

Council Meeting - 11 February 2026

PUBLISHED
5 February 2026

Agenda

Main meeting

Wednesday 11 February 2026 - 10:15 – 13:30

Meeting

10:15 – 10:18	M1	Chair's business
<i>3 mins</i>		
10:18 – 10:20	M2	Minutes of the meeting on 4 December 2025
<i>2 mins</i>		
10:20 – 10:35	M3	Chief Executive's report
<i>15 mins</i>		
10:35 – 10:50	M4	Finance report to Council
<i>15 mins</i>		
10:50 – 11:10	M5	The Professional Standards Authority (PSA)'s annual review of our performance
<i>20 mins</i>		
11:10 – 11:30	M6	People Survey 2025
<i>20 mins</i>		
11:30 – 11:50	M7	Report of the MPTS Committee to GMC Council
<i>20 mins</i>		
11:50 – 11:55	M8	Any other business
<i>5 mins</i>		

Below-the-line items*

M9	Amendments to the Governance Handbook
M10	2027 Council meetings schedule
M11	Council Forward Work Programme
M12	Report of the Executive Board 2025

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

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Draft as of: 4 December 2025

To approve

Minutes of the meeting on 4 December 2025

Members present

Carrie MacEwen, Chair

Alison Wright (virtual)

Jane Ramsey

Wendy Williams

Douglas Millican

Keith Lloyd

Olamide Oguntimehin

Raj Patel

Suzanne Shale (virtual)

Vanessa Davies

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

Anthony Omo, Director of Fitness to Practise and General Counsel

Paul Reynolds, Director Strategic Communications and Engagement

Neil Roberts, Director of Resources

Melanie Wilson, Head of Corporate Governance and Council Secretary

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Chair's business (item M1)

- 1 The Chair welcomed members of Council, the Senior Management Team (SMT) and observers to the meeting.
- 2 Council noted that apologies had been received from Deepa Mann-Kler, and Jeeves Wijesuriya.
- 3 Council noted the appointment of Judge Fiona Monk, as the new chair of the Medical Practitioners Tribunal Service.
- 4 Council approved Raj Patel to assume the Chair of the Remuneration Committee, and approved Keith Lloyd to be appointed to the Board of GMCSI.

Minutes of the meeting on 1 October 2025 (item M2)

- 5 Council approved the minutes of the meeting on 1 October 2025 as a true record.

Chief Executive's Report (item M3)

- 6 Council considered the Chief Executive's Report.
- 7 Council noted that:
 - a In relation to regulatory reform, a current focus for the programme is carrying out a detailed review of the draft GMC Order that has been developed by the Department for Health and Social Care (DHSC), ahead of their consultation on the legislation, now expected early in 2026. This delay is to allow the new legislation to take account of conclusions that come out of the Lord Mann review, looking at antisemitism and all forms of racism. The GMC is very well engaged with Lord Mann, looking at cases relating to antisemitism and Islamophobia.
 - b Our overall engagement score from the People Survey 2025 has improved by 1% to 73%. It is a strong score, especially when compared with analogous organisations. We also achieved an increase in our response rate to 89% for this year's survey, which is also a very positive outcome. We will now be analysing the survey data more closely to support our action planning over the next 12 months and will return to Council in 2026 with more detailed analysis of the responses and how we propose to take actions forward in our People Strategy.
 - c On Friday 21 November, we published *The state of medical education and practice in the UK: Workforce report 2025*. In this year's report, we explored key issues across the workforce in all four countries of the UK, including patterns of employment, the movement and location of doctors at different career stages, and the number and

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success rate of post graduate training applications for international doctors and UK graduates.

- d** The GMC held its annual conference in the previous week, which this year brought together healthcare professionals, policymakers, educators and sector leaders to explore how data, insights and research can drive progress across the UK's healthcare system.
- e** The National Maternity and Neonatal Investigation has published its terms of reference. The investigation will undertake a thematic review of previous recommendations made by inquiries into maternity care to consider how many of them have been implemented and what impact they have had, as well as identifying why certain recommendations have not been implemented. We have received a letter confirming that formal stakeholder interviews will begin as soon as possible but that interim findings may not be delivered until the new year. We have offered our assistance to the investigation and have shared a report outlining key GMC data and insights on maternity care and failings, reflecting on past maternity inquiries.

8 During the discussion, Council noted that:

- a** In relation to the operational Key Performance Indicators (KPIs), the number of positive indicators was highlighted, noting that the rolling twelve-month staff turnover is something that is a focus for improvement.
- b** In relation to the Contact Centre KPIs, it was noted that there appeared to be more red indicators than has been reported previously. The Contact Centre is operating well, and over the last number of months, the second phase of the Genesys Omnichannel system has been completed, which has taken considerable time and resources to implement.
- c** Capabilities are now in place to automate seeking responses from everyone that interacts with the Contact Centre after every interaction, regardless of the channel used. As we gather feedback, emerging themes and lessons learned will be available in due course.

Corporate Strategy 2026-30 (item M4)

9 Council received an update setting out the approach taken to developing the 2026-30 Corporate Strategy, with an overview of launch and implementation plans.

10 Council noted that:

- a** Work to develop the 2026-2030 GMC Corporate Strategy began in the summer of 2024 in anticipation of the current strategy ending in December this year. The intention is to publish the new strategy in January 2026.

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- b** An early decision (given we are still working to the 2030 vision) was that we should not carry out a public consultation on this strategy, but it has still been important to understand perspectives of stakeholders in a way that minimises burdens on them. We therefore drew upon the extensive evidence we already hold to identify doctor, PA, AA, patient and public, and other stakeholder perceptions of relevance to the future strategy.
 - c** There was a high degree of consensus from key audiences responding to our perceptions survey in terms of where we should be focusing more of our attention.
 - d** We have carried out a full equality impact assessment (EQIA), which will be published alongside the strategy. This contains an action plan which has been agreed with action owners across the business. Progress will be monitored by the strategy team during the life of the strategy. We have also considered national variations, for example in terms of workforce strategies and operating contexts, and engaged with our national offices, to make sure that the objectives we set in the strategy are relevant in each of the countries that we regulate.
 - e** We have engaged with a small number of patient and registrant bodies to test how the strategy will land with them. The Patient Safety Commissioner's office saw a high degree of alignment with their patient safety principles, and representatives from the British Medical Association (BMA) and United Medical Associate Professionals (UMAPs) were positive overall about what it contained.
 - f** Underpinning the strategy will be an assessment framework which will capture all the measures we are using to assess progress against each objective.
- 11** Council approved the Corporate Strategy for publication and noted the launch and implementation plans.

2026 Budget and Business Plan (including financial update and outcome of triennial valuation) (item M5)

- 12** Council received an update on the financial outlook for 2025, the 2026 priorities and proposed budget, and the proposed Defined Benefit Pension Scheme valuation and recovery plan.
- 13** Council noted that:
- a** The starting point of business plan is the efficient and effective delivery of our statutory functions. We recognise that this is key to maintaining the confidence of stakeholders and protecting the public.

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- b** 2026 will be the first year of our new Corporate Strategy 2026-2030, and the business plan identifies a number of projects and programmes as our secondary set of priorities. This is drawn from our published list of cross-GMC priority change projects, which is reviewed quarterly by the Planning Gateway and Executive Board. Periodically, we also carry out a more in-depth analysis of this list, the most recent of which was conducted in July and August 2025.
- c** Given the financial constraints within the 2026 budget, a disciplined approach to prioritisation will be essential. Our focus will therefore be on optimising existing resources and maximising efficiency.
- d** The final area of the business plan relates to our people priorities and our responsibilities as a good employer. We recognise that neither our strategy nor business plan can succeed without the engagement, capability, and commitment of our people. We will continue to prioritise the quality, wellbeing, and performance of our people and ensure a positive organisational culture that attracts, retains, and motivates high-performing teams where colleagues feel valued, supported, and treated fairly.
- e** In relation to income, the growth rate in the size of the register has remained higher than our budget assumption of 3.5%. We are now forecasting lower PLAB examination volumes and income than anticipated. We had set an investment return budget of £1.5 million in 2025, and the latest return is £1.2 million.
- f** Regarding expenditure, it was noted that we are seeing a higher level of vacancies than initially assumed, which decreases our staff cost forecast. We have only allocated £0.7 million of the Gateway fund, which was set at £1.5 million, and expenditure linked to operational volumes, PLAB examinations and MPTS hearing days, is expected to be lower.
- g** We now anticipate achieving a marginally higher level of operational income compared to budget assumptions and a lower level of operational expenditure which maintains our strong financial position. Following incorporating the accounting adjustment into our projections we are currently forecasting a surplus of £3.8 million compared to a budgeted surplus of £1.3 million. This will leave reserves comfortably within the upper half of our target range of 20% - 35% of expenditure.
- h** In 2026 we are proposing to increase fees in line with CPI released in September, which is 3.8%. This results in a total income budget of £172.8 million, split between: fee income of £169 million; interest and other income of £2.3 million; and investment income of £1.5 million.
- i** The most significant movement between 2025 and 2026 budget setting is linked to our assumptions around the demand for PLAB and the impact on new application volumes. The 2026 budget is £7.2 million lower than 2025 when combining these two areas, £5.7

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million driven by PLAB alone, however the overall budget is still an increase on the 2025 budget, mainly due to the benefit of register growth and inflation linked fee increases.

- j The total 2026 expenditure budget is £172.6 million, with a surplus of £0.2 million. This achieves our aim of developing a balanced budget in 2026 to mitigate the impact of the financial risks we face.
- k The triennial valuation 2024 results, and details of the recovery plan were highlighted, noting the funding position, key assumptions, recovery plan and additional contributions proposed by Trustees for approval were £14.716 million.

14 During the discussion, Council noted that:

- a In relation to the Business Plan and the increasing volume of FTP cases, Council sought assurance on resourcing. It was highlighted that additional roles have already been allocated to FTP triage through the Gateway process, supported by improved pipeline modelling and budget planning for 2026.
- b Regulatory Reform represents a significant programme of work, and whilst resources are already in place, discussions have begun on assessing future requirements and on prioritisation.
- c When reflecting on the overall risk balance, it was noted that the underlying 2025 surplus is around £5 million higher than budgeted, which reflects strong financial management but also raised questions about whether upside potential may exceed downside risk in 2026. It was noted that the aim is to have a realistic budget, with broadly upside benefit potential being equivalent to downside risk going forward.
- d Whether financial reviews should be undertaken more frequently than half-yearly was discussed, noting that monthly forecasting is already undertaken, allowing issues to be identified and addressed promptly.
- e The introduction of the new Financial Lead Indicator dashboard was welcomed with members suggesting it would be valuable to map its indicators more explicitly to the financial risks and mitigations set out in the business plan (**action**).

15 Council approved:

- a The draft Business Plan and Budget for 2026.
- b The fee regulations.
- c The proposed DB pension scheme recovery plan and the proposed reserves policy.

Involving patients and the public in our work as a regulator (item M6)

16 Council received an update on work to engage and involve patients, the public and their representatives in activities as a regulator as we approach the end of the current Corporate Strategy.

17 Council noted that:

- a** Our current Corporate Strategy says that we want every person, including patients and members of the public, to have a compassionate, fair and professional experience when they interact with us. We are committed to strengthening our involvement with patients and the public in three dimensions of our work as a regulator: policy development, the experiences which patients and the public have of our services and processes, and our engagement with patients through the organisations and networks that represent their needs and interests.
- b** One way we listen to patients and the public is by commissioning regular, independent research to understand their perceptions of us as a regulator. It is important to us that patients and the public have confidence in our role and work.
- c** We have regular interactions with patients and the public across several of our services, although the amount of interaction that we have with them is significantly less than we have with registrants and applicants for registration.
- d** During 2025, we have continued to make improvements to the ways that we involve patients and the public in our work as a regulator and can point to several activities and developments over the course of the year which have brought us closer to achieving the long-term outcomes we have set. Those activities and developments have built on the progress, previously recognised by Council, that we have made in previous years.
- e** There is still more work for us to do across all aspects of our role as a regulator, to engage and involve patients significantly and meaningfully in the development of our policies and services. Patient and public involvement will, therefore, continue to be an important priority for us as an organisation as we begin our new corporate strategy.

18 During the discussion, Council noted that:

- a** In relation to co-production, members observed the inherent challenges in selecting participants, involving them early and meaningfully, and creating genuine opportunities for influence. The Regulatory Reform Programme team is leading work in this area and will provide further detail in due course. It was acknowledged that co-production in the context of a complex programme such as regulatory reform requires testing and evaluation to understand what approaches are most effective and where co-production adds greatest value.

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- b** Members discussed how the organisation measures the impact of patient and public involvement. It was confirmed that feedback from participants is captured and that policy development processes are reviewed to assess how initial positions have changed following engagement, ensuring that the influence of patient and public input is transparent and evidenced.
 - c** Consideration was given in relation to issues relating to accessibility and digital exclusion. Members noted the importance of ensuring that patients with different communication needs are not disadvantaged as more services move to digital channels. The GMC has expanded communication options in FTP, including telephone engagement and tailored communication plans, with further work underway to assess the resource required to strengthen accessibility. In the Contact Centre, work is ongoing which will enable greater analysis of demographic patterns among those who contact the GMC, although further work is needed to understand the experiences of those who do not contact us.
 - d** Members highlighted feedback from patients whose concerns are closed at triage, noting that some individuals express distress and seek a more human connection. Council reflected on the challenge of balancing the GMC's regulatory remit with the expectations of individuals who may have experienced harm and trauma. Members encouraged further consideration of whether additional support or alternative forms of communication could be offered beyond revisions to closure letters.
 - e** The increased focus on seldom heard voices was welcomed and Council emphasised the importance of continuing this work and to maintain a strong commitment to ED&I principles to ensure the value of patient and public involvement remains central.
 - f** Members commented on the Ethical Hub resource on maternity care and suggested that direct patient testimony or experience could enhance the content, reflecting the importance clinicians place on hearing firsthand accounts in shaping their practice.
 - g** Whether additional avenues exist for patients and the public who do not engage through established formal channels but nonetheless wish to contribute to the GMC's work was highlighted. Ongoing considerations were outlined regarding opportunities for sustained and one-off involvement, approaches to engaging underserved groups, and the balance required to ensure fairness, diversity and proportional use of organisational resources.
- 19** Council noted the efforts which continue to be made across the organisation to improve and strengthen the way that we involve patients and the public in our work as a regulator.

