levels, bar the senior levels of management. Low turnover is a contributing factor to this. Turnover for ethnic minority colleagues has also narrowed. Through the building inclusive cultures programme, personal coaching has been offered to ethnic minority colleagues at level three and four which has shown positive results with this group more likely to receive an outperforming rating compared to other colleagues.
- e** There has been a steady increase in women in senior leadership roles, particularly in Assistant Director roles.
- f** The disability confident scheme is showing positive results with applications from disabled candidates up from 14% to 18% and this has translated into an increase in offers for disabled candidates.
- g** There has been further progress towards closing the gender pay gap with a reduction of 1.4% to 10.8%.

16 During the discussion, Council noted that:

- a** It is unknown why fewer ethnic minority males apply for roles at the GMC. There were higher levels of female applicants across all areas and it was acknowledged there is more work to do in this area such as using more images of men from ethnic minority backgrounds in advertisements.
- b** The rationale for having a four year gap between the disability targets for level two and level three is due to the disability confident scheme being in flux following the

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Government asking for a review of the scheme. However, this should not be misconstrued as a lack of ambition on the part of the GMC.

- c The Building Inclusive Cultures programme will include follow up with leaders as part of the new people strategy. There are also plans for a leadership programme and toolkit to help managers.
- d The gender pay gap is due to the higher percentage of men at higher levels. Efforts are being made to address this and the latest recruitment campaign for a senior leadership position ended up with an all-female shortlist.
- e In response to recent world events, support has been offered to anyone affected and there does not appear to be any tension between colleagues arising from these events.
- f Staff networks for minority groups are continuing to meet, and meet with the Senior Management team. Some Council members offered to meet with these networks.
- g The recruitment process is already doing what would be expected to reduce bias in the process and there is ED&I best practice training provided for recruitment managers. There are further improvements which can be made and potential biases in the recruitment process will be reviewed as part of the development of the people strategy.

Investment Committee Annual Report (item M8)

17 Council noted the annual report of the Investment Committee.

18 Council noted that:

- a The investment portfolio had performed well until 2024 outperforming the investment target of CPI+2%. Since 2024 it has performed less well but kept pace with CPI. Over the last 5-6 quarters the portfolio has struggled and conversations have been ongoing with the portfolio fund managers as to reasons why – mainly the avoidance of US tech stocks which have been driving the market over recent years – and the Committee is considering future options.
- b As a part of this, the Committee would like to engage with Council over its thoughts on ethical considerations once the new Investment Advisors are in place.
- c Work was undertaken during 2025 to derisk funds under treasury management and funds are now being held in a Common Deposit Fund.
- d A review of the monitoring of GMC Services International was undertaken and two additional trigger points were implemented.

19 Council approved proposed changes to the Investment Committee statement of purpose.

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Annual section 40A report (item M9)

20 Council noted the annual report of Section 40a appeals.

21 Council noted that:

- a** During the period 1 March 2025 to 28 Feb 2026, there were 252 Medical Practitioner Tribunals, of which there were 80 cases where the outcome did not match the GMC's submission. In 62 of these cases, Senior Legal advice was that there were no realistic grounds for appeal, and the remaining 18 cases were actually referred to the s.40A Executive Panel.
- b** Of those 18 cases, most involved the most serious allegations - nine involved allegations of sexual misconduct, seven were allegations of dishonesty and only one included clinical misconduct allegations.
- c** The decision to appeal was taken in nine of the 18 cases. Six of those were sexual misconduct allegations, two dishonesty and one non-clinical misconduct. A further four appeals have been issued since 28 February 2026.
- d** Since the GMC was given the right to appeal, 67 appeals have been made. Of those 54 of those cases have been determined with a 67% success rate.

22 During the discussion, Council noted that:

- a** Due to the low numbers of cases involved it is hard to apply specific anti-bias processes. Usual anti-bias strategies such as anonymisation are not effective due to the high-profile nature of many of the cases considered but the panel have undergone the same anti-bias training delivered to other high impact regulatory decision makers. Overrepresentation of certain groups of doctors in the process are likely to translate to cases seen by the panel. However, anti-bias is something that could be considered further.
- b** All High Court decisions and feedback are reviewed and the impact on future cases considered.
- c** Although regulatory reform is causing some challenges as the Lord Mann review has not yet been published, the majority of appeals are sexual misconduct and dishonesty cases and not discrimination.

Any other business (item M10)

Date of next meeting

23 Council noted that its next meeting is scheduled for 10 June 2026 in London.

24 Council approved below the line items:

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M12 - Revised Risk Appetite Statement

M13 - Governance Handbook amendments

25 Council noted below the line items:

M11 - Assessing and reporting against the 2026-30 corporate strategy

M14 - Council Forward Work Programme

M15 - Council members' register of interest

Chief Executive's report

Action	To note
Purpose	<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"> ● We are finalising our response to the <i>Reforming the General Medical Council legislative framework</i> consultation, and engaging with stakeholders. ● We understand that the report from the rapid review into antisemitism and other form of racism led by Lord Mann will be published imminently.
Decision Trail	Council receives this report at each full meeting.
Recommendations	<p>a To consider the Chief Executive's report.</p> <p>b To note the Performance Annex and the Corporate Opportunities and Risk Register.</p>
Annexes	<p>Annex A: Performance Annex</p> <p>Annex B: Corporate Opportunities and Risk Register</p>
Author contacts	<p>Katherine Ince, Head of OCCE</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Charlie Massey , Chief Executive

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Chief Executive's report

Regulatory reform

- 1 The Department of Health and Social Care (DHSC) launched the *Reforming the General Medical Council legislative framework* consultation on Tuesday 24 March 2026. The consultation will run for three months and close on Tuesday 23 June 2026.
- 2 Throughout the consultation window, we will continue to engage stakeholders to better understand their views on the issues raised in the consultation and set out our perspective. We have also shared information about the consultation with all of our registrants, including how they can take part.
- 3 We are making good progress preparing our own response to the consultation. We will discuss our approach with our Programme Board, SMT and Council before it is submitted.

Leng review

- 4 Our priority areas of work for responding to Professor Leng's recommendations on Physician Associates (PAs) and Anaesthesia Associates (AAs) continue to focus on reviewing the presentation of our standards, to identify opportunities for more clearly differentiating between the professions we regulate; and work to prepare to implement the proposed change of title for PAs and AAs, subject to the outcome of the DHSC's consultation on the GMC Order. We will provide an update on both areas at the Council meeting in July.
- 5 The DHSC consultation poses four questions in connection to Professor Leng's review – two seeking agreement on the new professional titles for PAs and AAs, one focusing on proposals to extend the transition period from 13 December 2026 to 13 June 2027 (after which it will become an offence to use the new titles without being registered with the GMC), and a final question exploring how the existing titles should be treated following this point.
- 6 We continue to attend government-based Leng implementation groups so that we are able to support and influence the work of other stakeholders where this impacts on our regulatory responsibilities in respect of PAs and AAs.

Lord Mann review

- 7 We understand that the report from the rapid review into antisemitism and other forms of racism led by Lord Mann will be published imminently.
- 8 It will cover a range of issues around transparency, accountability and reporting; employment policies and staffing standards; and consider any legislative constraints affecting the health and care regulatory system's ability to address antisemitism and other forms of racism.

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Chief Executive's report

- 9 Recommendations around right of appeal powers for professional regulators are being considered via the government consultation on the GMC Order.
- 10 We will consider the recommendations for us and work with other professional regulators and across the healthcare system to implement them.
- 11 We have an item for fuller discussion at our July Council meeting.

Parliamentary and stakeholder updates

- 12 In May, we hosted our Spring Patient Group Roundtable. Carrie opened the meeting with some reflections on regulatory reform, the Mann review, maternity, and the progress we are making towards our ED&I targets. We facilitated a session gathering views on patients' expectations on our professional standards guidance for treating young patients, including children and young people, and Medical Practitioners Tribunal Service Chair Judge Fiona Monk shared her early reflections on the role and her priorities.
- 13 We hosted Dr Viren Naik, CEO of the Medical Council of Canada, at our London office where he spoke with colleagues on assessment models and licensing frameworks.
- 14 The Spring Academy of Medical Royal Colleges, GMC, and royal college Presidents meeting has taken place. It focused on fairer training cultures, and holding risk in medical careers. There was also a session on regulatory reform. We held this in addition to a separate session on the topic with royal colleges colleagues a week earlier.
- 15 National elections in Scotland and Wales and local elections in England took place on Thursday 7 May. We will be engaging with new and returning parliamentarians to support their understanding of GMC priority issues.
- 16 A new Secretary of State for Health and Social Care, James Murray MP, was appointed in May, and Preet Kaur Gill MP was appointed to replace Dr Zubir Ahmed as Parliamentary Under-Secretary of State for Health Innovation and Safety. We look forward to engaging with the new ministerial team on regulatory reform, and will continue to work with government to play our part in supporting the workforce.
- 17 We hosted our spring round of UK Advisory Forum (UKAF) meetings in Scotland, Northern Ireland and Wales, where we discussed areas for collaboration to support doctors who wish to pursue alternative learning and career pathways.
- 18 In Scotland and Northern Ireland, we welcomed current and former clinical fellows to our offices to discuss leadership opportunities for doctors in training. In Northern Ireland we were joined Professor Sir Michael McBride, Chief Medical Officer. In Scotland Deputy Chief Medical Officer Graeme Ellis joined, alongside senior medics from Healthcare Improvement Scotland and Public Service Delivery Scotland.

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Chief Executive's report

- 19 On the fringe of our Wales UKAF, we met with James Calvert, Deputy Chief Medical Officer, to discuss post-election priorities, workforce sustainability, patient safety, PA and AA regulation, and regulatory reform.

Inquiries and reviews

- 20 We have received confirmation that the independent maternity review into Nottingham University Hospitals NHS Trust, chaired by Donna Ockenden, will publish their report on 24 June. We also expect that the national maternity investigation into maternity and neonatal services in England, chaired by Baroness Amos, will publish their reports around the same time, although the date is not yet confirmed. We will update on these reports and the recommendations in the July Council meeting.
- 21 Charlie will take part in the regulators' expert reference group for Baroness Amos' independent investigation into maternity and neonatal services in England, which will meet around every six-eight weeks as the taskforce team look at implementing the recommendations. The taskforce will also look at implementation of recommendations from the Ockenden review into Nottingham.
- 22 We have submitted our responses to additional questions from the Eljamel inquiry team.

Enhanced monitoring

- 23 There are currently 22 open cases, with conditions attached to GMC approval to deliver a programme of training at six sites.
- 24 General internal medicine training at Glangwili General Hospital, Hywel Dda University Health Board has been escalated to enhanced monitoring. This is due to concerns regarding inadequate staffing, workload pressures, limited learning opportunities, and the impact of rotas and acute hospital flow. We will work collaboratively with the Health Education and Improvement Wales team to monitor progress in this case and support necessary improvements.
- 25 We noted improvements in training in cardiology at University Hospital of Wales, Cardiff and Vale University Health Board, and paediatrics training at North Manchester General Hospital, Manchester University NHS Foundation Trust. These cases have now been de-escalated.

Equality, Diversity and Inclusion (ED&I)

- 26 We announced at an event at the NHS Race and Health Observatory (NHSRHO) that we, alongside other regulators, have signed up to nine new shared anti-racism principles to help tackle longstanding racism experienced by health and social care staff.

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Chief Executive's report

- 27 The principles build on the independent NHSRHO's [Seven Principles of Anti-Racism](#) and commitments made following a regulatory roundtable held last year.

Enterprise Resource Planning system

- 28 Work is progressing as set out in the previous report.
- 29 Testing of the finance system is nearing completion.
- 30 Based on going live in October, we expect the programme to be approximately 30% over the original budget.
- 31 The revised budget was agreed by the Executive Board on 26 May. Council will be asked to approve the revised budget at its meeting in July.

Operational performance

- 32 The attached Performance Annex (Annex A) sets out the current status of our corporate priority projects and programmes. This includes reporting of a new project to implement the Leng Review recommendation to change the naming conventions for PAs and AAs (subject to the outcome of the DHSC's consultation on the GMC Order). The project is currently rated amber pending confirmation of resource requirements.
- 33 The enterprise resource planning (ERP) programme remains rated amber due to resource demand and slight delays; however, all systems are scheduled to go live in October. Regulatory reform also remains amber because of the complex stakeholder environment, although it has reached a significant milestone, with the DHSC consultation now live. Associate worker status and future of education are now both rated green, as they are on track to meet upcoming milestones.
- 34 Performance against KPIs has remained strong during this reporting period. The Contact Centre customer satisfaction KPI met its target in April at 81% (target 80%), and testing of an automated survey within the new system is continuing. Satisfaction with the website has also improved, although the net promoter score was marginally below target in April at 39 (target 40).
- 35 There have been no notable updates to the annexed Corporate Opportunities and Risk Report (CORR) since the last meeting. The format and the content of the CORR are currently under review, and proposals are being developed and reviewed by SMT and Audit and Risk Committee.

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Chief Executive's report

Executive Board

36 The Executive Board met on 27 April and 26 May 2026 and considered items on the following topics:

- a** An update on performance and risk
- b** People strategy
- c** Enterprise Resource Planning system
- d** The draft 2025 Trustees' annual report and accounts
- e** Fitness to practise annual statistics
- f** Activity of the Advisory Forum on GMC procedures and health
- g** The 2025 Freedom to Speak Up Guardian annual report 2025
- h** Annual safeguarding report
- i** Annual health and safety report
- j** Annual report of the Data Protection Officer
- k** Update from GMC Services International Ltd
- l** People and organisational development update

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Chief Executive's report

Annex A

Performance Annex

Data presented as at 19 May 2026 (unless otherwise stated)





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

Indicators		Mar	Apr	Commentary
	Decision on 95% of all registration applications within 3 months	98%	99%	<p>Contact Centre Survey: Our survey continued to record below our target 80% of customer satisfaction in March (71%), although successfully recovered in April (81%). Feedback over the past year has consistently noted frustrations around wider delays to processes, however comments tend to be limited. An automated survey within the new Contact Centre system has been running in tandem with the existing manual sample survey. We are anticipating a full transition automated survey in the coming months.</p> <p>GMC Website: Our target Net Promoter score (NPS) of 40 was missed in March (24) and just missed in April (39). The team have been exploring the general decline in performance over the recent months, with results suggesting this may be due to declining interest in PLAB in some key countries. This is leading to lower traffic overall and therefore fewer survey responses. Further exploration of the data is ongoing for any insights this may provide around PLAB and the GMC as a whole.</p> <p>Staff Turnover: The rolling 12-month staff turnover remains below our 8-12% target range (5.5% in April), with 6 colleagues leaving the organisation.</p>
	Decision on 95% of all revalidation recommendations within 5 working days	99%	99%	
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	100%	
	Conclude 90% of fitness to practise cases within 12 months	92%	92%	
	Conclude or refer 90% of cases at investigation stage within 6 months	96%	97%	
	Conclude or refer 95% of cases at investigation stage within 12 months	98%	97%	
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	100%	
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	100%	100%	
	Contact Centre - Answer 80% of calls within 20 seconds	93%	93%	
	Contact Centre - % of customers who rated their overall experience and satisfaction at 7 or above out of 10 (target 80%)	71%	81%	
	Media: combined positive, neutral and balanced media coverage of GMC (target: 90% or above)**	95%	93%	
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 40)*	24	39	
	Finance - Income and expenditure % variance +/- 4%	1.5%	1.3%	
	HR - Rolling 12-month staff turnover within 8-12%	5.6%	5.5%	
	Information systems availability (target 99.89%)	100%	100%	
	GMC Outreach: Doctors intending to change practice following learning session (target: at least 75%)	95%	81%	
	GMC Outreach: Doctors attending a learning session improve their impression, or maintain a positive impression of the GMC (target: at least 65%)**	75%	68%	

*The media sentiment measures on positive and negative media coverage have been replaced with a singular measure, following the 2025 annual performance review. The 90% target means negative coverage must remain with 10%.

**A new Outreach target has been added, following on from the 2025 annual performance measures review, to measure the quality of our sessions and better understand the impact on doctor's perceptions.

Operational Key Performance Indicators (KPIs) – 12-month summary

Indicator		2025								2026			
		May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
	Decision on 95% of all registration applications within 3 months	99%	99%	99%	98%	99%	98%	98%	98%	99%	98%	98%	99%
	Decision on 95% of all revalidation recommendations within 5 working days	99%	99%	99%	99%	99%	99%	98%	99%	99%	99%	99%	99%
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	100%	87%	100%	97%	100%	100%	100%	100%	100%	100%	100%
	Conclude 90% of fitness to practise cases within 12 months	92%	96%	94%	94%	94%	95%	95%	92%	94%	94%	92%	92%
	Conclude or refer 90% of cases at investigation stage within 6 months	97%	97%	97%	97%	97%	97%	98%	97%	98%	98%	96%	97%
	Conclude or refer 95% of cases at investigation stage within 12 months	97%	98%	96%	97%	98%	98%	98%	96%	97%	97%	98%	97%
	Commence 100% of Investigation Committee hearings within 2 months of referral	50%	No Cases	100%	100%	100%	No Cases	100%	100%	100%	No Cases	No Cases	100%
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	100%	100%	100%	100%	100%	100%	93%	100%	100%	100%	100%	100%
	Contact Centre - Answer 80% of calls within 20 seconds	80%	83%	75%	82%	80%	83%	88%	94%	97%	96%	93%	93%
	Contact Centre - % of customers who rated their overall experience and satisfaction at 7 or above out of 10 (target 80%)	76%	70%	72%	71%	77%	74%	76%	77%	77%	72%	71%	81%
	Media: combined positive, neutral and balanced media coverage of GMC (target: 90% or above)**	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	93%	95%	95%	93%
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 40)*	48	43	47	54	44	48	53	40	33	22	24	39
	Finance - Income and expenditure % variance +/- 4%	4.2%	4.3%	4.2%	3.6%	3.5%	3.6%	3.8%	2.3%	1.9%	2.3%	1.5%	1.3%
	HR - Rolling 12-month staff turnover within 8-12%	6.7%	6.9%	6.7%	6.2%	6.9%	7.2%	6.1%	6.1%	6.2%	5.7%	5.6%	5.5%
	Information systems availability (target 99.89%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.4%	100%	100%
	GMC Outreach: Doctors intending to change practice following learning session (target: at least 75%)	79%	79%	80%	74%	79%	82%	80%	80%	77%	82%	95%	81%
	GMC Outreach: Doctors attending a learning session improve their impression, or maintain a positive impression of the GMC (target: at least 65%)**	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	65%	71%	75%	68%

*The media sentiment measures on positive and negative media coverage have been replaced with a singular measure, following the 2025 annual performance review. The 90% target means negative coverage must remain with 10%.

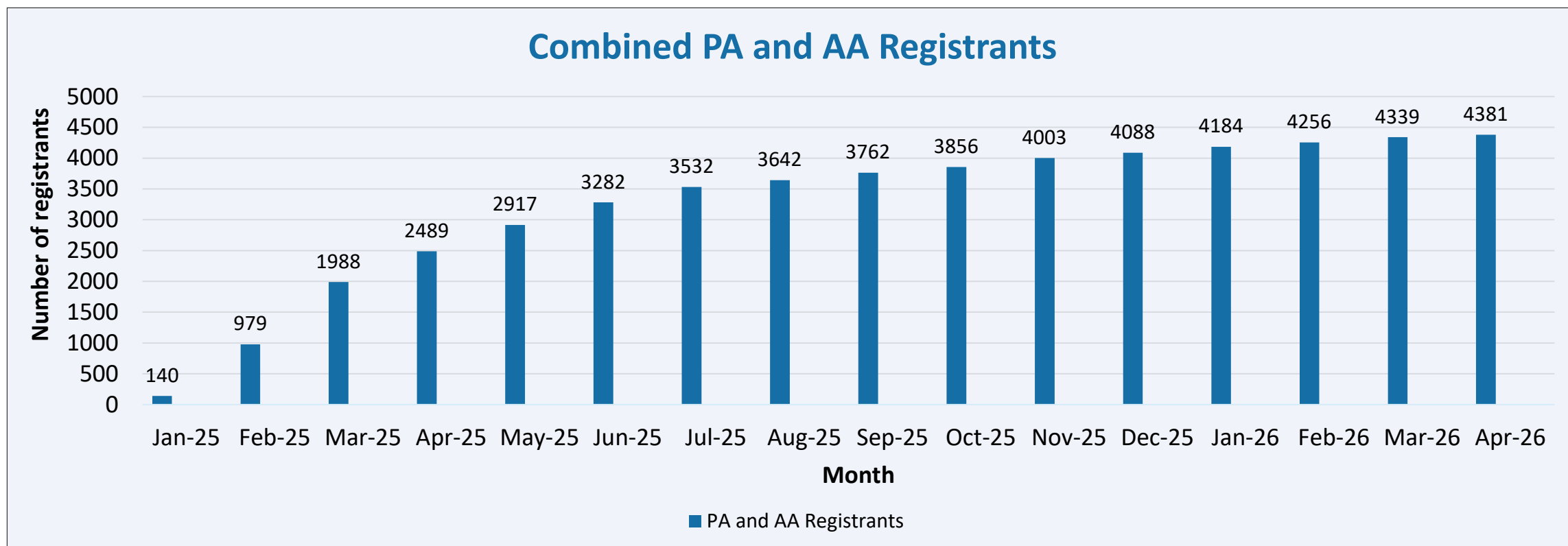
**A new Outreach target has been added, following on from the 2025 annual performance measures review, to measure the quality of our sessions and better understand the impact on doctor's perceptions.

Physician Associates and Anaesthesia Associates

Registration – Between 16 December 2024 and 24 February 2025, we invited all those on the voluntary register to apply for registration with the GMC, and we continue to see a steady increase in applications during the transition period ahead of registration for PAs and AAs becoming a legal requirement at the end of 2026.

PA and AA registrant numbers	Number on voluntary register at 16 December 2024	Number registered as at 15 May 2026
Physician Associate (PA)	5,092	4,196
Anaesthesia Associate (AA)	178	209

**20 PAs registered with an International Registrable Qualification. All other PAs and AAs are UK qualified.*



Physician Associates and Anaesthesia Associates

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	2025 Q1		2025 Q2		2025 Q3		2025 Q4		2026 Q1	
Physician Associate (PA)	Received*	Granted	Received	Granted	Received	Granted	Received	Granted	Received	Granted
Direct Cohort UK Qual	78	31	53	68	37	55	23	26	24	23
International Reg Application	-	-	-	-	-	-	2	-	1	3
Non-Standard UK Qual	1	-	-	1	-	-	2	2	-	-
Transition Voluntary Register	2,580	1,834	642	1,092	242	378	173	187	158	171
UK Student	42	31	54	62	23	24	139	118	104	104
Total	2,701	1,896	749	1,223	302	457	339	333	287	301

	2025 Q1		2025 Q2		2025 Q3		2025 Q4		2026 Q1	
Anaesthesia Associate (AA)	Received	Granted	Received	Granted	Received	Granted	Received	Granted	Received	Granted
Direct Cohort UK Qual	1	-	3	1	-	3	-	-		
Transition Voluntary Register	78	57	15	30	7	12	5	2		
UK Student	35	20	31	40	5	11	4	4		
Total	114	77	49	71	12	26	9	6		

*Applications Received includes both applications that have been granted and applications in progress.

**Data included for Q1 2026 is currently provisional. Complete figures will be updated following the end of the quarter.

Physician Associates and Anaesthesia Associates

Fitness to Practise – FTP summary statistics should be interpreted with caution, particularly while we are in the registration transition period and the full cohorts of PA/AAs have not been registered. Given the relative size in populations between doctors and PA/AAs caution should be applied when comparing fitness to practise rates between different groups.

Please note - the running total uses current figures as of the production of the report. This means that as complaints are progressed, and data cleansing activity takes place (e.g. identification of duplicate concerns) the figures here differ from historical totals.

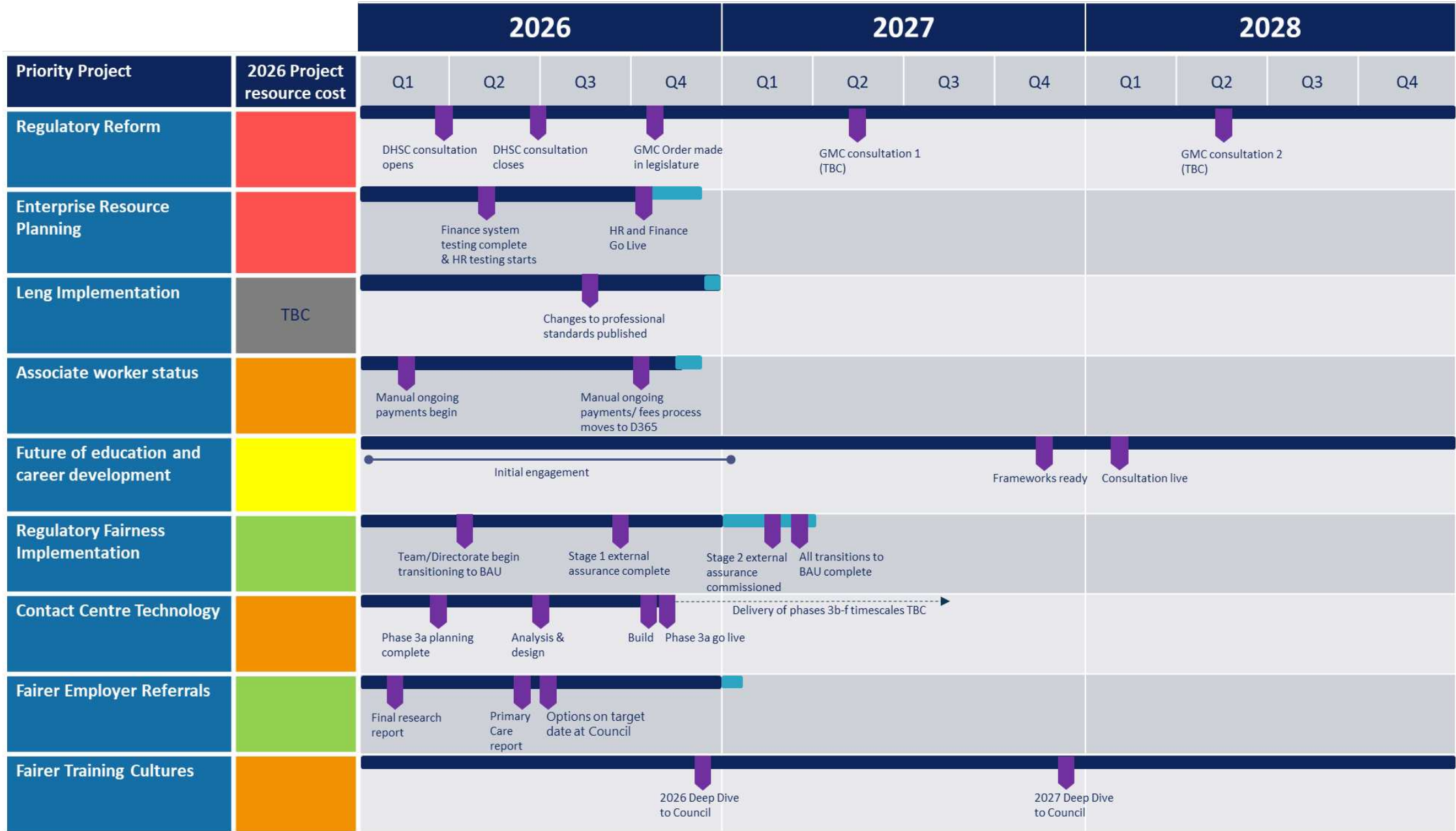
Total number of complaints regarding PA/AAs received (since December 2024)					
Practitioner Type	2025 Q1	2025 Q2	2025 Q3	2025 Q4	2026 Q1
Physician Associate related complaints	23	9	7	10	21
Anaesthesia Associate related complaints	0	1	1	0	1
Total complaints relating to PA/AAs	23	10	8	10	22

Number of complaints regarding PA/AAs we could not progress because the practitioner was not registered with us* (since December 2024)					
Practitioner Type	2025 Q1	2025 Q2	2025 Q3	2025 Q4	2026 Q1
Physician Associate complaints that could not progress	22	6	3	4	4
Anaesthesia Associate complaints that could not progress	0	0	0	0	0
Total PA/AA complaints that could not progress	22	6	3	4	4

**Unidentified practitioners are not included in these totals*

Complaint Outcome	Number of complaints
Closed at triage	60
Promoted to Investigation – In Progress	10
Concluded Assistant Registrar	3

Corporate Portfolio Overview



KEY: project phases

- Planning
- Delivery
- Closure

KEY: cost of project resource

- £1.1m-£5m
- £501k-£1m
- £100k-£500k
- <£100k



Supporting good, safe patient care

We'll work with others to create healthcare environments that are inclusive, supportive and fair

2025 Priority change activities	RAG	Status
<p>Fairer Employer Referrals (FER)</p>	<p>Why? To eliminate differentials in employer fitness to practise referrals.</p> <p>When: by 2026</p> <p>Who: Anthony Omo, Anna Rowland</p>	<p>The final research report from the Work Psychology Group has been received, exploring interventions that may lead to proportionate or disproportionate referrals. Work is underway to determine the most effective approach to promotion and dissemination.</p> <p>Final feedback from the Policy team has been incorporated into the employer referral form and supporting guidance, enabling the introduction of fairness questions for Non-Registered Organisations.</p> <p>Messaging has been developed for 2026 targets, ensuring clear and consistent communications. The Equality, Diversity & Inclusion (ED&I) paper for July Council has been further refined and is nearing completion. A review of planned communications activity for the year has been undertaken, with options identified to strengthen overall promotion and delivery.</p>
<p>Fair Training Cultures (FTC)</p>	<p>Why? To deliver on our commitment to eliminate discrimination, disadvantage and unfairness for all index measures of fair medical education and training pathways.</p> <p>When: September 2031</p> <p>Who: Pushpinder Mangat</p>	<p>We are making good progress on our phase 2 priorities. These are maturing the quality assurance (QA) model, influencing the next set of standards which the FutureEd programme are reviewing, promoting key initiatives that make a difference, driving inclusive learning environments, widening our ED&I focus and earlier intervention and shifting the dial for UK BME doctors, with a focus on medical school and foundation training.</p> <p>In collaboration with the quality assurance and monitoring improvement team we are delivering a series of FTC workshops to support frontline QA colleagues to hold external training organisations to account more effectively. We are making good progress in developing new data dashboards to monitor change over time at a region and specialty level, and to identify training locations with higher levels of reported discrimination. We have also started analysis of the focus group feedback for Foundation 1 (F1) preparedness and a thematic review of external action plans. We will discuss these at the FTC Programme Board in June.</p>
<p>Future of education and career development (FutureEd)</p>	<p>Why? We have a statutory duty to regularly review our education framework, including our standards, outcomes, and guidance. We want to work with partners to ensure that our new framework has the greatest positive impact for the public and the profession.</p> <p>When: Q4 2029</p> <p>Who: Pushpinder Mangat, Phil Martin, Nico Bridge</p>	<p>Overall, the programme is on track to meet its current milestones. The status remains green as programme management is on track. The recommendation from Gateway and Council to re-focus the programme and articulate the key deliverables will be a key activity for the programme management team during May and June. The scoping phase of our first stage of implementation planning is well underway with next steps and key decisions to be discussed at the next internal working group. The SAS and LE survey was successfully launched on 21 April with a healthy number of responses so far.</p> <p>We've finalised a number of programme management documents including an updated decision-making document, a roles and responsibilities document and the case for change for the programme - from which an internal resources pack has been developed to ensure consistent messaging across the organisation. We had a discussion with DLT about the gateway recommendation to focus the programme on the 'Require' elements of the programme. The planning for Future Ed's focus at the spring UK Advisory Forums (UKAF) has also progressed, which has included discussions on employer responsibilities, educator support, experiential learning, and flexible pathways. We will be holding our first Education Framework Review Content development group (external advisory group) meeting on 15 May, and we will be providing an update to Programme Board on 27 May to clarify our key deliverables and discuss our upcoming council seminar.</p>



Delivering better, fairer regulation

We'll modernise our processes to make them faster, fairer and better able to support good practice

2025 Priority change activities		RAG	Status
Regulatory Reform	<p>Why? To improve the design and delivery of our functions so that we can be more responsive to the changing needs and expectations of patients, the health system, and the professions.</p> <p>When: Expected by Q4 2025 (dependent on when DHSC consult on the Medical Professions Order and lay this in parliament).</p> <p>Who: Shaun Gallagher; Tim Aldrich</p>		<p>We continue to report amber due to the inherent delivery risk associated with this large, complex, multi-year programme. We're currently on track but are mindful of potential capacity constraints across the programme, along with uncertainties within the external stakeholder environment that could affect progress.</p> <p>The Department of Health and Social Care (DHSC) launched the <i>Reforming the General Medical Council legislative framework</i> consultation on 24 March 2026. The consultation will run for three months and close on 23 June 2026. We continue to monitor how stakeholders are responding to the consultation and have offered conversations to better understand stakeholder's views on the issues raised in the consultation and set out perspective. To date, we have met with policy colleagues at over 20 organisations and further meetings are scheduled. The meetings have been with a wide variety of stakeholders including the other regulators, many of the royal colleges, medical defence organisations, patient organisations and health service partners.</p> <p>We're making good progress preparing our own response to the DHSC's consultation. This will be shared with our Programme Board, Senior Management Team and Council before it is submitted. The scope for the upcoming BDO audit focussing on IS risks has now been approved and work is planned to start on this over the coming weeks.</p>
Leng Implementation Project (NEW)	<p>Why? Implementing new professional titles for physician associates and anaesthesia associates, in line with the forthcoming GMC Order. Reviewing and updating the presentation of our professional standards, and potentially other public-facing information, to achieve greater clarity regarding our three registrant groups</p> <p>When: Q2 2027</p> <p>Who: Shaun Gallagher, Judith Chrystie</p>		<p>We are reporting amber this period as the resource for delivering work relating to the change of title has not yet been secured. Funding for this and related PA/AA work will be provided by DHSC and we are currently in discussions with them to negotiate a settlement. Gateway has approved the establishment of the project, our governance structures and our resourcing plan, which will have posts spread across Registration, Strategic Communications and Regulation Policy teams. Recruitment for the project manager post, is underway and will be funded by through our Regulation Policy team in the interim.</p> <p>In mitigation, the GMC Order consultation is proposing a six-month extension of the transition period for introducing the new titles to June 2027, after which it will be an offence to use these without GMC registration. Senior management have agreed that we will not introduce the new titles before this point, which will also provide additional time to complete the project. However, this extension is subject to the findings of the GMC Order consultation.</p> <p>Separately, standards colleagues have identified proposed changes to our professional standards to deliver recommendation 15 of the Leng Review, which states that we should clearly differentiate between PA and AA professions for regulations and reaccreditation. The Post-Leng Steering Group discussed these on 5 May and Standards teams have agreed to review their proposed changes and to return with an update in June.</p>



Delivering better, fairer regulation

We'll modernise our processes to make them faster, fairer and better able to support good practice

2025 Priority change activities	RAG	Status
Regulatory Fairness Implementation		<p>At our Programme Board on 14 April, local transition to business as usual was signed off for two directorates: Education & Standards and the Medical Practitioners Tribunal Service. This means that their directorate implementation plans have been completed, fairness considerations are embedded within directorate teams and leadership, and ongoing assurance/audit plans are in place. They will continue to be involved in, and supported by, the programme as we develop centralised arrangements for monitoring and reporting, and for any future updates to our High Impact Regulatory Decisions (HIRDs).</p> <p>Work has been ongoing in relation to developing decision-maker refresher training, data and monitoring arrangements, and planning for our Regulatory Fairness vision and narrative moving forwards. University College London (UCL) are progressing with the systematic literature review, the findings of which will be presented in Q3 this year.</p>



Making every interaction matter

We'll make our services accessible and treat everyone with kindness, respect and efficiency

2025 Priority change activities	RAG	Status
<p>Contact Centre Technology</p> <p>Why? Our vision is to deliver an outstanding experience to our customers with every interaction. To help deliver this we will adopt efficient technology which allows us to understand and meet our customers' needs and report on their experience.</p> <p>When: by end of 2026</p> <p>Who: Una Lane, Lindsey Westwood, Rachel Mooney</p>		<p>In April, the project and operational teams verified all of the automated security checking requirements and processes. We also made good progress in capturing requirements for our Siebel CRM system and the manual security checking process. The third-party supplier contracts are currently still being reviewed. We expect these to be signed in May, with the onboarding period to commence shortly afterwards. Meanwhile, the Enterprise systems team plans to start the technical design for the automated security check process. From May, the project will transition to a new project manager as the previous project manager has moved across to support Regulatory Reform.</p>



Being an inclusive and well-run organisation

We'll invest in our people and culture, and use resources responsibly, to maximise our impact

2025 Priority change activities	RAG	Status
<p>Enterprise Resource Planning (ERP)</p>		<p>The overall programme is reporting amber as it reflects the high number of risks and demand on assigned resources. Delivery of go-live for both finance and HR systems has been moved to October 2026, with a high workload to be completed.</p> <p>MS Dynamics 365 Finance implementation: The project is in the testing phase. Core finance testing is almost complete, and Fees and Billing testing is in the early stages. We plan to complete all Finance system testing by the end of June. From July onwards we will focus on report writing, system training data migrations and go live preparation. We have completed data migration 6 and plan to run DM7 in early June.</p> <p>HR Workstream (Dynamics 365 HR): The build phase has been completed, and a playback session has been delivered to HR colleagues to demonstrate the completed functionality. We have started system familiarisation sessions and will begin the testing phase. We have completed data migrations and continue to cleanse data. Reporting development is underway and training preparation has started.</p> <p>Payroll Workstream (Zellis HCM Air): The payroll system is built and we have started testing. We are finalising the integrations with Dynamics 365 (D365). These integrations will also be tested as part of the development. The payroll system will go live at the same time as HR. We will parallel run the old and new payroll systems for 2 months before switching completely to D365 for payroll.</p>
<p>Associate Worker Status</p>		<p>The programme rating remains green and progress against milestones is on track across the board. During April, we made holiday payments and pension deductions covering fees paid in March 2026. We are up to date with ongoing worker payments and have successfully moved to a monthly in arrears payment schedule. A further 5 associates enrolled in the pension plan, taking the total to 378 – with around 23% of all those eligible. We also introduced a process, from 13 April 2026, for inviting new joiner associates to join the pension plan during the regular onboarding process. Reminders were issued to the 365 associates who had not yet responded to the offer of historic holiday pay made in Summer 2025. We asked them to confirm whether they would like to be included for this payment by 30 April 2026. Two-thirds of those associates have replied, meaning the overall position on historic holiday pay for workers associates is 91.2% accepted, 1.4% declined and 7.4% no response.</p> <p>In May we will continue work on pension processes in preparation for handover to BAU in July, including designing a process for leavers. We are also re-planning remaining programme milestones in response to the revised timeline for ERP go-live.</p>



RECRUITMENT – DIVERSITY TARGETS

Underlying measures and targets		Actual				Target		
		2025 (%)	2025 (Vol)	2026 ¹ (%)	2026 ¹ (Vol)	End of 2026	% points off 2026 target	2026
Increase the level of minority ethnic representation at Level 3 and above	Applications	38.0 %	848	33.4 %	539	30%	+ 3.4	30%
	Interviews	27.7 %	85	22.6 %	65	25%	- 2.4	25%
	Offers	14.3 %	10	13.9 %	10	20%	- 6.1	20%
	Workforce	14.1 %	97	14.0 %	96	20%	- 6.0	20%
level of minority ethnic representation at Level 2+		13.4 %	29	14.0 %	31	20%	- 6.0	20%
level of minority ethnic representation at level 3		14.5 %	68	13.9 %	65	20%	- 6.1	20%
Increase the level of minority ethnic representation at all levels	Applications	44.2 %	2,651	42.2 %	2,093	40%	+ 2.2	40%
	Interviews	38.0 %	377	34.9 %	312	35%	- 0.1	35%
	Offers	25.8 %	60	26.2 %	50	30%	- 3.8	30%
	Workforce	20.6 %	366	20.5 %	367	20%	+ 0.5	20%
Reduce differential turnover rates for minority ethnic staff compared to the average to improve retention and for rates to be within 1.5% of each other by end of 2026		1.3%	-	Minority ethnic backgrounds (%)	White background (%)	1.0%	% points between groups	1.0%
				5.9 %	5.4 %		0.5	
Proportion of minority ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level		2.3 %	-	Minority ethnic backgrounds (%)	White background (%)	2%	% points between groups	2%
				12.0 %	9.3 %		2.7	
Pay differentials within a confined band limited to 2% ² (table shows the proportion of bands that are inside of the +/-2% tolerance)		58.3%	7/12	75.0 %	9/12	12/12		12/12

Rolling 12-month period used to the end of the reporting month

Specialist bands are not included in the pay differentials

^ Volumes fewer than 5 are redacted to preserve anonymity

Litigation overview for Q1 2026

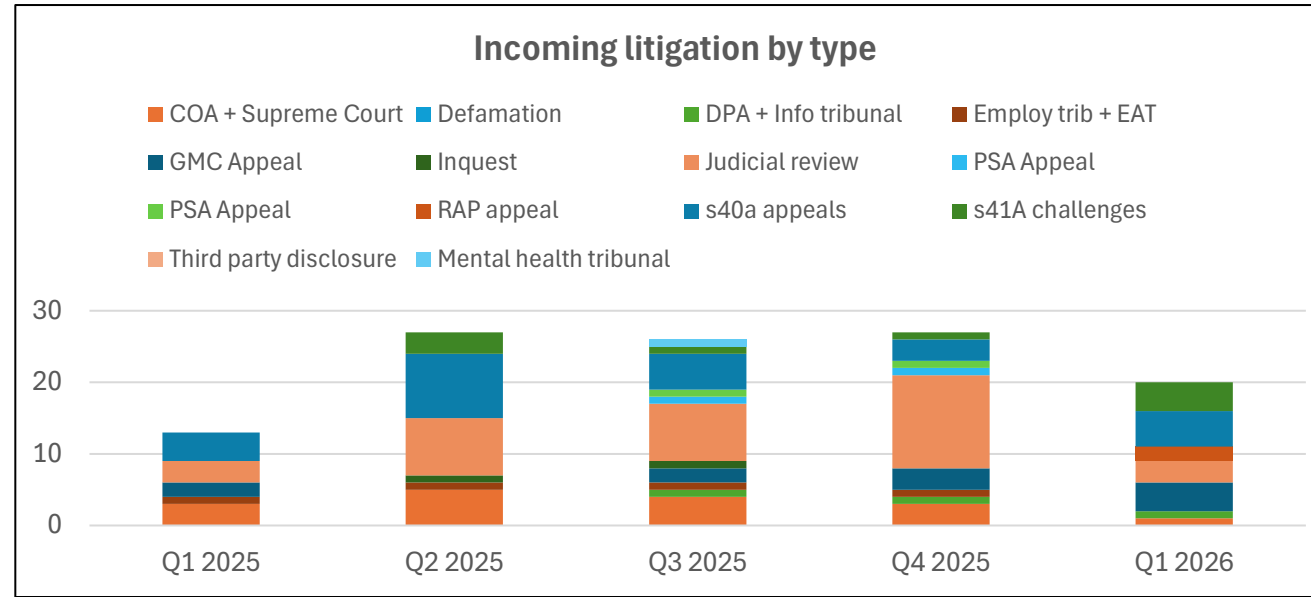
Notes – reporting criteria from Q1 2026

Data is pulled on the first working day of the quarter. For Q1 2026, this was 1 April 2026.

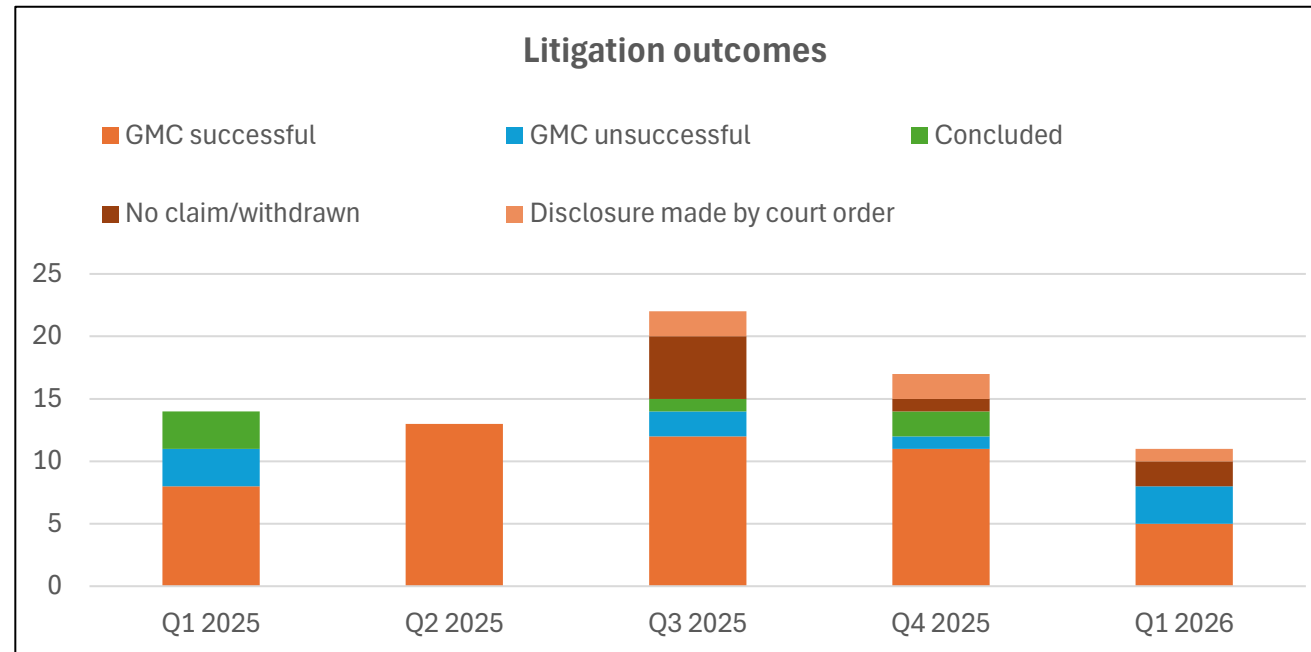
For the purpose of this report (from Q1 2026), we include types of litigation that represent a legal challenge to the GMC. We exclude costs matters, High Court Extensions, s35a enforcement and family court proceedings on the basis that they facilitate action by the GMC and pose a low risk.

As of 1 April 2026, we had 68 open litigation matters (after exclusions) – 21 of these were new incoming matters in Q1 2026.

The ‘other’ incoming litigation category contains litigation types that are infrequent/low in number so are not captured by a specific reporting category.



Key:
 PSA – Professional Standards Authority
 EAT – Employment Appeal Tribunal
 DPA – Data Protection Act
 COA – Court of Appeal



Concluded litigation Q1 2026:

- 5 = GMC Successful**
 - X1 Employment Tribunal
 - X1 COA appeal
 - X2 s40 appeals
 - X1 Other
- 3 = GMC unsuccessful**
 - X1 s40 appeal
 - X1 S.41A – 10 IOT challenge
 - X1 COA appeal
- 2 = No claim/withdrawn**
 - X1 s40 appeal
 - X1 DPA
- 1 = Disclosure made by Court Order**
 - X1 Mental Health Tribunal

Data Dictionary



Data dictionary – Key performance indicators (published)

KPI	Definition
Answer 80% of calls within 20 seconds	% of calls answered, by the Contact Centre, within 20 seconds (excludes lost calls).
Contact Centre - % of customers who rated their overall experience and satisfaction at 7 or above out of 10 (target 80%)	Those customers who rated their overall experience and satisfaction with the service provided by the Contact Centre at 7 or above (out of 10). Currently provided by a sample portion.
Decision on 95% of all registration applications within 3 months	Registration applications for doctors in R&R counted from <i>received</i> to <i>approved</i> date (Portfolio pathway looks at evaluation date) - includes applications for initial registration, provisional registration to full registration, giving up or restoring licence, voluntary erasure or restoration to the register and specialist registration. Counted in calendar days and included from the month registration was approved.
Decision on 95% of all revalidation recommendations within 5 working days	The % of recommendations completed (both approved and rejected), within 5 working days, counting from received application to decision completion date. Decisions included are counted in the month they are completed.
Respond to 90% of ethical/standards enquiries within 15 working days	All enquiries received to the Standards team are answered within 15 working days of receipt, counting from date of initial contact with the GMC.
Conclude 90% of fitness to practise cases within 12 months	% of the triages created in the same month of the previous year that have had a hearing, CE Decision, or were closed at triage.
Conclude or refer 90% of cases at investigation stage within 6 months	% of triages that have had a final CE Decision or been closed within 6 months of being created.
Conclude or refer 95% of cases at the investigation stage within 12 months	% of the triages that have had a final CE decision within 12 months of being created.
Commence 100% of Investigation Committee hearings within 2 months of referral	% of Investigation Committee (IC) hearings that have commenced within 8 weeks of the referral being made.
Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	% of Interim Order Tribunal (IOT) hearings that have commenced, within 3 weeks of the referral being made.
Finance - Income and expenditure % variance +/- 4%	The combined variance of actual income and expenditure is to be within +/- 4% of the approved budget. Any variance exceeding this threshold shall be classified as out of tolerance.
HR - Rolling 12-month staff turnover within 8-12%	% of employed staff (permanent and agency) leaving the organisation across the 12-month period.
Information systems availability (target 99.89%)	Key IS systems are counted by the minute if they go down or are unavailable. The KPI reflects the % of time systems are available to the business. If availability drops below 99.89% then the target is unmet.
Media: combined positive, neutral and balanced media coverage of GMC (target: 90% or above)	Combined % of media coverage mentioning the GMC, which is positive, neutral or balanced in tone (either explicit or implied). If the proportions of these sentiments combined is less than 90%, it will be due to a spike in the proportion of media coverage with a negative sentiment. This measure will help us monitor whether we are content with the overall sentiment of our media coverage.
GMC website satisfaction (NPS score: target at least 40)	Users of the GMC's website, engaging with non-transactional areas, rate their experience in a survey which asks them to give a score between 0 and 10. Responses are used to calculate a Net Promoter Score (NPS). Within the marketing industry, a score of 20 and above is considered good. Our KPI is set at a more stretching score of 40.
GMC Outreach: Doctors intending to change practice following learning session (target: at least 75%)	% of doctors who told us their practice will change as a result of attending a learning session on ethics and professionalism, delivered by our Outreach Advisors. This is collected through evaluation surveys completed after the session.
GMC Outreach: Doctors attending a learning session improve their impression, or maintain a positive impression of the GMC (target: at least 65%)	% of doctors who told us that their impression of the GMC remained positive or improved as a result of attending a learning session on ethics and professionalism, delivered by our Outreach Advisors. This is collected through evaluation surveys completed after the session.

Annex B

Corporate Opportunities and Risk Register

Corporate Opportunities and Risk Register - April 2026

Risk ID	Title	Category	Detail	Owner	Use/Discontinue	Impact/Disruption	Recovery/Resilience	Mitigation/Enhancement	Probability	Impact	Recovery/Resilience	Council and/or Board Assurance	Assurance	Further Action Detail	Risk Appetite
Programme threats															
943	Regulatory Reform – Safe and timely delivery of the reforms 02/03/2026	Strategic / Policy	If planning, programme oversight, and delivery monitoring are insufficiently robust—and commencement and transitional complexities are not fully understood—internal readiness, timelines, and change impacts may be underestimated. This could result in the GMC Order being implemented in an unworkable or misaligned form, with statutory functions not delivered safely or to the required standard, creating patient safety risks, operational disruption, and backlogs.	Shaun Gallagher	HIGHLY LIKELY	MAJOR	CRITICAL	Key Controls <ul style="list-style-type: none"> Maintain open, constructive communication channels with DHSC, use these mechanisms to influence drafting policy, and ensure alignment between policy intent and operational deliverability and transitional arrangements. Maintain and review a joint plan with DHSC to set realistic expectations, validate assumptions, test feasibility, and update timelines in response to emerging risks or policy changes. Maintain defined escalation routes to senior officials at DHSC, with clear criteria for when issues should be escalated. Use joint workshops, readiness assessments, and scenario planning to ensure operational impacts are understood early and that changes can be implemented safely and at pace. Reinforce a "one GMC" approach through shared ownership of risks, decisions, and delivery milestones. Maintain clear and actively managed programme governance. Use regular assurance reviews and milestone checkpoints to identify drafting-related risks early and ensure delivery plans remain realistic and controlled. Operate a structured influencing plan to secure timely external support for key policy and drafting decisions. Monitor stakeholder positions and adopt engagement tactics proactively to address emerging risks. Allocate standing agenda time at SMT to review drafting risks, resolve ownership questions, and provide direction. Ensure SMT decisions and expectations are communicated consistently to teams, and that SMT members are equipped to engage directly with colleagues. 	QUITE LIKELY	MAJOR	CRITICAL	SMT <ul style="list-style-type: none"> Planning discussion at SMT stocktake meeting on 15 Dec 2025. Programme Board <ul style="list-style-type: none"> Updated programme plan shared with Programme Board on 26 Feb 2026. Programme plan approved by SMT at meeting on 23 March 2026. 	<ul style="list-style-type: none"> Delivery schedule for programme in development - Q2 2026. Prioritisation of deliverables currently in development - ongoing. Explore how the programme utilises governance routes to enhance risk management practices - Q3 2026. 	Low	
944	GHC Finance and HR System 28/11/2023	Technical	Due to our Finance and HR system provider withdrawing support for our on-premise system we will need to move our Finance and HR systems to the cloud by the end of 2026 necessitating business process changes. This will include significant change management work, and there is a risk that we will be unable to do the significant and complex work required for this migration in time, leaving us in an unsupported configuration and unable to receive product updates from 2027, such as new tax rules to apply to payroll.	Neil Roberts	HIGHLY LIKELY	MAJOR	CRITICAL	Key Controls <ul style="list-style-type: none"> A programme is overseeing the move to new Finance and HR systems, including significant process change work, by the end of 2026. Work to implement the new finance system is being planned, using an approach of setting milestones to enable us to deliver in advance of 2027 and resourcing the work as required to hit the milestones. Project streams have been prioritised and resourced within IS, HR and Finance with funding for resources required where required. A new finance, HR and payroll system has been selected and work is underway with the vendor. Build phase for all parts of the ERP system, Finance, HR and Payroll completed. Mitigations <ul style="list-style-type: none"> Support has been secured for the current finance and HR system until the end of 2026. Finance build phase completed. 	HIGHLY LIKELY	MAJOR	CRITICAL	Audit and Risk Committee <ul style="list-style-type: none"> ERP pre-go Live Advisory Review (March 2026). ERP Implementation: Data Migration Advisory Review (November 2025) ERP Implementation - HR Workstream Programme Governance Report (October 2025, green/amber for control design and green for control effectiveness). ERP Implementation progress (May 2025, green/amber for control design and green for control effectiveness). ARC seminar held in May 2025. ERP Implementation - Governance and programme arrangements review (September 2024). 	<ul style="list-style-type: none"> Working through integrations with Sebel and other GMC systems. Internal audit planning pre go live. 	Medium	
944	Regulatory Reform – organisational capacity, prioritisation and workforce resilience 02/03/2026	Resource	If organisational capacity, prioritisation and planning processes are insufficient for the scale and pace of reforms, critical support, expertise, and decision-making may become limited, and key skills or knowledge may be lost. This could lead to reduced programme resilience and delivery capacity, increasing delivery risks, delays, or compromises in achieving safe and effective implementation.	Shaun Gallagher	HIGHLY LIKELY	MAJOR	CRITICAL	Key Controls <ul style="list-style-type: none"> Work with Business Planning and others to implement a clear, senior-led prioritisation process to pause or de-scope other activity Assess workload capacity and workload pressures quarterly. Provide targeted support (eg temporary resource, specialist input, or reallocation of tasks) to teams experiencing acute pressure. Explore joint recruitment campaigns and the development of a shared pool of staff who can be deployed flexibly. Coordinate gateway bids to ensure reg reform work is presented coherently and efficiently. Use established governance and communication channels to provide consistent, timely updates on reform progress, expectations, and growing workload peaks. Reinforce key messages about priorities, wellbeing, and available support, ensuring leaders actively model these behaviours. Create structured opportunities for staff feedback and concerns to be surfaced early. 	QUITE LIKELY	MODERATE	SIGNIFICANT	<ul style="list-style-type: none"> Re-deployment policy approved by People Development Board on 30 March 2026. 	<ul style="list-style-type: none"> Gateway bid to secure additional capacity and extension of funding for existing colleagues - Q3 2026. 	Low	
945	Regulatory Reform – Effective communications 02/03/2026	Customer	If DHSC or GMC communications are drafted in language that is unclear, overly technical, or insufficiently tailored to stakeholder needs, there is a risk that stakeholders do not fully understand the purpose or implications of the consultation, resulting in low engagement, misinterpretation of proposals, reduced quality of feedback, and potential reputational or decision-making impacts for the organisation.	Shaun Gallagher	QUITE LIKELY	MAJOR	CRITICAL	Key Controls <ul style="list-style-type: none"> Established a comms and engagement workload responsible for detailed comms and engagement plans. Incorporated effective consultation/discussion with patient groups and ROs into the consultation/on a regulatory reform. Created a comms and engagement plan to keep all relevant groups and stakeholders informed about the timelines and practicalities of implementation and transition. Planned for proactive engagement at senior levels with key stakeholders. Considered and planned for potential risks through the regulatory reform comms and engagement steering group. Commission a research company to set up a series of engagement panels to facilitate panels with our key audiences on complex or uncertain areas. Provide feedback to DHSC on their draft consultation document. 	QUITE LIKELY	MODERATE	SIGNIFICANT	<ul style="list-style-type: none"> Briefing that we are planning to send to external stakeholders whilst DHSC consultation is open was shared with SMT and Council during w/c 20 April. 	<ul style="list-style-type: none"> Internal comms products in development to provide colleagues with updates and key lines if asked about Reg Reform consultations. GMC response to DHSC consultation to be reviewed/approved at Programme Board on 27 May 2026. GMC response to DHSC consultation to be reviewed/approved at SMT on 1 June 2026 and Council on 18 June 2026. 	Medium	
Operational Threats															
512	Uncertainty around our touchpoints and engagement with NHS England 31/07/2023	Operational	Because of NHS England's merger with DHSC, there is an immediate uncertainty on the touchpoints the GMC has with them, this may impact on our effectiveness in some operational processes, as well as further requirements for resourcing to support our statutory functions.	Paul Reynolds	QUITE LIKELY	MAJOR	CRITICAL	Key Controls <ul style="list-style-type: none"> Ongoing engagement with DHSC and NHS England officials to keep abreast of developments and to highlight implications of change for our regulatory work. Relationships established with the new national co-medical directors at NHS England, who are part of the joint executive team that is leading the transition. Ongoing monitoring of other external sources (such as the media) to keep track of developments and impact on the GMC. Written to NHS England's Interim Chief Executive and DHSC's Director General of Secondary Care and Integration, highlighting key areas where the GMC currently intersects with NHS England. Establishing relationships with newly appointed DHSC Director General (Peeples). Our Chief Executive met with Sir Jim Mackey, NHS England's Interim Chief Executive, in June 2025. Outreach team considering specific implications which changes to NHS England may have on the architecture of patient safety systems in the regions of England, which we engage with to identify and raise risks to patient safety. Secured membership of the National Quality Board on behalf of NHS-facing professional regulators (GMC, Nursing and Midwifery Council, and Health and Care Professions Council). Senior Corporate Engagement Plan now includes regular CEO meetings with NHS's interim CE and Director General (Peeples). Mitigations <ul style="list-style-type: none"> Initial mapping exercise completed by directorates to identify potential regulatory implications of change. Mapping presented to Policy Leadership Group who have agreed to own the work going forward on policy/operational contingencies for their areas. Outreach England regions are addressing implications as they arise, working to mitigate harm. 	QUITE LIKELY	MAJOR	CRITICAL	SMT <ul style="list-style-type: none"> Paper on risks and opportunities from NHS England changes (31 March 2025) 		Medium	
207	Pension Deficit 21/08/2020	Financial	Due to economic instability, both asset and liability values of the pension scheme have reduced (assets to a greater extent). This scheme's funding position and any future volatility could lead to continued additional funding of the scheme from the employer.	Neil Roberts	HIGHLY LIKELY	MAJOR	CRITICAL	Key Controls <ul style="list-style-type: none"> Trustees meet regularly and continue to take professional advice in relation to the existing deficit, which has improved as of the last valuation on 31 December 2024. The funding position remains under review and Trustees will continue to liaise with the employer. Trustees have agreed to move to an advisory investment model and investment adviser and will keep the employer updated on any change to the investment strategy. The employer factors annual payments into the budget to cover the agreed funding arrangements. The employer and trustees work together to ensure suitable funding arrangements are in place to address the deficit. Trustees monitor the funding position of the Scheme on a regular basis and are supported by professional advisers. Trustees are required to meet all conditions relating to the running of the Scheme to ensure compliance with regulatory requirements specified by the Pension Regulator and Pension legislation. We work closely with the Pension Trustees to address the increased scheme liability arising from the Gort decision to align RPI and CPI and other factors affecting the valuation. The GMC reserves policy was approved and updated in December 2025 to record that the pension scheme will be financially supported if a value at risk event occurs. 	QUITE LIKELY	MODERATE	SIGNIFICANT			Medium	
303	Welsh Language Standards Implementation 28/02/2024	Legal	Since 6 December 2023 the GMC has been subject to the Welsh Language Standards (WLS) Regulations 2022 set by the Welsh Language Commissioner. We have now reached a point of maturity in our culture and processes as an organisation that has enabled us to mainstream compliance with the standards throughout the organisation. All directorates are now responsible for ensuring continued compliance with the standards, ensuring guidance is implemented, and monitor ongoing compliance, else we risk legal, reputational and financial damage.	Paul Reynolds	QUITE LIKELY	MODERATE	SIGNIFICANT	Key controls <ul style="list-style-type: none"> Relationship sponsor for the Welsh Language Standards Commissioner and relationship plan agreed; and will be updated in 2026. The GMC's Senior Management Team has approved a plan to embed the guidance, learning and processes we have developed in BAU across the organisation. Central to that plan is the creation of a network of Welsh Language Champions to in each directorate to enable limited coordination of our approach to managing the WLS. Any complaints or concerns raised about our compliance with the WLS will continue to be recorded and dealt with in line with the customer complaints process by the Corporate Review Team. If the Welsh Language Commissioner launches an investigation into a complaint or concern about our compliance, an incident response team will need to be established to include the relevant team, the relationship coordinator and sponsor, and CRT. Procurement process successfully concluded in Sept 2025 with agreement to again commission the services of Cymen for all of our Welsh Language translation and interpretation needs. Relationship Plan in place for the Welsh Language Commissioner supported by Director of SMEs relationship sponsor and will be reviewed in 2026. 	QUITE LIKELY	MODERATE	SIGNIFICANT	SMT <ul style="list-style-type: none"> Risk deep dive (March 2025) Transition to business as usual (September 2025) Executive Board <ul style="list-style-type: none"> Statutory annual report on our compliance with the standards 2024/25 (July 2025) 	Internal Audit <ul style="list-style-type: none"> Preparation for implementation (2023, green/amber control design, green/amber effectiveness). Compliance readiness review (2024, green/amber). External compliance assessment <ul style="list-style-type: none"> Amb conducted a compliance assessment of key activities between June and September 2024. They found an overall assurance level of amber. An action plan developed and implemented by WLSM and relevant teams. 	<ul style="list-style-type: none"> Welsh Language Champions Forum has been established and members identified to support ongoing compliance with representative and deputy from each directorate. The first meeting of the Forum is expected before summer 2026. We will look to ensure ongoing compliance with the standards through exercises such as mystery shopping, internal audit to gain assurance the new way of managing compliance is working well 	Low

706	MLA - exam delivery 26/05/2024	Technical	If an incident occurs, that impacts on Medical Schools' ability to deliver, and students' ability to take a complete MLA assessment, this could risk invalidating the Primary Medical Qualification (PMQ) being awarded by those medical school(s). This may be of significance as we roll out the MLA compliance process for new schools for the first time.	Puhginder Nangar	OUTREACH HIGHLY LIKELY	MAJOR	CRITICAL	<p>Key Controls</p> <ul style="list-style-type: none"> MLA Compliance is now embedded into our new schools process. This helps to ensure that new schools are suitably prepared to deliver both parts of the MLA, and are suitably briefed on process around connectivity, incident reporting and escalation, and exam security (particularly for the AKT). We have regular contact with all schools and check contingency planning as part of routine assurance and oversight. Recommendations for improvement from our original compliance process are now embedded into our BAU QA, monitoring and regular activities. Issues, including those relating to regulatory oversight and assurance, continue to be discussed at regular meetings between the GMC and Medical Schools Council (MSC) at Assistant Director/Head of Section level. Remind new schools that passing the MLA is now a requirement for their students to be awarded a PMQ and to be added to the register. <p>Mitigations</p> <ul style="list-style-type: none"> Ensure that new schools have a contingency school in case of issues with their preparations for MLA delivery. Ensure that all schools have at least one additional sitting identified in case of a failure. Continue to learn from the live experience from the AKT and ensure that the MSC and individual medical schools communicate with the GMC when things go wrong. 	UNLIKELY MODERATE Low	Internal Audit	<ul style="list-style-type: none"> MLA transition to BAU (2024, green/amber for control design, green/amber for control effectiveness). MLA arrangements for delivery of the Applied Knowledge Test (May 2025, green/amber for control design and control effectiveness). 	Low
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Strategic Themes