Fairer Employer Referrals (item M7)

- 20** Council received an update on progress against commitments to eliminate disproportionate employer referral of ethnic minority doctors and non-UK graduates by 2026.
- 21** Council noted that:
- a** Statistical forecasting suggests a high likelihood of nearing our aspirational targets by the end of 2026. However, it is reasonable to expect that some measures may not reach zero, as one referral can change the profile of an organisation's referral patterns.
 - b** It is not possible to directly attribute the improvements in trends to the Fairer Employer Referrals programme alone, as KPIs reflect the combined effect of numerous interactions and influences across both the healthcare system and the GMC.
 - c** The structure of the disciplinary and referral process for primary care brings specific challenges in considering where change can be focussed to have the best impact.
 - d** The programme team has considered options for what, if any, next steps should be taken once we reach the December 2026 target and recommends a "pause and take stock" approach.
 - e** A short pause would enable the team to complete remaining deliverables, capture lessons learned and produce a report about the programme to support consistent ongoing communication about the work we have carried out to address disproportionality. Responsibility would then transition to business-as-usual teams, who would continue publishing and monitoring diversity data and using insights to support engagement.
 - f** During Phase 5, in advance of the target date, the programme will develop a dual-track communication plan to ensure a clear and consistent response once performance against the target is confirmed.
- 22** During the discussion, Council noted:
- a** Members reflected on the recent GMC Annual Conference session featuring an ELA and RO which, compellingly, illustrated the progress and cultural shift achieved through the programme. Members emphasised the need for communications to strike a balance between recognising progress and avoiding any perception of complacency.
 - b** While improvements are evident, members highlighted wider societal concerns, including reports of rising racism affecting healthcare workers. Council stressed the importance of continuing to monitor these issues closely and ensuring that progress is not lost, particularly given the volatility of the landscape.
 - c** Members sought assurance that the proposed pause would not result in a permanent slowdown of activity. It was confirmed that key safeguards, including the strengthened

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RO referral form and embedded processes within FTP, will continue to ensure appropriate scrutiny of referral decisions.

- d** The challenges specific to primary care and the need for deeper analysis to identify effective interventions. It was noted that the GMC's influence in primary care is more limited and further work is underway to determine the most impactful levers.
- e** Members explored the ongoing mechanisms for monitoring and reporting disproportionality, noting the need for both proactive and reactive approaches. The continued publication of the ED&I Annual Report and core datasets will enable transparency, highlight calls to action, and support system-wide accountability.
- f** It was confirmed that the ED&I Annual report presents data on referral rates but not hearing outcomes; these will be considered in the FTP report due in the summer.
- g** While members recognised the significant progress made, concern was expressed about the risk of signalling success prematurely, given reliance on data up to 2024 and projections beyond that. It was emphasised that achieving the target, and determining sustainable next steps must remain the focus.

23 Council considered:

- a** The performance against commitments, priorities and asks of others.
- b** The programme recommendation for the 2026 target date, requesting options to come back to Council in summer of 2026 (**action**).

Quality Assurance, Monitoring and Improvement - PA Courses (item M8)

24 Council received a summary on progress of quality assurance of the PA courses at Aston University and University of East London, and to summarise progress made with action plans to remove conditions on approval for Bradford University, Queen Mary University of London, and Sheffield Hallam University.

25 Council noted that:

- a** The report with the recommendation to approve the PA course at Aston University summarised the findings of our quality assurance with the course provider. This course was included in pre-regulation quality assurance, and we have applied the same approval process as for the other existing PA courses approved by Council in April 2025. The course started in September 2023 and at the time could not meet the criterion of having graduated at least one cohort of students at time of approval. Their first cohort has graduated in September 2025, and we have not identified any serious concerns

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during our quality assurance and any open recommendations will be followed up through our routine processes.

- b** The report with the recommendation to approve the PA course at University of East London summarised our enhanced quality assurance with this course provider. We identified serious concerns during our quality assurance before the start of regulation and in April 2025 we did not recommend this course for approval by Council. We have continued to engage with the course provider in a targeted programme of quality assurance to support them address our concerns and demonstrate that they meet our standards. We now have sufficient assurance to recommend the course for approval with conditions.
- c** The third report summarised the progress made by Bradford University, Queen Mary University of London and Sheffield Hallam University towards meeting the conditions on approval as agreed by Council in April 2025.

26 During the discussion, Council noted that:

- a** Significant concern was highlighted regarding the recommendation to approve the UEL course with conditions. It was noted that the conditions applied to UEL were large in scope and complex to resolve, and considerably more substantial than those applied to other PA course providers. The reputational risk to the GMC and potential impact on students was queried.
- b** It was acknowledged that although the conditions are challenging, they are not atypical when compared with conditions imposed on other environments. The team reported evidence of a positive cultural shift at UEL including greater engagement from the provider, and it was noted that experienced associates are leading the quality assurance activity, who believe that the conditions are considered achievable.

27 Council:

- a** Approved the PA course at Aston University.
- b** Approved, with conditions, the PA course at the University of East London.
- c** Removed the conditions on approval for Bradford University, Queen Mary University of London and Sheffield Hallam University.

Compliments and Complaints report (item M9)

- 28** Council received an update on handling of customer complaints from October 2024 to September 2025, identifying key trends and summarising how we have used learning from complaints and compliments across the organisation.

29 Council noted that:

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- a** The Corporate Review Team are responsible for managing and maintaining our customer complaints process and lead on the preparation for the BSI audit. Since achieving ISO 10002 accreditation in 2017, we have been audited annually on our complaints handling. The most recent audit in October 2025 was successful and no non-compliances or opportunities for improvement were identified. The auditor will consider processes again in October 2026.
- b** We received 1,370 complaints between October 2024 and September 2025, a 3% decrease on the 1,412 complaints received between October 2023 and September 2024.
- c** We responded to 1,245 complaints, 7% fewer than the 1,347 complaints responded to between October 2024 to September 2025, an understandable decrease given the slightly lower volume of complaints received.
- d** For the current reporting period, we replied to 80% (966) of complaints with an explanation or as part of a broader campaign response. This is a slight decrease on the 85% (1,141) of complaints resolved by way of a further explanation between October 2023 to September 2024.
- e** We concluded 11% (151) of complaints by apologising for a service failure, a slight increase on the 9% (126) of apologies issued between October 2023 and September 2024. We have continued to see a slight increase in the proportion of complaints resolved by way of an apology because of increased workloads across the organisation, which resulted in some customers experiencing delays.
- f** We closed a further 4% (58) of complaints without sending a response, because we had previously terminated correspondence on the specific issue(s) in the complaint. We closed a further 5% (61) of complaints by advising of an alternative way forward, such as an appeal process, a review under Rule 12 or an information access request.
- g** When we respond to complaints, we take the opportunity to consider whether there are any areas of our service which could be improved, and since the last report, we have carried out 29 further improvements
- h** In the same way as we use complaints as learning opportunities, we use compliments to inform wider organisational best practice and staff development. The majority (2,612) of the 2,859 compliments recorded were received by Registration and Revalidation. As well as general emails expressing thanks, there were positive comments about processes and the manner in which we engaged with customers

30 Council noted the review of customer complaints and compliments.

Report of the Remuneration Committee 2025 (item M10)

- 31** Council received a report summarising the work of the Remuneration Committee undertaken in 2025.
- 32** Council noted that:
- a** The recruitment process to appoint a new Chair of the MPTS has concluded, and that Judge Fiona Monk has been appointed to take up her post on 5 January 2025.
 - b** The Committee noted an update on work to recruit a new Council member to replace Alison Wright who demits in December, having been elected President of the Royal College of Obstetricians and Gynaecologists.
 - c** The Committee considered the annual pay award for the Chief Executive, directors and Chair of the MPTS, agreeing that the base pay award for these roles would be 2.7%, in line with the typical award received for the wider staff group.
 - d** The Committee considered talent and succession planning for roles within its remit, including capacity and potential Assistant Director level to cover the roles within the Committee's remit.
 - e** A review of the Committee's Statement of Purpose is annual, and the Committee suggests any amendments considered necessary to Council. The Committee did not identify any changes required but noted that regulatory reform may have implications as part of wider governance changes in due course.
 - f** It was agreed that the Committee would institute a process in the coming year by which the remuneration and terms and conditions of Council members will be reviewed.
 - g** The Chair of the Committee in 2026 will be Raj Patel, and the Committee extended its grateful thanks to Alison Wright for contributions made over the past six years as a Committee member and, latterly, as Committee Chair.
- 33** During the discussion, Council noted that:
- a** On behalf of Council and the Senior Management Team the Chair paid tribute to Alison Wright's contribution, not only as Chair of the Remuneration Committee, but as a registrant Council member during her tenure.
- 34** Council noted the report of the Remuneration Committee 2025.

Report of the Audit and Risk Committee 2025 (item M11)

- 35** Council received a report summarising the work of the Audit and Risk Committee undertaken in 2025.
- 36** Council noted that:
- a** The Committee has provided intensive and sustained scrutiny of the ERP programme throughout the year, and this will remain a significant area of focus as work progresses.
 - b** The GMC's risk control and management environment remains strong and comprehensive, particularly when benchmarked against other organisations. This includes the combined activity of internal and external audit; Quality Assurance, Monitoring and Improvement; SER reviews; the Business Assurance Framework; and additional third-party audit work, with consistently high levels of compliance with BSI and ISO standards.
 - c** In line with the organisation's wider prioritisation approach, the Committee intends to review the breadth of assurance activity to assess whether any elements could be paused or stopped. This would create additional capacity to respond to emerging or unforeseen issues.
 - d** The Committee will seek direct engagement with Council on the use of risk appetite in supporting the ambitions of the new Corporate Strategy. It also aims to develop more proactive approaches to risk identification, in particular horizon scanning and scenario planning. The Committee is keen to involve Council in shaping the mechanisms through which emerging risks should be identified and considered.
- 37** During the discussion, Council noted that:
- a** The Committee is taking the opportunity to reflect on the essential requirements for internal audit, particularly in the context of earlier discussions on business planning and the cultural implications of organisational reprioritisation.
 - b** Council welcomed the insights provided on the emerging risk landscape. It was observed that while the GMC is effective at identifying risks within its immediate field of vision, external developments can be far more difficult to anticipate. Council emphasised the importance of maintaining close attention on such external uncertainties, and of further developing mechanisms to better understand and monitor these potential risks.
- 38** Council noted the report of the Audit and Risk Committee 2025.

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Any other business (item M12)

Date of next meeting

39 Council noted that its next meeting is scheduled for 11 February 2026 in London.

40 Council noted four below the line items:

- a** Council forward work programme (item M13)
- b** Fairer Training Cultures (item M14)
- c** ED&I annual report (item M15)
- d** Annual report of the GMC Pension Plan Management Board 2025 (item M16)

Chief Executive's report

Action	To note
Purpose	This report outlines developments in our external environment and progress on our strategy since Council last met. Key points to note: ● We continue to review draft legislation from the Department of Health and Social Care prior to consultation in the spring. ● We are expecting the report from the Lord Mann review in the coming weeks.
Decision Trail	Council receives this report at each full meeting.
Recommendations	a To consider the Chief Executive's report. b To note the Performance Annex and the Corporate Opportunities and Risk Register.
Annexes	Annex A: Performance Annex Annex B: Corporate Opportunities and Risk Register
Author contacts	Katherine Ince, Head of OCCE Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Charlie Massey , Chief Executive

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Chief Executive's report

Regulatory reform

- 1 We are continuing to review a draft of the legislation received in mid-December ahead of the consultation that the Department of Health and Social Care (DHSC) is planning for spring 2026.
- 2 We are continuing our planning work with colleagues across the organisation to develop the integrated programme plan.

PA/AA regulation, and the Leng review

- 3 Leng implementation groups have now been established by governments in England, Scotland and Wales, and we are participating in each of those. Detailed implementation plans have not yet been agreed or communicated. Our own priority actions will include preparing for the adoption of new professional titles, expected to be implemented in the GMC Order around the end of 2026. We met with Professor Leng in December to update her on our progress and plans.
- 4 Continuing uncertainty in the external environment is affecting both education provision and employment opportunities for PAs and AAs. We are monitoring these developments and will manage their impact alongside our response to the Leng Review and continuing operational activity.

Parliamentary and stakeholder updates

- 5 In early December 2025, we facilitated a meeting with the Academy of Medical Royal Colleges and Royal College Presidents. The agenda covered our future education and career development work and ongoing work to review and update five pieces of our professional standards guidance.
- 6 We chaired a meeting of the European Network of Medical Competent Authorities, which brought together 44 medical regulatory participants from 19 EEA countries, plus representatives from the European Commission and European Free Trade Association Surveillance Authority (ESA). We presented on the actions we have taken following The Times' international fitness to practise information sharing investigation.
- 7 Martin Hart, Assistant Director - Education attended a DHSC Roundtable on Sexual Safety Protections in Medical Schools, chaired by Minister for Women and Equalities, Baroness Jacqui Smith. The Office for Students has imposed a condition on universities to prevent and effectively respond to student harassment and sexual misconduct. Next steps will be taken forward by the DHSC, with support from a number of parties including higher education institutions, NHS bodies, and regulators.
- 8 The Scotland team responded to the Scottish Government's first consultation on the 'coming together' of NHS Education for Scotland and NHS National Services Scotland to form NHS

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Delivery in 2026. They worked with teams across the GMC, including education policy, to ensure our input positively informs the move.

- 9** In December, Charlie met Caroline Lamb, Director General of Health and Social Care, Scottish Government, and Gregor Smith, Chief Medical Officer. They discussed NHS Renewal and the Scottish workforce, PAs and AAs, and leadership.
- 10** In November, Charlie met Jeremy Miles MS, Cabinet Secretary for Health and Social Care, to discuss his priorities, with a focus on strengthening clinical and medical leadership in the Welsh NHS.
- 11** In December, Charlie had an introductory meeting with Jacqueline Totterdell, the new Chief Executive, NHS Wales and Director General for Health, Social Care and Early Years, alongside Isabel Oliver, Chief Medical Officer and James Calvert, Deputy Chief Medical Officer.
- 12** In January, Push Mangat, Director of Standards and Education, and Cathy Finnegan, Assistant Director Standards, gave evidence to the NI Assembly Health Committee to support their scrutiny of the Adult Protection Bill.
- 13** On 21 January 2026, Charlie and Anthony Omo, Director of Fitness to Practise, gave evidence to the Health and Social Care Select Committee on the work of the GMC. Questions were wide-ranging across the breadth of the GMC's work and included a focus on the processes bringing PAs and AAs into regulation; further regulatory reform; fitness to practise processes, volume, timescales and rights of appeal; handling of sexual misconduct cases; international sanctions, including registration and cross-border sharing of information between regulators; maternity care; the Lord Mann review into antisemitism and other racism in the NHS; and workforce issues, including the Medical Training Prioritisation Bill. We will be writing to the committee in due course to provide additional follow up information requested.

Lord Mann review

- 14** On 16 October 2025 the government announced Lord Mann would be leading a review of antisemitism and other forms of racism in the NHS. We have set out our overall position that any form of racism including antisemitism is unacceptable. We have shared with the review team the work we have been doing, including increased engagement; raising awareness of the underlying issues around antisemitism and anti-Muslim hate, in collaboration with Tell MAMA and the Community Security Trust; and work MPTS is doing to improve its quality assurance processes. We have plans to work with responsible officers given the important role employers have, and we are developing an enhanced training package for GMC staff.
- 15** We understand from the DHSC that Lord Mann's report is imminent, but at the time of this paper we do not know what his recommendations will be.

Equality, diversity and inclusion (ED&I)

- 16** We published our latest ED&I: targets, progress and priorities report on 15 January 2026. The report outlines the progress we and others continue to make against our ED&I targets to tackle discrimination and inequality in medicine. The report highlights how our work, and the work of others across the UK's healthcare systems, is making an impact, particularly in fairer employer referrals, but that there is a need for continued system-wide action, particularly to address deep-rooted inequalities in medical education and training.
- 17** The publication was covered in the British Medical Journal, with an article that focused on progress made on disproportionate referrals and the clear calls to action we have made to make further progress on the education targets we have set out. There was also coverage in Healthcare Today and the Clinical Services Journal. Additionally, Eastern Eye covered the story and have published a comment piece from Charlie. Stakeholders broadly welcomed the report, recognising progress while emphasising the need for faster change. Responses reflected a balanced narrative of encouragement alongside challenge.

Enhanced monitoring

- 18** There are currently 23 open cases, with conditions attached to GMC approval to deliver a programme of training at five sites.
- 19** Conditions have been imposed on the anaesthetics training programme at Basildon Hospital, part of the Mid and South Essex NHS Foundation Trust, due to concerns regarding organisational culture; misogynistic and undermining behaviours; inadequate staffing levels; and issues relating to leadership and governance. As a result, the East of England NHS England Workforce, Training and Education (WTE) team has withdrawn doctors in training from the anaesthetics department. The conditions set out the requirements that must be met before the return of trainees will be considered. We will continue to work closely with colleagues in the East of England NHSE WTE to monitor progress in addressing these concerns.
- 20** Concerns regarding gastroenterology training at Northern Lincolnshire and Goole NHS Foundation Trust were identified in our national training survey 2025 results and were discussed during our recent annual engagement meeting with Yorkshire and the Humber NHS England WTE colleagues. The issues relate to leadership and governance, educational experience, and supervision. Although this department had previously been in enhanced monitoring and was de-escalated following improvements, the seriousness of the latest concerns led to its re-escalation to enhanced monitoring in November 2025. We will continue to work closely with NHS England WTE to monitor progress.
- 21** Concerns about training in emergency medicine at Whipps Cross Hospital, Barts Health NHS Trust have led to the escalation of the department to enhanced monitoring. The issues relate to patient safety, clinical supervision, and bullying and undermining. We will work

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collaboratively with the London NHS England WTE team to monitor progress and support necessary improvements.

- 22** We noted improvements in training in general internal medicine at Daisy Hill Hospital, Southern Health and Social Care Trust and this case has now been de-escalated.

Enterprise resource planning (ERP) system

- 23** We have completed the build phase for the finance part of the new ERP system and we are currently in the testing phase. We are focussing a lot of our effort on ensuring the integrations with Siebel and other GMC systems are working well, and we are aiming to go live with finance in May.
- 24** The HR system is in the build phase and the payroll system is being tested. We expect the HR system to go live at the same time as finance, and the new payroll system to go live later in 2026.
- 25** We provided an update to Audit and Risk Committee in January 2026.

Operational performance

- 26** The attached performance annex (annex A) includes the status of our corporate priority projects and programmes. Future of education, regulatory fairness implementation (RFI) and regulatory reform are continuing to report amber due to resourcing pressures, and these are all being managed locally.
- 27** KPI performance has remained strong for the November/December reporting period. In November, we missed our target to commence 100% of interim order committee hearings within three weeks of referral (93%), however this was in relation to just two cases. The first case was delayed in order to provide enough notice to the registrant following internal absences, and in the second case, we intentionally took more time to communicate decisions of a sensitive nature. Performance has remained fairly consistent at 76% for our customer satisfaction measure, but still below the 80% target, and at the time of reporting, December performance was not available. We are currently using an interim survey to support this indicator, which is based on contacts with a very small sample of users. We are in the process of implementing a new system which will allow for a much more reliable and comprehensive measure of quality/satisfaction.
- 28** The annexed corporate opportunities and risks register has only one significant update since last reported; our availability of resources risk (ID303) has an updated description to better align with some of the organisation's current capacity challenges.

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Executive Board

29 The Executive Board met on 24 November 2025 and 26 January 2026 and considered the following:

- a** An update on performance and risk
- b** The 2026 budget and business plan (including pay award), ahead of consideration by Council on 4 December 2025
- c** Quarter 4 planning gateway recommendations
- d** People survey 2025 results
- e** Annual report of the Executive Board 2025

Use of the Corporate Seal during 2025

30 Annex A2 of the governance handbook requires Council to be updated on an annual basis as to when the corporate seal has been used. Since the last update to Council in February 2025, the seal has been used on the following occasions:

- a** Two deeds of amendment for the defined benefit pension scheme (change of trustees)
- b** Changes to fees regulations following approval at Council on 4 December 2025
- c** Deeds of variation to four leases for St James' Building following landlord refurbishments

M3 – Annex A - Performance annex

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

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

Indicator		Nov	Dec	Commentary
Operations	Decision on 95% of all registration applications within 3 months	98%	98%	Interim Order Tribunal (IOT) hearings: Our target to commence 100% of IOT hearings within 3 weeks of referral was missed in November (93%) due to two hearings being listed outside of target. In the first hearing, there was an internal absence which resulted in the hearing being listed 13 days late, in order to provide sufficient notice. The other hearing, listed 6 days out target, was due to the sensitive nature in communicating several CE decisions separately, resulting in a short delay for the IOT listing.
	Decision on 95% of all revalidation recommendations within 5 working days	98%	99%	
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	100%	
	Conclude 90% of fitness to practise cases within 12 months	95%	92%	
	Conclude or refer 90% of cases at investigation stage within 6 months	98%	97%	
	Conclude or refer 95% of cases at the investigation stage within 12 months	98%	96%	Customer Survey feedback: Performance was slightly below the 80% target in November at 76%. This is consistent with previous months, and while feedback mentions timeliness as a factor, our call KPI has been met for several months and exceeding the 80% target at 94%. Our survey is currently provided to a sample of customers as we are not yet able to automate the process, therefore feedback can provide only a small indication of customer experience.
	Commence 100% of Investigation Committee hearings within 2 months of referral	100%	100%	
	Commence 100% of Interim Order Tribunal (IOT) hearings within 3 weeks of referral	93%	100%	
	Contact Centre sample survey - % of customers who rated their overall experience and satisfaction at 7 or above (out of 10) – target 80%	76%	TBC*	
	Contact Centre - Answer 80% of calls within 20 seconds	88%	94%	
	Positive media coverage of GMC (target 45% or above)	45%	24%	Media Sentiment: As expected for this time of the year, there was less media coverage of the organisation than in previous months, which contributed to our target for positive media sentiment to be missed in December (24%). We issued two press releases during December which did not attract media coverage. Around half of the positive media coverage secured in December was due to ongoing coverage of our workforce report from the previous month. The proportion of negative media coverage remains low at 6%.
	Negative media coverage of GMC (target 15% or below)	6%	6%	
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 40)	53	40	
	75% of doctors intend to change practice following Outreach learning session	80%	80%	
Organisation	2025 Income and expenditure [% variance +/- 4%]	3.8%	2.3%	Staff turnover: The rolling 12-month staff turnover remains below our 8-12% target range at 6.1% in December, with 9 colleagues leaving the organisation - a decrease following October (7.2%). This is consistent with what we have seen in previous years over the same period.
	Rolling twelve-month staff turnover within 8-12%	6.1%	6.1%	
	IS system availability (%) – target 99.89%	100%	100%	

** Unavailable at the time of drafting.

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

		2025											
Indicator		Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Operations	Decision on 95% of all registration applications within 3 months	98%	97%	98%	99%	99%	99%	99%	98%	99%	98%	98%	98%
	Decision on 95% of all revalidation recommendations within 5 working days	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	98%	99%
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	97%	98%	97%	100%	100%	87%	100%	97%	100%	100%	100%
	Conclude 90% of fitness to practise cases within 12 months	95%	94%	96%	96%	92%	96%	94%	94%	94%	95%	95%	92%
	Conclude or refer 90% of cases at investigation stage within 6 months	96%	95%	97%	98%	97%	97%	97%	97%	97%	97%	98%	97%
	Conclude or refer 95% of cases at the investigation stage within 12 months	97%	98%	98%	98%	97%	98%	96%	97%	98%	98%	98%	96%
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	No Cases	No Cases	100%	50%	No Cases	100%	100%	100%	No Cases	100%	100%
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	93%	100%
	Contact Centre - % of customers who rated their overall experience and satisfaction at 7 or above out of 10 (target 80%)	83%	77%	81%	83%	76%	70%	72%	71%	77%	74%	76%	TBC
	Contact Centre - Answer 80% of calls within 20 seconds	87%	88%	92%	90%	80%	83%	75%	82%	80%	83%	88%	94%
	Positive media coverage of GMC (target 45% or above)	6%	13%	33%	11%	11%	2%	24%	55%	30%	20%	45%	24%
	Negative media coverage of GMC (target 15% or below)	2%	6%	3%	4%	3%	5%	5%	4%	4%	18%	6%	6%
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 40)	48	43	48	39	48	43	47.4	54	44	48	53	40
	75% of doctors intend to change practice following Outreach learning session	77%	79%	81%	90%	79%	79%	80%	74%	79%	82%	80%	80%
Organisation	2025 Income and expenditure [% variance +/- 4%]	4.9%	3.8%	4%	4.1%	4.2%	4.3%	4.2%	3.6%	3.5%	3.6%	3.8%	2.3%
	Rolling twelve-month staff turnover within 8-12%	6.8%	7%	6.9%	6.6%	6.7%	6.9%	6.7%	6.2%	6.9%	7.2%	6.1%	6.1%
	IS system availability (%) – target 99.89%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

** Unavailable at the time of drafting.

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 8 January 2026**
Physician Associate (PA)	5,092	3,937
Anaesthesia Associate (AA)	178	185

* This only shows PAs & AAs where their registration has started – it will not count those who have submitted an application that has not yet been granted or those with a grant date in the future.

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

PA and AA applications as at 20 November 2025	Physician Associates		Anaesthesia Associates	
	Applications Received	Applications Granted	Applications Received***	Applications Granted
Transition Voluntary Register	3,672	3,524	112	106
UK Qualification (Direct cohort UK Qual)	207	185	4	4
Newly qualified PAs/AAs (UK Student)	268	245	76	75
Non-standard UK qualification (Non-Standard UK Qual)	1	1	-	-
International (INT Reg Application)	2	-	-	-
Total	4,150	3,955	192	185

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

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	Number of complaints
Physician Associate related complaints	33
Anaesthesia Associate related complaints	1
Total complaints relating to PA/AAs	34

Complaint outcome	Number of complaints
Closed at triage	28
Promoted to Investigation – In Progress	4
Promoted to Investigation – Concluded Assistant Registrar	2



Enabling professionals to provide safe care

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

2025 Priority change activities		RAG	Status
Fairer Employer Referrals (FER)	Why? To eliminate differentials in employer fitness to practise referrals. When: by 2026 Who: Anthony Omo, Anna Rowland		The annual ED&I 'deep-dive' paper and a suite of options relating to the organisation's approach to the 2026 target date have been presented to Council. Council requested a further opportunity for discussion ahead of the summer recess to take account of any progress in the data before reaching a decision. Planning has commenced with policy and systems teams to roll out the fairness questions within the concerns form used by employers who are not Responsible Officers to refer doctors. Additionally, further progress has been made on the Primary Care report, supported by meetings with NHS Resolution and colleagues from NHS England's North-West team to explore opportunities for collaboration.
Fair Training Cultures (FTC)	Why? To deliver on our commitment to eliminate discrimination, disadvantage and unfairness for all index measures of fair medical education and training pathways. When: September 2031 Who: Pushpinder Mangat		In December, Council reviewed our annual 'deep dive' paper into work and progress in 2025 and priorities for 2026 and the rest of the programme. We continued to communicate and hold regular meetings with those responsible for the delivery of Action Plans, both internally and with external stakeholders, to discuss and ensure progress. Our focus over the next month will be in supporting the 2025 annual ED&I council paper (which is due for Council in summer 2026), alongside continuing to progress work on research proposals for case studies, planning focus groups to investigate the gap in Foundation Year 1 preparedness and planning analysis of education provider action plans.