120	ED&I compliance 17/02/2020	Strategic / Policy	The measures in place to demonstrate compliance with the public sector equality duty are not robust enough and we are subject to legal challenges that weaken confidence in regulation.	Shaun Gallagher	OUTREACH HIGHLY LIKELY	MAJOR	CRITICAL	<p>Key Controls</p> <ul style="list-style-type: none"> Skilled ED&I team provide strategic advice across the GMC. Equality, Diversity and Inclusion (ED&I) objectives published within the corporate strategy and supported by focused targets based on evidence and routine monitoring and reporting of progress. Supporting functions including the Strategic ED&I Advisory Forum and Race Equality Forum (external) and ED&I Steering Group (internal) provides senior oversight and guidance to inform action and priorities. Mandatory learning for all staff and associates – all learning needs are being delivered or is BAU activity, all suppliers are in place and delivering against requirements. Mandatory training for all staff and associates. Approach to a regulatory new Equal Opportunities Policy has been reviewed and published in April 2022 and updated in 2024. <p>Mitigations</p> <ul style="list-style-type: none"> Regulatory fairness review now complete and implementation board established. Leads across the directorates appointed in first phase of corporate deliverables underway. Update on progress, including new decision making principles and the HIRDS has been published in the ED&I Annual report in 2024. 	UNLIKELY MODERATE SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Reporting to Council on Fairer training cultures, Fairer referrals and the inclusion programme, deep dive reporting annual cycle in place. Regulatory fairness now included in annual reporting cycle. <p>Executive Board</p> <ul style="list-style-type: none"> ED&I steering group has forward plan for reporting and will report to Executive Board annually on progress the Steering Group has made. <p>Regulatory Board</p> <ul style="list-style-type: none"> Regulatory fairness review is now in implementation phase. A new regulatory fairness board has been established to govern the implementation of all of the recommendations. 	<p>Internal Audit</p> <ul style="list-style-type: none"> ED&I steering group governance (2024, green/amber for design, green/amber for effectiveness). Regulatory Fairness Implementation in Directorates (August 2025, amber for control design and green/amber for control effectiveness). <p>Other assurances</p> <ul style="list-style-type: none"> Strategy and policy ED&I compliance and governance review - Campbell Tickle (2020). Engagement, not personal characteristics, was associated with the seriousness of regulatory adjudication decisions about physicians: a cross-sectional study. Javier A Caballero, Steve P Brown, British Medical Journal (2019). Fairness of decisions to refer doctors to the MPTS interim orders tribunal (2018). Phymouth University Review of decision-making in the GMC's FTP procedures (2014). 	<ul style="list-style-type: none"> Assurance measures for new decision-making principles were finalised in directorate action plans in Q1 2025. Implementation will vary by workstream (including pilots), with plans testing as pilots conclude. Progress will be reviewed in 2026, with a closure process and roadmap now in place to support phased workstream completion. A tender for the first phase of external assurance on process fairness is in development. A rapid evidence review has been tendered and a supplier appointed, with the report due in September 2026. Regulatory Fairness will be reported through the ED&I annual report, alongside a separate annual progress update to Council. The ED&I data review aims to improve data quality and mitigate compliance risks. The business case has been approved by Gateway, further PID work is paused pending resource availability. 	Low
146	Delivery of statutory functions 13/03/2020	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 Nassey	OUTREACH HIGHLY LIKELY	MAJOR	CRITICAL	<p>Key Controls</p> <ul style="list-style-type: none"> Monitoring and reporting against statutory duty for the professions we regulate, to Executive Board and Council. Forecasting of operational demand is built into budget planning. Active engagement with those we regulate about potential situations which may put patients at risk. Outreach structure in place (ensures statutory process for responsible officers to continue effectively and enables engagement with employers with regard to PAs and A&As) to help identify and manage concerns (pre-investigation). Available staff with relevant training and skills. Information exchange with competent authorities informs our processes. Documented operational process and procedures, that are subject to regular review and continuous improvement by specialist staff. Auditing our decisions on a regular basis. Processes are in place to provide assurance on overseas applications for the professions we regulate. 	OUTREACH MODERATE SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Review of performance metrics through the quarterly CEO report. <p>Executive Board</p> <ul style="list-style-type: none"> Review of performance metrics through the bi-monthly Performance and Risk Report. <p>SMT</p> <ul style="list-style-type: none"> Risk deep dive - Postgraduate Exam QA (February 2026). 	<p>Internal Audit</p> <ul style="list-style-type: none"> PA & AA Registration Applications (2026, green control design, green/amber control effectiveness). Specialist Applications approved training route arrangements (2024, green control design, green control effectiveness). Interim Report Case Examiners (2024, green/amber control effectiveness). FTP Case Review team arrangements (2025, green/amber control design, green control effectiveness). HIRS (2025, amber control design, green/amber control effectiveness). <p>Other assurances</p> <ul style="list-style-type: none"> The MPTS continues to meet our service level agreement to commence 100% of new interim referrals within 21 days. The MPTS continues to have reviews of all MPT sanctions and IOT orders within statutory deadlines. Passed all PSA standards of good medical regulation in 2025. 	Low	
149	Availability of resources 11/03/2020	Resource	If we don't secure and retain a workforce that is flexible, adaptable, appropriately skilled and experienced to meet our complex and reactive requirements; a resilient and secure IT and facilities infrastructure, and maintain a sound financial position, it will threaten the delivery of our statutory functions, change and development programmes and capacity to deal with reactive and unplanned events.	Neil Roberts	OUTREACH HIGHLY LIKELY	MAJOR	CRITICAL	<p>Key Controls</p> <ul style="list-style-type: none"> Our People practices and leadership strategy is aimed towards attracting and retaining a high calibre workforce. We have processes in place to identify and manage key staff risks. We consider recruitment market surveys and data to identify potential skills shortages. Our Health and safety policies and procedures are robust in regards to our workforce. Clear Financial management practice and controls and safeguards including around investment (GMS3), fraud policies and pensions. 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. Routine monitoring and reporting of operational performance and the volume and complexity of our work. Process for regularly mapping workload pressures across teams to help focus resourcing and prioritisation decisions. We work closely with the Pension Trustees to address the increased scheme liability arising from the Gov decision to align RPI and CPI and other factors affecting the valuation. The Investment Committee oversees the investment portfolio, supported by professional advisers and fund managers. We undertake financial stress testing to ensure we have the capacity to withstand financial shocks within our reserve levels. We continually invest in our IT infrastructure and systems to ensure availability and protect against cyber-security threats and maintain ISO 27001 accreditation. We have business continuity champions and robust business continuity plans in place that are tested regularly. We provide mandatory e-learning for GMC colleagues and have support in place from business continuity consultants. Annual training and exercise sessions are delivered for all incident responders. We have health and safety policies and risk assessments in place to ensure review and maintenance of office facilities. We have redundancy and backup systems in place for critical IT infrastructure. This includes resilient data centres, backup power supplies, backup and recovery plans, and failover mechanisms to ensure continuity of operations in case of failure. Industry standard security benchmarks are used at development phase of projects ensuring our systems are secure by design and regular security assessments take place to validate our position. 	OUTREACH MODERATE SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Review of annual budget and Annual Accounts. <p>Executive Board</p> <ul style="list-style-type: none"> Executive Board regular review of finance, HR, project and operational performance and risks. <p>SMT</p> <ul style="list-style-type: none"> People Deep Dive - April 2026. 	<p>Internal Audit</p> <ul style="list-style-type: none"> Procurement Act (2026, green/amber control design, green/amber control effectiveness). Payroll review (2024, green control design, green control effectiveness). MPTS legal arrangements (2024, green/amber control design, green/amber control effectiveness). Contract Management (2024, amber control design, green/amber control effectiveness). Data Protection Review (2024, green/amber control design, green/amber control effectiveness). Contact Centre transformation (2025, green control design, green/amber control effectiveness). Review of Associate Worker Status (2025, green control design, green control effectiveness). 	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 and to deliver parts of our core functions as efficiently, effectively and compassionately as we would like, reducing our potential impact on patient safety and those we regulate.	Paul Reynolds	OUTREACH HIGHLY LIKELY	MAJOR	CRITICAL	<p>Key Controls</p> <ul style="list-style-type: none"> Senior Council CE stakeholder engagement carefully planned through the Senior Corporate Engagement Plan Engagement with other regulatory bodies to identify opportunities for collaboration and alignment (such as through the Chief Executive Officer Regulatory Body (CEO RB) Group), cross-regulatory groups in Scotland, Wales and Northern Ireland and the professional regulator committees & engagement groups. Proactive engagement on all major policies and issues, including active engagement with the four UK Governments over the future of our regulation, co-ordinated through use of Engage system by external affairs, policy and operational teams. Development, management and review of stakeholder relationships of strategic importance at national and regional levels of the UK, supported by relationship plans delivered by our external affairs and engagement teams and sponsorship of key relationships by SMT. Regular evaluation of relationships with key partners, using insights from our internal systems and periodic surveys of stakeholder perceptions, to identify opportunities for improvement. Annual relationship stocktakes to SMT. Results of our 2024 perceptions survey inform the work of the External Affairs and Engagement teams. 	OUTREACH MODERATE SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Seminar: Findings of our 2025 perceptions survey with stakeholders (December 2025). Seminar: Scotland focus (September 2025). Seminar: Our approach to managing stakeholder relationships (July 2025). Communications and engagement priorities (June 2025). Communications and engagement priorities (June 2024). Seminar: General election preparations and our strategic engagement approach (April 2024). <p>Executive Board</p> <ul style="list-style-type: none"> Four Country Relationship stocktake, SMT (June 2025). Paper on General Election considered by SMT in February 2024. 	<p>Other assurance</p> <ul style="list-style-type: none"> Bi-annual health assessments by our external relations teams of GMC's major relationships (next assessment (Q3 2025). <p>SMT</p> <ul style="list-style-type: none"> Risk deep dive - Ability to work with others (November 2025). 	<ul style="list-style-type: none"> We have appointed a research provider for our 2026 perceptions survey. The research will include a survey with national-level stakeholders in each of the four UK nations. Feedback will commence in early June and the results will be reported to Council at the end of 2026. We are bringing an Election outcomes update to SMT in May 2026, as well as the Four-country strategic relationships stocktake. 	Medium
152	Unplanned event 31/03/2020	Reputational	The impact of an event in the external or internal environment causes our systems to be compromised or our activities to be publicly challenged, potentially leaving us vulnerable to delivery of key functions central to patient safety and reputational damage.	Neil Roberts	OUTREACH MAJOR	CRITICAL	<p>Key Controls</p> <ul style="list-style-type: none"> Clear management policies (including crisis communications plan) & procedures; pandemic response plan. Business continuity champions and emergency response plans in place with regular testing. Mandatory e-learning for GMC staff and support from business continuity consultants. Continuous proactive monitoring of external environment with processes and products in place to share and escalate emerging issues likely to affect our regulatory operations and external confidence in the organisation. Arrangements in place between regulatory operations and communications teams to identify and plan for events which could negatively impact on our functions and external confidence in the organisation. Analysis of range of qualitative and quantitative information about the external environment through the Patient Safety Intelligence Forum. Regular engagement with the Professional Standards Authority to assure them on the exercise of our statutory powers – including emergency powers under section 18A of the Medical Act 1983 (Covid-19). Health and Safety (H&S) management system (in framework of policies and guidance) in place outlining a coordinated and systematic approach to managing H&S risk. Quality assurance of H&S management system provided through H&S audit process. Safeguarding processes, policies and annual training embedded across the organisation. 	OUTREACH MODERATE SIGNIFICANT	<p>Legal and Risk Committee</p> <ul style="list-style-type: none"> Seminar on Business Continuity and Disaster Recovery - November 2023 and September 2024. <p>SMT</p> <ul style="list-style-type: none"> Deep Dive - October 2024. 	<p>Internal Audit</p> <ul style="list-style-type: none"> Business continuity and disaster recovery management review (2025, amber control design). 	<ul style="list-style-type: none"> Currently reviewing our national power restrictions guidance documents. 	Medium	
151	Responding to a changing environment 31/03/2020	Strategic / Policy	Inability to respond effectively to changes in the external environment, including legislation, healthcare and wider social impact changes, could lessen our influence and relevance and reduce public, professional and political confidence in our role.	Paul Reynolds	OUTREACH HIGHLY LIKELY	MAJOR	CRITICAL	<p>Key Controls</p> <ul style="list-style-type: none"> Proactive, senior-level engagement with stakeholders to understand their agendas. Outreach teams structures in place, aligned to UK countries and regions of England, to help us understand and have influence within national and local systems. Contribution to government and system initiatives across four nations. Continuous monitoring of our external environment, including longer term horizon scanning and research (e.g. barometer and perception surveys with the medical profession). Contributing to meetings and networks across the UK and Europe. Internal governance in place to process, consider and make decisions on the intelligence we receive about the quality and safety of local practice and training environments (WIG and PSIF meetings). 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. 	OUTREACH MODERATE SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Patient safety intelligence (March 2026). Seminar: Findings of our 2025 perceptions survey (December 2025). Communications and engagement priorities (June 2025). Seminar: Post-election and 2024 perceptions survey (December 2024). Communications and engagement priorities (June 2024). Seminar: General election preparations and our strategic engagement approach (April 2024). <p>SMT</p> <ul style="list-style-type: none"> Paper on risks and opportunities from NHS England changes (31 March 2025) 	<p>Internal Audit</p> <ul style="list-style-type: none"> Outreach Restructure Project Review (2024, green/amber control design, green/amber control effectiveness). 	<ul style="list-style-type: none"> Closely monitoring developments relating to the abolition of NHS England. 	Low
234	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 inequity.	Shaun Gallagher	OUTREACH HIGHLY LIKELY	MAJOR	CRITICAL	<p>Key Controls</p> <ul style="list-style-type: none"> Clear timebound targets to focus system-wide efforts. Nominated Executive leads for each of our strategic commitments. Skilled and resourced teams designing interventions to deliver against the targets. Established plans of action to deliver against the targets both internally and externally. Annual and bi-annual progress reporting. Scrutiny and monitoring and reporting from the ED&I Steering Group, Executive and Council to allow refinement of plans in response to progress. Established Outreach and engagement functions to understand and influence the system with broader calls for action and support to facilitate system-wide change. Supporting and aligned commitments of others (in reducing differentials in disciplinary processes). Research and data assets including our surveys and insights to highlight relevant issues and support calls for action. Annual reports published 2023, June 2023 and October 2024. 	OUTREACH MODERATE SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Regular agenda item ED&I and ED&I annual progress update reported to Council in April and published. <p>Executive Board</p> <ul style="list-style-type: none"> Regular review by Executive Board and performance against internal targets embedded in Performance and Risk Reporting. 	<p>Internal Audit</p> <ul style="list-style-type: none"> Regulatory Fairness Implementation in Directorates (2025, amber control design, green/amber control effectiveness). <p>Other assurances</p> <ul style="list-style-type: none"> Strategy and policy ED&I compliance and governance review - Campbell Tickle (2020). 	<ul style="list-style-type: none"> In response to the 2023 Audit, the timing and approach to reviewing ambitions will be agreed with workstreams and built into planning for the 2025-26 ED&I annual reports, aligned with corporate strategy development. The next phase of Regulatory Fairness will support directorates with implementation plans and coordinate three corporate work packages; the BDO audit was completed in October 2025 and recommendations are being progressed. The 2025 ED&I annual report was submitted to SMT and Council in December 2025 and was published in January 2026; the next report is planned for the July 2026 Council meeting. Future reporting arrangements and the review of measures nearing completion are under consideration. 	Medium

Opportunities

27	Deriving more insight from our data capability 31/03/2020	Strategic / Policy	Developing, sharing and working with others using our insight capability provides an opportunity to shape public debate, influence the external environment and deliver more proactive regulation.	Shaun Gallagher	QUITE LIKELY	MAJOR	GOLD	Key Controls <ul style="list-style-type: none"> 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. 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. Use new data and research insights as a 'push' for bringing together regulatory partners and key stakeholders together to drive positive changes in policy and practice. Provide data support to the rest of the GMC to inform our response external developments such as the Lord Ara Darzi review. Provide data to support the development of policy and process plans for AA and PA regulation, regulatory reform, and education reform. 	HIGHLY LIKELY	MAJOR	GOLD	Other assurances <ul style="list-style-type: none"> A range of perception surveys with stakeholders undertaken each year. An evaluation of State of medical education and practice in the UK reports' impact underway. 	<ul style="list-style-type: none"> Enhancing and providing substantial ED&I data for EQAs 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. Development of a Power BI platform for our data that will allow more interactivity and self-service. Larger reporting tools like Data Explorer will be reviewed and improved to encompass PA and AA reporting, by early 2027. Developing data, research and insight capacity in relation to PAs and AAs. 	High	
59	Corporate Social Responsibility 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 those that we regulate.	Neil Roberts	QUITE LIKELY	MODERATE	SILVER	Key Controls <ul style="list-style-type: none"> Our Corporate Strategy 2021-26 includes clear commitments to be a more responsible organisation both socially and environmentally. Every GMC Annual Report includes a CSR round-up of the previous year. We have improved external visibility of our CSR work on the GMC website and internally on the GMC intranet. We have used blogs to promote our support for widening participation (in medical training) initiatives and consideration of the regulatory challenges posed by sustainable healthcare. The GMC established the Cross Regulator CSR Group early in 2022 after the proposal (by the GMC) was agreed by the CEOR8 group. This meets quarterly and from mid-2023 includes representatives from the Greater NHS Team. External recruitment campaigns now include reference to our CSR initiatives with the intention that this will be a 'pull' factor for potential candidates. 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. CSR project closed in June 2023; project closure report completed with most initiatives now embedded as BAU. Net Zero Working Group, sponsored by director of Resources, established at end of 2022. Whilst this has a broader remit than the CSR project, it will also support achievement of this opportunity. CSR Community of Interest established in August 2023 to help BAU teams identify dependencies and mutual interests. This will also assist in maintaining oversight of CSR related activities across GMC. 	QUITE LIKELY	MAJOR	GOLD	SMT <ul style="list-style-type: none"> Opportunity deep dive completed in February 2024. 		High	
28	Working with patients and public 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 and make us a better regulator.	Paul Reynolds	QUITE LIKELY	MODERATE	SILVER	Key Controls <ul style="list-style-type: none"> Champion for patients established at SMT level to ensure senior-level overview of our engagement and signal importance of this to organisation. Strategic ambition to improve patient and public involvement and long-term outcomes agreed. Clear information easily accessible for patients and public about how we work and can support them (such as on our website). Involvement of patients and the public in our policy development activity in a variety of ways including public consultations and the commissioning of independent research, supported by information and guidance for policy and operational teams to aid their work in this area. Regular assessment of patients and the public's perceptions of the GMC and experiences of our work through regular evaluation and research (such as our perceptions survey). Regular engagement with patient leaders in all four countries of the UK (by our senior leadership team as well as our bi-annual roundtable, UK&I meetings in the devolved nations and other activities). Assessing stakeholder networks to learn how other organisations engage meaningfully and well with patients and public. Insights and perspectives from patients regularly shared with the organisation to inform its work. 	QUITE LIKELY	MODERATE	SILVER	Council <ul style="list-style-type: none"> Annual update on patient and public involvement (Dec 2025). Annual update on patient and public involvement (Dec 2024). Budget and Risk Commitment <ul style="list-style-type: none"> Update on PPI review recommendations (Jan 2026). Update on PPI review recommendations (May 2025). 	Other assurances <ul style="list-style-type: none"> Annual perceptions survey showing the public's confidence in how doctors are regulated and feedback on our working relationships with patient and public bodies. Results from 2023 survey shared with Council in November 2023. 	<ul style="list-style-type: none"> Next Patient Group Roundtable to be held on 19 May 2026. Contact Centre to be in new automated surveys for patients and other users of its services, following deployment in late 2025. Fitnes to Practice to evaluate results of feedback pilot in 2025 and agree next steps. Perceptions of patients and the public to be researched in next perceptions survey (summer 2026) Internal discussions taking place about prioritising strategic commitments, which will determine treatable and resources for progressing PPI-related activities (such as ED&I data and reviewing our customer service standards). 	Medium

Financial Update

Action	To note
Purpose	The paper sets out the latest update on our financial position and performance of our investment portfolio.
Recommendation(s)	<p>To note:</p> <ul style="list-style-type: none"> a The financial position at the end of April 2026 and the forecast to the end of 2026. b An update on financial risks and PLAB candidate volumes. c The latest performance and valuation of our investment portfolio.
Annexes	<p>Annex A: Financial position</p> <p>Annex B: Financial stability monitoring</p> <p>Annex C: Investment valuation and performance</p>
Author contacts	<p>David Donnelly, Assistant Director, Finance</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Neil Roberts , Director of Resources

Background

- 1 The paper is a standing item, to provide the latest update on our financial position and outlook to the end of the year.

Financial position and outlook - 2026

- 2 Annex A sets out a summary of the financial position at the end of February 2026 with the outlook to the end of 2026. Our current forecast is now a projected deficit of £1.9 million, versus a budgeted surplus of £0.2 million.
- 3 As reported previously we continue to see a significant reduction in PLAB candidates and new IMG applications compared to budget assumptions and 2025 volumes.
- 4 The key changes since our previous report in April, where we were projecting a £0.8 million deficit, is that we have reflected the reduction in the register growth rate into our annual retention fee income projection, which lowers forecast income by £1 million.
- 5 The level of projected operational income is now £167.3 million, which is a reduction of £4 million since we set the budget.
- 6 There have been relatively minor changes to our expenditure outlook since the previous finance report and we continue to expect an operational underspend of £2 million, primarily driven by variable cost reductions related to PLAB candidate volumes. But we continue to face expenditure pressures, particularly given the significant year on year increase in FtP volumes and the need to adequately resource ongoing regulatory reform work.
- 7 We will review in detail our income and expenditure forecasts as part of the half year financial reviews. It is likely that the income outlook for 2026 will deteriorate from the current position as a result of a further drop in demand for PLAB. At this point the extent of the reduction in demand, even just for 2026, is hard to judge.

Actions being taken

- 8 As a result of the stark reduction in PLAB demand, new IMG applications and the increase in doctors relinquishing their license, current indications are that, without taking corrective actions, we would expect to see increasing deficits in 2027 and 2028. The extent of the deficits can't be accurately forecast at this point however we will bring further analysis as part of the half year review. In light of the changes we are experiencing we discussed our financial position with SMT in early May and agreed:
 - We should continue with the gateway process in future years, as this is our main mechanism to direct funding to current priorities, although funding levels will continue to be constrained in comparison to previous years.

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- We need to create reductions in our existing cost base to offset the impact of the projected reserves and to carve off funding for the gateway process.
 - It is likely we will end 2026 with a deficit. However, as we aim to maintain reserves within our target range over the medium term and as we are currently in a strong financial position, with reserves levels at the end of 2025 being towards the upper end of the range, we can accept a deficit in 2026. The aim is that by defining corrective action now, we will be able to develop balanced budgets in 2027 and 2028 to ensure we don't make ongoing deficits and retain a strong reserves position.
- 9 To enable us to return to a balanced budget position, while also releasing new funding for the gateway process, we are working through a number of approaches:
- We have started an exercise to identify how we create headroom within our existing resources in addition to how may make financial savings in our non-staff cost base. Discussions are at an early stage however there are likely to be some bankable quick wins, and some changes we can quantify and implement for 2027 in addition to some wider changes in ways of working for the whole organisation.
 - We are now confident that we can meet PLAB demand, and other demand for our clinical assessment centre, by utilising 2 circuits, rather than the current 4 in operation. SMT have made a decision to locate those operations in our Hardman Street site, effectively stopping any activities at Hardman Square. This will generate savings in building servicing costs while the lease is still active to January 2029.
 - We are considering how best to approach the budget scrutiny session in the autumn, when the scale of the financial challenge we face will be much clearer, by bringing together the output from the headroom exercise while analysing resource implications where workloads are reducing and potentially making budget cuts.
- 10 We will incorporate further detail of these changes into the half year financial review.

Financial risk monitoring

- 11 Following the financial stress testing performed for Audit and Risk Committee we developed a lead indicator dashboard to monitor those areas which may materially impact our financial positions. Annex B sets out this analysis, with the trigger points for PLAB volume changes having been met already this year. We will refresh the dashboard for our half year financial update to Council, to connect lead indicators to the latest risks identified.
- 12 It is worth noting that, while only the triggers in place have been met in relation to PLAB volumes, we are seeing movements in relation to other key financial risk factors:
- Register growth is reducing

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- CPI increased in March, and is predicted to increase further
- The staff vacancy rate has dropped below our budget assumption

13 In addition, we are currently undertaking a detailed assessment of remaining costs linked to the ERP programme, including those required for the system to be implemented and made live, and those to develop and implement critical elements of the programme required post go live that have been de-scoped from phase 1, as an example developing a budgeting module solution.

14 The combination of these movements adds further downwards pressure to income levels while generating increasing pressure on our cost base.

Investment portfolio update

Performance and valuation

15 Annex C provides a snapshot of the performance of our portfolio.

16 The value of the portfolio at the end of December 2025 was £62.7 million and at 15 May the value is £62.3 million. The headline valuation changes mask some portfolio valuation volatility we have experienced during the intervening period, which are shown in the chart in annex C.

17 We have budgeted modest investment gains of £1.5 million in 2026, however as we are approaching the half-way point in the year, and we have generated losses to date, while there is still significant uncertainty in financial markets we will consider whether it is appropriate to amend our 2026 forecast as part of the half year review.

18 We still consider that holding an investment portfolio will outperform our previous treasury approach, of holding all funds in cash, and will continue to provide protection against inflation and generate modest returns over the long term. However, with this approach we do need to accept variations in returns within annual periods.

New investment advisers

19 The contract with our investment advisers, Mercer, ended in April. We ran a tender exercise in the first quarter of the year and appointed Stanhope Capital from the start of May. Stanhope are currently undertaking a stocktake on our investment approach and the work we have completed to date to understand how we may wish to amend our strategy moving forward. We will discuss this at our June investment Committee meeting, and we will engage Council in any proposed changes to our current arrangements.

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Treasury management

- 20** The 2026 outlook is interest returns of £2.15 million, compared to a budget of £1.8 million, as, due to the impact of global events and UK inflation levels, interest rates have not reduced in line with our expectations at the start of 2026 and we have amended our assumptions accordingly.
- 21** We will continue to analyse inflation and interest rate levels as we progress through 2026 and amend the interest forecast in line with any changes.

Next steps

- 22** As part of the half year financial reviews, we will provide further analysis of income levels in the medium term, the resulting impact on anticipated growth rate in the register, and any corrective actions, to manage our expenditure levels, we wish to take now or in the medium term.

Annex A

Financial position

Financial summary as at April 2026	Budget to	Actual to	Variance	
	April	April	£000	%
	£000	£000		
Operational income	54,706	54,066	(640)	(1)%
Operational expenditure	(49,522)	(48,167)	1,355	3%
Unallocated gateway fund	0	0	0	0%
Unallocated contingency fund (inc Pay Uplift)	0	0	0	0%
Pension top up payment	(2,036)	(2,036)	0	0%
Capital Expenditure	(4,271)	(4,246)	25	1%
Total	(55,829)	(54,449)	1,380	2%
Operational surplus/(deficit)	(1,123)	(383)	740	

Financial summary as at April 2026	Budget to	Actual to	Variance	
	April	April	£000	%
	£000	£000		
Investment income / (loss)	500	(325)	(825)	(165)%
Investment Management Fees	(78)	(72)	6	8%
Total surplus/(deficit)	(701)	(780)	(79)	

Budget 2026	Forecast 2026	Variance	
		£000	%
£000	£000		
171,300	167,305	(3,995)	(2)%
(155,096)	(153,052)	2,044	1%
(184)	(184)	0	0%
(854)	(174)	680	80%
(2,036)	(2,036)	0	0%
(14,150)	(14,915)	(765)	(5)%
(172,320)	(170,361)	1,959	1%
(1,020)	(3,056)	(2,036)	
Budget 2026	Forecast 2026	Variance	
£000	£000	£000	%
1,500	1,500	0	0%
(312)	(312)	0	0%
168	(1,868)	(2,036)	

The value of our holdings with CCLA at the end of March 2026 were £61.7m, and the indicative value as at the end of April 2026 is £62.3m.

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Financial Update

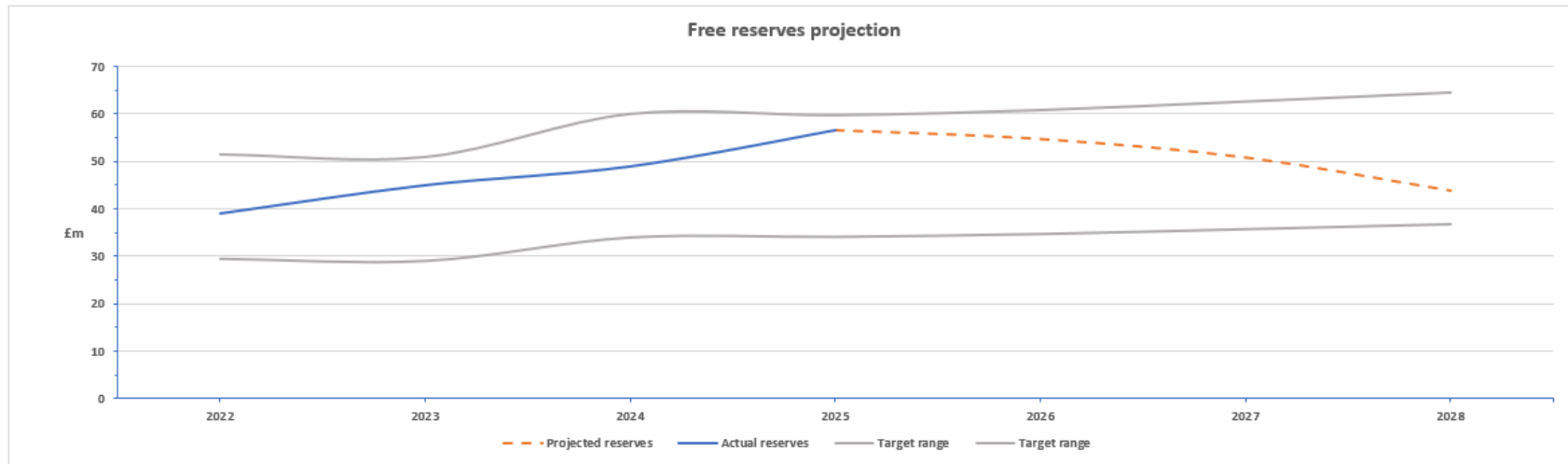
Operational Income	Budget to	Actual to	Variance		Budget 2026	Forecast 2026	Variance	
	April	April	£000	%			£000	£000
Annual retention fees	45,945	45,806	(139)	(0)%	141,915	140,812	(1,103)	(1)%
Registration fees	1,430	1,207	(223)	(16)%	5,961	5,189	(772)	(13)%
PLAB fees	4,792	4,227	(565)	(12)%	14,634	11,838	(2,796)	(19)%
Specialist application CCT fees	1,095	1,076	(19)	(2)%	4,281	4,295	14	0%
Specialist application Portfolio fees	689	952	263	38%	2,152	2,507	355	16%
Interest Income	574	665	91	16%	1,800	2,156	356	20%
Other income	181	133	(48)	(27)%	557	508	(49)	(9)%
Total Operational Income	54,706	54,066	(640)	(1)%	171,300	167,305	(3,995)	(2)%

Operational expenditure by cost type	Budget to	Actual to	Variance		Budget 2026	Forecast 2026	Variance	
	April	April	£000	%			£000	£000
Staff costs	33,132	33,114	18	0%	102,656	102,971	(315)	(0)%
Staff support costs	1,241	1,105	136	11%	4,459	4,422	37	1%
Office supplies	386	283	103	27%	1,795	1,665	130	7%
IT & telecoms costs	3,232	2,816	416	13%	10,720	10,290	430	4%
Accommodation costs	3,197	2,987	210	7%	9,591	9,323	268	3%
Legal costs	1,385	1,414	(29)	(2)%	4,060	4,088	(28)	(1)%
Professional fees	1,187	1,028	159	13%	4,078	3,923	155	4%
Council & members costs	157	138	19	12%	471	454	17	4%
Panel & assessment costs	4,928	4,703	225	5%	15,202	14,131	1,071	7%
Associate Fee Changes	313	215	98	31%	940	661	279	30%
PSA Levy	364	364	0	0%	1,124	1,124	0	0%
Total Operational Expenditure	49,522	48,167	1,355	3%	155,096	153,052	2,044	1%

Annex B

Financial stability monitoring

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Financial Update



Risk factor	Long term assumption	Current analysis	Individual trigger point	Multiple trigger point*
PLAB volumes	Long term assumption being updated as part of half year review, current assumption was 10% drop in volumes each year.	Met the individual trigger threshold - Softening demand across PLAB Pt 1 sittings in 2026. Anticipated reduction in PLAB Pt 2 volumes in second half of the year as a result of lower demand for Pt 1	PLAB 1 or PLAB 2 volumes dropping by 30% or amendment to skilled worker VISA rules	PLAB 1 volumes dropping by 10% PLAB 2 volumes dropping by 10%
Register growth	4% per year	January 4.0% / February 3.8% March 3.7% / April 3.6%	Reduction to 2.0%	Reduction to 3.5%
Investments	£1.5m benefit per year	£0.4m loss to April - Since end of 2025	Reduction of £9m	Reduction of £3m
3rd party cost increases	4.0% per year	CPI rate - 3.3% March 2026 (Up from 3.0% in February 2026)	10% per year	6% per year
Staff vacancy rate	5% per year - based on budget values	4.6% - In April 2026 (Q1 2026 - Avg 5.7%)	Reduction to 2% per year	Reduction to 4% per year
Staff pay increases	Agreed at budget setting	Aligned to April Pay Award (within amounts budgeted)	In year increase of 3%	In year increase of 1%

* requires 1 threshold to be breached to trigger SMT discussions and potential remedial actions/contingency plans
 * requires 3 thresholds to be breached to trigger SMT discussions and potential remedial actions/contingency plans

Annex C

Investment valuation and performance

Investment mandate

Strategic asset allocation

Asset class	Minimum %	Maximum %
Equities	5	25
Bonds and cash	55	95
Alternatives	0	20
GBP exposure	60	100

The benchmark for performance comparison is:

- 15.00% Equity (MSCI World Net Dividends Reinvested [MDWO Index])
- 37.50% Bonds (iBoxx Sterling Non-Gilts Overall NTRI)
- 18.75% Bonds (iBoxx Sterling Inflation-Linked Index 1-5 NTRI)
- 18.75% Bonds (iBoxx Sterling Inflation-Linked Index 5-10 NTRI)
- 10.00% Alternatives (MSCI UK Monthly Property Index)

Investment performance

Holdings as at 8th May 2026 (Indicative Valuation)		
	£millions	%
Alternatives	8.6	13.8%
Cash	5.1	8.2%
Equity	7.4	11.9%
Fixed Interest	41.3	66.2%
Total	62.4	100.0%

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Performance versus benchmark

As at 31 March 2026	Performance Period			
	3 Months	12 Months	3 Years (p.a)	5 Years (p.a)
Our Actual Portfolio	(1.49)%	1.10%	2.91%	2.17%
Target: CPI + 2%	1.14%	5.36%	5.10%	7.31%
Benchmark	0.28%	6.78%	4.67%	0.47%
Actual minus Target	(2.63)%	(4.26)%	(2.19)%	(5.14)%
Actual minus Benchmark	(1.77)%	(5.68)%	(1.76)%	1.70%



***Chart shows rolling 3-year portfolio valuation**

People Strategy

Action	To note
Purpose	This paper details the process to develop the People Strategy (2026 – 2030), which was approved by Executive Board on 26 May 2026.
Decision Trail	<ul style="list-style-type: none"> a Audit and Risk Committee on 11 September 2024 considered an audit report on the People Plan 2022 - 2025. b People and Development Board on 31 March 2025 considered a report detailing the progress made against our current People Plan and plans to develop our People Strategy 2026 - 2030. c People and Development Board on 24 November 2025 considered a report on plans to develop our People Strategy 2026 - 2030. d People and Development Board on 30 March 2026 considered a report updating on plans to develop our People Strategy 2026 - 2030. e SMT on 5 May considered a report updating on the development of the People Strategy 2026 - 2030. f Executive Board on 26 May approved the People Strategy.
Recommendation(s)	To note the People Strategy 2026 - 2030
Annexes	<p>Annex A: People Strategy 2026 - 2030</p> <p>Annex B: Equality Impact Assessment on the draft People Strategy 2026 - 2030</p>
Author contacts	<p>Ben Browne, Assistant Director - People</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Neil Roberts , Director of Resources

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People Strategy

Background

- 1 A prerequisite of the successful delivery of the GMC’s Corporate Strategy (2026 – 2030), is an alignment of its workforce’s capacity, capability, culture and commitment to the Corporate Strategy’s requirements, specifically ‘Being an inclusive and well-run organisation’.
- 2 Following the publication of the Corporate Strategy (2026 – 2030), it required the development of a new People Strategy, to facilitate the changes required within our workforce.
- 3 This report describes the process undertaken to develop the People Strategy 2026 – 2030 (Annex A) leading to Executive Board’s approval of the strategy on the 26 May 2026.

Developing our new People Strategy

- 4 Following the publication of the new Corporate Strategy (2026 – 2030), the new People Strategy has been developed to align with the requirements of the Corporate Strategy, to support the delivery of our corporate priorities, ensuring there is capacity and capability within the organisation, and equally importantly, the culture to effectively and appropriately deliver the Corporate Strategy.
- 5 The Corporate Strategy contains five strategic objectives to achieve our goal of being an inclusive and well-run organisation:
 - **Strengthen our leadership** - to develop confident, inclusive leaders who promote equity and effectively manage change.
 - **Invest in our people to deliver** - to continue build an open and supportive culture that prioritises wellbeing and helps our people grow.
 - **Support the enhancement of our digital capabilities** - via the provision of learning and development opportunities aligned to the digital road map set out in the Information Services Strategy.
 - **Work efficiently and effectively** - aligning workforce practices with a changing environment.
 - **Demonstrate social responsibility and environmental sustainability** - as an employer and through our workforce.
- 6 The table below outlines the stages to develop the People Strategy.

March 2025	People and Development Board Outlined high-level plans to deliver the People Strategy 2026 – 2030, including engagement, data review and research
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People Strategy

April – July 2025	Developed high level people commitments to underpin the people related strategic aim in the Corporate Strategy
May – December 2025	Data gathering and analysis Engagement with the workforce via virtual workshops Commence development of the People Strategy’s format and potential content
19 February – 19 March 2026	Leadership Team engagement providing an overview of plan to develop the People Strategy People Strategy Focus Groups
2 April 2026	SMT Stocktake – People Strategy Focus Group

Engagement

- 7 The audit report on the People Plan 2022 – 2025 identified a need for enhanced engagement as we develop the People Strategy 2026 – 2030, a requirement which was taken on board.
- 8 In phase one, over 10% of the workforce participated in the development of the People Strategy, via engagement events with the following groups:
 - Assistant Directors and Heads of Section
 - People Forum
 - Staff Networks
 - Cross-section of GMC colleagues
 - People managers
 - People Team
- 9 The focus of the above engagement was to consider the People Priorities of the People Strategy, which following the engagement were agreed as follows:

Strengthen Leadership, Culture and Change Capability

- Developing leadership and change management capabilities to drive a compassionate, learning-focused, and inclusive culture that enables continuous improvement and organisational agility.