Developing a sustainable medical workforce

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

2025 Priority change activities		RAG	Status
Future of education and career development (FutureEd)	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. When: Q4 2029 Who: Pushpinder Mangat, Phil Martin, Nico Bridge		While on track to meet current milestones, the programme continues to report amber due to resource challenges delaying the progress of some activities. The new programme manager is now in post and is focusing on actioning outstanding internal audit recommendations, ahead of the upcoming Council away day in March. Actions include drafting the project initiation document (PID) and finalising the scope which will likely be updated with additional priority work to include the NHS 10-year plan and Leng review recommendations. The first short-life working group for the co-development of a Knowledge, Skills and Experience framework, took place last quarter, to support the work around career development. Initial fact-finding began on existing recognition of training evidence and completing their initial quality assurance model mapping. An update paper on the progress of the Review of the Education Framework, was considered at the Programme board in December and the team led a session at the Responsible Officer reference groups on 5 and 13 November 2025 – this was to outline the programme and test our thinking about the possibility of setting standards for employers and how best to support educators. Other information sharing sessions have been held with the Medical Schools Council (MSC) education leads and to their Council. Internally, we have hosted a session with Education and Standards leadership, focusing on our internal engagement approaches and we intend to deliver a new internal communications plan in March. A presentation on the evidence strategy and the targeted evidence Review of the Education Framework (REF) was also delivered to leadership on 25 November. A targeted engagement mapping exercise was also completed this period to help identify common areas and gaps in our internal and external engagement. Lastly, the Medical Training Review, led by NHS England to evaluate and reform postgraduate medical training, was launched towards the end of 2025, with media coverage via contributions to an NHS England press release and through our social media channels, and communication pieces have been drafted to announce the re-running of the SAS and Locally Employed survey.



Making every interaction matter

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

2025 Priority change activities		RAG	Status
Regulatory Reform	Why? To improve the design and delivery of our functions so that we can be more responsive to the changing needs and expectations of patients, the health system, and the professions. When: Expected by Q4 2025 (dependent on when DHSC consult on the Medical Professions Order and lay this in parliament). Who: Shaun Gallagher; Tim Aldrich		We continue to monitor risks around Department for Health and Social Care (DHSC)'s timetable and tight deadlines for responding to their drafting which includes increased likelihood that a significant issue may be missed or implications not fully evaluated. Due to this, and the significant amount of operational change required as a result of regulatory reform, the programme remains amber. We are currently reviewing the latest iteration of the GMC Order so that our feedback can be considered ahead of the DHSC's upcoming consultation. A resourcing update is being prepared for an extraordinary Planning Gateway in February as we are aware of the resourcing pressures on several areas of the organisation. Work continues to review and refine the programme plan, following engagement with senior management (SMT) at the end of last year, with further SMT engagement planned in the coming months to share progress updates. This will include updates on the DHSC's drafting, our engagement plan and our longer-term approach and associated milestones.
Regulatory Fairness Implementation	Why? We are focused on making fairness central to our work, and we are working on implementing all recommendations from the Regulatory Fairness Review published in February 2023. When: Q1 2027 Who: Shaun Gallagher, Claire Light		This reporting period we focused on continuing work to develop options and proposals for in-house refresher learning to embed and sustain the ‘Fairness in Decisions for Regulatory Professionals’ training for decision makers. This was a focus of discussion for the Programme Board in December, who provided us with a steer on options and ownership moving forwards. We are also focused on timetabling the transition to BAU arrangements for the implementing directorates, which will include data and monitoring arrangements. More detailed timelines for each of these areas, and an updated roadmap for a rolling programme closure and transition to BAU, will be presented to the Programme Board in February. We also commissioned University College London (UCL) to conduct a systematic literature review to explore the evidence of effectiveness of the type of assurance measures - both new and existing - that we are putting in place to mitigate bias for our High Impact Regulatory Decisions (HIRDs), including how these can most effectively be combined, deployed and adhered to. An RFI progress update was included in the 2024 ED&I Annual report, which was presented to Council in December 2025 and is due to be published mid-January. Feedback from Council members was positive, with some specific interest in the Regulatory Fairness Review external research (the literature review and a decisions deep dive to be commissioned in Q4 2026).



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- We regularly review our processes to make sure they are as effective as possible and that we use our resources appropriately and responsibly

2025 Priority change activities		RAG	Status
Associate Worker Status	Why? To become legally compliant by introducing holiday pay and pension contributions for in scope payments for all of our eligible associates who hold worker status. When: Q4 2026, final solution implementation dependent on ERP programme Who: Neil Roberts, David Donnelly		The programme is now reporting green as we are on track against key milestones for early 2026, including beginning regular ongoing holiday and pension payments in February. During December, we sent pension invitations to almost 1,600 current associates. Around half have responded so far, of whom 35% have asked to join the pension plan and 65% have chosen to opt out. We will begin enrolling those who have opted in to the scheme at the end of January.
Contact Centre Technology	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. When: by end of 2026 Who: Una Lane, Lindsey Westwood, Rachel Mooney		In December, we formally closed Phase 2 of the project, with an IS closure report circulated to the project board for awareness. This closure included decommissioning of the existing instant messaging infrastructure, Liveperson, prior to contract renewal. Our IS team will proceed with deleting the historic data and they have requested assistance from Liveperson to assist with the process. IS have also continued to work on resolving low-level defects following the launch of the new messaging system and the handover of the project to Enterprise Systems team (ES). Collaborative planning with ES will begin in January 2026 for phase 3a, which has a deliverable to automate security checks and increase efficiencies and advisor productivity. As part of this, we will review the system improvement opportunities identified in phase 2 to finalise the list of phase 3a deliverables.



Investing in our people to deliver our ambitions

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

2025 Priority change activities		RAG	Status
Enterprise Resource Planning (ERP)	Why? To implement new HR/ Finance and Payroll solutions to replace the existing Agresso system which will withdraw its support at the end of 2026. When: Q3 2026 Who: Neil Roberts, Sunil Kapur, David Donnelly, Rachel Mooney		The overall programme is reporting amber as it reflects the high number of risks around the programme, demand on programme and BAU resources. The programme also faces a high workload with a tight delivery timeline. MS Dynamics 365 Finance implementation: The project is now in the test phase. We are due to complete the 1st phase of testing at the end of January and the 2nd phase by the end of February. One major area of development are the integrations with Siebel. All integration design documents are now complete. Data cleansing work is underway and we are running our 4th planned data migration. As part of the data migration, we are testing peak data volumes in the system. Security reports on the new system are complete and no critical risks have been identified. We aim to go live in early May. HR Workstream (Dynamics 365 HR) We are in the build phase and are currently in sprint 4 of 5. We have started familiarisation sessions with the HR team in preparation for them starting to write test scripts. Planning and preparation are underway for system training for both the HR and Finance systems. We have been reviewing the new system to identify required change management activities and we will start to communicate with users once testing has been completed. We plan to go live with the HR system at the same time as the Finance system or soon after. Payroll Workstream (Zellis HCM Air) The payroll system is nearing build completion and we will be starting our testing cycle. We are finalising the integrations with D365. These integrations will also be tested as part of the development. The payroll system will go live the same time as HR. We will parallel run the old and new payroll systems for 2 months before switching to D365 for payroll.



RECRUITMENT – DIVERSITY TARGETS

Underlying measures and targets		Actual				Target		
		2024 (%)	2024 (Vol)	2025 ¹ (%)	2025 ¹ (Vol)	End of 2025	% points off 2025 target	2026
Increase the level of minority ethnic representation at Level 3 and above	Applications	42.1 %	430	38.0 %	848	29%	9.0	30%
	Interviews	24.5 %	52	27.7 %	85	24%	3.4	25%
	Offers	14.8 %	8	14.3 %	10	19%	- 4.7	20%
	Workforce	13.9 %	90	14.1 %	97	19%	- 4.9	20%
level of minority ethnic representation at Level 2+		12.6 %	27	13.4 %	29	18%	- 4.6	20%
level of minority ethnic representation at level 3		14.6 %	63	14.5 %	68	19%	- 4.5	20%
Increase the level of minority ethnic representation at all levels	Applications	45.3 %	2,370	44.2 %	2,651	39%	5.2	40%
	Interviews	30.7 %	329	38.0 %	377	34%	4.0	35%
	Offers	23.2 %	66	25.8 %	60	29%	- 3.2	30%
	Workforce	18.7 %	317	20.6 %	366	19%	1.6	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 2025		4.6 %	-	Minority ethnic backgrounds (%)	White background (%)	1.5%	% points between groups	1.0%
				7.1 %	5.8 %		1.3	
Proportion of minority ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level		1.1 %	-	Minority ethnic backgrounds (%)	White background (%)	2%	% points between groups	2%
				10.9 %	8.6 %		-2.3	
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	58.3%	7/12	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

Litigation overview for Q3 2025

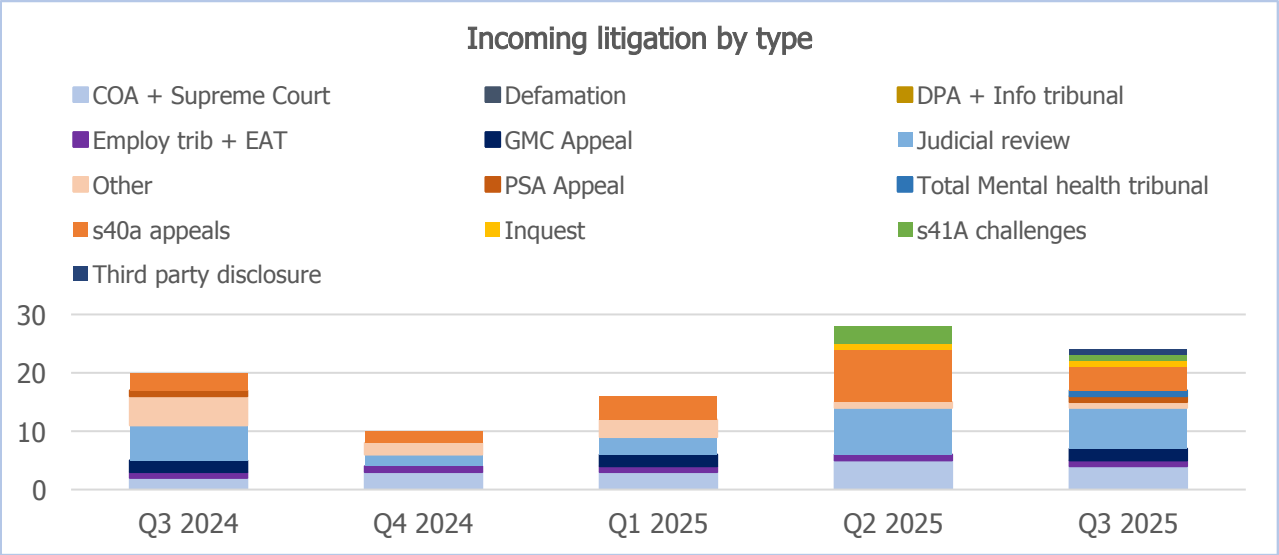
Notes – reporting criteria from Q3 2025

Data is pulled on the first working day of the quarter. For Q3 2025, this was 1 October 2025.

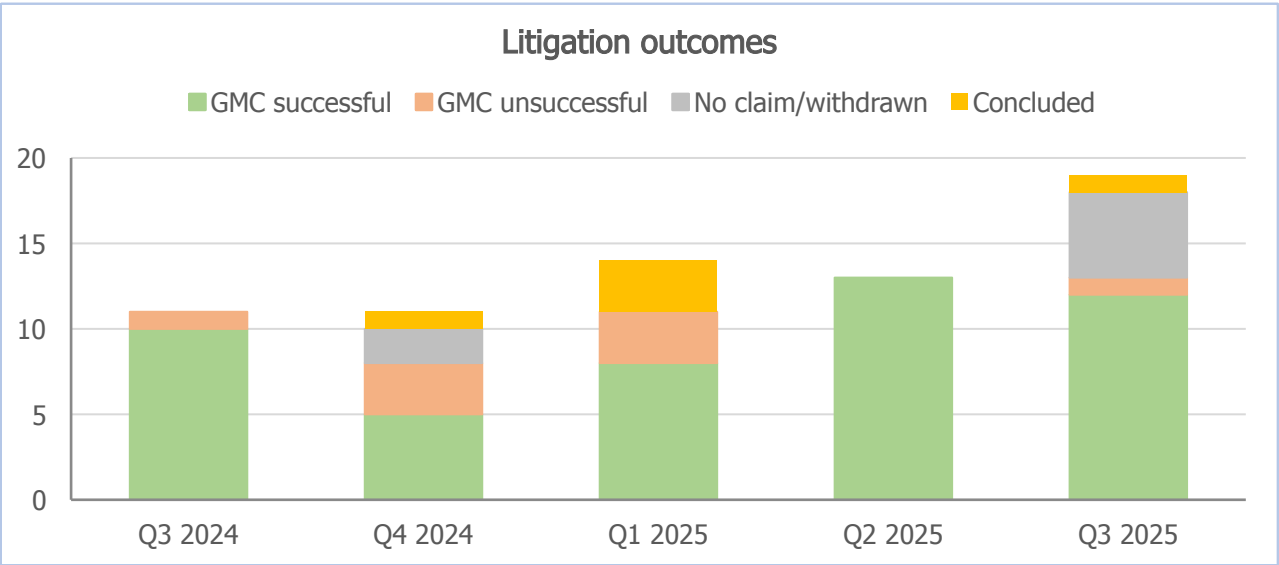
For the purpose of this report (from Q3 2025), we include types of litigation that represent a legal challenge to the GMC. We exclude costs matters, High Court Extensions, s35a enforcement and family court proceedings on the basis that they facilitate action by the GMC and pose a low risk.

As of 1 October 2025, we had 54 open litigation matters (after exclusions) – 24 of these were new incoming matters in Q3 2025.