Advance Equity, Diversity, and Inclusion (EDI) for a Fairer Workplace

- Embedding fairness and inclusivity across all people processes to improve representation and the employee experience.

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People Strategy

Evolve Reward, Recognition, and Career Development Approaches

- Create a coherent, transparent, and equitable approach to pay, performance, and career development that aligns with organisational values and employee aspirations.

Prioritise Wellbeing and Holistic Employee Support

- Strengthening the organisation's approach to employee wellbeing by offering responsive, inclusive, and preventative support that reflects the evolving needs of colleagues.

Enhance Employee Experience through Modern, Proactive People and Organisational Development Service and associated policies

- Evolve the People function into the People and Organisational Development function to deliver a proactive, data-driven, and employee-centred service, aligned with the requirements of the corporate strategy.

10 Phase two of the engagement process concentrated on the potential deliverables/actions, to deliver the people priorities, with c235 colleagues (circa 13% of the workforce) participating in People Strategy Focus Groups.

11 Focus groups were held with the following groups:

- Cross-section of GMC colleagues
- People Forum representatives
- Staff Network co-chairs
- Assistant Directors
- Heads of Section
- Senior Management Team

12 In aggregate, over 23% of the workforce participated in engagement events contributing to the development of the People Strategy, although it is acknowledged some colleagues may have participated in both engagement opportunities.

13 The feedback elicited from the discrete focus groups was analysed by group and in aggregate, to ascertain the priorities of different groups of staff.

14 Annex B details the Equality Impact Assessment which has been undertaken on the People Strategy, which identifies no anticipated adverse impact and anticipates enhancement in many areas.

Data review and external context themes

- 15** We have reviewed the wealth of people data from Agresso, HR reporting, such as our People Survey, Investors in People report, our TIDE Benchmark outcome, our Freedom to Speak Up report, our Exit Interview Analysis and relevant themes arising from the Information Services Strategy development. This information has been triangulated to identify areas of focus in the People Strategy.
- 16** The political, environmental, social and legal context of workplaces continues to evolve and arguably the pace of change and expectation is increasing. The People Strategy is designed to respond to the changing environment, some of the external context/themes the Strategy seeks to address include:
 - a** An enhanced focus on employee wellbeing, to support performance and reduce sickness absence.
 - b** An increased focus on employee rewards, in response to the rising cost of living and to maintain competitiveness.
 - c** The majority of organisations have maintained flexible/remote working (roles permitting) post pandemic, with such measures seen as a source of competitive advantage
 - d** Enhancing managers' understanding of mental health and neurodiversity, to enable them to appropriately support colleagues.
 - e** Conflict management initiatives are increasing, to effectively manage issues.
 - f** Continued enhancement of equality, diversity and inclusion is an expectation.
 - g** The introduction of artificial intelligence within workplaces is a step-change that requires rapid upskilling to ensure its safe and appropriate deployment.
 - h** Employment legislation is increasingly driving improvements in equality diversity and inclusion.
 - i** The expectations of managers are increasing and the skills they require are increasing.

Conclusions and next steps

- 17** A comprehensive workforce engagement process has been undertaken to support the development of the People Strategy.
- 18** Executive Board approved the People Strategy 2026 – 2030 on 26 May 2026.

Council - 10 June 2026

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People Strategy

Annex A

People Strategy 2026 - 2030

Our People Strategy 2026 to 2030

Being an Inclusive and Well-Run Organisation -

June 2026

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Foreword / Leadership statement [strategic context]

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Appendix 2 - How we will oversee delivery of the strategy

Foreword

Our ambition to be an inclusive and well-run organisation is one of the four aims that sit at the heart of our corporate strategy. Our people are key to our success, and we want to invest in the skill, strength and wellbeing of our colleagues.

This people strategy underpins that corporate goal and sets out how we will achieve it.

As we look ahead to 2030, we are looking at a strategic environment that is rapidly evolving and changing. Regulatory reform is an obvious driver for that, but there are also technological advances, the shifting demands of our healthcare systems, and changing expectations of employers.

That means we must be able to adapt, collaborate and lead with confidence to support our people. To meet these challenges, we need the GMC to be a place where skilled and talented colleagues choose to join, stay and thrive and where we can develop our workforce in line with our strategic aims over the next five years.

That will mean strengthening leadership at every level, building on our culture of inclusion and fairness, and making sure our people have the skills, support and resources to do their best work.

I am particularly proud that this people strategy, like our corporate strategy, is grounded in the voices of colleagues. More than 400 of you contributed directly to its development, and many more have played their part through our people survey, Investors in People activities and participation in staff networks.

This people strategy has been shaped by that input, combined with wider organisational data, and the final product is one that's both ambitious and achievable.

It focuses on five priorities:

- Strengthening our leadership, culture and change capabilities.
- Advancing equity, diversity and inclusion.
- Evolving our approach to reward, recognition and career development.
- Prioritising wellbeing and holistic employee support.
- Enhancing employee experience through people policies.

You will see that this strategy sets out in detail the work that sits under each one, but these priorities do not stand alone. They are the priorities that will enable us to deliver our wider strategic aims – and most importantly, in an external environment that will require us to be adaptable, flexible and effective through the changes ahead.

Finally, I want to be clear that while the work that guides these priorities is led by our colleagues in People and Organisational Development, this people strategy is for everyone. We will each play a part in shaping the culture we want to see, and the people strategy commits the organisation to providing the learning, support and development needed to make that possible. I am confident that together we will deliver on its promise.

Charlie Massey

Chief Executive & Registrar

1. Purpose

The purpose of this strategy is to set the direction and describe our plans for how we will develop our workforce and provide great places to work, aligned to the GMC's [Corporate Strategy](#). This strategy overtly underpins the Corporate Strategy's objectives, specifically our goal of being an inclusive and well-run organisation.



The Corporate Strategy sets out five strategic objectives to achieve our goal of being an inclusive and well-run organisation:

- 1 Strengthen our leadership** - to develop confident, inclusive leaders who promote equity and effectively manage change.
- 2 Invest in our people to deliver** – to continue build an open and supportive culture that prioritises wellbeing and helps people grow.
- 3 Support the enhancement of our digital capabilities** – via the provision of learning and development opportunities aligned to the digital road map set out in the Information Services Strategy.
- 4 Work efficiently and effectively** – aligning workforce practices with a changing environment.
- 5 Demonstrate social responsibility and environmental sustainability** – as an employer and through our workforce.

The People Strategy is aligned to our five core organisational values and OneGMC Behaviours, which underpin everything we do:

Organisational values

- Excellence – we are committed to excellence in everything that we do.
- Fairness – we treat everyone fairly.
- Transparency – we are honest and strive to be open and transparent.
- Collaboration – we are a listening and learning organisation.
- Integrity – we're honest and share what we see.

OneGMC Behaviours

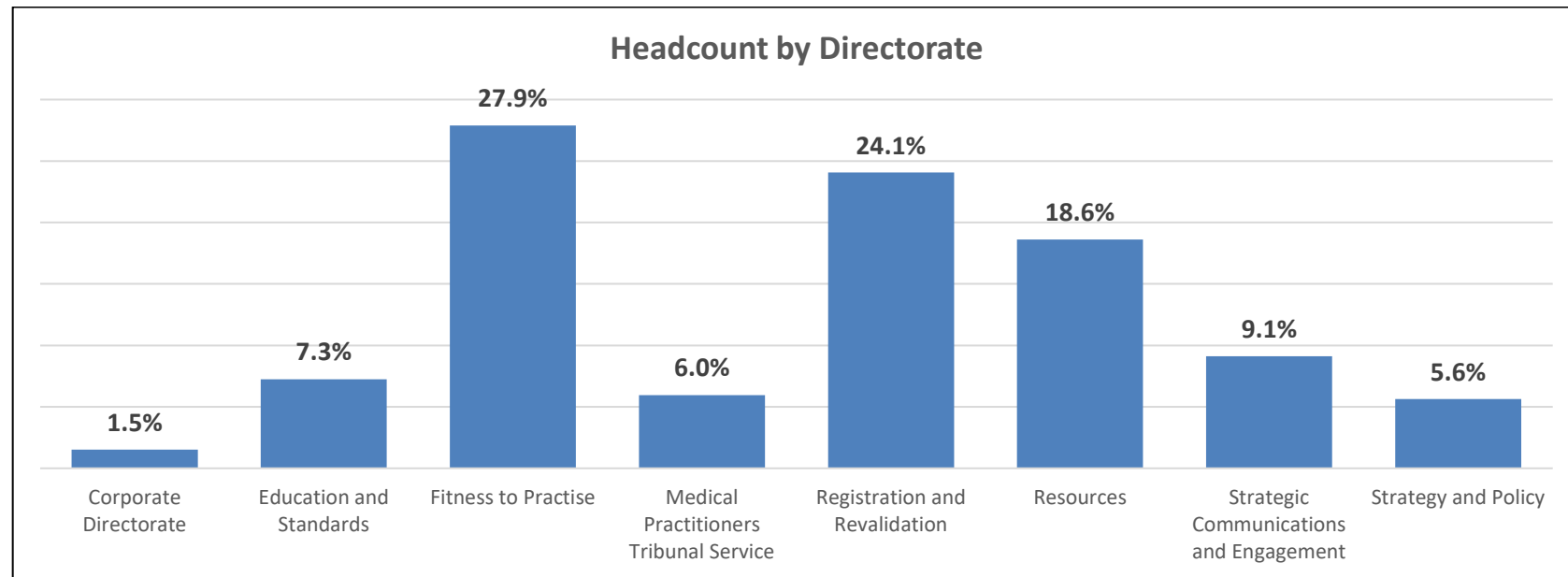
- Being inclusive
- Continuously learning
- Leading the way
- Thriving together

2. Our people

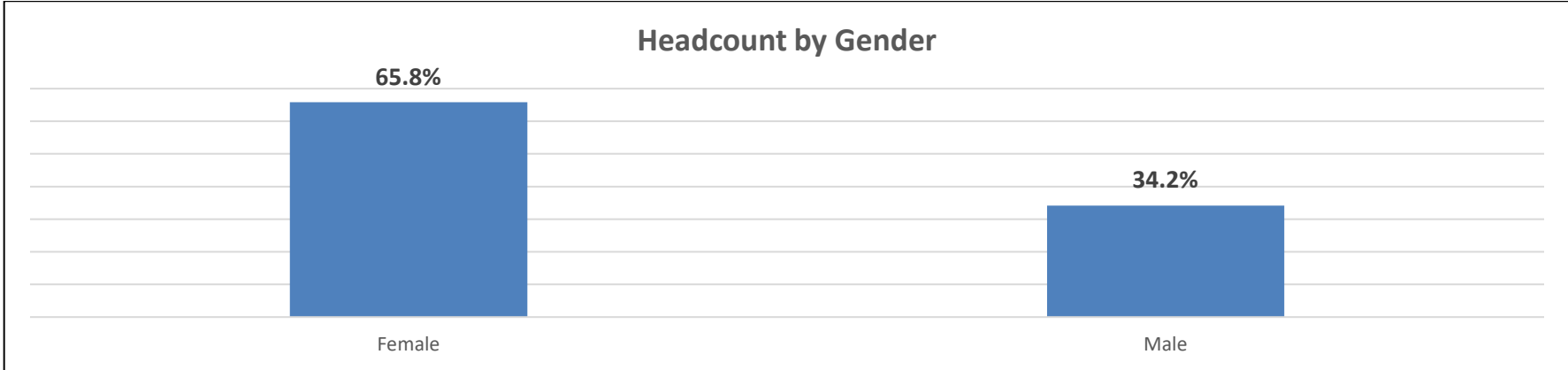
We employ circa **1779** (1709.5 full time equivalent, with 18.2% working part time) colleagues, with a further circa 2000 Associates.

85.4% are predominantly based in Manchester, **8.4 %** in London, **0.5%** in Scotland, **0.4%** in Wales, **0.4%** in Northern Ireland, and **4.8%** classed as Home/Remote workers.

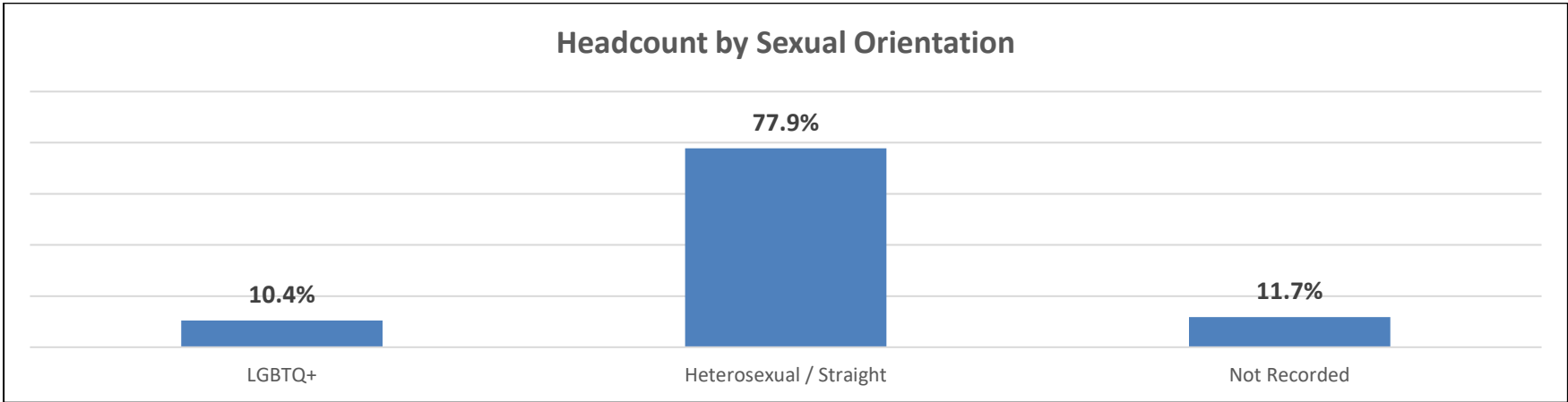
Headcount by Directorate



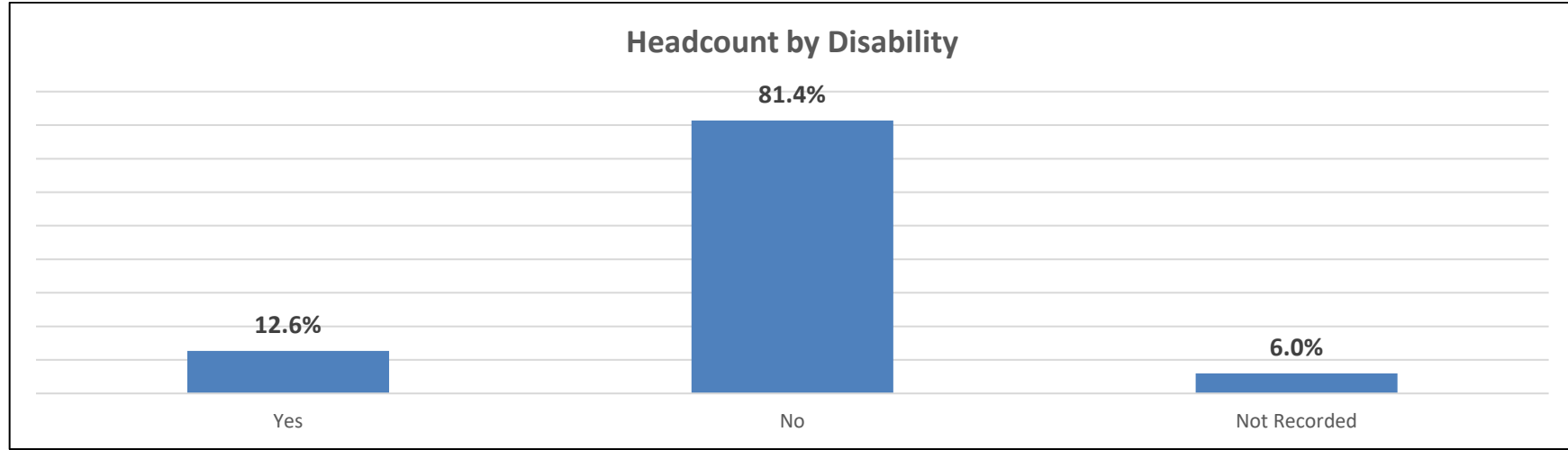
Gender



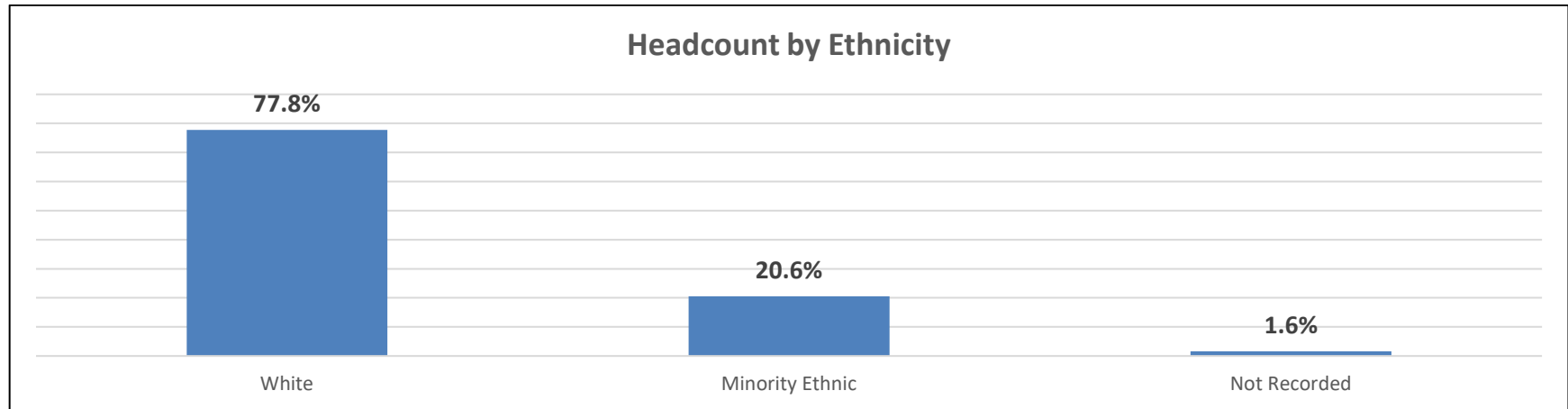
Sexual Orientation



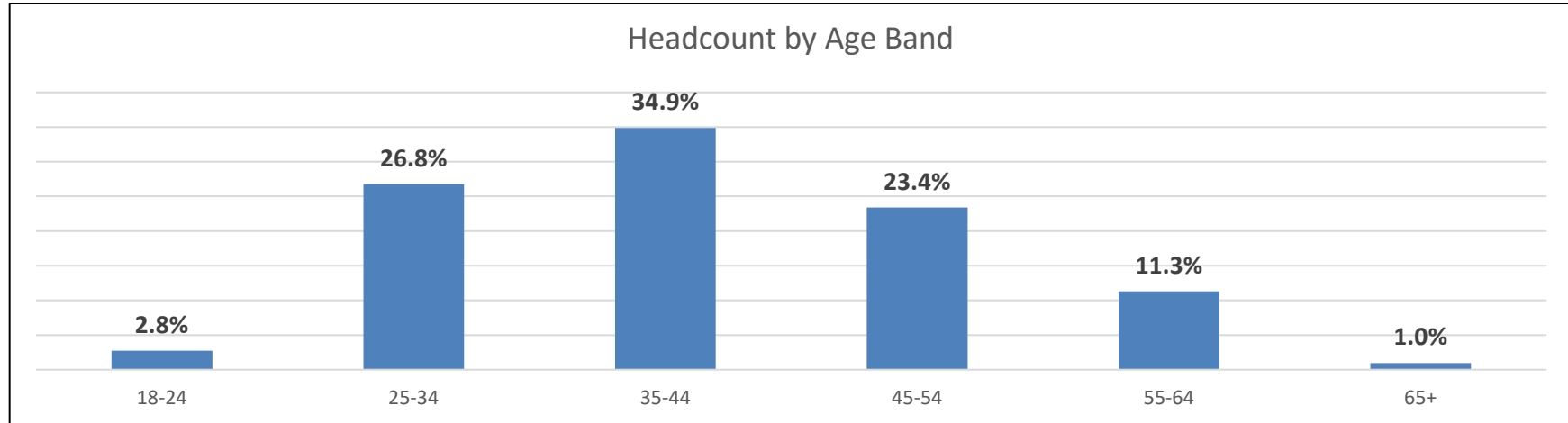
Disability



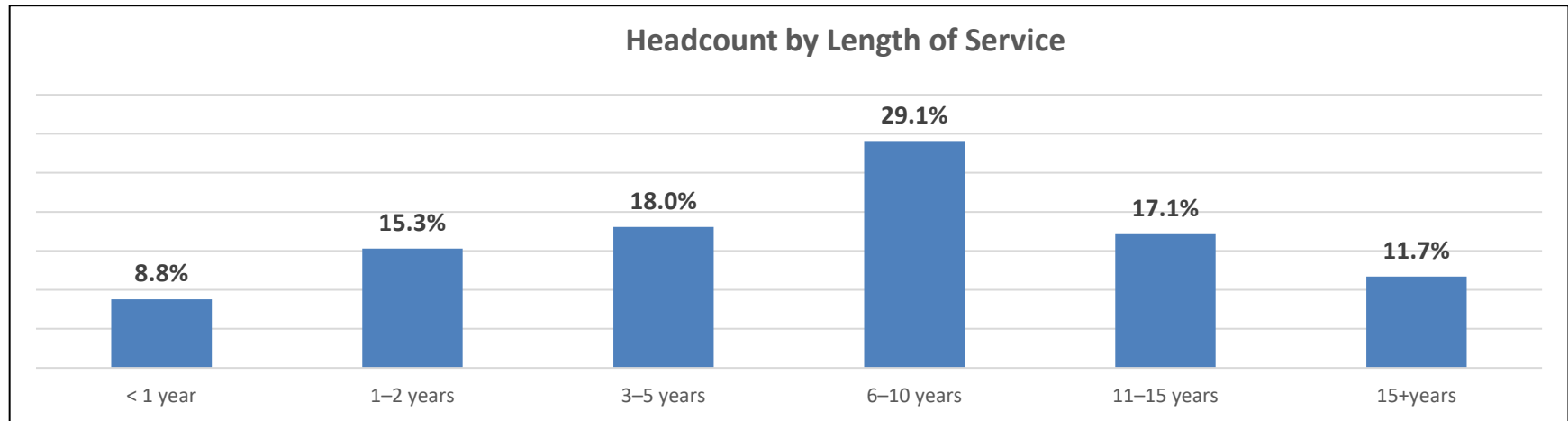
Ethnicity



Age



Length of service



3. Our People priorities

We have identified 5 priority areas of focus, with associated outcomes that are overtly aligned to the Corporate Strategy themes, which will enable us to create the conditions that will facilitate Being an Inclusive and Well-Run Organisation and Creating Great Places to Work across the General Medical Council.

Strengthen Leadership, Culture and Change Capability

Developing leadership and change management capabilities to drive a compassionate, learning-focused, and inclusive culture that enables continuous improvement and organisational agility.

Advance Equity, Diversity, and Inclusion (EDI) for a Fairer Workplace

Embedding fairness and inclusivity across all people processes to improve representation and the employee experience.

Evolve Reward, Recognition, and Career Development Approaches

Create a coherent, transparent, and equitable approach to pay, performance, and career development that aligns with organisational values and employee aspirations.

Prioritise Wellbeing and Holistic Employee Support

Strengthening the organisation's approach to employee wellbeing by offering responsive, inclusive, and preventative support that reflects the evolving needs of colleagues.

Enhance Employee Experience through Modern, Proactive People and Organisational Development Services and associated policies

Evolve the People function into the People and Organisational Development function to deliver a proactive, data-driven, and employee-centred service aligned with corporate strategy.

4. What we will deliver by year

The following represents the outcomes to be delivered in each year of the strategy, with the aspiration of achieving some outcomes sooner. We will keep the plans under review and develop them further, in response to changing demands and as we discover new areas for development.

Priority	Timescale
Strengthen Leadership, Culture and Change Capability	2026
	Introduction of virtual Staff Induction event.
	Introduce new workforce EDI targets addressing disparity in under-represented groups, particularly at senior levels.
	Implement Microsoft Dynamic 365 (D365) People Module, to replace Agresso.
	Develop and promote a Leadership & Engagement toolkit.
	2027
	Develop a GMC Leadership Skills and Behaviours framework.
	Introduce Management and Leadership development programme(s), aligned to the Leadership Skills and Behaviours framework.
	Create an Inclusive Coaching Culture via <ul style="list-style-type: none"> ▪ Enhancing capability of coaches to support Leadership Team Coaching ▪ Adding 'conflict/relationship' and 'neurodiversity' coaching skills in our coach's development programme ▪ Deliver 'Coaching Skills for Managers' and 'Coaching Conversations Everywhere' workshops.
	Revise our appraisal process, incorporating a focus on performance, talent management and wellbeing.
	Review, enhance, consolidate change management support available.

	2028
	Develop and promote a Compassionate and Courageous Conversations toolkit.
Advance Equity, Diversity, and Inclusion (EDI) for a Fairer Workplace	2026
	Introduce a Conflict Resolution Policy and Framework, including the creation of a network of trained workplace mediators.
	2027
	Implement 'Diverse Leaders Development Programme', to support staff from under-represented protected characteristics to progress to more senior roles.
	Implement 'Being Inclusive and Fair' bespoke multi-faceted EDI workforce development programme.
	Implement Make it Yours career development programme GMC wide.
	Develop an Inclusive Recruitment Policy and Procedure.
	Undertake end-to-end review of Recruitment processes, aligned to Inclusive Recruitment Policy and Procedure.
	2028
	Revise our 360-degree assessment process, to align to GMC Leadership and Management Skills and Behaviours framework.
	In addition to the statutory Gender Pay Gap reporting, publish Disability; Ethnicity and Sexual Orientation Pay Gap reports and associated actions plans.
	Introduce a Disability Passport to support the internal movement and progression of disabled colleagues.
	Achieve Level 3 Disability Confident.
	2029
	Introduce a reciprocal mentoring scheme, covering several protected characteristics.

Evolve Reward, Recognition, and Career Development Approaches	2027
	Review our 'Valued Awards' scheme, to ensure a consistent approach to recognising colleagues' contributions.
	Introduction of an Onboarding process, to welcome and support new starters on their journey to joining the GMC.
	Review and refine our Mandatory Training program and process.
	Commence holistic review of pay and performance processes ensuring an equitable approach to pay and performance that aligns with organisational values.
	2028
Reviewing and enhancing our staff benefits programme, with a focus on social responsibility and environmental sustainability, for example: -	
<ul style="list-style-type: none"> ▪ Introducing a 'give as you earn' scheme ▪ Introducing an Electric Vehicle (EV) salary sacrifice scheme ▪ Financial management support ▪ Access to a credit union 	
Prioritise Wellbeing and Holistic Employee Support	2026
	Introduce an enhanced Employee Assistance Programme, with greater support available for mental health.
	Attain the Mindful Employer Charter.
	Join Employer's for Carers to offer enhanced support for carers (and their line managers) in our workforce.
	2027
	Introduction of a Wellbeing Toolkit for managers with focus on mental health & neurodiversity.
Introduce a Modern Ways of Working framework (e.g. remote and hybrid working) to provide guidance for	

	managers and consistency of approach.
	Develop a Menopause action plan.
	2028
	Review and enhance our Wellbeing Plan.
	2029
	Achieve 'We Invest in Wellbeing' Gold accreditation.
Enhance Employee Experience through Modern, Proactive People and Organisational Development Services and associated policies	2026
	Develop and offer an OD Consultancy approach (supported by a range of subject matter experts e.g. Continuous Improvement), to support effective management of change and performance improvement and support the development of 'high performing' teams.
	Commence workforce policy review to modernise and align all workforce related policies.
	Provide and promote functional leads within People and Organisational Development, to provide clear access points for guidance for colleagues on key areas e.g. Wellbeing; Early Careers (Apprenticeships and Internships), Leadership Development, and EDI workforce development.
	Introduce a Redeployment Procedure to support the retention of colleagues.
	2027
	Develop our Recruitment Webpages promoting the GMC as an attractive, socially responsible, employer of choice e.g. promoting the top ten reasons to work for the GMC.
	Develop Organisational Design guidance for managers, to provide support for changing structures and roles and to promote greater flexibility on the use of the workforce.
	Introduce a Corporate Volunteering Policy.
	Introduce People Management Workshops for people managers updating on employment law changes and people

	management best practice, to support them to appropriately address performance and behavioural concerns.
	Maximise use of the Growth and Skills (Apprenticeship) Levy via use of apprentice courses as default qualifications and the creation internal learning academies to address strategic learning needs e.g. effective and appropriate use of artificial intelligence, data management, project management and leadership.
	Facilitate Workforce Planning across all Divisions via the provision of an enhanced, accessible workforce dashboard.
	2028
	Develop the GMC's workforce approach to being an organisation that demonstrates social responsibility and environmental sustainability: - <ul style="list-style-type: none"> ▪ Revise and promote a GMC's recruitment branding ▪ Enhance links with local schools, colleges, particularly in socially deprived areas promoting our Early Careers (Apprenticeships and Internships) opportunities ▪ Deliver community recruitment events.
	2029
	Conclude workforce policy review to modernise and align all workforce related policies.
	Introduce an 'Employee Essentials' Chatbot.
	Review and modernise our recruitment (applicant tracking) system.

5. Appendix 1 - How this strategy was developed

This strategy was produced following extensive engagement with over 400 staff engagements, from across the organisation, more than 20% of the workforce, to ensure the views of all stakeholders were heard and considered in the development of this Strategy. The engagement process included:

- discussions with the People Development Board
- focus groups with Assistant Directors and Heads of Section
- focus groups with the People Forum
- focus groups with the Staff Networks
- organisational-wide focus groups with colleagues

It is also informed by the GMC's Corporate Strategy, Information Services Strategy, GMC's EDI Policy and a range of sources of insight, including our People Survey results, people data, Investors in People report, TIDE Benchmark outcome, our Freedom to Speak Up report and our Exit Interview Analysis. We also looked at a series of best practice examples from other organisations. The strategy we have produced is a product of all of that.

Appendix 3 - How we will oversee delivery of the strategy

We are committed to delivering the activities that will deliver the change this strategy describes. We will report on progress through our People Development Board.

We will review the Strategy's content, monitor and communicate our progress in delivering the People Strategy via an annual report to the People Development Board.

Annex B

Equality Impact Assessment on the draft People Strategy 2026 - 2030

Equality Impact Assessment (EqIA)

GMC People Strategy (2026-2030)

Section 1: Overview

Please explain the type of **policy/project/activity** and set out the proposed changes, proposals or process stages.

Name of policy/project/activity:	People Strategy (2026-2030)				
New/existing:	Existing	Version:	1	Date:	April 2026
<p>Purpose/Aim: <i>(What are the aims and objectives? What is the context in which the activity or policy sits - what are the current arrangements / processes / practices in place and what are the reasons for change?)</i></p> <p>We aim to ensure that the People Strategy 2026–2030 supports the creation of a fair, inclusive and supportive working environment where colleagues are able to contribute, develop and perform to a high standard, enabling the organisation to meet its responsibilities as a regulator and an employer.</p> <p>The purpose of this Equality Impact Assessment (EqIA) is to review the People Strategy 2026–2030 to assess whether it is aligned with the current workforce profile and to ensure that it promotes equality of opportunity, inclusion and fairness for all colleagues. This includes identifying any potential areas where the strategy may have a positive impact, as well as any risks of unintended disadvantage for particular groups.</p> <p>The People Strategy sets out the organisation’s approach to developing leadership, strengthening culture, improving employee experience, supporting wellbeing, and embedding equity, diversity and inclusion across all people processes. It provides the overarching framework for how people policies, practices and organisational development activity will evolve over the period 2026–2030.</p> <p>This EqIA considers the strategy within the context of existing arrangements. Current people policies, processes and practices support recruitment, performance management, learning and development, wellbeing, and employee engagement. However, organisational data and engagement have identified the need to improve consistency in how these are applied, strengthen inclusive leadership capability, and address differences in representation, experience and outcomes across the workforce.</p> <p>The assessment is based on organisational workforce data relating to colleagues across key characteristics, including gender, ethnicity, disability, sexual orientation, age, caring responsibilities</p>					

and working patterns. This ensures that the review is grounded in the current composition of the workforce and reflects the diversity of colleagues across the organisation.

The reasons for reviewing the strategy through an equality lens are to:

- ensure that the strategy reflects the needs and experiences of the current workforce
- assess whether the proposed priorities and actions support equitable outcomes across different groups
- identify any areas where the strategy may need to be strengthened to address gaps or risks highlighted by workforce data
- ensure that equality, diversity and inclusion are embedded consistently across all aspects of the strategy

This review focuses on whether the strategy:

- promotes fair and consistent people management practices
- supports equitable access to opportunities, development and progression
- recognises and responds to different colleague needs, including those relating to protected characteristics and caring responsibilities
- reduces the risk of inequality in outcomes or experience

The People Strategy does not replace existing workforce policies or procedures but provides the overarching direction for how these will be developed and applied. As part of this, policies and practices will continue to be reviewed and updated, and this EqIA will help ensure that equality considerations are taken into account as this work progresses.

In carrying out this assessment, we recognise that colleagues have different experiences and needs. The review therefore considers how the strategy may impact different groups and seeks to ensure that it supports an inclusive working environment where all colleagues are treated fairly, supported appropriately, and able to succeed.

Lead for drafting EqIA:	Katharine Bann	Sign off EqIA:	Niki Inman	ED&I lead:	Saaiika Mubeen
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Section 2: Building the evidence base

Summarise the evidence gathered about the potential impact of your activity/changes (either positive or negative) on groups who share protected characteristics. (*Evidence – could include consultation outcomes, research, reports, data, compliments, or complaints.*)

This Equality Impact Assessment is informed primarily by organisational workforce data relating to 1,788 colleagues, providing a current snapshot of the composition of the workforce across key characteristics including gender, ethnicity, disability, sexual orientation, age, caring responsibilities and working patterns. This is 7 out of 9 of the protected characteristics

The data shows that the workforce is diverse across a number of characteristics. 77.9% of our workforce are from White backgrounds, and 20.5% are from ethnic minority groups. 65.4% of colleagues are female, 12.8% have declared a disability, and there is representation across a range of sexual orientations, age groups and religious backgrounds. The workforce also includes a significant proportion of colleagues with caring responsibilities (22.8%) and those working part-time (18.6%).

The data also highlights a number of areas where there may be differential experience or potential inequality of outcome. For example:

- Female colleagues are significantly more likely to work part-time than male colleagues, which may have implications for progression, pay and access to development opportunities.
- Colleagues with caring responsibilities are also more likely to work part-time, indicating a potential overlap between caring responsibilities, working patterns and equality outcomes.
- There are notable levels of non-disclosure across some characteristics, particularly sexual orientation (11.7%) and caring responsibilities (14.6%), which may limit the ability to fully assess impact and may also indicate varying levels of confidence in sharing personal information.
- While there is representation from ethnic minority groups and disabled colleagues, the available data does not provide insight into representation across different grades or levels within the organisation, which limits the ability to assess progression and senior representation.

Solutions have been considered, and the following measures are planned to address the identified potential inequalities:

- Implementation of a 'Diverse Leaders Development Programme'
- Delivery of a bespoke, multi-faceted 'Being Inclusive and Fair' EDI workforce development programme
- Development and implementation of an Inclusive Recruitment Policy and Procedure

- Achievement of Level 3 Disability Confident status

This assessment also draws on organisational insight referenced in the development of the People Strategy, including workforce engagement activity involving over 20% of colleagues, and analysis of people data and internal feedback.

Focus groups were held with the following groups:

- Cross-section of GMC colleagues
- People Forum representatives
- Staff Networks and co-chairs
- Assistant Directors
- Heads of Section
- Senior Management Team

These sources highlight the need to strengthen leadership capability, improve consistency in people management practices, enhance employee experience, and address disparities in representation and outcomes. We have reviewed the wealth of people data from Agresso, HR reporting, such as our People Survey, Investors in People report, our TIDE Benchmark outcome, our Freedom to Speak Up report, our Exit Interview Analysis and relevant themes arising from the Information Services Strategy development. This information has been triangulated to identify areas of focus in the People Strategy.

Unlike a specific policy, the People Strategy is a broad, organisation-wide framework which will influence a wide range of people policies, processes and practices over time. As such, the potential impacts are indirect and cumulative rather than linked to a single process or decision point. This means that the assessment focuses on identifying areas where the strategy may support positive outcomes, as well as areas where there is a risk that existing inequalities could persist or be reinforced if not addressed through implementation.

Overall, the evidence suggests that the People Strategy has the potential to deliver positive impacts across all groups, particularly through its focus on equity, diversity and inclusion, wellbeing, leadership and employee experience. However, it also highlights the importance of ensuring that implementation is informed by workforce data, that outcomes are monitored across different groups, and that any gaps in data or understanding are addressed over time.

Evidence of impact on groups who share protected characteristics:

Characteristic	Evidence considered	Potential impacts and opportunities identified
Age	Workforce of 1,788 colleagues. Majority aged 26–45 (62.9%), with smaller proportions aged 46–55 (22.7%), 56+ (10.5%) and under 25 (3.9%).	Opportunity to support a strong mid-career workforce through development and progression. Risk that older colleagues may experience barriers linked to digital transformation, learning or change if not appropriately supported. The People Strategy should not have a differential impact based on age and is intended to support colleagues across all age groups. However, younger colleagues may require additional support to develop skills and experience, while older colleagues may require support in adapting to digital and organisational change. The strategy provides an opportunity to ensure that learning, development and change initiatives are accessible to all age groups and tailored to different needs.
Disability	12.8% of colleagues have declared a disability. 5.7% have not disclosed or prefer not to say.	The strategy should not have a differential impact on disabled colleagues. However, there is a risk that colleagues with a disability may experience barriers in accessing development, digital systems or workplace processes if adjustments are not consistently applied. The strategy provides an opportunity to strengthen support through inclusive design, reasonable adjustments, wellbeing initiatives and improved manager capability. Data gaps may indicate underreporting and should be addressed.
Sex	Workforce is 65.4% female and 34.6% male. Women are significantly more likely	Strong female representation overall. Risk of indirect inequality where part-time working impacts progression, pay

	to work part-time (24.7%) than men (6.9%).	and access to opportunities, particularly for women. The strategy should not have a differential impact based on sex. However, the higher proportion of women working part-time may impact access to development, progression and opportunities if not managed effectively. The strategy provides an opportunity to ensure that flexible and part-time working does not disadvantage colleagues and that processes such as performance, development and progression are applied fairly and consistently.
Gender reassignment	No data available.	Unable to assess direct impact. Opportunity to ensure that policies, systems and practices are inclusive and supportive of trans and non-binary colleagues. The strategy should not have a differential impact based on gender reassignment. Due to the absence of data, impact cannot be fully assessed. There is an opportunity to ensure that policies, systems and practices are inclusive of trans and non-binary colleagues and that appropriate support is available where needed.
Marriage and Civil Partnership	No data available	No specific impacts identified from available data. Policies should continue to ensure fair and equitable treatment regardless of marital or civil partnership status. The strategy should not have a differential impact based on marital or civil partnership status. No specific impacts have been identified from the available data.
Pregnancy/Maternity	Data/numbers small here.	Risk that policies relating to performance, development and progression may impact colleagues

		<p>during or following maternity leave if not applied consistently. Opportunity to ensure supportive and inclusive practices.</p> <p>The strategy should not have a differential impact on colleagues who are pregnant or on maternity leave. However, there is a risk that colleagues may experience disadvantage in relation to development, progression or performance processes if these are not applied consistently. The strategy provides an opportunity to ensure that policies and practices are supportive and inclusive of colleagues during pregnancy and maternity.</p>
Race/ethnicity	77.9% of colleagues are from a White background; 20.5% from an ethnic minority background; 1.6% not disclosed.	<p>Opportunity to build on existing diversity and increase EDI representation targets at all levels. *Due to the volume of data collected, the full results table has been included in Appendix A (Table A1). * Risk of inequality in progression, experience or representation at senior levels (not visible in dataset) if not actively addressed.</p> <p>The strategy should not have a differential impact based on race or ethnicity. However, there is a risk that colleagues from ethnic minority backgrounds may experience differences in progression, representation or employee experience, particularly where data on seniority is not available. The strategy provides an opportunity to address these through targeted EDI initiatives, inclusive recruitment and leadership development.</p>

Religion/Belief	Workforce includes a range of religious and belief backgrounds. 11.9% not disclosed or prefer not to say.	Opportunity to support an inclusive workplace culture. Risk that religious needs may not be consistently considered in policies, working practices or employee experience. The strategy should not have a differential impact based on religion or belief. However, colleagues may have specific needs relating to working patterns, practices or observance. The strategy provides an opportunity to ensure that policies and practices are flexible and inclusive of different religious needs.
Sexual Orientation	77.7% heterosexual; 10.6% LGB+; 11.7% not disclosed or prefer not to say.	Opportunity to support LGBTQ+ inclusion. Risk that higher non-disclosure rates may indicate lower levels of psychological safety or confidence in sharing personal information. The strategy should not have a differential impact based on sexual orientation. However, higher levels of non-disclosure may indicate varying levels of confidence in sharing personal information. The strategy provides an opportunity to strengthen an inclusive culture and improve psychological safety for LGBTQ+ colleagues.
Carers	22.8% of colleagues have caring responsibilities; 14.6% not disclosed. 18.6% of workforce work part-time. Carers are more likely to work part-time (29.5% vs 12.7%).	Strong opportunity to support carers and flexible working. Risk that carers and part-time colleagues may face barriers to progression, development and access to opportunities if not addressed. The strategy should not have a differential impact on colleagues with caring responsibilities. However, carers and part-time colleagues may experience barriers in accessing development, progression and opportunities. The strategy provides an opportunity to support flexible working and ensure that working patterns do not disadvantage colleagues.

Summary of other considerations: -

<p>Human rights considerations:</p>	<p>Respect for human dignity: The People Strategy 2026–2030 aims to create a fair, inclusive and supportive working environment where all colleagues are treated with dignity and respect. The focus on inclusive leadership, wellbeing, employee support and fair people processes is intended to ensure that colleagues are supported to perform and develop in their roles.</p> <p>We recognise that changes introduced through the strategy, including new or revised policies, processes and ways of working, may impact colleagues differently. It is important that these are implemented in a fair, transparent and consistent way, with decisions based on evidence. Colleagues should have opportunities to contribute, provide feedback and access appropriate support. Reasonable adjustments should be considered where necessary to ensure that no colleague is disadvantaged.</p> <p>Right to respect for private and family life (Article 8): The strategy recognises the importance of work-life balance and family life, particularly through its focus on flexible working, wellbeing and support for colleagues with caring responsibilities. Implementation should ensure that colleagues are able to balance their work and personal commitments effectively and are not disadvantaged due to their personal circumstances.</p> <p>Right to protection from discrimination (Article 14): The strategy aims to ensure that all colleagues are treated fairly and have equitable access to opportunities, development and progression. Workforce data highlights areas where there may be differences in experience or outcomes across groups, including working patterns and caring responsibilities. Ongoing monitoring will be required to ensure that no group is disadvantaged through the implementation of the strategy.</p> <p>Right to a fair process (Article 6): The strategy will influence a range of people policies and processes. It is important that these are applied in a fair, consistent and transparent manner, ensuring that decisions affecting colleagues are evidence-based and that colleagues are able to contribute to processes that affect them.</p> <p>Respect for privacy and confidentiality: Personal data relating to colleagues will be handled securely and</p>
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	<p>in line with data protection requirements. Data will be used appropriately to inform decision-making, monitor outcomes and improve employee experience.</p>
<p>Intersectionality (<i>overlap among groups who share protected characteristics</i>)</p>	<p>The available workforce data provides insight into individual characteristics; however, there are limitations in analysing intersectionality in detail.</p> <p>The data does highlight some key overlaps:</p> <ul style="list-style-type: none"> • Female colleagues are significantly more likely to work part-time • Colleagues with caring responsibilities are more likely to work part-time <p>These overlaps suggest that some colleagues may experience multiple and compounding impacts, particularly in relation to access to development, progression and overall employee experience.</p> <p>Due to limitations in the dataset, it has not been possible to analyse all intersections in detail (for example, ethnicity and disability, or sexual orientation and age). This reinforces the importance of monitoring outcomes across multiple characteristics during implementation to ensure that no group is disproportionately impacted.</p>
<p>Welsh Language considerations</p>	<p>To what extent has the Welsh language or the Welsh language standards been considered in developing the policy/project/activity? (Please provide a brief overview)</p> <p>The People Strategy is a UK-wide workforce strategy and does not specifically address language provision. The Welsh Language Standards do not directly apply to internal employment arrangements. However, the strategy applies to colleagues across all UK nations, including Wales, and implementation should be mindful of Welsh language considerations where relevant.</p> <p>Does the policy/project/activity impact or has the <i>potential</i> to impact on opportunities to use the Welsh language in Wales? (Consider both positive and negative impact and provide rationale for response)</p>

	<p>No direct impact has been identified. The strategy does not introduce changes that would reduce opportunities to use the Welsh language. There is an opportunity to ensure that new policies, systems, training and communications developed as part of the strategy are accessible in Welsh where appropriate.</p>
	<p>Does the policy/project/activity have an impact or the <i>potential</i> to impact on treating the Welsh language no less favourably than the English language in Wales? (Consider both positive and negative impact and provide rationale for response</p>
	<p>No negative impact has been identified. The strategy does not introduce changes that would disadvantage the Welsh language. This should continue to be considered as part of implementation.</p>
	<p>Can the policy/ project/activity be created to have positive or increased positive effects on opportunities to use the Welsh Language in Wales?</p>
	<p>There is an opportunity to strengthen positive impact by ensuring that materials developed through the People Strategy, including policies, communications, learning and digital systems, are available bilingually where appropriate.</p>
Other Four Country considerations	<p>The People Strategy applies across all four UK nations. While the majority of colleagues are based in England, a proportion of the workforce is based in Scotland, Wales and Northern Ireland.</p> <p>No specific differential impacts have been identified from the available workforce data. The strategy is intended to be applied consistently across all locations. However, implementation should ensure that colleagues across all regions have equitable access to opportunities, development and support, and that any relevant national considerations are taken into account.</p>

Section 3: Equality analysis and conclusions

The analysis stage of the EqIA needs to consider the potential impact of your activity (or changes you are planning to make to policies/ processes) on groups who share protected characteristics and to consider where there are opportunities to do more to achieve the aims of the equality duties and broader duties and standards.

Tick the risk(s) associated with your activity: -

- includes assessment, evaluation or scoring which might result in differentials in outcomes
- involves decision-making – automated, made by one person, or by a group/panel, which might result in differentials in outcomes
- includes criteria for decisions or judgements which could result in differential outcomes
- may result in preventing a group or groups from exercising a right, or using a service
- may result in restricting an individual’s inclusion, interaction or participation in a process
- includes requirements that discriminates (directly or indirectly) against a group (s) who share protected characteristics
- Other (please explain)

The People Strategy is a high-level framework which will influence a wide range of people policies, processes and practices. While it is intended to promote equality, there is a risk that existing inequalities (for example in relation to working patterns, caring responsibilities or representation) could persist or be reinforced if equality considerations are not embedded consistently in implementation.

Provide a detailed narrative describing the outcome of your analysis and any actions that need to be taken: -

Think about the high-level risks and opportunities your activity presents. State below what impact you think your activity will have and the conclusions you have drawn from the relevant evidence. Identify opportunities to eliminate discrimination, advance equality of opportunity and foster good relations between groups who share protected characteristics. State throughout the actions that you think need to be taken.

In line with the workforce data presented and the evidence gathered through this Equality Impact Assessment, the People Strategy 2026–2030 is expected to have an overall positive impact on colleagues across all protected characteristics. The strategy is

designed to strengthen inclusion, improve employee experience and embed fairness across people policies, processes and practices.

As a strategic framework, the People Strategy does not introduce a single process or decision point. Instead, it influences a wide range of activities, including recruitment, learning and development, performance management, reward and recognition, wellbeing and employee experience. As such, the potential impact is indirect and cumulative and is dependent on how the strategy is implemented across the organisation.

The workforce data demonstrates that the organisation has a diverse workforce across a number of characteristics, including gender, ethnicity, disability, sexual orientation and age. However, the data also highlights areas where there may be differential experiences or risks of unequal outcomes. In particular:

- Female colleagues and colleagues with caring responsibilities are significantly more likely to work part-time
- There are levels of non-disclosure across some characteristics, including sexual orientation and caring responsibilities
- While there is representation from ethnic minority and disabled colleagues, the available data does not provide insight into representation at different grades or levels

These factors indicate that there is a risk that existing inequalities, particularly in relation to working patterns, progression and access to opportunities, could persist if not actively addressed through the implementation of the strategy.

The People Strategy provides a strong opportunity to address these risks and advance equality of opportunity. Its focus on equity, diversity and inclusion, inclusive leadership, flexible working, wellbeing and employee experience aligns with the aims of the Public Sector Equality Duty. The strategy aims to ensure that all colleagues have equitable access to opportunities, development and progression, and that people processes are applied consistently and fairly.

To support this, the organisation will continue to monitor workforce data and outcomes across protected characteristics bi-annually. Where data indicates that certain groups are underrepresented or experience different outcomes, further analysis will be undertaken to understand the reasons and take appropriate action.

The strategy also provides an opportunity to eliminate potential discrimination by reviewing and improving people policies and processes. This includes ensuring that recruitment, performance management, development and reward processes are designed and implemented in a way that is fair, transparent and inclusive, and that takes into account different needs and circumstances.

The strategy supports the fostering of good relations between groups through its focus on inclusive culture, leadership capability and employee engagement. Initiatives aimed at

improving inclusion and employee experience will help to create an environment where colleagues feel valued, respected and able to contribute fully.

However, the analysis highlights that the successful delivery of these outcomes is dependent on consistent implementation across the organisation. There is a risk that variation in how policies and practices are applied, or differences in manager capability, could result in unequal outcomes. There is also a risk that data gaps may limit the ability to fully understand and monitor impact.

To address these risks, the following actions will be taken:

- ensure that equality considerations are embedded in the design and implementation of all people policies and processes developed under the strategy
- monitor workforce data and outcomes across protected characteristics, including progression, development and employee experience
- improve the quality and completeness of workforce data, particularly in relation to disclosure rates
- provide guidance, training and support to managers to ensure consistent and fair application of policies and practices
- ensure that flexible working and part-time arrangements do not disadvantage colleagues in accessing opportunities
- engage with colleagues and staff networks to understand lived experience and inform ongoing improvements

The People Strategy will be supported by governance and reporting arrangements, which will enable progress to be monitored and reviewed annually. This will help ensure that any unintended impacts are identified early and that appropriate action is taken.

Overall, the People Strategy is considered appropriate to proceed. It aligns with the organisation’s commitment to equality, diversity and inclusion and provides a framework to improve outcomes for colleagues. Subject to the actions identified above and ongoing monitoring, the strategy is expected to advance equality of opportunity, eliminate discrimination and foster good relations across the workforce.

Outcome of analysis – please tick which applies:-	
	No barriers or impact identified – activity can proceed
	Adjustments can be made to remove barriers/address impact - adjust and continue but change the policy/project/activity.
X	Adverse impact identified that CAN be mitigated – introduce mitigations to the policy/project/activity or practice
	Adverse impact identified that CANNOT be mitigated - stop the planned policy/project/activity or practice (can consider restart if you adjust).

Section 4: Action Plan

Collate and track the actions you have identified from the EqIA to reduce any adverse impact, for opportunities to be more inclusive, or actions to achieve fairer outcomes.

Details of disadvantage / negative impact	Action to address disadvantage / negative impact	Deadline	Lead
Risk that part-time workers and colleagues with caring responsibilities may have reduced access to development and progression opportunities	Ensure that development programmes and opportunities are accessible to part-time and flexible workers. Monitor participation and outcomes by working pattern.	2027	
Risk of inequality in representation and progression for ethnic minority colleagues	Develop and monitor workforce EDI targets, including representation at senior levels, and review outcomes across key people processes.	2026 onwards	
Risk that disabled colleagues may experience barriers if adjustments and accessibility are not consistently applied	Ensure accessibility and reasonable adjustments are considered in all new policies, systems and programmes developed under the strategy.	2026 onwards	
Risk that data gaps limit understanding of equality impacts and outcomes	Improve workforce data collection and reporting, including encouraging disclosure and strengthening workforce dashboards.	2026 onwards	

Section 5: Reviewing and monitoring

Set out how you intend to review and monitor the policy/project/activity once it has been implemented and as part of this consider:	
Review date:	The Equality Impact Assessment will be reviewed annually in line with the reporting cycle for the People Strategy 2026–2030. A full review will take place as part of the mid-point review of the strategy, with updates made earlier if required based on emerging data or changes to the strategy.
Person responsible for monitoring impact:	Ben Browne- AD People

Data and information needed:	<p>We will monitor the impact of the People Strategy on an ongoing basis using workforce data and colleague insight. This will include:</p> <ul style="list-style-type: none"> • Workforce data such as EDI targets data, IIP data, people survey data and exit questionnaire data which analyses protected characteristics (e.g. gender, ethnicity, disability, sexual orientation, and age) • Data on working patterns, including part-time working and caring responsibilities • Monitoring of participation and outcomes across key people processes, including development, progression and employee experience • Workforce dashboards and internal reporting <p>We will review this data on an annual basis to identify any trends or differences in outcomes across groups and take action where required.</p> <p>In addition, we will continue to monitor the impact of the strategy through feedback from colleagues, including:</p> <ul style="list-style-type: none"> • People Survey results • Feedback from staff networks and the People Forum • Insights from engagement activity and focus groups • Feedback from managers and the People Team • Relevant feedback raised through internal processes <p>This approach will ensure that we are able to identify any unintended impacts, understand colleagues' experiences, and make adjustments to the implementation of the strategy where necessary to support fair and equitable outcomes.</p>
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Section 6: Sign off

EqIA lead(s)	Katharine Bann
ED&I Team Lead	Saika Mubeen
Assistant Director / Director/Head of Section/Project Sponsor	Niki Inman

Appendix A

A1- Recruitment- Diversity Targets:

 **RECRUITMENT – DIVERSITY TARGETS**

Underlying measures and targets						Target		
		2025 (%)	2025 (Vol)	2026 ¹ (%)	2026 ¹ (Vol)	End of 2026	% points off 2026 target	2026
Increase the level of minority ethnic representation at Level 3 and above	Applications	38.0 %	848	38.1 %	763	30%	+ 8.1	30%
	Interviews	27.7 %	85	25.8 %	83	25%	+ 0.8	25%
	Offers	14.3 %	10	19.7 %	12	20%	- 0.3	20%
	Workforce	14.1 %	97	14.0 %	96	20%	- 6.0	20%
level of minority ethnic representation at Level 2+		13.4 %	29	13.6 %	30	20%	- 6.4	20%
level of minority ethnic representation at level 3		14.5 %	68	14.1 %	66	20%	- 5.9	20%
Increase the level of minority ethnic representation at all levels	Applications	44.2 %	2,651	43.8 %	2,341	40%	+ 3.8	40%
	Interviews	38.0 %	377	36.3 %	336	35%	+ 1.3	35%
	Offers	25.8 %	60	28.7 %	56	30%	- 1.3	30%
	Workforce	20.6 %	366	20.6 %	368	20%	+ 0.6	20%
Reduce differential turnover rates for minority ethnic staff compared to the average to improve retention and for rates to be within 1.5% of each other by end of 2026		1.3%	-	Minority ethnic backgrounds (%)	White background (%)	1.0%	% points between groups	1.0%
				6.2 %	5.3 %		0.9	
Proportion of minority ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level		2.3 %	-	Minority ethnic backgrounds (%)	White background (%)	2%	% points between groups	2%
				10.4 %	9.8 %		0.6	
Pay differentials within a confined band limited to 2% ² <i>(table shows the proportion of bands that are inside of the +/-2% tolerance)</i>		58.3%	7/12	66.7%	8/12	12/12		12/12

¹ Rolling 12 month period used to the end of the reporting month

² Specialist bands are not included

^ Volumes fewer than 5 have been redacted to preserve anonymity

Targets:
Green – Currently above EOY target
Red – Currently below EOY target

Report of the Audit and Risk Committee

Action	To note
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Purpose	To report the work of the Audit and Risk Committee from December 2025 to May 2026.
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Decision Trail	This report is based on the Committee's activities and scrutiny of papers discussed on 20/21 January, 11/12 March and 13/14 May.
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Recommendation	To note the work of the Committee
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Annexes	Annex A: Head of Internal Audit Annual Report and Opinion 2025
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Author contacts	Nicola McGowan , Assistant Director, Audit and Risk Assurance Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
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Senior Responsible Owner	Vanessa Davies , Chair, Audit and Risk Committee
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Report of the Audit and Risk Committee

Background

- 1 This report provides a comprehensive update on the Audit and Risk Committee's (ARC) activities since it last reported to Council in December 2025, supplementing the summary notes provided to Council after the January and March meetings.
- 2 The ARC's purpose is to provide Council with independent assurance on the effectiveness of arrangements established by the Executive to ensure the:
 - Integrity of the financial statements
 - Effectiveness of the systems of internal control, governance and risk management
 - Adequacy of both the internal and external audit services.
- 3 This assurance is achieved primarily through:
 - Regular risk dialogue with the Chief Executive and Director of Resources
 - Overseeing the annual programme of internal and external audit activity
 - Scrutiny of significant events and learning opportunities
 - Seeking assurance on the implementation of recommendations arising from audit activities and in response to significant event reviews
 - Calling on other members of the Executive for further information, as required.
- 4 We continue to welcome a wide range of colleagues to meetings to support delivery of the agenda, in addition to the standing attendance of the Chief Executive and Director of Resources. This engagement with colleagues across the organisation enables the Committee to gauge the strength and depth of knowledge and capabilities in the organisation and assess organisational resilience and succession management.
- 5 In addition to regular contact with the Assistant Director, Audit and Risk Assurance, the Chair has met privately with both the internal and external auditors. Ahead of each main meeting, the Committee meets in closed session with either BDO (internal audit) or Crowe (external audit) without management present. These meetings provide an open channel for communication on risks and issues and support the Committee's assessment of the ongoing independence of both audit firms.

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Report of the Audit and Risk Committee

Summary of the ARC work programme

6 The table below summarises the Committee's work programme across the last 3 meetings.

	January	March	May
Seminar	<ul style="list-style-type: none"> ARC effectiveness ERP update 	<ul style="list-style-type: none"> Understanding the work of the MPTS GMC approach to AI 	<ul style="list-style-type: none"> Horizon scanning activities (Strategy & Policy Directorate)
Main meeting			
Private session without management	Crowe	BDO and AD, Audit & Risk Assurance	Crowe
Regular reports and ad hoc items			
General risk environment & Chief Exec's issues update	✓	✓	✓
Current risks and issues report (including the CORR)	✓	✓	✓
Significant event reviews (SERs)	-	Verbal update – 2 SERs	Synopses of 3 current SERs
SER guidance refresh	-	✓	-
Internal audit (IA) reports	-	<ul style="list-style-type: none"> Procurement Act ERP pre-go live advisory review 	<ul style="list-style-type: none"> IA follow up review Registration applications (PA/AA) GMSCI governance Abusive & threatening behaviour
IA progress report	✓	✓	✓
IA audit tender	Proposal	Document approval	Progress update
Business assurance framework	-	2025 proposal	-
Quality Development & Assurance report (biannual)	✓	-	-
Use of auditors outside of plan	✓	✓	✓
Annual Reports			
Head of IA report & opinion	✓	-	-
2026 IA work programme	✓	-	-
IA strategy	✓	-	-
IA charter review	✓	-	-
IA performance report	✓	-	-
2025 annual report & accounts	Accounting policies	-	Scrutinised and approved for submission to Council
2025 national reports	-	✓	-
Freedom to Speak Up	-	-	✓
Data Protection	-	-	✓
Safeguarding	-	-	✓
Gifts and hospitality, procurement matters & fraud	✓	Discussion of ethical procurement	Briefing note on ethical procurement

ARC seminar programme

January: ARC effectiveness and ERP update

- 7 The first part of the seminar focused on the **Committee effectiveness surveys**. Generally, 360-degree survey feedback was very strong and consistently recognised the quality of scrutiny; attendance and support; and the professionalism and culture at all levels.
- 8 The discussion focused on continuous improvement around three themes:
 - **Time pressure and its impact on focus and depth:** there was general agreement that discussion is at an appropriate level but more reporting by exception and in relation to risk appetite will be explored. The desire to reposition seminars as an opportunity for exploration, with more discussion, has since been factored into seminar planning and was evident from the day spent with the MPTS in March (see below).
 - **A desire to strengthen horizon scanning and consider emerging and contextual risks:** there is clear support for a greater focus on strategic horizon scanning, to support ARC's assurance to Council regarding risk management. As such, ARC seminars in 2026 will explicitly consider how the GMC approaches horizon scanning, with the first session in May focused on these activities as undertaken by the Strategy and Policy directorate (see below).
 - **Learning and development:** no clear gaps were identified. There was a desire to increase ARC's focus on risk appetite as an anchor for discussion and decision making.
- 9 The Committee also received a comprehensive **update on the ERP programme**, challenges and potential risks to 'Go Live' and has continued to regularly engage with the programme, notably in March in discussion of the pre-Go Live advisory review delivered by BDO. Throughout the last six months the Committee has regularly considered its assurance requirements in relation to ERP delivery and, in May, approved a plan for BDO to deliver a second pre-Go Live advisory review ahead of the revised October launch date. This will cover the readiness of the Finance, HR and Payroll elements of the programme, and also consider cost forecasting and control.

March: Understanding the work of the MPTS; introducing AI at the GMC

- 10 The first part of the full day session considered **the work of the MPTS** and sought to provide deeper assurance to ARC members across a wide range of topics including key operational processes and improvements to the quality assurance of tribunal decision making. In particular, the Committee took assurance that:
 - consideration is being given to the empanelling model both in terms of skills and experience and the required time commitment, not least as regulatory reform is likely to

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Report of the Audit and Risk Committee

lead to fewer but more complex substantive hearings, and potentially more Interim Order Tribunals, which will increase the demands on tribunal members

- significant work has been undertaken to analyse case data thematically
- the recently updated tribunal member guidance is now much clearer in its expectations regarding seriousness and sanctions
- changes have been introduced to focus on quality assurance, including a refreshed Quality Assurance Group, and a new process for a legally qualified colleague to review *every* MPT determination. The Committee was supportive of the plans for the MPTS Chair to facilitate delivery of more timely feedback and learning to panel members.

- 11 A readout from the seminar was shared with the Chairs of Council and the MPTS. This also proposed that the AD, Audit and Risk Assurance and the MPTS Executive Manager should work together to map the assurances over the main risks faced by the MPTS and devise a suitable audit plan, likely initially to focus on areas of change, such as quality assurance.
- 12 The final part of the seminar provided an overview of **the GMC's approach to using GenAI** in its operations to drive efficiency, including how associated risks are being managed including information security and data protection considerations. The Committee discussed further opportunities to use GenAI to assist with current operational volume challenges, the principle of transparency in relation to AI use and how ethics is considered in the procurement of software, and more generally. In follow up, in May the Committee considered a briefing note on the consideration of ethics within the GMC's procurement processes. High level benchmarking confirmed that practises align with those of other public sector organisations of a similar scale. The Committee urged management to remain alive to reputational risk in procurement activities and consider where selection criteria within the Procurement Act can also be assessed through a reputational risk lens.
- 13 The seminar did not extend to consideration of the use of AI by registrants and in the wider sector, which is an important topic that the Committee, or Council, will need to consider as part of the changing context in which the GMC operates.

May: Horizon scanning activities (Strategy & Policy (S&P) directorate)

- 14 This seminar was the first in a series planned to explore 'horizon scanning' activities undertaken by the GMC. This S&P-focused session aimed to:
 - a outline how S&P teams identify, analyse and respond to potential risks and opportunities emerging from trends, themes and patterns across data and other external evidence and research
 - b explore some of the challenges and constraints faced
 - c provide assurance as to the impact of this work.

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- 15 The panel outlined a range of approaches focused on different time horizons and speed/depth of research. The presentation also showcased examples of the impact from recent research programmes and strategic foresight activities. It was clear that work is well co-ordinated, with the outputs circulated and escalated appropriately to be acted upon.
- 16 There was an opportunity to reflect on the GMC's approach to events, where we do not have full control, such as the Mann review and moving the associate professions into regulation.
- 17 The implications of AI use and the risks to doctors, patients and the GMC were a particular focus in discussions. Members of the panel are engaged in policy development as both an employer and regulator, and with the National Commission into the Regulation of AI in Healthcare. This is an area that Council and ARC will need to remain focused upon as practice evolves, particularly whether the GMC's principles-based standards remain applicable and appropriate in an environment with greater use of AI.
- 18 The seminar provided members with a great deal of assurance that the approach taken by S&P is both rigorous and proportionate, with a blend of proactive and reactive work that is informing risk and opportunity management.
- 19 Later this year seminars are planned to cover financial forecasting, and the approach to identifying and acting on political information and intelligence.

ARC meetings

Oversight of risk and issue management

- 20 To maintain a clear risk focus in our work programme we continue the practice at the start of each meeting to hold an unscripted risk discussion with the Chief Executive to consider the current risks and issues facing the GMC and emerging external threats. We also consider the mitigations and other actions taken to manage these threats.
- 21 Scrutinising the Current Risks and Issues report from the Director of Resources, alongside the Corporate Opportunities and Risk Register (CORR), also remains a feature of each meeting. We are prompted through the IA progress report to consider whether any emerging matters discussed should be reviewed by Internal Audit (IA) and, if so, how this fits with the agreed IA Plan for the year.
- 22 The discussions at the last three Committee meetings have covered a wide range of risks and confirmed that the organisation continues to operate in a complex and dynamic external environment that is adding to the organisational risk picture. We have considered continued uncertainty in relation to Lord Mann's review, NHSE workforce reductions, maternity reviews and continued engagement with the Nottingham families, the Medical Training (Prioritisation) Act and the DHSC consultation on the draft GMC Order. Concerns in relation to the Future of Education and Career Development programme (FutureEd) have also been

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raised at the last two meetings, with the Director of Education and Standards joining the discussion in May to outline a revised approach to articulating the scope of the programme and examples of recent external engagement. This will be discussed at Council in July.

- 23** We have heard directly from the directors managing key operational risks and issues, which include the decision to appoint a trade union, declining PLAB volumes, steps taken in relation to Chester Medical School, ERP implementation progress, the resourcing implications of reform, and sustained challenges from significantly increased volumes in operational teams including Triage, Investigations and Information Governance. In meeting with the directors we have the opportunity to explore the mitigations in place, and planned changes, including a recent exercise to create headroom in the budget, which reassures the Committee that risks are being actively managed in a changing environment.
- 24** From these reports and associated discussions, along with our consideration of risk in the context of other agenda items, the Committee remains confident in assuring Council that risk management arrangements are in place, operating effectively and continue to be assessed and developed.
- 25** At the May meeting, the Committee reviewed a draft of a refreshed CORR, following a discussion at the March meeting that some risks highlighted in the Current Risks and Issues paper were not clearly articulated in the CORR, and a desire from the Committee to have more visibility of the most significant programme and directorate level risks. The team has refreshed both the content – moving to more specific rather than thematic risks – and the format, to make the document more accessible, tied to metrics where possible, and clear where there has been a change since the previous review. Members welcomed the chance to comment and shape the reporting before it is finalised and made a number of suggestions, including the development of a ‘flight path’ to demonstrate the steps to be taken to manage a risk to an acceptable level. The Committee will review an updated version by the end of June before the CORR is finalised, although it is anticipated that the reporting will continue to evolve, particularly in relation to assurance, which it is planned will dovetail with a refreshed Business Assurance Framework, currently in development.

Recommendation to approve the Annual Report and Financial Statements

- 26** Following receipt of the external auditor’s report and scrutiny of the financial statements, the Committee recommends to Council that they be approved. The external auditor, Crowe, has not raised any issues of significance in their report or in the private meeting held without management present. The Committee was pleased to note that the two adjustments set out in Crowe’s report were both identified by management and are reflected in the accounts.