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 Q3 2025:

- 13 = GMC Successful**
- X1 Employment Tribunal
 - X5 Judicial Review
 - X2 COA appeal
 - X1 Judicial Review – GMC
 - X3 s40 appeals
 - X1 RAP appeal
- 1 = GMC unsuccessful**
- X1 s40 appeal
- 5 = No claim/withdrawn**
- X2 s40 appeal
 - X1 Other
 - X1 Employment Tribunal
 - X1 Judicial Review - GMC

Corporate Opportunities and Risk Register - January 2026															Annex B	
Risk ID	Title Date Raised	Category	Detail	Owner	Likelihood - Inherent	Impact - Inherent	Rating - Inherent	Mitigation/Enhancement	Likelihood - Residual	Impact - Residual	Rating - Residual	Council and/or Board Assurance	Assurance	Further Action Detail	Risk Appetite	
Programme threats																
806	Regulatory Reform –DHSC approach to drafting the GMC Order 26/08/2025	Strategic / Policy	Due to DHSC's current drafting approach and timeline for the GMC Order — along with the volume and speed of shared drafts — there's a risk that errors or omissions may go unnoticed. If undetected, these could lead to an unworkable Order or one that fails to meet policy goals or benefits, resulting in operational, legal, or reputational risks. Additionally, the intense workload and uncertainty around the Order's viability are straining staff, risking burnout, demotivation, and potential attrition.	Shaun Gallagher	HIGHLY LIKELY	MAJOR	CRITICAL	Key Controls - Retain constructive and open communication lines with DHSC colleagues. - Seek to support colleagues who are working on regulatory reform as much as possible during this busy period. Eg by looking for opportunities to stop all other work that colleagues are leading/supporting so that time can be freed up to focus on reviewing the drafting. - Adopted an approach of providing feedback to DHSC on particular concerns within the drafting as early as possible to increase the likelihood that these can be flagged and addressed ahead of the DHSC consultation (rather than waiting until deadlines for feedback). Mitigations - Hold regular time on SMT meeting agendas to escalate specific drafting concerns. Ensure that SMT steers around risk ownership and support for a 'good enough' approach are fed back to colleagues in an ongoing way. As well as ensuring SMT members are informed and equipped to engage directly with supporting colleagues in their directorates. - We escalated our concerns to senior officials on 10 Oct, setting out the minimum requirements we expect the draft legislation to meet and specifying the time we need to do a thorough review of the legislation before it goes through legal checks.	QUITE LIKELY	MAJOR	CRITICAL	SMT SMT paper on 11 August 2025 on risks and approach.		- Identify the risks of the timetable and approach, whilst maintaining our efforts to meet the DHSC's plan. - Push for time with DHSC to talk through specific policy issues to aid understanding and prevent policy misalignment – several policy discussions have now been initiated. We will continue to push for further conversations with DHSC whilst we're collating our response to their consultation if required. - Seek assurances from DHSC that they will be open to incorporating additional feedback that we provide both during the consultation and after the consultation (before the Order is laid in legislatures). - Further escalation to senior officials and or ministers if we are sufficiently concerned about specific issues in the drafting that remain unresolved.	Low	
544	GMC 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 system 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 - 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 requested where required. - A new finance, HR and payroll system has been selected and work is underway with the vendor. Mitigations - 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 - ERP Implementation: Data Migration (Advisory). - 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).	- HR system being built and Payroll being tested. - Working through integrations with Seibel and other GMC systems. - Internal audit planning post go live.	Medium		
452	Regulatory reform securing transitional and commencement arrangements for the next GMC Order 04/05/2023	Strategic / Policy	If DHSC do not engage with us sufficiently, or they do not understand the complexities we are faced with around commencement timings and transitional arrangements, they could create issues and delays in implementing the new Order, and/or an Order that is unworkable. This could lead to systems failure, puts GMC staff under unreasonable pressure, and could impede our ability to protect the public and deliver our functions to time and quality.	Shaun Gallagher	HIGHLY LIKELY	MAJOR	CRITICAL	Key Controls - Planning discussions with DHSC and regular review of plans and critical path to set realistic expectations on programme milestones - Proactive engagement with DHSC on planning for the next GMC Order to make sure that we have a realistic plan that we can have confidence in, and to plan the work effectively to minimise impact on busy teams. Mitigations - We will continue to consider where there may be opportunities to share GMC resources with DHSC, where we believe that this may help to assist the development of the next GMC Order	QUITE LIKELY	MODERATE	SIGNIFICANT	Council This threat has been verbally discussed at various points over the past 12 months at Council meetings, making Council aware of the threat.		- Work with DHSC to make sure commencement sequencing is a workable approach for us. - Set up a regular planning discussion meeting with DHSC and regular review of plans and critical path to set realistic expectations on programme milestones. - Developing a clear view on what transitional and commencement arrangements we need and setting out persuasively the risks associated with anything less.	Low	
200	Regulatory Reform - not securing benefits 06/08/2020	Strategic/Policy	There is a risk that we do not secure and deliver the full range of benefits that the reforms present.	Shaun Gallagher	HIGHLY LIKELY	MAJOR	CRITICAL	Key Controls - Governance and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. - Stakeholder influencing plan developed to ensure we secure external support for changes. - Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and manage potential implementation risks associated with drafting of the legislation. - Routes for escalation identified (and have been used) for raising concerns with senior officials at DHSC, where required. - Cross-directorate working built into programme approach, to ensure that policy is developed in conjunction with operational teams, encouraging a 'one GMC' approach and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. - Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). - Use existing structures/communication channels internally as a way of reinforcing messaging and maintain momentum and morale.	QUITE LIKELY	MODERATE	SIGNIFICANT	Council - Provided an update on the key issues we intend to highlight in our response, and further detail on our approach to engaging key stakeholders during the consultation - 1 Mar 2023. - Council meeting to discuss final consultation response, ahead of this being signed off by the Chair on behalf of Council - 27 April 2023. - Delivered several Council webinars setting out our proposed approach to Education and Training, Registration and setting Fees for AAs and PAs, based on provisions in the updated AAPAO. Further sessions delivered on RFP, Revision and Appeals - November 2023. - Extraordinary Council meeting on 13 March 2024 to present the consultation package on rules, standards and principles for fitness to practise guidance. SMT - Provided SMT with an update on the re-drafted AAPAO (received from DHSC on 29 Sep 2023), including an overview of our key concerns and points that we wish to escalate – 9 Oct 2023. - Ongoing monthly updates as required by programme.	Internal Audit BDO spot checks completed in August 2023, September 2024 and September 2025.	- Be prepared to continue to escalate concerns to senior DHSC officials as appropriate. - Programme board agreed to introduce a new approach to monitor and track benefits during the programme – we're in the process of rolling this out. Outputs of this work will be used to influence DHSC whilst they draft the next Order and to inform our Rules, to ensure that we remain focused on achieving intended outcomes and maximising benefits.	Medium	
Operational Threats																
512	Uncertainty around our touchpoints and engagement with NHS England 31/07/2023	Operational	Because of NHS England's abolishment, 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 - 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 interacts with NHS England. - Existing relationship with newly appointed DHSC Director General (People) - 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 triage 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). Mitigations - 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 Paper on risks and opportunities from NHS England changes (31 March 2025)		Senior Corporate Engagement Plan to include regular CEO meetings with NHSE's interim CE and Director General (People).	Medium	
207	Pension Deficit 21/08/2020	Financial	Due to economic instability, both asset and liability value 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 - 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 Govt 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 (No.8) 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 - 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 SC&E as relationship sponsor and will be reviewed in 2026.	QUITE LIKELY	MODERATE	SIGNIFICANT	SMT - Risk deep dive (March 2025) - Transition to business as usual (September 2025) Executive Board - Statutory annual report on our compliance with the standards 2024/25 (July 2025)	Internal Audit - Preparation for implementation (2023, green/amber control design, green/amber effectiveness). - Compliance readiness review (2024, green/amber). External compliance assessment - Statutory 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.	- Welsh Language Champions Forum will be established to support ongoing compliance with representative and deputy from each directorate. - 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 28/05/2024	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.	Pushpinder Mangat	QUITE LIKELY	MAJOR	CRITICAL	Key Controls • 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 processes 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 improvement 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. Mitigations • 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 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 • 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 challenge that weakens confidence in regulation.	Shaun Gallagher		QUITE LIKELY	MAJOR	CRITICAL	Key Controls • 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 governance including the Strategic EDI 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. Mitigations • Regulatory fairness review now complete and implementation board established. Leads across the directorates appointed and 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	MAJOR	SIGNIFICANT	Council • 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. Executive Board • ED&I steering group has forward plan for reporting and will report to Executive Board annually on progress the Steering Group has made. Programme Board • 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. Internal Audit • Efficacy of ED&I reporting (2023, green-amber for design, green for effectiveness). • Regulatory Fairness Programme Board arrangements and governance (2023, green-amber for design, green-amber for effectiveness). • 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). Other assurances • Strategy and policy ED&I compliance and governance review - Campbell Tickell (2020). • Engagement, not personal characteristics, was associated with the seriousness of regulatory adjudication decisions about physicians: a cross-sectional study, Javier A Caballero, Steve P Brown, British Medical Journal (2019). • Fairness of decisions to refer doctors to the MPTS interim orders tribunal (2018). • Plymouth University Review of decision-making in the GMC's FTP procedures (2014). • Assurance measures for new decision-making principles were finalised in directorate action plans in Q1 2025. Implementation will vary by workload (including pilots), with plans iterating as pilots conclude. Progress will be reviewed in 2026, with a closure process and roadmap now in place to support phased workload 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
148	Delivery of statutory functions 31/03/2020	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 Massey		QUITE LIKELY	MAJOR	CRITICAL	Key Controls • Monitoring and reporting against statutory delivery 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 respect to PAs and A&Gs) 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.	QUITE LIKELY	MODERATE	SIGNIFICANT	Council • Review of performance metrics through the quarterly CEO report. Executive Board • Review of performance metrics through the bi-monthly Performance and Risk Report. Internal Audit • Registration services (2023, green/amber control design, green/amber control effectiveness). • Hearing listings and cancellations (2023, green/amber control design, green/amber control effectiveness). • Expanding registration pathways (2023, green/amber control design, green/amber control effectiveness). • P&P triage arrangements (2023, green control design, green control effectiveness). • Specialist Applications approved training route arrangements (2024, green control design, green control effectiveness). • Interim Report Case Examiners (2024, green/amber control design, green control effectiveness). • FTP Case Review team arrangements (2025, green/amber control design, green control effectiveness). • VERL (2025, amber control design, green/amber control effectiveness). Other assurances • The MPTS continues to meet our service level agreement to commence 100% of new interim referrals within 21 days. • The MPTS continues to hear reviews of all MPT sanctions and IOT orders within statutory deadlines. • Passed all PSA standards of good medical regulation in 2023.	Low
149	Availability of resources 31/03/2020	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		HIGHLY LIKELY	MAJOR	CRITICAL	Key Controls • 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 (GMCIS), 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 Govt 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.	QUITE LIKELY	MODERATE	SIGNIFICANT	Council • Review of annual budget and Annual Accounts. Executive Board • Executive Board regular review of finance, HR, project and operational performance and risks. Internal Audit • Cyber testing (2023, amber). • Values and behaviours (2023, green/amber control design, green/amber control effectiveness). • Aligning culture with strategy and behaviours (2023, 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).	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		QUITE LIKELY	MAJOR	CRITICAL	Key Controls • Senior Chair and 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 (CEORB) Group), cross-regulatory groups in Scotland, Wales and Northern Ireland and the professional regulator comms & engagement group. • Proactive engagement on all major policies and issues, including active engagement with the four UK Governments over the future of our legislation, 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 stakeholders' 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.	QUITE LIKELY	MODERATE	SIGNIFICANT	Council • Seminar: Scotland focus (September 2025). • Seminar: Our approach to managing stakeholder relationships (July 2025). • Communications and engagement priorities (June 2025). • Seminar: Findings of our 2024 perceptions survey (December 2024). • Communications and engagement priorities (June 2024). • Seminar: General election preparations and our strategic engagement approach (April 2024). Executive Board • Four Country Relationship stocktake, SMT (June 2025). • Paper on General Election considered by SMT in February 2024. Other assurance • Bi-annual health assessments by our external relations teams of GMC's major relationships (next assessment (Q3 2025). SMT • Risk deep dive - Ability to work with others (November 2025). • We have commenced a public tender for our 2026 perceptions survey, which will seek the views of national-level stakeholders on the quality of our relationships.	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		QUITE LIKELY	MAJOR	CRITICAL	Key Controls • Crisis 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 (ie 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.	QUITE LIKELY	MODERATE	SIGNIFICANT	Audit and Risk Committee • Seminar on Business Continuity and Disaster Recovery - November 2023 and September 2024. SMT • Deep Dive - October 2024. Internal Audit • Business continuity and disaster recovery management review (2025, amber control design).	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, profession and political confidence in our role.	Paul Reynolds		QUITE LIKELY	MAJOR	CRITICAL	Key Controls • 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 (JWIG 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.	QUITE LIKELY	MODERATE	SIGNIFICANT	Council • Council Seminar: Findings of our 2025 perceptions survey (December 2025). • Communications and engagement priorities (June 2025). • Seminar: Findings of our 2024 perceptions survey (December 2024). • Communications and engagement priorities (June 2024). • Seminar: General election preparations and our strategic engagement approach (April 2024). SMT • Paper on risks and opportunities from NHS England changes (31 March 2025) Internal Audit • Outreach Restructure Project Review (2024, green/amber control design, green/amber control effectiveness). • 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 inequality.	Shaun Gallagher		HIGHLY LIKELY	MODERATE	CRITICAL	Key Controls • 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 (ie 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 2022, June 2023 and October 2024.	QUITE LIKELY	MODERATE	SIGNIFICANT	Council • Regular agenda item on ED&I and ED&I annual progress update reported to council in April and published. Executive Board • Twice yearly review by Executive Board and performance against internal targets embedded in Performance and Risk Reporting. Internal Audit • Regulatory Fairness Implementation in Directorates (2025, amber control design, green/amber control effectiveness). • ED&I internal facing targets reporting (2023, green control design, green/amber control effectiveness). • ED&I external facing targets reporting (2023, green/amber control design, green control effectiveness). • Regulatory Fairness governance arrangements, (2023,green control design, green/amber control effectiveness). Other assurances • Strategy and policy ED&I compliance and governance review - Campbell Tickell (2020). • 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 will be 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 • 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 'peg' 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 • 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.	• Enhancing and providing substantial ED&I data for EQIAs and to identify inequalities in referrals to us; we High 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.		
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 • 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 Greener 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 • 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 • 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, UKAF meetings in the devolved nations and other activities). • Accessing 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 • Annual update on patient and public involvement (Dec 2025). • Annual update on patient and public involvement (Dec 2024). Audit and Risk Committee: • Update on PPI review recommendations (Jan 2026). • Update on PPI review recommendations (May 2025).	Other assurances • 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. • Insights and perspectives from patients and their organisations shared in weekly external update for GMC leadership community.	• Development of our next annual update for Council about our work with patients and the public has commenced and will be delivered to Council in December 2025. • We have received the key findings of our 2025 perceptions survey, which has involved patients and the public. We will share the findings with Council in our annual update they will receive in December 2025. • Our next roundtable with patient bodies will take place in November 2025. The agenda will include a discussion about our reviews of our professional guidance on 'Raising and acting on concerns about patient safety' and 'Leadership and management'. • Our Contact Centre has procured a new omni-channel system capable of delivering automated customer surveys and providing granular survey analysis to help us understand the experiences of different customer (including patients and the public). The Contact Centre team plans to deploy these surveys towards the end of 2025. • Our Fitness to Practise directorate is delivering a pilot that will help them test ways of seeking feedback from users of its services. This pilot began in February 2025 and will conclude towards the end of the year. FTP will then conduct a full evaluation of the pilot and consider next steps. • Our Fitness to Practise directorate has commissioned research that will help it to understand the public's views on where our thresholds should sit in public confidence cases. Research began in January 2025 and reported in the autumn of 2025. The key findings of this research will be shared with Council in December, leading to further public engagement activities in early 2026. • Our new corporate strategy is the final stages of development. The needs of patients and the public will be reflected within its strategic themes, both directly and indirectly. The new strategy is expected to include a commitment that we will review our customer service standards as an organisation.	Medium