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Report of the Audit and Risk Committee

Internal audit matters

- 27 The Committee was pleased to see the **Head of Internal Audit Annual Report and Opinion** confirm the continuing independence and objectivity of IA and provide an overall assurance opinion of '*generally satisfactory with some improvements required*'. The primary driver for this opinion level was the presence of three audits in 2025 with amber design opinions. Members noted that this would only be a concern if findings were not addressed in a timely manner and the regular progress reports to the Committee confirm that this is not the case. This year's report has adopted a revised format and terminology, intended to provide greater clarity on the inputs informing the opinion, which include IA activity, risk management arrangements, and other sources of assurance across the organisation. Taken together, these demonstrate a clear and mature assurance picture, underpinned by a well-established risk management framework. The report will be publicly available alongside the Annual Report and Financial Statements and is included as Annex A to this report.
- 28 The Committee approved a five-year **strategy for IA** compliance and development activity in January, which aligns with recently introduced global audit standards.
- 29 The **2026 IA Plan** was also approved in January. This is rooted in the new strategic themes and heavily focused on the risks associated with change activities. Priorities are reassessed at each meeting and, year to date, this has led to the addition of a review of GMCSI governance and a further pre-implementation ERP review, aligned to the revised programme timescales. The 2025 IA Plan was delivered as agreed, other than a review relating to FutureEd, which was deferred to 2026 due to changes in programme management arrangements.
- 30 Six **IA reports** have been presented so far this year. Four reports provide assurance opinions with no major concerns. Two advisory reports have also been reviewed, in relation to ERP implementation, which contributed to the decision to change the delivery plan, and for GMCSI governance, which confirmed there are no major gaps or issues but recommends a strategic review by Council to determine its longer-term vision and expectations for GMCSI.
- 31 **IA performance** was reviewed in January and found to be generally good, assessed through surveys and KPI delivery. A structured plan is in place to drive ongoing improvements.
- 32 A **tender for IA services** is underway to appoint a delivery partner for the next 3-4 years as the current contract expires. Bids have been received and shortlisted, and a decision on provider will be taken by the end of June.

Significant Event Reviews (SERs)

- 33 The Committee discussed three SERs at the March and May meetings, relating to:
- **Data Breach (Resources):** Council was informed via a circular in March of a breach that occurred in relation to a Subject Access Request where a working file was disclosed in error, resulting in the release of sensitive personal information to complainant, relating

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Report of the Audit and Risk Committee

to a registrant. The SER is complete, and action has already been taken to reduce the risk of a repeat incident through file naming conventions and process changes, pending a change to a system that can support automated controls, currently expected in late 2027. Both the ICO and Charity Commission were informed and the ICO has yet to respond. The doctor has been informed via a representative and has not yet responded. The Committee suggested that an update to the Charity Commission should be made once the ICO has responded.

- **Data Breach (Education and Standards):** A colleague accidentally sent two emails using the 'To' field instead of the 'Bcc' field to circa 1,000 doctors. The data disclosed includes the email addresses of all recipients (the majority were personal email addresses) and the body of the email confirms that the recipient completed a survey in 2019 and were content to be contacted again. The incident was publicised on X following a post from the Doctors Association. Data subjects were notified and asked to confirm deletion of the email. The SER is in progress, and the summary report will be reviewed at the next meeting. An informal notification to the ICO was made and no further action has been confirmed. The threshold for reporting to the Charity Commission was not met.

34 In relation to the **refreshed SER guidance**, Council had tasked ARC to review whether the Charity Commission must be notified where registrants have caused harm, confirmed through fitness to practise processes. A senior GMC policy lawyer conducted the review, which concluded that the GMC does not need to report such cases: the guidance is explicit in stating that it applies to incidents occurring within charities and any harm caused by the work of the charity. Accordingly, the Committee approved the SER guidance in March, via delegated authority from Council.

Closing remarks

35 Across the last three meetings the Committee has continued to develop its understanding of the organisation and the complex and changing risk environment in which the GMC operates. The breadth of experience on the Committee brings different perspectives to the discussions and scrutiny of each agenda item.

36 The results of internal audits, the annual external audit and other assurance activities continue to paint a mature picture of the control environment, and we continue to be assured that management are actively addressing risk and control matters. The most recent formal Follow Up internal audit confirmed that all sampled actions had been fully implemented and, more generally, we are typically seeing a relatively low level of overdue actions, with those arising typically less than three months past due. Of particular note, the Committee acknowledged in May the robust assurance provided by the third annual

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Safeguarding report, that a well-embedded framework is in place and the team continues to successfully embed safeguarding as a shared organisational responsibility.

- 37** The risk management framework continues to evolve. The Committee has noted gradually increasing use of risk appetite over the period in decision making and determining appropriate trade-offs – most recently, at the May meeting, we explored with the Data Protection Officer the tension between strict adherence to the GDPR-informed data disposal policy and the need to retain information for public inquiries, the latter driving longer retention periods in practice. We will keep this under review. More generally, there is a pleasing momentum to the ongoing development of the risk management framework, and related reporting, which will be shared with Council later in the year.
- 38** In its private deliberations, there have been two predominant themes in Committee discussions this year in relation to the FutureEd programme, and resilience to shocks.
- 39** The Committee has raised continuing concerns in relation to FutureEd, both in terms of strategy and vision, and governance and assurance. For the former, concerns centre on a need to articulate more clearly and precisely the GMC’s vision for, and discrete role in, education reforms, both now and in the context of wider regulatory reform. The Committee has discussed whether Council members are being sufficiently engaged in determining the strategic role and responsibility for the GMC in relation to FutureEd. Questions of Council engagement then lead to potential governance concerns. Related audits to date have delivered more operational programme assurance and the Committee will consider carefully the scope of future audits, possibly focusing assurance on how well the programme is set up for, and working towards, strategic success – but this relies on success being clearly defined and articulated. We appreciate the time taken by the Director of Education and Standards in recent weeks to speak to each member individually about the programme and for providing an update at the May meeting.
- 40** As noted above, a clear theme from the Committee’s effectiveness survey was a desire to better understand the organisation’s approach to horizon scanning and place greater Committee focus on considering emerging and contextual risks, particularly through this year’s seminar programme. Given a complex and dynamic external landscape, current financial headwinds and a forward programme of significant transformation for the GMC, this desire is rooted in ARC’s role to assure Council that the GMC is positioned to identify and withstand shocks, and to respond to new challenges and opportunities. This will require the Committee to both consider the forward-looking strategic horizon scanning that takes place, as well as directing some of the Internal Audit programme to assess the organisation’s readiness, especially in relation to resourcing and prioritisation. The increasing financial challenges have been predominant in our discussions about resilience and have led us to consider the range of skills and capabilities needed to respond and the cultural shift that may

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be required. It is anticipated that one of the remaining ARC seminars this year will consider financial risks and foresight, to support further consideration of these questions.

41 We welcome any observations or comments from members on our activities.

Annex A

Head of Internal Audit Annual Report and Opinion 2025

Executive Summary

Introduction

- Annually the Head of Internal Audit (HIA) is required to provide an opinion on the adequacy and effectiveness of the GMC's governance, risk management, and control processes.
- This report for the year ending 31 December 2025 sets out the basis for the opinion and outlines the main sources of assurance, including a summary of internal audit activities. It is prepared in line with the requirements of the Chartered Institute of Internal Auditors' Internal Audit Code of Practice and the Global Internal Audit Standards.
- This report is made to the GMC Audit and Risk Committee (ARC), and subsequently to Council, and supports the governance statement that will be included in the Annual Report and Accounts.

Annual confirmation of independence

- Internal Audit (IA) is independent and objective and undertakes its work with an impartial, unbiased attitude, avoiding conflicts of interest and performing engagements in a way that does not compromise quality.
- No one from the function has acted in any management capacity, taken on any responsibility for GMC operations, or provided any services that would compromise this independence in 2025.
- The function has had no restrictions placed on its work, or access to relevant information or people.
- There continues to be open access to the Chief Executive, members of the Senior Management Team and all members of Council including the Chair.
- BDO has not carried out any additional services for management outside of the IA contract.

Executive Summary: Opinion for 2025

Overall Opinion: Generally satisfactory with improvements required in some areas

Overall, the HIA is satisfied that there has been sufficient internal audit work, supplemented with other points of reference, to provide this opinion.

In general, IA work established that the systems of governance, risk management and internal control are well designed and working effectively to ensure the achievement of the GMC's objectives. This is supported by the results of other assurance activities made available to IA.

Where weaknesses were identified, agreed actions are in place to address the risk and there are a minimal level of overdue actions.

Eight risks in the Corporate Opportunities and Risk Register (CORR) exceeded the stated risk appetite at the end of 2025, with further action planned to reduce risk where possible. The CORR is regularly reviewed by SMT, ARC & Council.

Technology, or a lack thereof, has not placed limitations on the scope of our work in 2025.

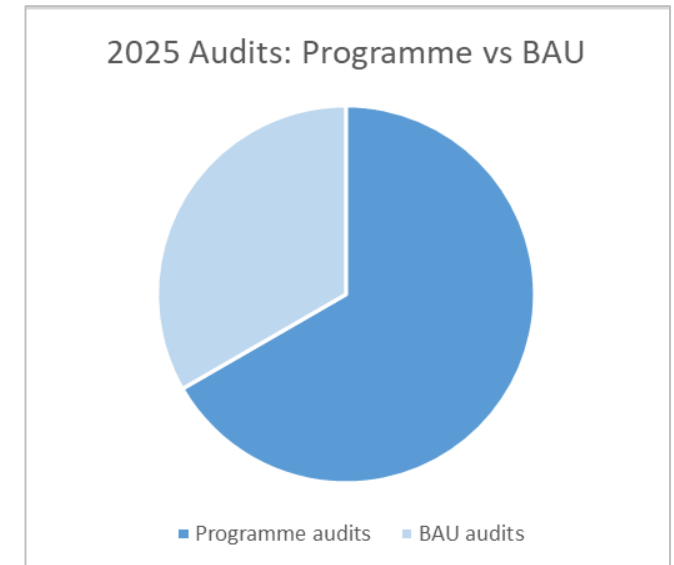
Basis of opinion

In forming this opinion, which is a professional judgement, the HIA has considered the following:

- **Organisational context:** the effects of any significant changes in the GMC's objectives or systems.
- **Risk management:** IA's own assessment of the design and effectiveness of the risk management framework, to ensure key risks are identified, assessed and managed appropriately.
- **Internal audit findings:** the results of individual, risk-based audits conducted during the year, including the relative materiality of these areas. These assess the design and operational effectiveness of systems, processes and controls.
- **Action implementation:** management's progress in addressing identified control weaknesses, including actions in response to audit findings and SERs¹, also considering any recommendations not accepted or risk-accepted.
- **Any limitations which may have been placed on the scope of internal audit:** there have been no such limitations during 2025.
- **Other assurance providers:** other internal and external sources of assurance, such as Quality Assurance reviews, reports from the external auditors and the PSA, and other accreditations achieved during 2025.

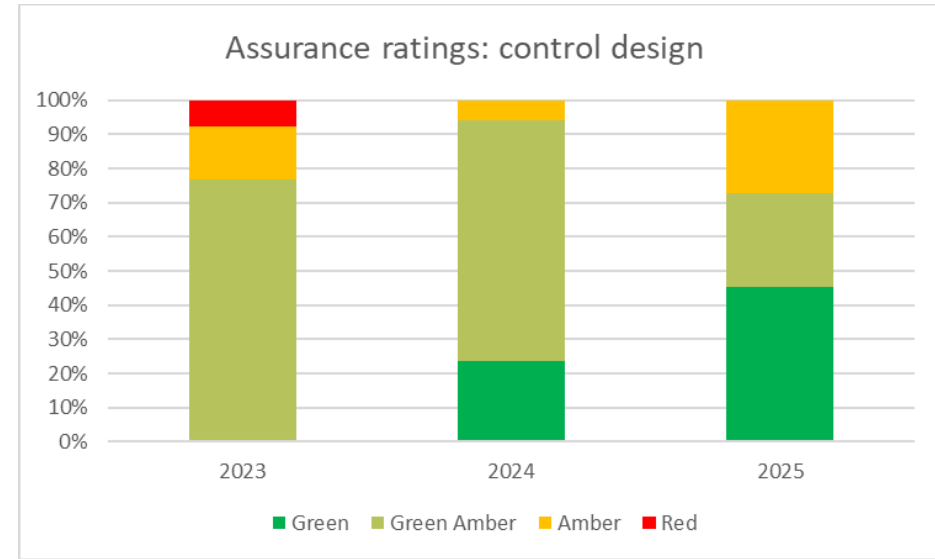
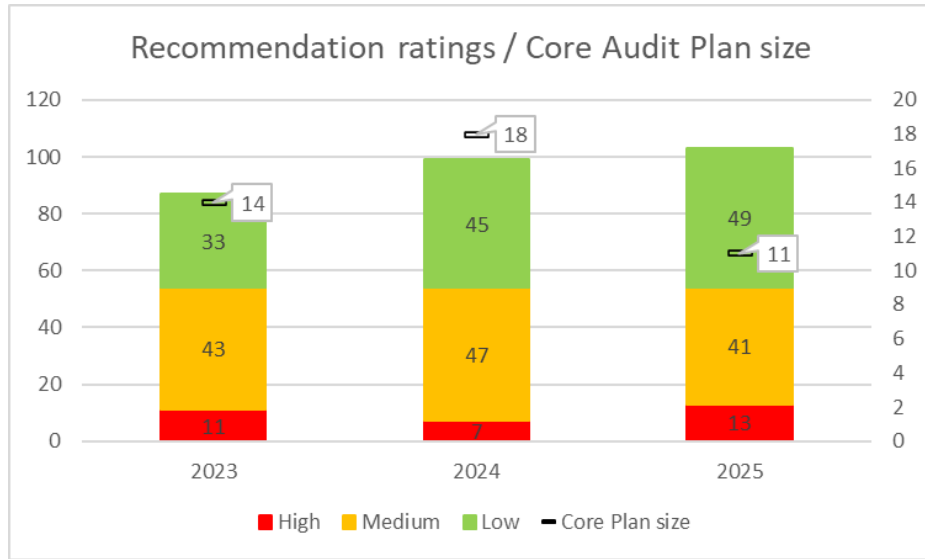
Summary: Internal Audit Results

- In 2025 the co-sourced IA function delivered a risk-based plan approved by the ARC.
- Each review had a bespoke scope and approach, commissioned using IA’s knowledge of the business, risks, and management information and through discussion with auditees.
- IA reported on 11 reviews in the year via 10 assurance reports and one advisory report.
 - Advisory reports are forward-focused and do not have an assurance rating. The review of ERP Data Migration was delivered on this basis, whilst migration was in progress.
 - Of the assurance reports, two were rated green for both control design and effectiveness and a further six were rated green-amber or above for both ratings¹.
 - Three audits were rated amber for control design. However, two were also rated green-amber for control effectiveness, demonstrating effective risk management despite a need to refresh guidance (VERL) and to appoint a new programme manager (Regulatory Fairness).
 - A review of Business Continuity and IT Disaster Recovery arrangements was rated amber for control design. Overall, arrangements were robust but further consideration was to be given to system failover risks and the associated test programme. The IT DR plan was under review at the time of the audit and has since been assessed by a third party as fit for purpose.
- A planned review of the Future of Education programme was deferred to 2026 to align assurance provision with changes to programme governance.
- Two-thirds of the 2025 Plan related to programme activity. Given the scale, nature and associated risks of the GMC’s current priority programmes, which included ERP implementation and Regulatory Reform, increased audit activity can be justified, alongside continuing scrutiny of the risks and progress by SMT, ARC and Council.



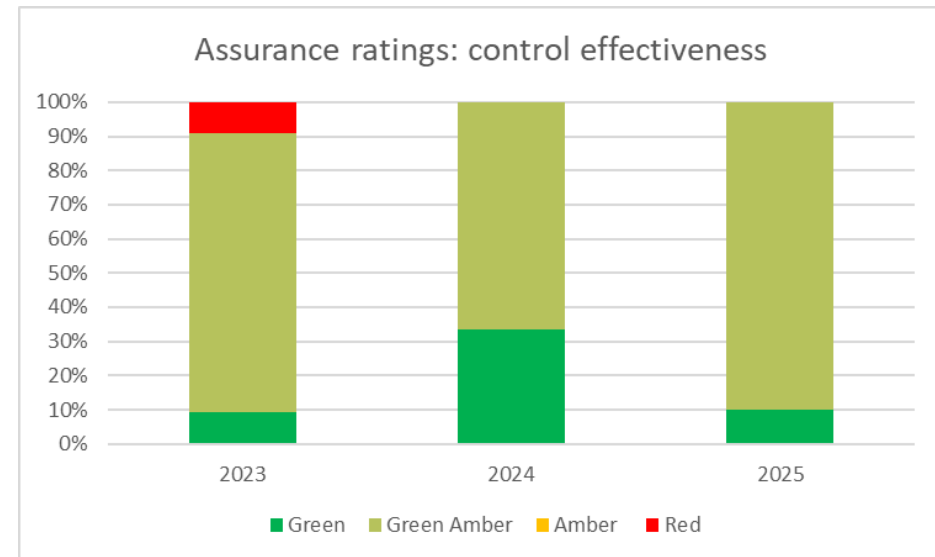
3 ¹ See Annex 1 for rating definitions
 * Joint delivery by BDO and QA team

Summary: Internal Audit Results







Action implementation

- Actions were agreed for all except two recommendations In 2025 - management undertook to accept these risks, assessed as of medium significance.
- Good progress in implementing agreed actions.
- Progress updates given at each ARC, including reporting any recommendation where the risk is accepted and any changes to implementation dates. Both require ARC approval.
- At the end of the year, 9 actions were past due and in progress from 2025 audits (9%).





Thematic reporting

To derive the themes, BDO ran the Executive Summaries of the 2025 reports through their in-house AI tool, with the results sense checked by IA management.

Theme	Commentary
 Strong Governance and Structure	<p>Several reports highlight that formal governance structures have been established and are working well, such as programme boards and steering groups which provide oversight, scrutiny and support.</p> <p><i>e.g. Contact Centre – evolving governance to recognise that Phase 2 had both a business and IS element.</i></p>
 Effective Risk Management	<p>Reports frequently note comprehensive risk registers and proactive risk management practices, such as capturing lessons learned and incorporating them into other GMC projects.</p> <p><i>e.g. ERP HR workstream – lessons learned from the Contact Centre transformation and Gartner’s experience of other ERP implementations were shared and incorporated into this programme.</i></p>
 Robust Internal Controls	<p>Reports provide evidence of effective internal controls, with additional checks and balances in place to ensure controls work as expected.</p> <p><i>e.g. Associate Work Status Programme – established controls to manage data and prevent corruption were supplemented with sample payment reconciliations. IA recalculations identified a zero error rate.</i></p>
 Continuous Improvement and Learning	<p>Many reports note the use of lessons learned from other projects (see above), as well as ongoing training and development for colleagues. This is often bespoke training, regularly refreshed for specialist teams.</p> <p><i>e.g. Business Continuity – in addition to mandatory e-learning, sessions are held for specific teams for training on handling emergencies on site.</i></p>

Thematic reporting

Theme	Commentary
 Resourcing	<p>Several reports highlight known issues with resource allocation and capacity planning, presenting a potential risk to programme delivery. Reports also note the proactive steps being taken to address this risk, including backfilling BAU positions on the Regulatory Reform and ERP programmes, to allow focus on delivery.</p> <p><i>e.g. Regulatory Reform programme – work is underway to collate the expected resource requirement for the programme and to utilise the Gateway process to secure funding.</i></p>
 Communication & Coordination	<p>There are several examples of constructive working across directorates, such as the Regulatory Fairness Review programme, and instances where communication and coordination could be improved to support programme delivery and stakeholder engagement.</p> <p><i>e.g. MLA AKT – development work is sometimes not shared early enough with external stakeholders to enable those bodies to provide meaningful input.</i></p>

All 2025 audits have followed the formal process for management to respond to findings. Agreed actions are tracked to completion, which is tested annually on a sample basis. Any findings that are risk accepted by management are flagged to the ARC.

Audit reports are shared in order that lessons are learned – all Assistant Directors and Heads of Section receive audit reports and these are also stored on ‘The Knowledge’ on the GMC intranet for any colleague to access.

Quality Assurance

Quality assurance processes

- We have adopted the BDO Audit Manual, which provides guidance on the requirements for audit delivery and review.
- Every audit report is quality assured by the BDO Director and the AD, Audit and Risk Assurance.

Training and development

- Both the BDO team and the AD, Audit and Risk Assurance, undertake the training and continuing professional education required by their relevant professional body.

Global Internal Audit Standards (GIAS)

- Compliance with GIAS was self-assessed at the end of 2025, which confirmed that our internal audit activities are aligned with and generally conform to the GIAS.

External Quality Assessment (EQA)

- We align with the GIAS and undertake an EQA at least every 5 years.
- The last review in 2024 concluded that the IA function generally conforms with the standards, the highest of the available gradings.
- The next EQA is due by the end of 2029.

Continuous improvement

- Feedback surveys are issued after every audit and ARC and SMT complete an annual feedback survey.
- A Quality Assurance Improvement Plan is in place to further improve GIAS conformance and to address survey feedback.
- Actions for delivery in 2025 were completed. A new plan is in place for 2026.

Risk Management Framework (1)

- Risk management is an established tool used in day-to-day activities, project work and strategic business discussions.
- The Risk Management Framework and risk registers provide the tools for identifying, assessing, monitoring, and managing operational and project risks.
 - The framework is being updated and has been reviewed by ARC and Council.
 - Further work continues in early 2026 to refresh the GMC’s approach to risk appetite.
- The Corporate Opportunities and Risk Register (CORR) sets out the GMC’s most material strategic, operational and programme threats and opportunities:
 - The CORR is published on the GMC’s website and is reviewed at each Council and ARC meeting, and at alternate Executive Board (EB) meetings.
 - The EB undertakes regular risk deep dives, as set out opposite.
- Of the 15 risks in the CORR, 8 risks were recorded as outside of risk appetite at the end of 2025:
 - The most significant of these risks relate to corporate priority programmes which are actively managed, scrutinised at key governance meetings and regularly audited.
 - Where possible, actions have been identified to further reduce the residual risk.
 - Four of the risk deep dives undertaken related to risks outside of appetite.
 - Risk appetite levels and reporting will be updated in the planned refresh in 2026.

Risk Deep Dives
2025
<ul style="list-style-type: none"> • Regulatory Reform • Welsh language standards • Safeguarding • First MLA live exams • Ability to work with others • Pension deficit
Planned for 2026
<ul style="list-style-type: none"> • Delivery of statutory functions <ul style="list-style-type: none"> • Education & Standards • Registration & Revalidation • Availability of resources <ul style="list-style-type: none"> • People / L&OD • IS • ED&I risks • DRIH opportunity

Risk Management Framework (2)

- At each meeting the ARC holds an unscripted risk discussion with members of the Executive team. This provides an opportunity to consider both current and emerging risks and steps being taken to manage them.
 - Consideration is being given to how further risk 'horizon scanning' can be undertaken in 2026.
- Business resilience, and the ability to respond and adapt to incidents are also features of robust risk management.
 - The GMC has a comprehensive set of business continuity and disaster recovery processes, and arrangements for managing reputational issues. These have been tested through exercises on a regular basis and activated as needed to address incidents during 2025.
 - The 2025 internal audit of Business Continuity and IT Disaster Recovery determined that the business continuity approach was thorough and working well, supported by mandatory e-learning and business continuity champions across the organisation. The Cyber Incident Response Plan was also considered to be robust.
- The Risk, Quality Development, Quality Assurance and IA teams have begun working in a more integrated way in 2025 to explore developing a more a risk-informed and proportionate approach to assurance.

Business Assurance Framework (BAF)

- The BAF is a structured way to identify and map the main sources of assurance in the GMC.
- Utilising the three lines of assurance model (see diagram), the purpose of the BAF is to:
 - Provide the ARC with a visual consolidated overview of where assurance activities exist for each directorate and team.
 - Support the SMT in its understanding and confirmation of where assurance is in place and where there may be gaps.
 - Inform future assurance work programmes including IA and the Quality Development and Assurance teams.
- In its ninth year, the BAF is well embedded at the GMC.
- Every directorate had a 'green' overall assurance level.
- Overall, the production of the BAF continues to provide good insight and assurance at a granular level across the GMC's operational teams.
 - Team Assurance Maps were changed in 2025 to drive a full review of '1st line' controls. The completed maps showed almost all teams have good quality controls, with some incremental improvements year-on-year.
 - Understanding of '2nd line' activities has improved but the scope and frequency of these assurances, and associated reporting and oversight, varies by team. This will remain an area for focus in 2026, particularly where the relevant risk appetite is low.



Other sources of assurance

Second line	Third line	Self-assessment to other standards
<p>Quality Assurance team: In 2025 audits covered FtP, Registration and Revalidation high impact regulatory decisions*, an annual review of corporate complaints handling and a bespoke review of Medical Case Examiner advice at Triage. Reviews confirmed consistency and compliance with guidance.</p>	<p>External audit: for 2024 Crowe LLP issued an independent audit report stating their opinion that the financial statements provided a true and fair view of the GMC’s financial position. No concerns were raised in their detailed report to the ARC.</p> <p>Professional Standards Authority: confirmed in December 2025 that the GMC had met all 18 of the Standards of Good Regulation</p>	<p>NHS data security and protection toolkit: published assessment of performance against the National Data Guardian’s 10 security standards, which is mandatory for organisations with access to NHS patient data and systems.</p>
<p>IT security: independent third-parties are used for penetration testing & configuration reviews of new and existing GMC systems. A security assessment is run before every new system implementation, which determines the testing requirements and actions to mitigate risk to an acceptable level. Scheduled testing is also performed where relevant for existing systems.</p>	<p>Investors in People: since December 2024 the GMC has been accredited as gold for ‘we invest in people’ and silver for ‘we invest in wellbeing’.</p> <p>Institute of Customer Service: the Contact Centre is accredited to the ServiceMark standards.</p> <p>ISO10002 (Customer satisfaction): accredited since 2017, the GMC is audited annually on its complaints handling process. The October 2025 audit raised no findings and recommended continued certification.</p>	<p>Payment card industry data security standard: the toolkit is a compliance framework for all organisations that store, process and/or transmit cardholder data.</p> <p>Open Web Application Project: the GMC software development life cycle includes alignment with this list of the 10 most critical security risks to web applications.</p>
<p>Governance: arrangements and structures are set out in the Governance Handbook, to ensure business is appropriately conducted, decisions are scrutinised and performance is reported. The handbook and non-confidential papers of Council and Executive Board meetings are on the GMC website.</p>	<p>BS10008 (Scanning & management of digitised documents): The October 2025 audit reported no non-conformities, recommending continued certification.</p> <p>ISO27001 (Information security management systems): three surveillance assessment reports for the GMC’s London, Manchester and Cardiff offices confirmed no non-conformities and recommended continued certification.</p>	<p>National Institute of Standards and Technology (NIST): the GMC uses the NIST Cyber Security Framework to manage and reduce cyber risk. The NIST 800 series provides a catalogue of security controls for information systems. More detailed than ISO27001, these provide an in-depth technical security direction and helpful standards for the GMC to align to.</p>

Significant Event Reviews (SERs)

- The GMC has comprehensive guidance for the identification of significant events, and for the conduct of related reviews and investigations. This guidance was updated in 2025.
- In 2025, three SERs were formally reported to the ARC.
- The first, sadly, was in relation to a doctor who took their own life while under GMC fitness to practise processes.¹
- The remaining two SERs were in relation to data breaches, which were reported to the Information Commissioner and the Charity Commission. The first information security breach related to sharing a registrant's personal financial information¹ and the second related to sharing information of a safeguarding nature that had the potential to cause harm.
- Actions are tracked to completion and have been completed as they fall due, with no overdue actions related to SERs at the end of 2025.

¹These SER's occurred during 2024 and were mentioned in the 2025 Internal Audit Opinion but were reported to the ARC in 2025.

Annexes

Annex A: Definitions

Annex A: Definitions

Head of Internal Audit (HIA): The Assistant Director, Audit and Risk Assurance is the GMC’s HIA. This term is equivalent to ‘Chief Audit Executive’, which is used by the Global Internal Audit Standards.

Overall Opinion

- The annual opinion is a judgment. There is no definitive guidance on assurance levels and the CIIA’s five-level framework, used in the past by the GMC, has been withdrawn. As a result, opinion levels have been aligned with those used by BDO, which have parallels in other Opinions available online. They are:
 - Satisfactory**
 - Significant improvements required**
 - Generally satisfactory with improvements required in some areas**
 - Unsatisfactory**
- The top two levels describe a sound, or generally sound, system of control, where controls are effective, consistently applied and support objectives. For level two, some weaknesses or scope of improvement exists that, if unaddressed, might risk objectives.

Audit and Finding ratings

Audit rating	Design	Effectiveness
Green	There is a sound system of internal control designed to achieve system objectives.	The controls that are in place are being consistently applied.
Green-Amber	A sound system of internal control designed to achieve system objectives with some minor exceptions.	Evidence of minor non-compliance with some controls, of a housekeeping nature, which are unlikely to put system objectives at risk.
Amber	Some weaknesses in the system of internal control exist with some system objectives potentially at risk of not being achieved.	More significant non-compliance with some controls that may put some of the system objectives at risk.
Amber-Red	The system of internal controls is weakened, with the majority of system objectives at risk of not being achieved.	Non-compliance with key procedures and controls places the system objectives at risk.
Red	Poor system of internal control.	Non-compliance and/or compliance with inadequate controls.
Risk and significance categories for recommendations		
High	There is potential for financial loss, damage to reputation or loss of information. This may have implications for the achievement of business objectives and recommendation should be actioned immediately.	
Medium	There is a need to strengthen internal control or enhance business efficiency.	
Low	Internal control should be strengthened, but there is a minor risk of material loss.	

Trustee's annual report and accounts

**Paper withheld from
publication**

This paper is being withheld from publication until it has been submitted to the Privy Council. Once the report has been confirmed and laid before the Privy Council it will be published on our website.

For further information, please contact the Corporate Governance team via email, GovernanceTeamMailbox@gmc-uk.org.

Fitness to Practise Statistics Report

**Paper withheld from
publication**

This paper is being withheld from publication until it has been submitted to the Privy Council. Once the report has been confirmed and laid before the Privy Council it will be published on our website.

For further information, please contact the Corporate Governance team via email, GovernanceTeamMailbox@gmc-uk.org.

Agenda item:	M9
Report title:	Report of the MPTS Committee
Report by:	Fiona Monk, Chair of the MPTS, MPTSChair@mpts-uk.org
Considered by:	MPTS Committee
Action:	To consider

Executive summary

This report gives an update on the work of the Medical Practitioners Tribunal Service (MPTS) since the last report to Council in June 2025.

Key points to note:

- The Chair and MPTS Committee have been considering enhancements to our quality assurance processes, and two meetings of our new monthly Decision Review Group have taken place.
- Judge Fiona Monk has continued to hold introductory meetings with organisations with an interest in our work.

Recommendation

- ▶ Council is asked to consider the report of the MPTS Committee.
- ▶ Council is asked to note the text of the MPTS Report to Parliament (Annex A)

Governance

1. The Medical Practitioners Tribunal Service (MPTS) provides a report to GMC Council twice a year on how we are fulfilling our statutory duties. We usually report in June and December but were asked to delay our December 2025 report until Council's February 2026 meeting. Consequently, this report is appearing very shortly after our last one.
2. The MPTS Committee met on 4 February 2026 when it received updates on performance, appeals, projects, adjournments, feedback on tribunal member training. The Committee agreed enhancements to our quality assurance processes.
3. The Committee met again on 6 May 2026, when it received updates on performance, appeals, adjournments, regulatory fairness and quality assurance. The Committee agreed this report and its annual Report to Parliament.

Audit & Risk Committee seminar

4. On 11 March, the MPTS leadership team delivered presentations to the GMC Audit & Risk Committee. The aim of the session was twofold, to (re)familiarise ARC members with the work of the MPTS and to deepen assurance for ARC Committee members on MPTS activities through a specific focus on our:
 - ↕ Pre-hearing and case management processes.
 - ↕ Improvements to the quality assurance of tribunal decision making.
 - ↕ Planned action in relation to the MPTS People Survey results.
5. ARC members requested that the twice-yearly reports to Council be less focussed on operational and quantitative matters and more on insight and assurance. This report tries to reflect that feedback.

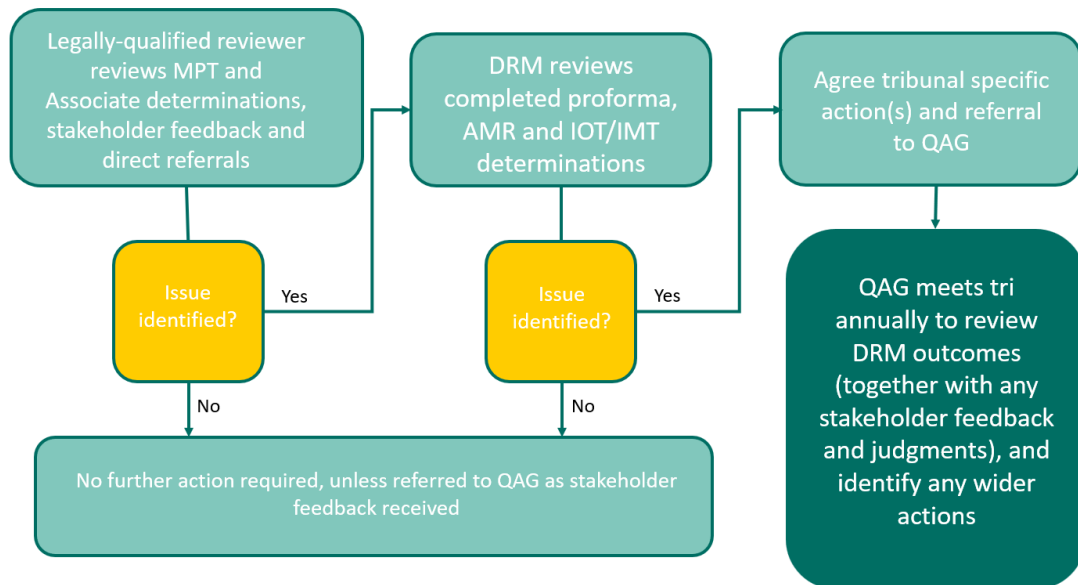
Enhancements to our quality assurance processes

6. At May's MPTS Committee meeting, we shared with members an update on the enhancements we have already made to our quality assurance processes and sought their views on further enhancements.

Decisions

7. The MPTS has begun trialling an enhanced approach to quality assurance. It gives the MPTS Chair more oversight over the quality of decision-making and how our guidance is being adhered to.
8. At the first stage, a legally qualified colleague at the MPTS assesses all new MPT decisions. This is to identify both good practice and any learning opportunities. Where there are learning opportunities, these are referred to the second stage, our new monthly Determination Review Meeting, or DRM.

9. The DRM, chaired by Judge Fiona Monk, is meeting each month to consider the referred cases and a selection of IOT determinations. The DRM decides if further action is required, such as giving tailored feedback and supporting individual tribunal members. The group also looks at the reasons for hearings adjourning part heard.
10. The final stage is a revised Quality Assurance Group, or QAG, also chaired by Judge Fiona Monk. This will meet tri-annually and will include the two non-sitting members of the statutory MPTS Committee. QAG’s role will be to identify broader issues that would benefit from additional training for all tribunal members or for a circular to be issued.



Guidance

11. Our new *Guidance for MPTS Tribunals* has been in use in hearings since 24 November 2025.
12. The MPTS has committed to reviewing every four months how the guidance is being used and considering any feedback from users. The first review point was reached on 31 March 2026.
13. Comments received prior to this date have been reviewed and considered. An initial review of the feedback is being undertaken at a policy level, and any applicable recommendations will be presented to the MPTS Policy Forum in June. The intention is that any changes are implemented prior to the July review point.
14. So far, only a limited number of tribunals members have sat on more than one hearing since the guidance was introduced. We will hold tribunal member focus groups in Q4 2026 or Q1 2027, to gather more detailed feedback. We will also consider how best to seek feedback from our users in this period.

Appraisal

15. At the Committee meeting we gathered views on a potential approach to LQC appraisal that builds upon our current programme and are working on the details and how to start implementation.

Training

16. In respect of tribunal member training, and further to the Committee's previous discussions, we shared the finalised training programme for 2026 and 2027.
17. During 2026 and 2027, the training will focus on discrimination, sexual misconduct and judge craft.
18. Between April and June 2026, all tribunal members will take part in antisemitism awareness training with the Community Safety Trust and Islamophobia awareness training with Tell MAMA. Both sessions will focus on language and terminology, the contemporary community experience, including community perspectives of accessing healthcare, of health professionals and health regulation.
19. LQCs will also undergo additional legal training focussing on freedom of expression.
20. Between September and November 2026, all tribunal members will attend annual training that has as its centrepiece trauma informed practice and the language tribunals use in their determinations.
21. Early in 2027, LQCs will attend judge craft training, focussing on hearing management and dealing with conflict.

User feedback

22. Further to discussion at the recent ARC seminar, the MPTS has begun work on a new approach to collecting user feedback – identifying who might be considered a 'user' and what topics it might be useful to survey them on.
23. Topics identified include the ease of accessing information or understanding decisions, the running of the hearing, the professionalism and courtesy of staff, and overall satisfaction with the process.
24. We will work with colleagues in the GMC, with expertise in this area, to further progress this work.

Resourcing

25. At its May meeting, the MPTS Committee also discussed the resourcing of MPTS tribunals, including included options for our future approach.

Stakeholder engagement

26. At the 11 February Council meeting, Judge Fiona Monk updated Council on the introductory meetings she has held since becoming MPTS Chair at the start of the year, including with the major medical defence organisations, the Professional Standards Authority and the Presidents & Deans of the Royal Colleges.
27. These meeting have continued, offering opportunities for us to listen to what other people think about how we operate and our tribunals make decisions.
28. Introductory meetings have since been held with the BMA Professional Regulation Committee, Tell MAMA, the Community Safety Trust, the Royal College of Surgeons, Layla Moran MP (Chair of the Health & Social Care Select Committee), and the campaign group Surviving in Scrubs.
29. Judge Monk has also spoken at recent meetings of the GMC's Strategic Equality, Diversity and Inclusion Advisory Forum (SEDIAF) and the GMC's Patient Roundtable. On 21 May, she spoke at a PSA-organised conference on sexual misconduct, alongside Liz Jenkins, Assistant Director GMC Legal.
30. We are very grateful to all those individuals and organisations for taking the time to meet with Judge Monk and to share their reflections on the MPTS's work. We look forward to continuing to engage with and listen to them.



Agenda item: **M9 – Annex A**

Report title: **MPTS Committee Report to Parliament 2025**

This paper is being withheld from publication. The final report will be made published on the MPTS website once the report has been laid in parliament.

Freedom to Speak Up Guardian Annual Report

Action	To note
Purpose	To update Council on the work of the Freedom to Speak Up (FtSU) Guardian and champions in 2025.
Recommendation(s)	To note the Freedom to Speak Up Guardian Annual Report 2025
Annexes	Annex A: Freedom to Speak Up Guardian Annual Report 2025
Author contacts	Jane Durkin , Freedom to Speak Up Guardian Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director	Neil Roberts , Director of Resources

Agenda item M10

Freedom to Speak Up Guardian Annual Report

Background

- 1 The GMC Freedom to Speak Up (FTSU) initiative has been in place for seven years. It provides a safe way for colleagues to raise any concern they may have about our working environment. This includes the behaviours of colleagues who may fall below our expectations of professional behaviours in the workplace.
- 2 FTSU is not the only route for raising concerns. Our Raising Concerns policy outlines a range of options from talking to line managers, senior managers and People & Organisational Development Team colleagues. It also includes details of independent advice from Protect and the Human Rights Commission Advisory and Support Service.
- 3 This report provides data and commentary on concerns raised with our FTSU Guardian and champions in 2025. It also includes analysis of the anonymous concerns portal pilot which launched in July 2025, Exit Surveys from colleagues leaving the organisation and the annual People Survey.

The Guardian's report 2025

- 4 Volumes of concerns raised in person were similar to 2024. In 2025 113 concerns were raised through FTSU, 31 to the champions and 82 to the Guardian. An additional consideration this year is concerns received in the anonymous concerns portal which launched as a pilot in July 2025 and received 43 concerns in the first six months. This report includes a summary of the interim evaluation of this pilot.
- 5 Colleagues completing the People Survey in 2025 were asked the extent to which they agreed with the following statement *I am confident that I can raise an issue with the organisation without it being held against me*. In 2023 56% of colleagues strongly agreed/agreed with this statement. In 2024 this increased, slightly, to 56.2% with variations across different areas and in 2025 this has increased to 56.8%. A tiny increase but welcome all the same.
- 6 2025 themes highlight some interesting shifts. For the first time 'Working arrangements' was the largest category at almost one in two concerns raised. Many of these conversations were about experiences when joining teams, either as a new starter or on secondment and over the year it emerged that a small number of teams were the cause. Common concerns covered poor induction, training and team cultures that assume knowledge of technical and organisational matters. Escalation by the Guardian to responsible Assistant Directors prompted swift action to address failures.
- 7 'Content, fairness of GMC policies' was the second highest proportion of concerns, albeit this is on a downward trend generating around one in four of matters raised. A number of these were with colleagues who didn't understand internal policies but there were notable

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Freedom to Speak Up Guardian Annual Report

exceptions where policies had been applied in a heavy-handed way and on escalation decisions were reviewed and amended. 'Inappropriate/unprofessional behaviour' came in at around one in five concerns and 'Miscellaneous' dropped down to around one in seven concerns.

- 8 Of note in 2025 was the impact of external events inside the GMC which generated 9% of all concerns. The Supreme Court ruled in April 2025 on whether a person with a full gender recognition certificate which recognises that their gender is female is a "woman" for the purposes of the Equality Act 2010. The ruling, ECHR interim guidance and the ongoing debate were the focus of concerns from a number of colleagues.
- 9 The ongoing Israeli Palestinian conflict has affected some colleagues in different ways and highlighted how personal and political views can clash in a professional environment.
- 10 Many of these conversations led to reflections on the limitations of bringing our 'whole self' to work as opposed to our 'professional self'. These discussions were nuanced and sensitive and many concluded that neat solutions are generally not available. That said one solution that came out of many of these discussions was that the GMC dress code could be strengthened on badges and insignia indicating support for groups, countries and/or political parties. This is being progressed and will be implemented following publication of this report.
- 11 It is interesting that the distribution of grades for those raising concerns again largely followed the distribution of grades in the organisation.
- 12 Reasons for dissatisfaction on leaving, captured in Exit Surveys, again don't appear to correlate with the themes of concerns. They are more personal and focus on individual job satisfaction levels of pay.
- 13 The report concludes with 2026 priorities which include the evaluation of the anonymous concerns portal, working with other health care regulators as consider options for support post dissolution of the National Guardian's Office in June 2026, and targeted engagement to increase confidence where we know it is lower.

Next steps

- 16 As in previous years, the Guardian's report has been presented to Executive Board, Audit and Risk Committee and Council, after which it will be emailed directly to all GMC colleagues and shared with the National Guardian's Office. It will be published on the GMC website with Council papers.
- 17 Jane Durkin, the current Guardian will be retiring from the GMC this summer. The GMC Executive team are contemplating how best to continue to provide the Freedom to Speak Up service and are engaging with the People Forum and Staff networks.

Annex A

Freedom to Speak Up Guardian Annual Report 2025



Freedom to Speak Up Guardian

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Annual Report 2025

General
Medical
Council

Guardian introduction

In my third annual report I've reviewed concerns raised through Freedom to Speak Up (FTSU) channels throughout 2025. This report also considers data from the 2025 People Survey, exit surveys and the recent report into the first six months of the anonymous concerns pilot.

Headlines this year are that volumes have remained steady and the People Survey showed a welcome small increase in confidence to raise concerns, albeit there are still notable swings across the organisation.

Of particular significance this year was the launch of a pilot to offer an anonymous route for concerns. This launched in July 2025 and this report outlines what we learned in the early months of the pilot.

Themes of concerns are also examined and of note this year was the number of concerns about induction and training on teams across the GMC. These are routine requirements for any role and it was disappointing to hear from colleagues who felt their introduction onto teams, whether into substantive roles or on short term placements, hadn't gone as well as it could.

The impact of external events and global unrest continued to impact on the working lives of many of our colleagues. Whilst solutions are well beyond the reach of the GMC, FTSU conversations can offer an opportunity to discuss the ongoing challenges these events can create in the workplace.

Following the publication of the [Dash Review](#) in July 2025 it was announced that the [National Guardian's Office](#) would be closed in 2026. The review recommended the guardian role continues but there still is no clarity about how NGO functions and support will be provided in future. This report provides an opportunity for me to record my gratitude for the expert guidance, training and support provided by the NGO that the GMC has benefitted from since 2019.



And last, but definitely not least, champions again played a vital role in supporting FTSU at every level in the organisation and their wealth of skills and experience are invaluable. I'm extremely grateful for their commitment and support throughout another busy year.

Jane Durkin
Freedom to Speak Up Guardian

Chief Executive foreword

I'm pleased to introduce the GMC's seventh annual report by the GMC's Freedom to Speak Up Guardian which considers concerns raised in 2025.

It's vital we continue to encourage colleagues to speak up about anything that concerns them in the workplace. We know that compassionate and inclusive healthcare environments help support doctors and improve patient safety. That applies equally to our own workplaces where we expect our values to be reflected by all of us in all we do. When this doesn't happen, there are a number of ways to raise our concerns and Freedom to Speak Up is an important one.

This report provides a welcome opportunity to restate my commitment to speaking up. The insights gained from the analysis of colleagues' concern provides vital insights for me and my Executive Board. Most importantly, my hope is that this report helps build confidence in speaking up when something isn't right and that everyone believes they can raise concerns without fear of recrimination.

In 2025 the People Survey showed confidence in raising concerns has nudged up slightly again, with bigger rises in many teams across the GMC. This is a welcome shift, although there's always more to do. In 2025 I welcomed the pilot to offer an online portal where colleagues can raise their concerns anonymously and the interim findings after the first 6 months provide an honest assessment of some of the potential, as well as the pitfalls, of an anonymous process.

As ever, there's always more for us all to do and I'm grateful to our FTSU champions, and our FTSU Guardian Jane Durkin, for their commitment to providing confidential spaces for these conversations.

Of course we all have a role in making the GMC a great place to work, and a place where colleagues are encouraged to speak up. I hope that together we can all play our part in giving each other confidence to speak up when things aren't right, knowing that concerns will be listened to and that appropriate action will be taken as a result.



Charlie Massey
Chief Executive & Registrar

FTSU at the GMC

It's 10 years since Sir Robert Francis produced his report '[Freedom to speak up](#)'. This addressed continuing disquiet about the way NHS organisations dealt with concerns raised by staff and the treatment of some of those who had spoken up. Common to many of these concerns was a lack of awareness by leadership of the existence or scale of problems known to those on the frontline. In many cases staff felt unable to speak up or were not listened to when they did.

Freedom to Speak Up (FTSU) was recommended to address these concerns and it quickly became apparent that there were demonstrable improvements beyond healthcare provision. These included workplace wellbeing improvements, improved staff engagement and healthier workplace cultures.

Since being introduced across the NHS in late 2016 FTSU extended into the private health sector and some regulators and was adopted by the GMC in 2019 when it appointed its first FTSU Guardian. Since then, 681 concerns have been raised through the GMC's face to face [FTSU processes](#) and this report focusses on what happened in 2025.

What happened in 2025?

How many concerns were raised, what were they about and who raised them?

We heard 113 concerns with 31 taken to champions and 82 to the Guardian, similar levels to 2024. An additional consideration in 2025 is concerns received in the anonymous concerns portal. This was launched as a pilot in July 2025 and aimed to provide an option for colleagues who did not have the confidence to raise their concerns in person. The pilot is continuing and for this report the analysis relates to face to face concerns, anonymous concerns are considered as a separate category.

Diagram 1 shows the distribution of concerns across directorates which remains fairly consistent with previous years. This table includes the percentage of total concerns alongside the relative size of each directorate simply to provide perspective on volumes. Of note is the proportion of concerns received from MPTS colleagues. It should be noted that, in response to falling confidence in raising concerns in this area, the Guardian ran in-person quarterly drop-ins throughout 2024 which increased engagement.

Also of interest are Registration and Resources and Education and Standards directorate's levels which are almost half the proportion of staff in those directorates.

Diagram 1: Concerns raised to FTSU by Directorate (includes staff networks)

Directorate	2020	2021	2022	2023	2024	2025	% of total concerns
Corporate (1.6%)	7	2	2	0	0	1	0.9%
Education & Standards (7.1%)	10	11	16	10	13	4	3.5%
FTP (26.9%)	37	27	25	18	27	27	23.9%
MPTS (6.7%)	4	8	12	6	13	19	16.8%
R&R (24.8%)	13	23	17	9	17	15	13.3%
Resources (17.6%)	12	20	15	15	20	25	22.1%
Strategy & Policy (6%)	11	4	3	9	12	8	7.1%
Strategic Comms & Engagement (9.4%)	16	12	9	5	9	12	10.6%
Staff Networks	5	0	1	1	1	2	1.8%
Anonymous	0	0	0	4	0	0	0.0%
Total	115	107	100	77	112	113	100%

Directorate includes % of total staff

Themes of FTSU conversations

Working arrangements

2025 themes highlight some interesting shifts. For the first time working arrangements were the largest category. Many of these conversations were about experiences when joining teams, either as a new starter or on secondment. Common concerns covered poor induction, training and team culture that assumed knowledge of team and organisational matters.

Other practical and straightforward matters were also raised in sufficient number to be worthy of mention. These covered practical arrangements for Christmas and summer leave, and adjustments for colleagues observing Ramadan. These discussions focussed on inconsistencies from year to year or across different parts of the organisation. Whilst it's accepted that ways of working will change and require some adaptations from colleagues, it appears that poor communication of some of these straightforward matters had caused these frustrations. On the plus side, these are easy problems to solve.

It is of note that when these concerns were escalated, senior managers were keen to put arrangements in place quickly to remedy problems and prevent them happening again.

Inappropriate/unprofessional behaviour

The proportion of concerns about inappropriate/unprofessional behaviour shrank for the sixth year running. Interestingly some of these concerns came from colleagues who cited behaviours they experienced during their induction and/or secondment. The link to the largest category of concerns about working arrangements is a striking one, and again highlights the frustration caused by getting the basics wrong.

Content and fairness of GMC policies

In the category relating to the content and fairness of GMC policies there were concerns about internal recruitment exercises, the application of sick leave policies and the impact of end of year ratings on pay. In 2025 the Guardian held regular meetings with the People and Organisation Development Assistant Director and these were the ideal opportunity to escalate and track these more routine policy and procedural matters.

Miscellaneous concerns

Miscellaneous concerns this year covered a wide range of matters with the majority reflecting ongoing concerns about external affairs. High profile fitness to practise cases are not new but some of the criticisms made of the GMC in 2025 were. This impacted on colleagues who felt some of this personally and these conversations were a sobering reminder of the people, often at more junior levels, who bear the operational brunt of these events.

Almost at the other end of this scale were internal matters about the propriety of colleagues, one who was not following internal guidance on their use of personal social media and another not following procedures for recording leave on their team. Both of these matters were raised by colleagues not directly involved but who were sufficiently concerned at apparent lapses in professional behaviours inside the organisation that they sought support from FTSU.

Reassuringly, both of these concerns were investigated and resolved quickly.

Diagram 2: Concern themes

Concern themes	2020	2021	2022	2023	2024	2025
Content, fairness (including pay) of GMC policies	11%	39%	28%	40%	45%	23%
Inappropriate/unprofessional behaviour	41%	31%	43%	36%	25%	21%
Working arrangements	28%	22%	11%	12%	6%	42%
Miscellaneous/Other	20%	7%	18%	12%	24%	14%

Concerns about external events

Of note in 2025 was the impact of external events inside the GMC which generated 10 (9%) of concerns.

The ongoing Israeli Palestinian conflict has affected some colleagues in different ways and this highlighted how personal and political views can clash in a professional environment, as well as the lack of solutions that are satisfactory for all concerned.

The application of the Supreme Court judgement about the definition of sex in the Equality Act 2010 generated discussions about how, and when, this would be implemented in the GMC.

Quite often these conversations led to reflections on the limitations of bringing our 'whole self' to work. We discussed our professional selves and how to remain true to our core values whilst accepting there are some external issues which have no connection to individual GMC roles.

These discussions were nuanced and sensitive and it's important to record thanks to colleagues for their honesty and boldness in raising such matters, especially when neat solutions are generally not available for many of these situations.

That said, there was one solution that came out of these discussions and that was the GMC dress code being strengthened on badges and insignia indicating support for groups, countries and/or political parties.

Who raises concerns?

Diagram 3 shows the distribution of concern raised by grade and how this compares this to overall staffing, the similarity in distribution is notable.

Diagram 3: Grades raising concerns

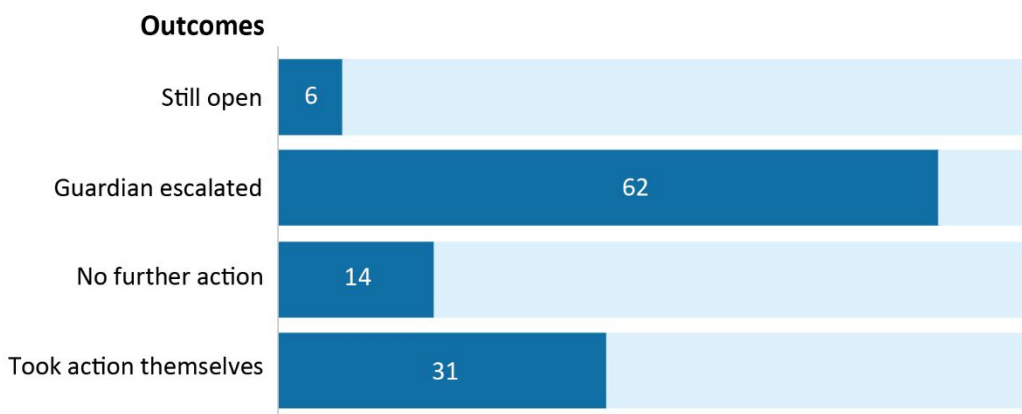
	% Raising concerns	% Overall
Directors	0%	0.4%
Assistant Director	3.5%	2.2%
Head of Section	13.3%	10.1%
3	22.1%	26.0%
4	32.7%	34.8%
5	21.2%	21.9%
6	4.4%	4.4%
Network representatives	1.8%	N/A
Temporary	0.9%	N/A

What happens next

The opportunity to have a confidential conversation may be the first time many colleagues may have spoken about their concern. Some conversations don't have a neat conclusion and may continue over a number of months. But outcomes from FTSU conversation are relatively straightforward even if the contents are not.

Colleagues have three options, the first is to do nothing – often the discussion is enough to help them explore their options. The second is to act themselves and the FTSU discussion is an opportunity to explore how they do that. The Guardian, appropriately, has no power to investigate and so the third option is for the Guardian to escalate a concern by bringing it to the attention of a senior leader.

Diagram 4: What happened next – Concern outcomes



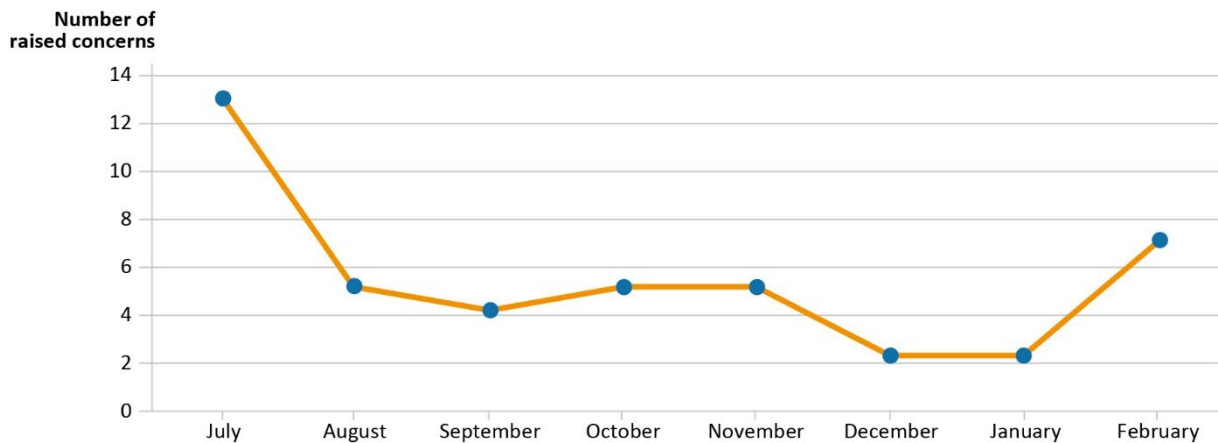
What action did we take in 2025?

Developing options to raise concerns anonymously

The biggest challenge we have faced since 2023 has been to build confidence levels in speaking up without fear of reprisal or detriment. In pursuit of this in 2025 we piloted a way to raise concerns anonymously. We did this knowing from experience that anonymous complaints about doctors can be impossible to follow up and lead to frustration for everyone involved. Despite this, we determined it was worth running a pilot to develop insights into how this might help, or hinder, our efforts to build confidence in raising concerns.

A small group of the Guardian and champions worked with IS colleagues and a straightforward online process was designed and launched in July 2025. There was an early usage surge, as might be expected. Thereafter it has settled down and volumes are shown below.

Diagram 5: Anonymous concerns received by month



The detail of concerns, largely, reflects those raised in person but it’s notable that the proportions are different during these early months. At the time of writing, there were 43 concerns.

Most concerns were raised about poor behaviour. Notably in the early weeks was a cluster of three concerns about a named individual. Three other concerns, with nothing to suggest they were linked, were so vague it was impossible to identify the directorate.

Beyond these, other concerns resonated with ones heard before and reflected known hot spots (from Staff Survey and FTSU data).

The second largest group is the ‘Other’ category which had two main themes; five concerns raised about the GMC’s communication about the Cass Review, ‘Safe with me’ badge campaign and application of the Supreme Court judgement about the definition of sex in the Equality Act 2010. These echoed concerns heard in person.

International affairs were also reflected in this category. Concerns about an Islamophobia Awareness Month guest speaker’s previously published beliefs, the declared affiliation of a Tribunal Chair to ‘UK Lawyers for Israel’ and language used to describe a pro-Palestine protest in an All-Staff email. Again, these echoed concerns previously raised in person.

Some concerns described routine matters such as email etiquette, Christmas leave arrangements and communications between teams. Had they been raised in person each would have generated a discussion about probable misunderstandings and questions about whether the concerned colleague had all available facts.

Of the 43 concerns lodged through the portal, one person provided contact details and their concern was followed up with a meeting and duly progressed in person.

Diagram 6: Comparison of anonymous and ‘in person’ themes

Concern themes	2020	2021	2022	2023	2024	2025	Anon concerns
Content, fairness (inc pay) of GMC policies	11%	39%	28%	40%	45%	23%	5% (2)
Inappropriate/unprofessional behaviour	41%	31%	43%	36%	25%	21%	40% (17)
Working arrangements	28%	22%	11%	12%	6%	42%	25% (11)
Miscellaneous/Other	20%	7%	18%	12%	24%	14%	30% (13)

Interim findings were noted by the People Board at its meeting in March 2026 and it was agreed that the pilot should continue for a further six months during which time further work should be undertaken. This includes development of a triage process, guidelines for senior leaders considering anonymous concerns and, most importantly, updating the online form to stress the limitations of the anonymous process.

Increasing understanding

Throughout 2025 work continued to increase understanding about FTSU by demystifying processes to raise concerns and sharing success stories. FTSU representatives joined over 20 team meetings throughout the year and spoke to eight section awaydays about psychological safety in teams.

The Guardian and MPTS champions contributed to the quarterly MPTS FTSU newsletter which had encouraging levels of engagement. The Guardian also offered quarterly ‘drop-in’ sessions at MPTS and these were well attended.

Engaging with senior leaders of ‘hotspots’

Data from the 2025 People Survey was instrumental in targeting engagement with senior leaders where confidence in raising concerns was at its lowest. People Survey data correlated with concerns data provided valuable insights and useful prompts for discussions about what could be done to better understand reasons for these data and then consider options to do something about it.

Bold action has been taken in some areas which included team dynamic reviews (led by external parties), increased involvement of senior leaders in routine team meetings and regular ‘pulse surveys’ (which provide an easy and frequent opportunity to provide feedback). There are promising signs of improvement albeit everyone involved recognises the time and effort needed to rebuild confidence where it may have been damaged. It’s far more difficult to rebuild confidence than lose it.

FTSU satisfaction survey

Following most FTSU conversations colleagues are invited to complete a short questionnaire about their experience. In 2025 there were 23 replies representing a 21.5% response rate on closed concerns; 35% of respondents spoke to a champion and 65% of respondents to the Guardian. This year the level of satisfaction was lower than the previous two years. It's almost impossible to correlate responses to the concerns raised but this drop may reflect the number of concerns about external events which are beyond the control or influence of the GMC.

Satisfaction with support

Of those who responded 91.3% were satisfied with the support and guidance received.

"The support I received was invaluable. I was at a very low point and making the decision to speak up really was the best thing I could have done."

"Exceptional advice which helped me move on."

"I felt listened to and that my concern was valid. Despite being at a low point, I was aided with confidence and that allowed me to trust the process. I felt fully supported and reassured the space was safe to be open and honest."

"The ability to have a frank discussion, with respect for my experience and viewpoint, and a realistic discussion around actions".

But two respondents weren't satisfied.

"I do not feel as though the concern was taken seriously or even considered by the manager(s) of the individual concerned. It will make me hold back in future both reporting or going above / beyond in my role at the GMC."

Reprisal for speaking up

Seven respondents said they experienced some form of reprisal/detriment for speaking up. This is a worrying finding and follow up comments included the following.

"Difficulties as a result of raising it, yes - but not due to the FTSU way of raising it - more about the issue itself."

"Since speaking up, I feel I have faced reprisal from my line manager, experiencing increased scrutiny and a sense of victimisation. It seems my peers do not face the same level of scrutiny, and there appears to be inconsistency in how people are treated."

"Not a lot has changed to be honest, it's less obvious but I still feel the constant reminders that I dared to raise my concern."

Suggestions for improvement

Clearly there is room for improvement and respondents made the following suggestions.

“Continue to have a range of guardians and champions, at different levels of seniority. Make senior management commit to listening to feedback from the FTSU team and provide meaningful responses.”

“Reaching out in itself and knowing that the choice of mediation could have repercussions, causes massive anxiety and stress. Then when the behaviours begin again you feel even more isolated. Maybe a pathway to offer an element of a more consistent follow up a few times over 3 months?”

“Could you introduce a form to capture our initial thoughts before the conversation?”

What does other data tell us about 2025?

People Survey

Levels of confidence in raising concerns are rising, a little

Colleagues completing the People Survey in 2025 were asked the extent to which they agreed with the following statement ***I am confident that I can raise an issue with the organisation without it being held against me.***

Back in 2022 confidence peaked at an organisation average of 61%. In 2023 it dropped to 56% and since then has increased very slowly year on year.

In 2025 confidence levels across directorates fluctuated from 42.4% to 62.8% which is a downward shift from 2024 but the average nudged up again, slightly, to 56.6%. Whilst this upward movement in the average is welcome, the real stories lie in the details of individual teams. In this regard the Guardian’s work to engage ADs of hotspots continues and individual cases are helpful in providing the stories behind the data.

The pilot of an anonymous concerns portal is another initiative to try and increase confidence in speaking, albeit the ideal is always to have personal contact. Time will tell if this is effective, or whether it proves to be another source of frustration and it will be interesting to see what 2026 results show.

Agreement that appropriate action is taken when concerns are raised

The People Survey also asks colleagues whether they agree, or not, with the statement ***Appropriate action is taken when concerns are raised.***

In 2024 53.8% of colleagues agreed with this statement whilst 18.8% disagreed (the remaining 31.8% rest sat in the ‘neither’ category). In 2025 those agreeing with this had risen to 55.2% whilst those disagreeing dropped to 15. This is an encouraging trend, even with the obvious room to do better, but it still offers encouragement that increasing levels of escalation and subsequent action have been evident to colleagues.

Exit questionnaire insights

Colleague’s leaving the GMC receive a link to an exit questionnaire from the People & Organisational Development Team. Completion isn’t compulsory.

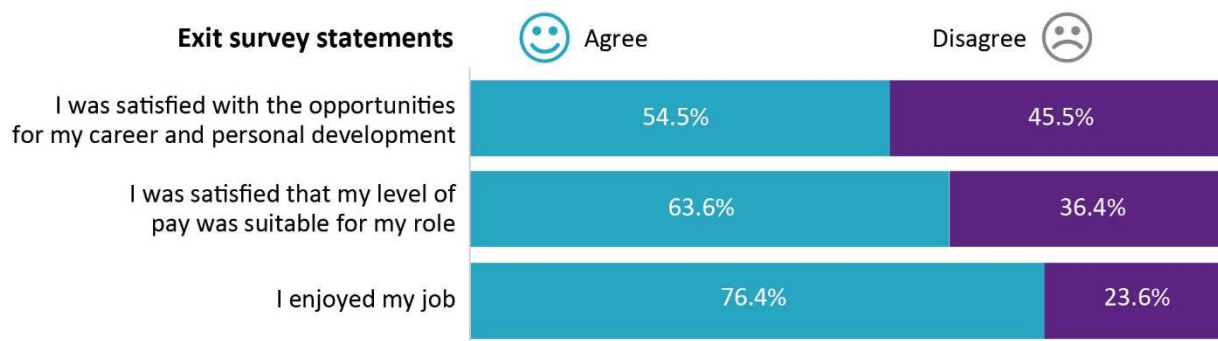
The questionnaire contains 22 questions covering the themes – my role, my working arrangements, my manager, my pay and reward package and the GMC. In addition, leavers are asked to provide a reason for leaving and details of where they are going to work.

In 2025 there were 107 leavers and 55 completed a questionnaire.

The three highest scoring reasons for dissatisfaction on leaving have remained the same as 2024 and relate to pay, career development, and enjoyment.

Reasons for dissatisfaction on leaving don’t appear to correlate with the themes of concerns and may reflect a more buoyant job market and the healthy turnover of individuals who are seeking better opportunities elsewhere.

Diagram 7: Reasons for dissatisfaction when leaving the GMC



What we'll focus on in 2026

Anonymous concerns evaluation

The pilot will run until September 2026 when a further evaluation will take place and recommendations made about whether to continue to offer the portal as a speaking up option.

Working with other regulators

The National Guardian's Office is scheduled to close in June 2026 and future arrangements for support and training still haven't been made clear. There are existing regional networks and these are expected to continue. But the future looks less certain as these, predominantly, NHS heavy groups may not provide the support the GMC requires. So in 2026 we will seek to build a FTSU network with other health regulators. We already have links through the North West Regional FTSU Network and will begin with those and explore how this might be progressed.

Increasing confidence and improving communications

We'll continue to work with teams across GMC to increase understanding of the FTSU process and raise awareness of how they can enhance psychological safety awareness.

We'll continue the MPTS newsletter and consider the potential to extend this further. The shift to more consistent communications throughout the year started in 2024 and will continue through 2025. This moves the focus from a packed FTSU month and will enable greater involvement of champions working with teams throughout the year.

People Survey findings

We'll be working with directors to examine findings on bullying, harassment, inclusion and confidence in raising concerns with the intention of reducing unacceptable behaviours.

Annual QA Update

Action	To note
Purpose	<p>This paper provides members with an update on our education and training quality assurance (QA) work in 2025. This encompasses our proactive QA (PQA) process to engage with medical schools and postgraduate training bodies as well as our reactive process (including enhanced monitoring) to address challenged training locations.</p> <p>The paper also covers the first year of delivery of the Medical Licensing Assessment (MLA) and the accreditation and ongoing quality assurance of education courses for physician and anaesthesia associates.</p> <p>We also update on the assurance provided by postgraduate training bodies, particularly in England with the merger of NHSE England into the Department of Health and Social Care and consider the implications of the GMC Order 2026 on our future approach.</p>
Decision Trail	Council approved a revised approach to quality assurance in February 2020.
Recommendation(s)	To note
Annexes	Annex A: Enhanced monitoring cases
Author contacts	<p>Martin Hart, Assistant Director, Education and Standards</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Pushpinder Mangat , Medical Director and Director - Education and Standards

Background

1 Our approach to education quality assurance is as follows:

- The Medical Act* requires us to secure our standards[†]. We do this by first approving medical schools, PA and AA programmes, postgraduate programmes and training locations, and postgraduate curricula.
- We then check that organisations continue to meet our standards through our proactive quality assurance (PQA) processes. This includes checking that the education bodies have mechanisms for checking the standards are met by the organisations (usually hospitals and General Practice) they commission to deliver training.
- Our reactive quality assurance processes, (including routine monitoring, enhanced monitoring and setting conditions), enable us to respond to any concerns arising from anywhere in the medical education system.
- Our approach is underpinned by our intelligence, data and evidence, including the national training surveys. These inform and enhance all parts of our assurance processes.
- We also oversee the delivery of the UK Medical Licensing Assessment. At UK medical schools, this is delivered in two parts – an applied knowledge test (AKT) devised and delivered to all medical students by the Medical Schools Council, and a clinical and practical skills assessment (CPSA) delivered by individual medical schools. We also apply similar oversight of the delivery by the GMC of the PLAB test to international medical graduates (IMGs).

2 Our QA model is overseen by colleagues in the Quality Assurance Monitoring and Improvement (QAMI) team:

- Medical schools and postgraduate training organisations (PTOs)[‡] sign a declaration every four years that signifies their intention to meet the standards. This is a confirmatory process for organisations, similar to our revalidation model for individual doctors.
- Every year they complete or update a self-assessment questionnaire (SAQ) that asks them to demonstrate how they meet the standards of *Promoting Excellence through the outcomes of their day-to-day activities, policies and processes*.

* As set out in sections 5(1) and 34H(1)(b) of the Medical Act 1983

[†] *Promoting Excellence* (2015) sets out our standards for the management and delivery of medical education and training. *Excellence by Design* (2017) sets out our standards for curricula and assessment systems.

[‡] Postgraduate training organisations are the NHS England Workforce Training and Education directorate and its local offices, NHS Education for Scotland, Health Education and Improvement Wales and the Northern Ireland Medical and Dental Training Agency.