Finance report to Council

Action	To note
Purpose	The paper sets out the latest update on our financial position and performance of our investment portfolio.
Decision Trail	NA
Recommendations	Council is asked to note: a The financial position at the end of 2025. b An update on financial risks and the demand for PLAB examinations. c The latest performance and valuation of our investment portfolio.
Annexes	Annex A: Financial position Annex B: Financial stability monitoring Annex C: Candidate demand and pass rates Annex D: Investment valuation and performance
Author contacts	David Donnelly – Assistant Director, Finance Any enquiries to: David.donnelly@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Neil Roberts – Director, Resources

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Finance report to Council

Background

- 1 The paper is a standing item, to provide the latest picture of our financial health to Council. Council previously considered our financial position when approving the 2026 budget at its December meeting.

Financial position

- 2 Annex A sets out a summary of the financial position for 2025, as at the end of December. It is important to note the surplus position is prior to making technical accounting year-end adjustments, therefore shows the operating financial position. The key changes, compared to budget assumptions, that have impacted our financial position during 2025 are:

- **Income:**

- The growth rate in the size of the register has remained higher than our budget assumption of 3.5%, which resulted in higher ARF income.
- Growth in specialist applications was higher than expectations, in particular those through the portfolio route.
- Interest income was higher as, due to inflation remaining above the Bank of England target for longer than anticipated, the Bank of England base rate remained higher than expected.
- The benefit generated from the above shifts in activity versus assumptions was offset by:
 - Application volumes, to gain entry to the register, were under budget, not only through the PLAB route but for other IMG routes too and we can see a clear trend of reducing application volumes moving forward.
 - We saw softening demand for PLAB 1 places compared to expectations in the latter half of 2026, even though we had made assumptions around reducing demand when setting the budget.
 - We made a technical adjustment to our income, due to the change in process when we move to the new finance system in May.
 - Our investment portfolio increased in value, but not to the level assumed in the budget.
- Overall, the level of income generated was £166 million, while the budget was £167.2 million.

- **Expenditure:**

- The vacancy rate on staffing levels was higher than expected.

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Finance report to Council

- Rent negotiations at Euston Road and Hardman Street provided a benefit compared to our assumptions.
 - There were cost savings in operational costs related to reducing PLAB demand and holding fewer MPT days than anticipated.
 - We did not utilise the full gateway pot or the contingency pot in 2025.
 - We had an overspend on capital expenditure, linked to the timing of spend on the ERP project.
- 3** Overall, the expenditure budget was £165.9 million, total expenditure was £161.2 million, resulting in a £4.7 million underspend. During budget setting we analysed the differences in our actual experience compared to our budget assumptions, identifying the key drivers of financial movements and reflected differences in the 2026 budget, for example:
- We increased our growth rate assumptions on ARF income, from 3.5% to 4%, reflecting our experience but also accounting for the reduction in application volumes compared to recent years, and the impact on the future growth rate of the register.
 - We increased the vacancy factor for our staffing levels, from 4% to 5%.
 - We have constrained the gateway fund to £1m, from £1.5 million, having allocated just over £600k in 2025, but with the demand driven by regulatory reform in mind.
- 4** In summary, although our final position in 2025 showed a healthy overall surplus, which was in excess of our budgeted surplus, we expect the 2026 outcome to be more in line with budget, having amended our key assumptions.

Financial risk monitoring

- 5** 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 this year, and work has been underway to understand the impact. We will refresh the dashboard for our half year financial update to Council, to connect lead indicators to the latest risks identified.
- 6** Demand for PLAB 1 continues to fall, which will impact demand for PLAB 2, new application volumes through the PLAB route and ultimately the growth rate in the register. The reduction in demand, in early 2026, is significantly in excess of our budget assumptions, for instance we now expect the number of PLAB 1 candidates sitting in February to be circa 2,000, a 60% drop from the 5,000 candidates which sat the February 2025 exam, while we had budgeted 3,200 candidates per sitting. Annex C shows the 2025 candidate data versus 2024.

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Finance report to Council

- 7 We are working through the impact this will have on our income this year, it will reduce our PLAB 1 income and is likely to dampen demand for PLAB 2 in the latter part of 2026, compared to previous assumptions. There will be variable cost savings through not delivering the same volume of examinations, but these are broadly 50% of the level of income generated.
- 8 To manage the impact, we have removed some vacant roles from the teams directly affected by the reducing volumes, the direct PLAB delivery team and the applications team, and SMT have agreed that a review of the PLAB operating model is necessary to ensure continued efficient and cost effective provision as volumes decline.

Investment portfolio update

Performance and valuation

- 9 During the first half of 2025 we saw significant volatility in the valuation of our investment portfolio, mainly due to the impact of the US announcement to impose import tariffs.
- 10 Since the end of June, we have seen a period of relative stability in the portfolio valuation, with increases in the last quarter of 2025. The value of the portfolio at the end of December 2025 is £62.7 million, which is an increase, after accounting for investment management fees, of £800k.
- 11 It is important to note that the annual value at risk target agreed by Council is 10% and the movements seen this year in valuation, in relatively unusual market conditions, have been well below this risk threshold.
- 12 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.
- 13 Annex D provides a snapshot of the performance of our portfolio as at 5 September.

Portfolio structure work

- 14 While the portfolio has generated returns in 2025, these have been relatively modest, and for some time have been persistently poorer than our target and our performance metrics.
- 15 In response the Committee have had conversations with its advisers and are moving forward with a plan to assess options for moving some or all of our portfolio to another fund manager, or series of asset specialist fund managers. A sub-group has been nominated to progress this work.
- 16 We will engage Council fully in any recommendation to move away from CCLA, therefore we would not expect any changes to our investment approach to happen in the short term.

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Finance report to Council

Treasury management

- 17** Interest income generated in 2025 is £2.27 million. This is above the budget of £1.5 million, as interest rates were higher than assumed.
- 18** As part of the previous update to Council, we set out that we were considering changing our approach to treasury management, from utilising deposit accounts and notice accounts with a limited number of counterparties, to placing funds through money market products.
- 19** Following discussions at Investment Committee the decision was made to place our treasury funds with CCLA's common deposit fund, which is entirely separate to our segregated investment portfolio held with CCLA. This has now been completed.
- 20** This change provides greater liquidity, returns and reduces counter party risk of bank failure compared to our previous treasury approach, however we are keeping our accounts live with those banks which fit within our treasury policy, to ensure we can move quickly if there was an attractive opportunity.

Next steps

- 21** We are currently analysing the impact of the PLAB volumes reducing in excess of our budget assumptions and will update Council as part of the next financial review in April.

Annex A – Financial position

Financial summary as at December 2025	Budget to December £000	Actual to December £000	Variance	
			£000	%
Operational income	165,754	164,939	(815)	(0)%
Operational expenditure	(148,352)	(143,880)	4,472	3%
Unallocated gateway fund	(877)	0	877	100%
Unallocated contingency fund (inc Pay Uplift)	(187)	0	187	100%
Pension top up payment	(2,500)	(2,500)	0	0%
Capital Expenditure	(13,720)	(14,564)	(844)	(6)%
Total	(165,636)	(160,944)	4,692	3%
Operational surplus/(deficit)	118	3,995	3,877	
Financial summary as at December 2025	Budget to December £000	Actual to December £000	Variance	
			£000	%
Investment income Gain / (Loss)	1,500	1,092	(408)	(27)%
Investment Management Fees	(302)	(289)	13	4%
Total surplus/(deficit)	1,316	4,798	3,482	

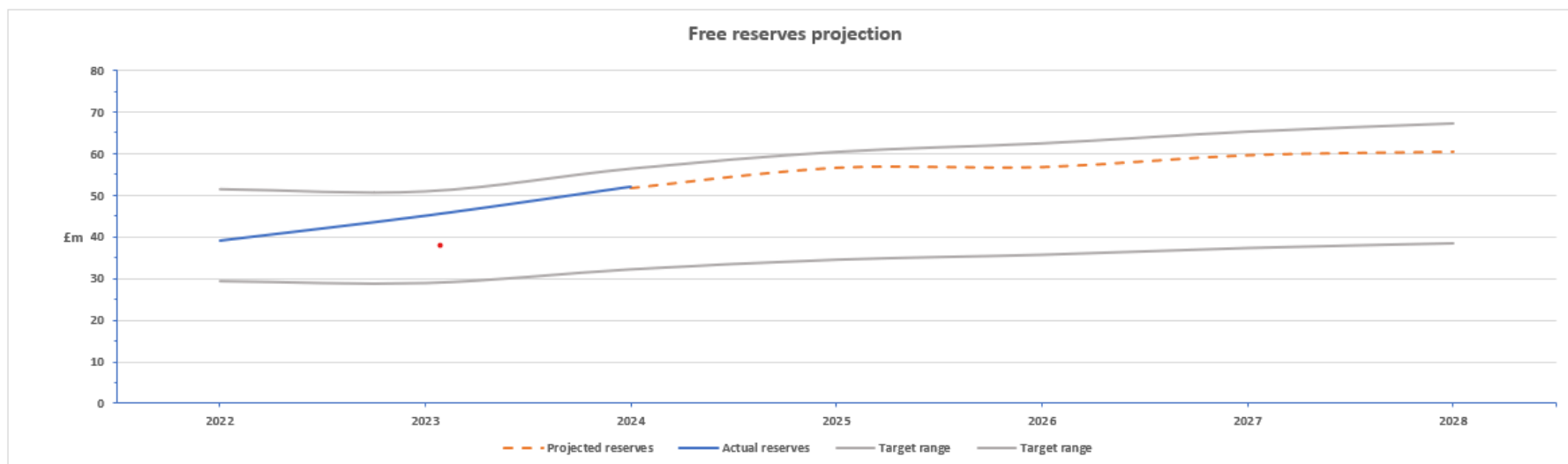
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Operational Income	Budget to December £000	Actual to December £000	Variance	
			£000	%
Annual retention fees	130,171	132,549	2,378	2%
ARF income release	-	(3,200)	(3,200)	(100)%
Registration fees	7,535	6,557	(978)	(13)%
PLAB fees	20,321	19,286	(1,035)	(5)%
Specialist application CCT fees	3,837	4,170	333	9%
Specialist application Portfolio fees	1,912	2,371	459	24%
Interest Income	1,509	2,267	758	50%
Other income	469	939	470	100%
Total Operational Income	165,754	164,939	(815)	(0)%

Operational expenditure by cost type	Budget to December £000	Actual to December £000	Variance	
			£000	%
Staff costs	97,423	95,946	1,477	2%
Staff support costs	4,142	4,176	(34)	(1)%
Office supplies	1,083	562	521	48%
IT & telecoms costs	8,483	8,368	115	1%
Accommodation costs	10,019	8,505	1,514	15%
Legal costs	3,698	4,205	(507)	(14)%
Professional fees	3,263	3,650	(387)	(12)%
Council & members costs	448	428	20	4%
Panel & assessment costs	17,789	16,041	1,748	10%
Associate Fee Changes	940	940	0	0%
PSA Levy	1,064	1,059	5	0%
Total Operational Expenditure	148,352	143,880	4,472	3%

Annex B - Financial lead indicators



Risk factor	Long term assumption	Current analysis	Individual trigger point	Multiple trigger point*
PLAB volumes	Stable volumes including utilisation of 4th circuit	Met the individual trigger threshold - significant reduction in PLAB 1 demand	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	4.2%	Reduction to 2%	Reduction to 3.5%
Investments	£1.5m benefit per year	Investment performance improved over the year but fell short of budgeted levels - £1.1m v £1.5m budgeted adv (£0.4m)	Reduction of £9m	Reduction of £3m
3rd party cost increases	4.0% per year	CPI rate - November 2025 - 3.2%	10% per year	6% per year
Staff vacancy rate	5% per year - based on budget values	5.35% - In December 2025	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 – candidate demand and pass rates