Agenda item M11

Annual QA Update

- We scrutinize their submission along with the data and evidence we hold and identify areas where either a) we are not assured or b) there is potential good practice. We meet each organisation to discuss their submission and agree activities that we will undertake to gain the assurance that we need.
 - Every year each medical school also confirms the design and delivery of both parts of the MLA and engages in quality activities including observations as part of a four-year cycle.
 - We undertake a range of activities including document requests, observing their various quality management activities, and potentially full-scale GMC visits. Some of these activities will involve GMC associates.
 - We gather structured feedback directly from students, trainees and trainers on a regular basis to ensure that these groups have opportunities to report directly to the regulator about their training provider. We also gather structured feedback directly from local education providers about their relationships with medical schools and PTOs. The GMC's outreach teams will also be engaged with this work.
 - We may set requirements and recommendations for medical schools which we will then monitor until we have the requisite assurance. If we identify notable or good practice (this could be areas working well or innovation and excellence), we will seek to promote this to other organisations who may be able to benefit from this.
 - We publish annual summaries for each organisation which includes information about the self-assessment, activities we have undertaken and any requirements, recommendations, good or notable practice we've identified.
 - A similar, proportionate approach, is applied to physician associate and anaesthesia associate programmes.
- 3** The remainder of this paper is devoted to short updates on our activities covering:
- Our QA activities and the Proactive Quality Assurance (PQA) process.
 - The work to provide continued assurance of the Medical Licensing Assessment as well as the MLA compliance process for new medical schools.
 - The decisions taken by Council in April 2025 to approve 36 PA and AA courses, and to not approve one course, and subsequent developments with these courses.
 - The implications of the GMC Order 2026, changes expected from the NHS 10-year plan workforce strategy, alongside developments in the other nations of the UK. We also consider the ongoing challenges to education and training as a result of the merger of NHS England and the DHSC.
 - Our work with postgraduate training organisations and our work with locations that have particular training challenges (enhanced monitoring).

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- An update on our work overseeing Council's ambitions with respect to Fair Training Cultures and against our commitment to eliminate discrimination, disadvantage, and unfairness for all index measures of fair medical education and training pathways by 2031.

GMC's approach

- 4 The GMC's approach to the regulation of education and training remains focussed on the maintenance of standards and outcomes. Across undergraduate and postgraduate, we have sought to embed the following principles in our approach:
 - Patient safety
 - Maintaining standards
 - Meeting outcomes
 - Competence
 - Proportionate approaches
 - Supporting diverse patient and doctor populations

Proactive quality assurance process and QA activities

- 5 Quality activities are designed to allow organisations to demonstrate how they quality manage their education and training and include observation of key committee meetings, attending quality management visits, document requests and reviews and meeting students and trainees. In 2025 we undertook 30 enhanced monitoring visits to postgraduate training organisations and undertook 244 quality activities (PA/AA course providers, medical schools, and postgraduate training organisations). Of these, 203 were in England, 11 in Northern Ireland, 17 in Scotland, and 13 in Wales.
- 6 We now [publish](#) our Annual Quality Assurance Summaries (AQAS) which note the self-assessment, quality activities and summarises our engagement with the organisation over the year. For postgraduate training organisations, this includes a summary of enhanced monitoring activity and differential attainment. We list any areas of notable practice, areas working well, requirements and recommendations. We also detail the areas of focus and next steps in the process.

The Medical Licensing Assessment (MLA)

- 7 Council determined that from summer 2024, a pass in the MLA was a requirement of graduation.

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- 8 Through 2025 we liaised with medical schools, and our own PLAB team, to ensure their compliance with the MLA requirements, as set out in the MLA framework, and their readiness to deliver both MLA components.
- 9 As a result of our on-going liaison with medical schools, the Medical School Council (MSC), and PLAB we were assured and satisfied with the delivery arrangements for the MLA, the quality of the assessment products, and the insight we gained to the outcomes for candidates.
- 10 We have supported work with other teams across the GMC to secure candidate-level AKT data from the MSC, which, together with CPSA data collected direct from medical schools, will be available on GMC Data Explorer later in 2026. These data will be used by QAMI for quality assurance purposes, including identifying any emerging concerns about MLA under-performance.
- 11 As part of our liaison with medical schools, and the PLAB team, we shared our plans for a four-yearly cycle of proactive quality assurance activity. In 2025, several activities were completed, including an observation for PLAB, and following up on recommendations from the initial compliance process. Once in every four years, we will observe the CPSA of every medical school and PLAB.
- 12 We introduced a process for MLA providers to request changes to the AKT and CPSA, as well as a cross-directorate MLA expert working group to monitor, and respond to, acute incidents during the delivery of the MLA which may impact on compliance.
- 13 Compliance with the MLA framework has been embedded in the new school approval process, and we have engaged with new schools to offer support and guidance on their implementation of the MLA.
- 14 Our ongoing assurance of the medical school AKT, which is coordinated by the MSC on behalf of medical schools, included observations of exam boards and the operational groups responsible for creating, selecting, and setting the standard for AKT content.
- 15 We conducted an internal audit to ensure that AKT risks are captured and managed appropriately, and that continuous improvement is embedded in our systems and processes.
- 16 We published a report summarising learning from the initial compliance cycle, highlighting areas working well and identifying areas where collaboration could support further improvement.
- 17 Next year, with the publication of findings from phase one of the MLA evaluation, we anticipate follow up actions in response to feedback from stakeholders. With the publication of MLA data, we also envisage opportunities for targeted performance-based engagement, offering support to medical schools that may be under-performing relative to others, and seeking to understand local conditions that may explain performance trends.

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- 18** We will also be working with the data team to explore the MLA dataset against students' socio-demographic characteristics, which will give us first insight to the award gap on a national basis. We will use that intelligence to inform future quality assurance activities and support for medical schools, and also the GMC's ambition to eliminate disadvantage and discrimination by 2031.

Our work with AA and PA course providers

- 19** We have continued our programme of engagement with all higher education institutions that deliver Physician Associate or Anaesthesia Associate courses. We have replicated the proactive quality assurance process we follow for medical schools with all existing course providers submitting self-assessment questionnaires followed by feedback meetings. We started undertaking face-to-face visits and quality activities to AA and PA course providers in 2022 and in the last three years have now completed in person visits to all HEIs delivering these courses.
- 20** The visits and quality activities have enabled us to triangulate the information received in the self-assessment questionnaires, learn more about these courses and make informed judgements on how the different courses meet our standards. In April 2025, we invited Council to approve 36 PA and AA courses, four of these were approved with conditions. One course, the PA programme at the University of East London, was not approved.
- 21** Since then, the programmes approved with conditions have had these conditions lifted. The programme at the University of East London has had conditions imposed for approval, including a requirement for a small number of students to take a final assessment at another (approved) PA programme provider. We hope to bring a recommendation to approve this course to Council later this year.
- 22** The trend noted last year for a number of HEIs to pause or close their PA courses has continued. At the time of writing 22 course have informed us they intend to suspended or close down their course. We have explained to all course providers our process for these courses to keep their approval status if they enter a period with no students studying on the course.

External developments

GMC order 2026

- 23** The GMC Order 2026 envisages the GMC approving pre-registration medical education at programme level. This would envisage replacing the list of primary medical qualification (PMQ) awarding bodies with a list of approved programmes.

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- 24 The order also envisages formalising the power of the GMC to approve education and training courses delivered overseas (this was a specific question in the consultation on the order). The GMC already recognises a small number of undergraduate programmes delivered overseas by PMQ awarding bodies, and overseas some postgraduate training delivered outside the UK by the Postgraduate Medical Defence Deanery.
- 25 By switching the unit of approval to programme, there would be the flexibility for the GMC to decide not to approve overseas undergraduate programmes in future, without this affecting the organisation's courses delivered in the UK.
- 26 The GMC order and the subsequent rules that we (the GMC) propose, would enable us to have a greater focus and influence on employers in order to satisfy our future requirements of employers via our QA activity.

Merger of NHSE with DHSC

- 27 As noted in this paper last year, NHS England colleagues, both nationally and regionally, are crucial to the quality management of postgraduate training in England, and in particular support for the difficult decisions to withdraw trainees and to impose conditions on training environments. Our concerns around the levels of staffing, particularly in the regions, remain although the final position around the levels of support and staff is still not clear. This remains a corporate level risk for the GMC and one we closely monitor with Outreach colleagues.

NHS Ten Year Plan and refreshed workforce strategy

- 28 At the time of writing, we are still awaiting full details of the workforce strategy. At undergraduate level, this has implications for numbers of medical school places. We hope that the workforce plan will provide an opportunity to addressing concerns around clinical placement capacity and education workforce as well as crucial decisions about the location of any new medical schools and the potential scale of expansion of existing schools. Despite this, we are still seeing enquiries and applications from universities wishing to establish medical schools, although not necessarily in the locations that would best meet the need of patients in *under doctored* areas.
- 29 There are also linkages with the Medical Training Review which has now moved into an implementation phase chaired by Professor Jane Dacre. The review aims to create more flexible training pathways, better integration of training with the work of the NHS, fix competition bottlenecks and improve doctor morale and retention.
- 30 There is a clear alignment with the GMC's Future Ed work, and we will need to be alert for any implications for the GMC's role in quality assuring medical education and training.

Future of education and career development

- 31** Future Ed is likely to have important implications for our approach to quality assurance. We expect, through this work, to develop a simpler and more adaptable framework, with revised standards and outcomes for individuals and organisations, including clearer expectations of employers and stronger emphasis on the support available to educators. For quality assurance, this is likely to mean a clearer basis for assessing whether organisations are creating learning environments that give education appropriate priority alongside service delivery, with sufficient educator capacity, supervision and protected time to support safe and effective training.
- 32** The Future Ed programme is currently focussed on work to strengthen the evidence base on Specialty, Associate Specialist, and Specialist (SAS) and locally employed (LE) doctors and to test a Knowledge, Skills and Experience framework that could support recognition of experiential learning. This framework could be used to improve routes to training for locally employed and SAS doctors, enabling recognition of their skills. Alongside this, we are looking at models that already exist for training these doctors and considering whether we could better recognise established schemes, (including what appropriate quality assurance could look like outside formal training). We are also working to make this central to conversations around the Medical Training Review - the early model that Jane Dacre presented was based on explicitly recognising learning outside traditional pathways.
- 33** Looking ahead, our quality assurance processes will increasingly focus on how well organisations are meeting the expectations set through Future Ed. For medical schools, it is likely to include closer attention to placement capacity, the support available to educators and students, and how local systems enable flexible pathways while maintaining consistent outcomes. For postgraduate training organisations, this is likely to include greater scrutiny of how they assure educator capacity, supervision, protected time for education, progression opportunities and the quality of training environments across local providers. For SAS/LE doctors we have ambitions to apply equally rigorous QA to the framework described in para 32 alongside that is currently provided for postgraduate training.
- 34** Future Ed may also influence our new schools work by shaping the expectations we place on emerging programmes from the outset. It may also require us to explore more explicitly how new schools will maintain consistent outcomes in a changing workforce and service context, including through their relationships with placement providers and system partners at a time when clinical placement capacity is becoming more constrained. Over time, this could mean that our early quality assurance places greater weight on the resilience of delivery models, with new schools needing to demonstrate that they are equipped to deliver high quality education within a more flexible future framework.

Outside England

- 35** In Scotland, NHS Education for Scotland (NES) is now part of Public Services Delivery (PSD) Scotland to drive digital improvement and innovation, 'Once for Scotland capabilities' and workforce planning and education. At the undergraduate level, we are continuing to monitor the ScotCOM programme at the University of St Andrews as part of our new school's programme.
- 36** In Wales, the North Wales medical school continues at Bangor University continues to progress through our new school's process.

Chester Medical School

- 37** As members will be aware, we have had particular challenges with the progress of Chester Medical School through our new schools' process during 2025. This caused us to take the difficult decision in March 2026 to instruct Chester Medical School to invoke its contingency plans with Warwick Medical School as we had concluded that the university would not have made sufficient progress for us to recommend to Council that it should be added to our list of approved awarding bodies in Spring 2028.
- 38** At the time of writing, we are expecting an action plan from Chester to explain how it will address the outstanding concerns that we have. We have also received documentation indicating how the contingency will work in practice, with a particular focus on the current year two students who we now expect to be awarded their PMQ by the University of Warwick.

Postgraduate training and enhanced monitoring

- 39** We use enhanced monitoring to promote and encourage local management of concerns about the quality and safety of medical education and training.
- 40** We require more frequent progress updates from those responsible for resolving these concerns. We also attend locally led visits to investigate a concern or check on progress. Information on enhanced monitoring cases is [published](#) on our website and we share information with other healthcare regulators where appropriate.
- 41** Issues that require enhanced monitoring are those that could affect patient safety or training progression or quality. Issues are usually referred to us if there are concerns that the standards in Promoting Excellence are not being met and they meet the following criteria:
- Persistent and serious patient safety concerns
 - The safety of doctors in training is at risk.

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- 42** Through our enhanced monitoring process, we help to drive improvements in postgraduate training environments. Our involvement often incentivises swifter action and through the enhanced monitoring process, we work with the trust and others to reach a safe, effective, and sustainable solution to our concerns at the earliest opportunity. At the beginning of 2025, we had 23 enhanced monitoring cases open. By the end of 2025, we were able to de-escalate or close a number of these cases. De-escalation means the concern can be managed locally and we will continue to receive updates about the department(s) or trust via our quality reporting system.
- 43** In 2025, we also escalated four new concerns to our enhanced monitoring process. As a result, at the end of the year, there were 23 open cases in enhanced monitoring.
- 44** For the cases that remained in enhanced monitoring throughout the year, we continued to attend locally led visits, reviewed improvement plans and received regular updates on progress. Internally we complete risk reviews on each case every six months or where there is a significant change in the case to establish the risk level and decide on next steps - we assess whether to escalate the concern, continue monitoring progress or de-escalate/close the case. This ensures that we remain focused on encouraging improvements in the departments and trusts where we have concerns about the quality of training.
- 45** As last year, we have included a short narrative at annex A providing some further detail on our approach to two notable enhanced monitoring cases.

Fair Training Cultures

- 46** Postgraduate training organisations (PTOs) continue to submit annual updates to their action plans, detailing how they are working to address the attainment gap in their region as part of our proactive quality assurance process. We meet with all PTOs to discuss progress and explore the interventions listed in their action plans on an annual basis. We can also undertake quality activities to explore interventions in more detail and triangulate what we hear from the organisation. We provide written feedback on the action plans and an overview of our findings in the annual quality assurance summaries.
- 47** We have been working closely with medical schools through our proactive quality assurance process to understand how they are working to address issues relating to equality, diversity and inclusion (ED&I). As with PTOs we meet with each medical school to explore their ED&I initiatives in more detail. We can also undertake quality activities and provide written feedback on our findings. Later this year we will be introducing action plans for medical schools. This will bring greater consistency to our processes for undergraduate and postgraduate organisations. It will also allow us to receive more detailed updates from medical schools and provide a clearer picture of the work that is being undertaken by organisations across the four nations.

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- 48** We continue to see a good level of engagement from PTOs and medical schools in relation to this work. However, the impending changes in NHS England have resulted in some delays to PTO action plan updates and we are concerned about the continuing commitment to achieving our target. We continue to work closely with PTOs to understand more about any impact on ED&I initiatives.
- 49** Full details of the GMC's work around equality, diversity and inclusion can be found in our annual [equality, diversity, and inclusion progress update](#).

Annex A

Enhanced monitoring cases

Anaesthetics, Basildon University Hospital - Mid and South Essex NHS Foundation Trust

- 1 In May 2025, NHS England (East of England) visited the Anaesthetics department at Basildon University Hospital, Mid and South Essex NHS Foundation Trust and raised serious concerns about patient safety and the quality of training. As a result, anaesthetic trainees were removed from the department on 30 May 2025.
- 2 The GMC placed the department into enhanced monitoring in July 2025 so that the Trust and NHS England (East of England) could put improvements in place and report progress. However, concerns continued about:
 - whether the department had enough staff and supervision to support safe care and training
 - whether trainees could raise concerns without fear
 - whether behaviour and culture were appropriate (including concerns about sexual misconduct, misogyny and undermining behaviour), and
 - whether governance and senior oversight were strong enough.
- 3 Because progress was limited, the GMC imposed conditions in in January 2026 on the approval of the anaesthetics training programme at Basildon University Hospital. These conditions were imposed to ensure the Trust must show evidence of:
 - enough staff and properly qualified supervisors for training.
 - a safe culture where trainees can raise concerns without fear of negative consequences.
 - clear and effective action to prevent and deal with sexual misconduct, misogyny and undermining behaviour, in line with Equality, Diversity and Inclusion principles.
 - and strong governance with clear board-level responsibility and a named executive lead.

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- 4 The GMC will expect clear evidence that the required improvements are in place and being maintained before the conditions are removed and before trainees may be returned.

Cardiology, University Hospital of Wales - Cardiff & Vale University Health Board

- 5 Concerns were raised about inappropriate behaviours within the Cardiology department at University Hospital of Wales, Cardiff & Vale University Health Board. These concerns were impacting the learning environment and limiting access to training. There was also a lack of clear role differentiation between Foundation and Internal Medicine Training (IMT) doctors.
- 6 Following a recommendation from Health Education and Improvement Wales (HEIW), the department entered GMC enhanced monitoring in June 2024. We visited on 29 January 2025; ahead of this, the Health Board developed an improvement plan.
- 7 January 2025 feedback was mostly positive, with higher-level trainees noting clear improvements. Foundation and IMT doctors reported ongoing barriers to clinic access (rota and space). Most described a supportive culture, with improvements in training delivery and workload management. We reduced the risk rating but kept enhanced monitoring in place to test sustainability.
- 8 Key areas requiring further improvement included:
 - tackling any remaining inappropriate behaviours and ensuring concerns are raised and addressed consistently.
 - clarifying roles and expectations for Foundation and IMT doctors.
 - improving clinic access by addressing rota and space constraints.
 - making clinic learning more consistent and equitable across trainees.
 - reducing on-call workload pressures to protect training and patient safety.
 - strengthening feedback loops and ongoing quality improvement.
- 9 A follow-up visit in early 2026 visit confirmed sustained improvement, with very positive feedback from trainees and educators. As the case no longer met the threshold for enhanced monitoring, we de-escalated it and moved to routine monitoring through the quality reporting system, with HEIW providing regular progress updates. This remains important given the open enhanced monitoring case in Cardio-thoracic Surgery at the same hospital and Health Board.

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- 10** An early 2026 visit confirmed sustained improvement, with very positive feedback from trainees and educators. As the case no longer met the threshold for enhanced monitoring, we de-escalated it and moved to routine monitoring through the quality reporting system, with HEIW providing regular progress updates. This remains important given the open enhanced monitoring case in Cardio-thoracic Surgery at the same hospital and Health Board.

Recommendation of approval: Keele University PAA course

Action	To approve an addition to the list of courses entitled to deliver pre-qualification education for physician associates (PAs) and anaesthesia associates (AAs).
Purpose	To provide an overview of our quality assurance of the Physician Associate Apprenticeship (PAA) course at Keele University.
Recommendation(s)	To approve the PAA course at Keele University being added to the list of courses entitled to deliver pre-qualification education for physician associates (PAs) and anaesthesia associates (AAs).
Annexes	None
Author contacts	<p>Elona Selamaj, Education Quality Assurance Programme Manager</p> <p>Martin Hart, Assistant Director - Education</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Pushpinder Mangat , Medical Director and Director of Education and Standards

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Recommendation of approval: Keele University PAA course

Background

- 1 The AAPA Order requires Council to maintain and amend, as required, the list of courses entitled to deliver pre-qualification education for physician associates (PAs) and anaesthesia associates (AAs). In April 2025 Council approved the existing PA and AA courses that were meeting our criteria for approval as previously agreed by Council. The recommendation on approval for the University of Keele PAA course was deferred at the time as the course had not met the criterion of having graduated at least one cohort of students.
- 2 The course provider has recently graduated the first cohort in May 2026 and is now meeting all our criteria for approval of existing courses. Standards of proficiency are set out in *Standards for the delivery of PA and AA pre-qualification education (2024)* and compliance with the standards is demonstrated through the Quality Assurance Framework, which includes annual returns from the course provider and at least one in-person quality activity as determined in our approach for the approval of existing PA and AA courses.

About Keele University Physician Associate Apprenticeship course

- 3 The PAA course at Keele University is a 30-month postgraduate L7 apprenticeship programme. The mode of study is part-time and the course is delivered in partnership with the employers where the apprentices are based, by combining learning at University and on the job. In addition to being quality assured by the GMC the course is also quality assured and the mode of delivery is pre-approved by the Institute for Apprenticeships and Technical Education (IfATE). This is the only physician associate apprenticeship course in the UK and it admitted its first cohort of students in September 2023. The Physician Associate Regulatory Assessment is the course's end point assessment (EPA) and is integrated as part of the programme.

Quality assuring Keele University Physician Associate Apprenticeship course

- 4 During our quality assurance with the Keele University PAA course we did identify some concerns mainly linked to the ability of apprentices to attend different clinical placements in a range of clinical settings as required by the PA national curriculum. We raised these concerns with the course provider and the programme team responded promptly with a thorough action plan. We monitored the implementation of the action plans and met a number of times with apprentices, educators and the programme team.
- 5 During our quality assurance of the course, we have had support from a team of education associates on areas such as curriculum review or the visit. We have received assurance that

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Recommendation of approval: Keele University PAA course

all our concerns are now resolved, and all apprentices enrolled on the course have been able to meet all their learning outcomes. There are no outstanding concerns linked to this course, and we are assured that it meets our standards.

- 6 Due to the difficulties encountered with the mode of delivery and a lack of interest from prospective employers the University has decided to close this course permanently. As per the requirements of the AAPA Order, the course needs to be approved at the time when apprentices graduate to enable them to register with the GMC. Once all the students on the course have qualified we will follow our process for the revocation of approval from this course.

Recommendation

- 7 We recommend the PAA course delivered by Keele University is added to the list of courses entitled to deliver pre-qualification education for physician associates (PAs) and anaesthesia associates (AAs).

Council Forward Work Programme

Action	To note
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Purpose	This paper sets out the planned items for future meetings of Council. The content of agendas is liable to change.
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Recommendation	To note the Council forward work programme
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Annexes	None
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Author contacts	Melanie Wilson , Head of Corporate Governance and Council Secretary Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
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Sponsoring director/ Senior Responsible Owner	Carrie MacEwen , Chair of the GMC
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Agenda item M14**Council Forward Work Programme****Background**

- 1 This paper sets out the planned items for future meetings of Council. The content of agendas is liable to change.
- 2 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.

22/23 July 2026 - Manchester

	Item	Sponsor
Seminar	• Future Ed	Push Mangat
	• Engaging with Medical students	Paul Reynolds
	• Update on GMC Professional Standards consultations	Push Mangat
	• Investment Committee – Investment strategy background and approach	Neil Roberts
Confidential session	• Implications of Donna Ockenden & Amos reports	Shaun Gallagher
	• Update on the Leng Review	Shaun Gallagher
	• Response to the Mann review	Anthony Omo
	• Strategic Communications and engagement priorities update	Paul Reynolds
Public session	• Chief Executive's report	Charlie Massey
	• Financial update including mid-year review	Neil Roberts
	• ED&I Annual report	Shaun Gallagher
	• Safeguarding annual report	Neil Roberts
	• Fairer Employer Referrals options	Anthony Omo
Below the line	• Council forward work programme	Carrie MacEwen
	• Update on the Leng Review	Shaun Gallagher

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Council Forward Work Programme

1 October 2026 - Northern Ireland

	Item	Sponsor
Seminar	• Northern Ireland focus	Paul Reynolds
	• Investment approach	Neil Roberts
Confidential session	• SC&E Impact report	Paul Reynolds
	• Report from GMCSI	Paul Reynolds
	• 2027 Budget Assumptions and Approach	Neil Roberts/Shawn Gallagher
	• SoMEP Workforce Report	Shaun Gallagher
	• Financial pressure and prioritisation	
Public session	• Chief Executive's report	Charlie Massey
	• Finance update	Neil Roberts
	• Regulatory reform update	Shaun Gallagher
	• Regulatory Fairness Review update	Shaun Gallagher
	• People Report	Neil Roberts
Below the line	• Council forward work programme	Carrie MacEwen
	• Council members' register of interest	Carrie MacEwen

9 December 2026 - London

	Item	Sponsor
Seminar	• Perceptions survey report	Paul Reynolds
	• External speaker	
Confidential session	• PA/AA revalidation rules - sign-off	Una Lane
Public session	• Chief Executive's report	Charlie Massey
	• Financial update	Neil Roberts
	• Fairer Employer Referrals annual report	Anthony Omo

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Council Forward Work Programme

	• Fairer Employer Referrals – where next?	Anthony Omo / Push Mangat
	• Fairer Training Cultures	Push Mangat
	• 2026 Budget and Business Plan	Neil Roberts/Shawn Gallagher
	• Report of the MPTS committee	MPTS Chair
	• Report of the Audit and Risk Committee	Vanessa Davies/Neil Roberts
	• Report of the Remuneration Committee	Raj Patel/Charlie Massey
	• Patient and Public Involvement update	Paul Reynolds
	• Reg Reform update	Shaun Gallagher
	• Compliments and Complaints report	Charlie Massey
Below the line	• Council forward work programme	Carrie MacEwen
	• Annual report on the DC pension scheme	Neil Roberts

February 2027 - London

	Item	Sponsor
Seminar	• TBC	
Confidential session	• SC&E Priorities for the year ahead	Paul Reynolds
Public session	• Chief Executive's report	Charlie Massey
	• Annual update of Governance Handbook	Charlie Massey
	• Finance update	Neil Roberts
	• PSA Annual review of our performance	Shaun Gallagher
	• Regulatory reform update [placeholder]	Shaun Gallagher
	• People Survey report	Neil Roberts
	• 2028 Council meeting schedule	Sophie Brookes
	• Report of the MPTS Committee 2026	MPTS Chair
	• Council forward work programme	Carrie MacEwen

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Council Forward Work Programme

Below the line	<ul style="list-style-type: none"> Report of the Executive Board 	Charlie Massey
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April 2027 - Manchester

	Item	Sponsor
Seminar	<ul style="list-style-type: none"> TBC 	
Confidential session	<ul style="list-style-type: none"> Annual Review of Governance Framework: GMC/GMCSI 	Paul Reynolds
	<ul style="list-style-type: none"> 6 monthly SC&E Impact report 	Paul Reynolds
Public session	<ul style="list-style-type: none"> Chief Executive's report 	Charlie Massey
	<ul style="list-style-type: none"> Financial update 	Neil Roberts
	<ul style="list-style-type: none"> 2025 national reports 	Paul Reynolds
	<ul style="list-style-type: none"> Annual QA update 	Push Mangat
	<ul style="list-style-type: none"> Annual section 40A report 	Charlie Massey
	<ul style="list-style-type: none"> Regulatory reform update [placeholder] 	
Below the line	<ul style="list-style-type: none"> Council forward work programme 	Carrie MacEwen
	<ul style="list-style-type: none"> Council members' register of interest 	Carrie MacEwen

June 2027 - London

	Item	Sponsor
Seminar	<ul style="list-style-type: none"> TBC 	
Confidential session	<ul style="list-style-type: none"> Annual report of GMCSI 	Paul Reynolds
Public session	<ul style="list-style-type: none"> Chief Executive's report 	Charlie Massey
	<ul style="list-style-type: none"> Finance update 	Neil Roberts
	<ul style="list-style-type: none"> Report of the MPTS Committee 	MPTS Chair

Agenda item M14

Council Forward Work Programme

	<ul style="list-style-type: none"> Trustees' Annual report and accounts 	Paul Reynolds / Neil Roberts
	<ul style="list-style-type: none"> Fitness to practise statistics report 	Anthony Omo
	<ul style="list-style-type: none"> Freedom to Speak Up Guardian annual report 	Neil Roberts
	<ul style="list-style-type: none"> Regulatory reform update [placeholder] 	Shaun Gallagher
	<ul style="list-style-type: none"> Audit and Risk Committee Annual Report 	Vanessa Davies/Neil Roberts
	<ul style="list-style-type: none"> Annual QA Update 	Push Mangat
Below the line	<ul style="list-style-type: none"> Council forward work programme 	Carrie MacEwen

People Survey workstreams update

Action	To note
Purpose	This below the line report provides an update on work carried out on the organisational workstreams established following the 2025 people survey.
Decision Trail	First reporting on the 2025 people survey was provided to Council in February 2026.
Recommendation	Council is asked to note progress on ongoing work programmes following the 2025 people survey.
Annexes	None
Author contacts	Ben Browne , Assistant Director - People Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Neil Roberts , Director of Resources

Agenda item M15

People Survey workstreams update

Background

- 1 Our people survey provides a detailed analysis into key aspects of our performance as an employer, helping us identify areas of strong performance along with opportunities for improvement. The survey outcomes are also central to tracking our progress on equality, diversity and inclusion where Council have agreed targets, and these are covered in our report on our ED&I targets.
- 2 We continue to run an annual cycle for surveys to help us better track our performance and assess the impact of the work we have undertaken.

Overview

- 3 The people survey has many elements that allow us to track our performance over the long term and benchmark externally. We analyse employee views across the GMC and by individual directorates and teams (subject to sufficient responses to preserve confidentiality and anonymity). We can also analyse the results by job level, location, and protected characteristic.
- 4 Our priority is to ensure that we build on the areas of positive feedback and that this reflects the experience of working at the GMC for all colleagues. We also recognise there is work to do in some areas following analysis of the survey results and we develop priority areas for improvement activity, known as survey workstreams.
- 5 We reported the headline results of the 2025 people survey to Council in February 2026. This included a presentation to Council on the headline results from our survey provider, IQVIA.
- 6 As previously reported to Council, we changed the people survey cycle for the 2025 people survey. We now run a larger survey every two years, with survey action plans running over a two-year period. We run a smaller (Pulse) survey every other year, which is intended to provide a progress update on the survey workstream areas from the previous year's larger survey, along with updated employee engagement and inclusivity index scores. 2025 was the first use of the smaller (Pulse) survey.
- 7 The 2025 people survey focussed on the following areas:
 - Employee Engagement Index.
 - Inclusivity Index.
 - Tackling bullying and harassment, including increasing confidence in speaking up.
 - Leadership and engagement, including transparency around decisions.
 - Development opportunities.

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People Survey workstreams update

- 8 This paper provides Council with an update on progress on our survey workstreams following the 2025 survey.

Tackling bullying and harassment, including increasing confidence in speaking up

- 9 Led by the Director of Strategy and Policy, and the Director of Strategic Communications and Engagement.
- 10 Bullying, harassment and discrimination has been a priority area for the GMC for a number of years.
- 11 Recent work in this area has included:
- Mandatory people manager training on professional behaviours.
 - Rollout of our building inclusive behaviours programme for people managers and senior leaders.
 - Rollout of new inclusivity and wellbeing toolkit for managers.
 - Rollout of the Anonymous Concerns Portal.
- 12 Planned work in this area includes:
- Roll out of a new sexual harassment policy and development of an accompanying People Manager Essentials module on sexual harassment.
 - Refresh of our dignity at work policy.
- 13 Subject to the ongoing engagement with colleagues and SMT approval, the new People Strategy may include a range of potential deliverables to actions to prevent and respond to issues of bullying, harassment and discrimination.

Survey hotspots

- 14 We identify 'hotspots' for bullying, harassment and discrimination following each People Survey. We do this by looking at the teams with the lowest agreement scores and highest disagreement scores for the bullying, harassment and discrimination questions. We also triangulate People Survey data with data from Freedom To Speak Up to and insight from People Team leads to identify hotspots.
- 15 Following the 2025 survey, the Assistant Director - People held 121 discussions with all Directors and the CEO to discuss bullying, harassment, discrimination, raising concerns and ED&I data from the survey for their areas with a focus on hotspots. A range of options and potential further local interventions to address issues and improve the workplace experience for colleagues within hotspot areas have been issued to Directors and the CEO.

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People Survey workstreams update

- 16** Directors are being to provide an account of the identified hotspots in their area and updates on actions being taken to address issues through the People and Development Board. First discussions on identified hotspot areas took place at the 30 March 2026 People and Development Board meeting.

Leadership and engagement, including transparency around decisions

- 17** Led by the Director of Resources, and the Medical Director and Director of Education and Standards.

18 Actions taken to date:

- Assistant Director Group established to lead the workstream and key themes identified:
 - Inclusive decision making
 - Communicating transparently and frequently
 - Access to senior leaders
- Staff focus groups ran with scenarios covering the key themes above:
 - Observing SMT meetings (Inclusive decision-making theme)
 - Office reconfiguration project (Communicating transparently and frequently theme)
 - Opportunities to engage (Access to senior leaders theme)
- Leadership and Engagement toolkit developed from focus groups with accompanying communication planned.

19 Planned actions:

- The Governance team are exploring ways to raise awareness about the different Governance meetings.
- Change management training being built into organisational communications where relevant.
- Leadership and Engagement toolkit being built into appropriate training such as mandatory people manager essentials training.

Development Opportunities

- 20** Led by the Director of Fitness to Practise and General Counsel, and the Director of Registration and Revalidation.

21 Actions taken to date:

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People Survey workstreams update

- Decoupling of 'development' from 'progression' in the people survey questionnaire and reset the narrative.
- Identified potential gaps in data on internal recruitment trends.
- Further analysis of 2025 people survey data and exit interview data relating to development opportunities.
- Identified good practice and initiatives to support development through discussions with colleagues across the business and proposed internal communication plan.
- Secured Director-level sponsorship of *Make It Yours* initiative with Una Lane as the sponsor. This initiative was initially started by colleagues in different teams across the organisation and developed into a wider more coordinated pilot with around 70 colleagues involved. It provided a space for colleagues to support it each to help to guide their own personal and professional development instead of this being a directed activity.
- We are at the final stages of the pilot and feedback on it so far indicate it has been well received. A full evaluation of the initiative will be carried out following the pilot, which will include surveying participants to gain direct feedback and data analysis to establish its impact followed by further consideration on how *Make It Yours* can be integrated into business as usual development activity.
- Developed and agreed an action plan with workstream sponsors that focuses on:
 - Improving data collection
 - Promoting in-house talent
 - Apprenticeships expansion
 - Communication, including sharing good practice

22 Planned actions:

- Explore aligning relevant exit interview questions on progression and development with people survey questions.
- Progress development of internal communications plan.
- Support the transition of the *Make It Yours* initiative from pilot to BAU.

Local Responses

- 23 The survey provides the capacity to analyse issues at local level (with the caveat that we don't report on groups on fewer than 10 colleagues). Directorate and teams have developed their own local survey action plans, reflecting their priorities, and complimentary to the centrally coordinated survey response.

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People Survey workstreams update

- 24** Local responses to the survey results are likely to have the most impact on future survey results. We will therefore be monitoring action planning and responses to the survey at both the local level and the corporate level through the People and Development Board.