Candidates sitting PLAB 1

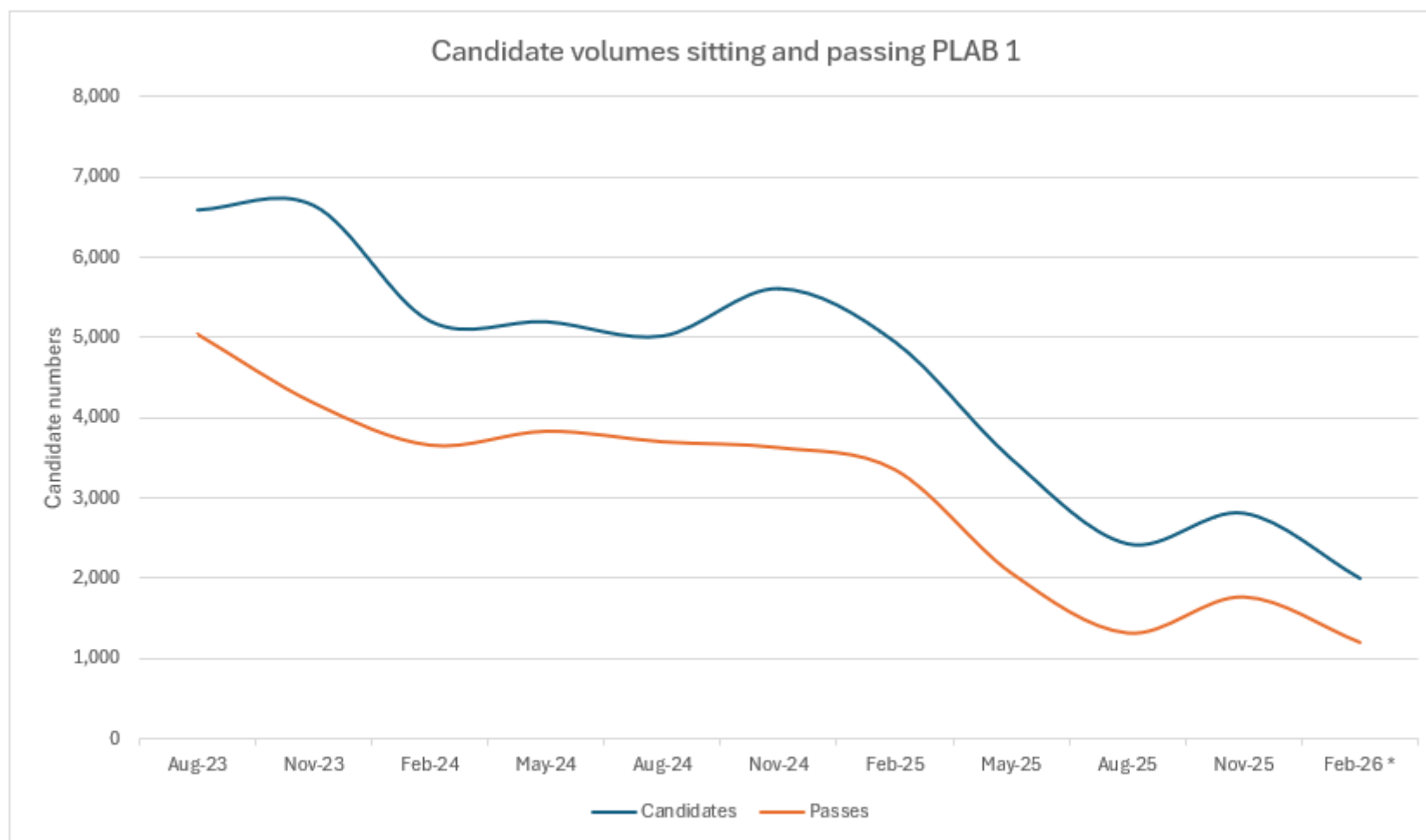
Test	Candidates	Test	Candidates	Reduction in candidates	Movement %
Feb-24	5,210	Feb-25	4,950	-260	-5%
May-24	5,202	May-25	3,492	-1,710	-33%
Aug-24	5,024	Aug-25	2,431	-2,593	-52%
Nov-24	5,616	Nov-25	2,813	-2,803	-50%

Candidate passes following sitting PLAB 1

Test	Passes	Pass rate	Test	Passes	Pass rate	Reduction in candidate passes	Movement %
Feb-24	3,666	70%	Feb-25	3,359	68%	-307	-8%
May-24	3,840	74%	May-25	2,068	59%	-1,772	-46%
Aug-24	3,708	74%	Aug-25	1,318	54%	-2,390	-64%
Nov-24	3,635	65%	Nov-25	1,769	63%	-1,866	-51%

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Finance report to Council



* Feb 26 forecast numbers

Annex D - Investment 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 16th January 2026 (Indicative Valuation)		
	£millions	%
Alternatives	9.3	14.7%
Cash	5.8	9.2%
Equity	7.6	12.0%
Fixed Interest	40.5	64.1%
Total	63.2	100.0%

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Finance report to Council

Performance versus benchmark

As at 30 September 2025	Performance Period			
	3 Months	12 Months	3 Years (p.a)	5 Years (p.a)
Our Actual Portfolio	0.45%	(1.67)%	3.53%	2.67%
Target: CPI + 2%	0.79%	5.87%	6.08%	7.10%
Benchmark	1.94%	5.39%	5.05%	(0.19)%
Actual minus Target	(0.34)%	(7.54)%	(2.55)%	(4.43)%
Actual minus Benchmark	(1.49)%	(7.06)%	(1.52)%	2.86%

* Performance figures are not yet available to the end of 2025



* Chart shows rolling 3-year portfolio valuation

The Professional Standards Authority's (PSA) annual review of our performance 2024/25

Action	To note
Purpose	The PSA's 2024/25 annual review of our performance (published on 16 December 2025) confirms that we have met all the Standards of Good Regulation for 2024/25, building on our track record of having met the Standards every year since their introduction. This paper provides an overview of the PSA's findings and preparation for our next review. It also provides an update on the PSA's current review of their Standards of Good Regulation. Council members are invited to share their reflections on the paper and the PSA's performance report. https://www.professionalstandards.org.uk/sites/default/files/attachments/Monitoring%20Report%20-%20GMC%202024-25.pdf
Decision Trail	The PSA reached their decision in October 2025. The outcome was shared with Council at the October meeting, as part of the confidential session and a note was circulated once the report had been published.
Recommendation	Council is asked to consider and note the report.
Annexes	Annex A: FtP timeliness figures
Author contacts	Sarah Barlow, Head of Business Planning & Reporting Anisah Chowdhury, Performance Manager Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Shaun Gallagher, Director of Strategy and Policy Kuljit Dhillon, Assistant Director of Strategy, Planning and Inclusion

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The Professional Standards Authority's annual review of our performance 2024/25

Background

- 1** The Professional Standards Authority for Health and Social Care (PSA) is responsible for overseeing the work of the GMC and nine other statutory health and social care regulators. The performance review is the PSA's annual check on how well regulators are performing in their overall role to protect the public and to support registrants. Their performance review process operates on a three-year cycle, with a more intensive 'periodic review' conducted every three years and ongoing performance monitoring in the intervening period. This year was a monitoring review year for the GMC.
- 2** The performance review involves an assessment of performance, based on evidence provided by regulators against the 18 Standards of Good Regulation¹. The PSA apply an evidence framework² to make their assessment, and at the end of the review period, they determine whether the regulator has passed or failed to meet each Standard.
- 3** The assessment considers a range of information such as Council papers, publications, policy and guidance documents, volumes and timeliness of processes, and a check of the Register. The PSA also invite third party feedback from stakeholders and the public. Often the PSA will highlight specific areas of interest during the review, where more information is required before they can reach a final decision.

Report findings

- 4** The 2024/25 PSA annual review concluded that we continue to meet all 18 Standards of Good Regulation.
- 5** In their report, the PSA recognise:
 - a** the commencement of our regulation of Anaesthesia Associates (AAs) and Physician Associates (PAs). They highlight the preparatory work undertaken, including updates to our rules, standards and guidance; the introduction of mandatory pre-registration assessments for AAs and PAs; and the quality assurance arrangements for all AA and PA courses
 - b** our continued progress in Equality, Diversity and Inclusion (EDI) with several areas of good practice featured, including collaboration with others to create more guidance and materials for registrants to support them in treating a diverse range of patients
 - c** improvements to our fitness to practise (FtP) timeliness, notwithstanding the rapidly growing number of referrals we are managing, and the positive enhancements made to

¹Professional Standards Authority. (2019) *The Standards of Good Regulation* ([The Standards of Good Regulation 0.pdf](#))

² Professional Standards Authority. (2019) *Evidence Framework* ([Evidence framework](#))

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The Professional Standards Authority's annual review of our performance 2024/25

our processes and guidance relating to third party investigations and the handling and engagement around sexual misconduct.

- 6 Within the report, the PSA also highlighted findings regarding a small number of doctors who had received sanctions overseas while holding registration with us. Most of the doctors were identified as having dual registration and had concealed their FtP history to fraudulently gain or maintain UK registration. The PSA have noted steps we have taken to minimise the risk as much as possible, recognising we are unable to eliminate all risks because of the dependency on other regulators overseas to inform us of sanctions they have imposed on their registrants. Further detail is provided at paragraphs 9-14 below.

ED&I performance

- 7 This was the second year that the PSA assessed regulators against their revised Equality, Diversity and Inclusion (ED&I) evidence matrix, published back in May 2023³. The matrix substantially increases expectations on regulators. The outcomes cover the following four areas:
- embedding of EDI in our governance, structures, and processes
 - students and registrants equipped to provide safe care in terms of EDI
 - fairness of decision making across functions
 - influence and engagement with others over EDI issues.
- 8 The PSA found that we have performed well against their EDI Standard and continue to meet all 4 outcome measures. This reflects the focus and priority we have placed on ED&I in recent years and progress we have made. The report highlights a number of areas of good practise, including:
- a Our work with other organisations to produce guidance and materials for registrants- specifically, the resources we created in partnership with the NMC to support multidisciplinary teams in maternity settings, including how registrants should consider health inequalities and individual needs. The PSA goes on to say:

“It is encouraging that the GMC and NMC identified an area where additional advice would be beneficial for registrants and acted on it.”

In addition, they mention guidance we co-produced with the Academy of Medical Royal Colleges that reference EDI principles in relation to treating patients with unfamiliar

³ Professional Standards Authority. (May 2023) *Standard 3 Evidence Framework* ([Professional Standards Authority Standard 3 evidence matrix](#))

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The Professional Standards Authority's annual review of our performance 2024/25

conditions. Both of these examples were proactively shared with the PSA during our regular engagement with them.

- b** Changes implemented to facilitate further EDI improvements working with medical schools (supporting the creation of an EDI training module and seeking updates from schools on progress with addressing EDI issues).
- c** Revisions to the drafting of sexual harassment allegations, to clarify that the Protection from the Harassment Act may apply where the conduct is unrelated to a protected characteristic and does not arise in an employment context. The guidance also advises drafters to consider whether hostility should be alleged, in cases involving race or religion, disability, sexual orientation or transgender identity.
- d** Progress on our fairer employer referrals targets, our approach to stakeholder collaboration in relation to various reviews and inquiries⁴, and the strength of our governance arrangements for overseeing our EDI activities (including use of internal and external strategic EDI forums).

Registration

- 9** In October 2025, the PSA became aware of an article in The Times about doctors who are currently registered in the UK and have had sanctions imposed by professional regulators in other countries, or have been sanctioned by us but were allowed to practise in other countries. The PSA took a particular interest in this and we were able to provide additional information and context to assure them that the risks had been effectively managed and Standard 14 was met.
- 10** In the majority of the cases highlighted to us by The Times, we were already aware of the overseas sanctions, and in the remaining cases that were not known to us, we took immediate action. In all cases we had carried out our registration procedures in accordance with our guidance at the time. In all but two of the cases where we were not aware of the sanction, the doctors involved had received an overseas sanction after they had gained registration in the UK. This highlighted the known issue we face of having enough access to information held by other regulators overseas that could affect a doctor's ongoing registration with us.
- 11** As part of our performance review we provided information to the PSA detailing the action we have taken to strengthen checks at the point a doctor applies for registration, as well as extensive efforts to encourage other regulators to improve their information sharing with us, including writing to IAMRA, European regulators, and UK ministers to ask for the inclusion of

⁴ Such as the Infected Blood and Neurology Inquiries, and the Leng Review.
gmc-uk.org

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renewed access to the Internal Market System (which we lost access to after Brexit) in negotiations on the future relationship between the UK and the EU.

- 12 The PSA wrote out to the other health and social care professional regulators to ascertain their individual experiences and position on this issue, and they concluded from responses that the issues in relation to information sharing between regulators overseas, and availability of published information, were widespread.
- 13 We have also told the PSA about further work being undertaking to explore further ways to strengthen our assurance both pre- and post-registration (such as opportunities involving AI), and they recognise that we must take a proportionate approach given the number of registrants, factors involving other regulators that our outside of our control, and the overall risk being relatively low.
- 14 The PSA considered all of the above information and recognised the proactive steps we have taken to improve intelligence sharing across borders. They have indicated their plan to monitor exploratory actions to improve our processes, and we can expect this to be a continued focus in 2026.

Fitness to practise

- 15 The primary area of focus for PSA in relation to FtP across all regulators is the timeliness with which cases are progressed and closed. Of the five regulators that have completed performance reviews for the 2024/25 period, four did not meet Standard 15⁵, which primarily assesses timeliness. While the remaining four reviews have yet to be published, three of those regulators did not meet this Standard in the preceding year⁶.
- 16 This is always a challenging area, and made more so this year given the unprecedented increase in referrals (30% increase compared with 2024). Despite this, the PSA noted improvements in our performance against their FtP timeliness measures (Annex B). Although they reported slightly higher numbers of older cases, it is still in keeping with previous years and therefore was not a concern. We mitigated the potential impact of the increase in volumes by maintaining performance in the earlier stages of our processes and overall timeliness. Referrals volumes have increased year on year since 2022, and we do not anticipate this trend slowing down in 2026. Analysis of our referral data has not identified a single attributable cause for this increase, and this has been a similar case for other regulators who are also experiencing a rise in referrals.
- 17 During this review period, the PSA asked us for an update on a post-implementation review (PIR) we conducted recently in relation to our third-party investigations (TPI) process that we

⁵ At the time of writing, GDC, GCC, HCPC and GPhC were reported to have failed Standard 15 for the 2024/25 review period, and they each also failed this Standard in the previous year (2023/24).

⁶ NMC, PSNI and SWE failed Standard 15 in 2023/24 and are awaiting their 2024/25 reports.

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introduced back in 2022. We completed the PIR in 2025 which found that the process is working as intended but with some recommendations to strengthen it and to further mitigate risk. Recommendations included making updates to our TPI guidance to improve signposting to staff; minor system improvements to provide more prompts for reviewing cases closed through the TPI process; and delivery of refresher training to reinforce learning. All of actions have been completed. We shared the review outcome with the PSA and will provide them with an update on recommendations in early 2026.

- 18** After their audit of our FtP processes in 2024, the PSA had planned to review how we carry forward their recommendation to improve how we record risk assessments in our systems for FtP cases. At the time we were able to demonstrate that conversations about risk were had regularly, but the PSA felt we could log risk assessments more clearly on our case management system. We reviewed further opportunities and spoke with other regulators to learn about their systems. As a result, we implemented a new mandatory field whereby investigation managers were required to regularly indicate whether the level of risk within a case has changed and warrants IOT consideration. Following implementation of the IOT field, we provided PSA with a demonstration which was received positively, prompting a further discussion on how risk is considered in decision-making. The PSA were keen to learn more about our processes and the possibility of identifying more opportunities if available. We intend to use our regular meetings with the PSA to share more about how we use risk in decision-making to support this ongoing dialogue.
- 19** As part of this year's review, we also provided a substantial update on our progress with activities relating sexual misconduct. This included our new guidance and materials for supporting witnesses (published September 2024); updates to several pieces of FtP guidance that include more information about sexual misconduct; and our outreach activities to promote Good Medical Practice, engaging a range of stakeholders including more than 17,000 doctors on themes such as sexual misconduct and discrimination.

Preparing for our next performance review

- 20** Our 2025/26 performance review is already underway, and it will be another monitoring year. In preparation for this, we are drawing together areas of interest, potential areas of good practise and we are planning timely updates over the course of the year.
- 21** We have monthly meetings with the PSA scrutiny team, and this will be our main avenue for sharing progress.
- 22** Areas we expect will be a focus in our 25/26 review include:
- Changes or updates to guidance for PAs and AAs as we continue to transition into the regulator for these professions

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- How we prepare for wider regulatory reform and changes made as a result
- Our approach to publishing gender on the register for doctors (following our decision to not publish for PAs and AAs under the PAA and AA Order)
- Our FtP timeliness- particularly in relation to older cases and how we continue to manage the impact of the rising number of referrals
- Our progress on the recommendations we identified in our post-implementation review for the third-party investigations process
- Any further actions regarding how we record and consider risk in FtP.

23 We also know the PSA will follow up on our progress with improving the quality of our EDI data for people who raise concerns with us.

24 We are aware of the possibility that other issues may feature if the PSA need to be reactive in response to the external environment, which is constantly changing. We will ensure we are kept abreast of any emerging areas of interest and will update the PSA on relevant matters in good time.

Standards of Good Regulation review

25 The PSA have been undertaking a review of their Standards of Good Regulation and Standards for Accredited Registers to ensure they remain fit for purpose and reflect changes to healthcare and regulation in recent years.

26 In spring 2025, the PSA undertook a public consultation on their current Standards. This was followed by more targeted engagement with regulators and Accredited Registers in the autumn which included two bespoke workshops to present and discuss the consultation findings and their proposed changes. We submitted our formal feedback response to the draft Standards via an online survey at the end of last year, concluding that overall we support the direction of travel and the changes being proposed.

27 In the draft iteration of the Standards, the PSA proposed the following changes:

- a** A reduction in the total number of standards from 18 to 16 to streamline the framework and re-focus criteria
- b** Most significantly, a new standard around governance. (Our feedback, stressed the importance of ensuring any new requirements are meaningful and contribute to providing oversight of the structures in place, and gaining assurance that these are delivering the outcomes intended)
- c** Removal of duplicative or unnecessary criteria, including the entirety of Standard 1 (on accuracy and accessibility of information), as this is covered within other standards

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- d** Combining the separate standards on guidance for registrants and standards for registrants.
 - e** Re-organisation of the FtP standards criteria, including a standalone standard on timeliness (currently timeliness sits alongside fairness and proportionality of handling cases within Standard 15). The remaining elements of Standard 15 have been moved to the PSA's standard on FtP decision making.
- 28** The PSA are scheduled to publish the new Standards in Q1 this year, however we will not be assessed against them until our 2026/27 performance review (which will be a more in-depth periodic review).

Conclusion

- 29** Although this was a monitoring year, we were subject to intense scrutiny on a number of areas and were pleased to have met all 18 Standards of Good Regulation.
- 30** We anticipate that our forthcoming review will be of similar intensity and we are proactively developing a plan to anticipate and manage requests from the PSA over the coming year. Looking further ahead, we will also consider the potential impact of any changes to the PSA's Standards of Good Regulation and the underlying evidence criteria, to ensure we are in a strong position for our 2026/27 performance review.
- 31** Council is asked to note the published report for 2024/25, and our preparations for the forthcoming performance review for 2025/26.

Annex A - FtP timeliness annual figures

Measure No.	Measure		17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	Q1 of 25/26	Q2 of 25/26
15	Time from receipt of referral to final IC/CE decision	Median	29	30	34	42	45	40	33	29	26	30
16	Time taken from final IC/CE decision to final FtP Committee decision or other final disposal of the case	Median	27	33	35	63	67	53	42	40	41	40
17	Time from receipt of referral to final FTP Committee determination/or other final disposal of the case	Median	104	80	89	104	118	135	119	109	91	95
18	Number of open referrals and cases (at the end of the quarter) which are older than:	52 weeks – 103 weeks	324	458	513	642	461	378	285	350	375	407
		104 weeks – 155 weeks	131	145	176	303	258	199	158	142	154	173
		156 weeks and above	99	103	111	203	232	186	157	168	183	180

Longest / highest figures flagged in red.

People Survey 2025

Action	To note
Purpose	To provide Council with an update on the results of the 2025 people survey and priority areas of work
Decision Trail	Considered by Senior Management Team
Recommendation	Council is asked to note the people survey findings and the related ongoing work programmes
Annexes	Annex A: People Survey Insight Report Annex B: IQVIA presentation
Author contacts	Ben Browne , Assistant Director – People Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Neil Roberts , Director of Resources

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 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 priority 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.
- 4 The 2025 people survey ran from 3 to 30 September 2025 and 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
- 5 The 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. This information is shared with managers across the GMC to allow a local, as well as corporate response to the survey results to be developed.
- 6 Our improved capacity to analyse and report our people survey data means we are seeing it inform a wide range of projects and initiatives.
- 7 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, whilst recognising there is work to do in some areas.

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People Survey 2026

- 8** All survey reports, produced by our provider (IQVIA), have been published internally. These include the main survey insight report (Annex A). Directorate based reports and analysis of free text comments are issued to each Directorate. Our People Forum receive the same briefing that our Senior Management Team have on the survey results on publication.

Survey results

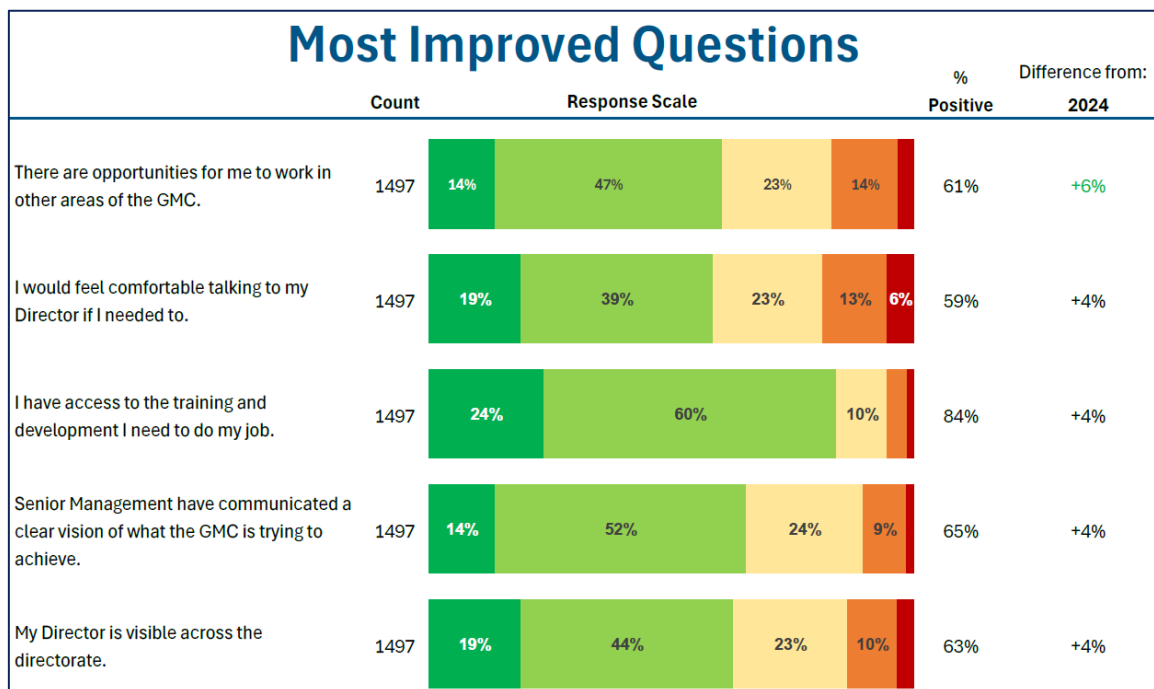
- 9** With a participation rate of 88.4% (up from 87.1% in 2024) the survey is a comprehensive and representative view of our employees' opinions on the focus areas of the 2025 people survey. Our provider's view is that this exceptionally high level of participation is a positive indicator.
- 10** As already set out, the 2025 people survey was the first smaller tracking survey since our change in approach was communicated in 2024, and it 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
- 11** We have been able to track progress to the 2024 survey results for all questions in the 2025 survey except for:
- a** Two questions relating to development opportunities, due to the decoupling of development and progression questions
 - b** Questions relating to the Assistant Director group, due to a change of focus from Assistant Directors as a group to 'My Assistant Director'
- 12** Please note, differences in results in this report and Annex A are percentage point differences, not percentage differences.

Most improved areas

- 13** The most improved areas from the survey are:

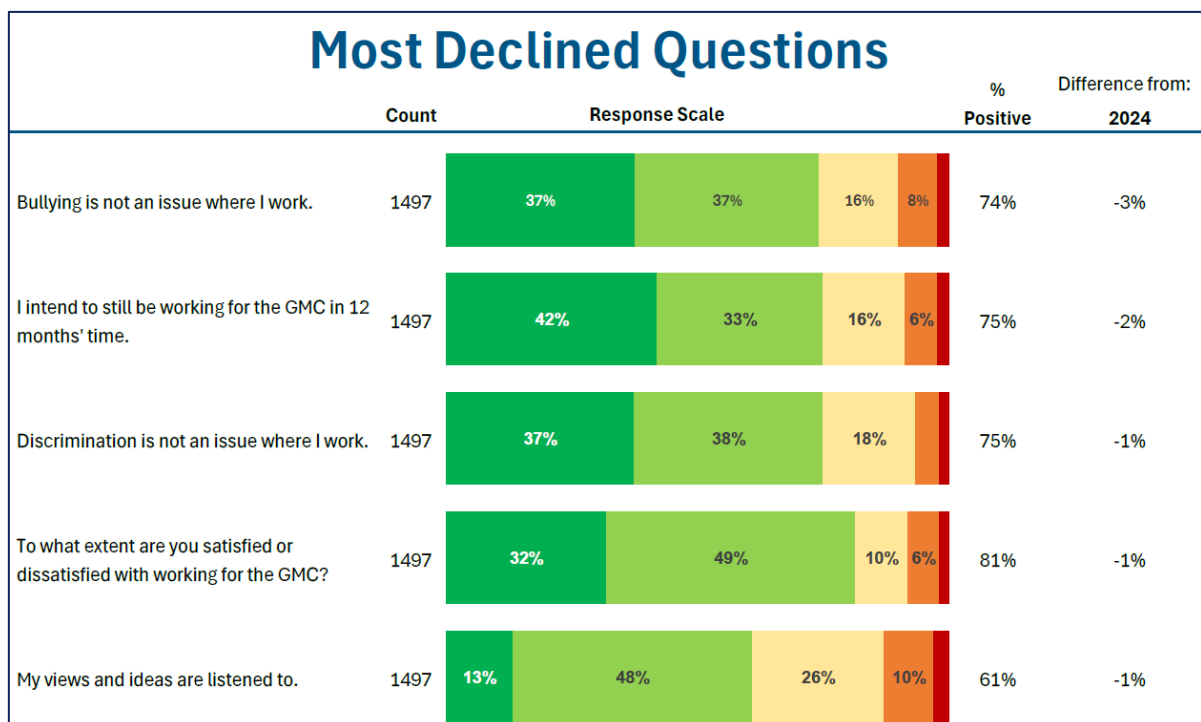
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Most declined areas

14 The areas where we have seen responses fall or not improve as we would have hoped are:



15 Whilst the decline in these scores are marginal, we will continue addressing areas where we can improve.

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Employee engagement index

16 Our employee engagement index (EEI) provides a headline indication of our overall performance as an employer. Our EEI score for 2025 has increased to 73.1, up 1.0 from 72.1 in 2024.

17 The EEI is a weighted index based on the following questions:

- I am proud to say that I work for the GMC
- I would recommend working for the GMC
- I speak positively about the services that the GMC provides
- I am committed to going the extra mile for the GMC when needed
- To what extent are you satisfied or dissatisfied with working for the GMC?
- I intend to still be working for the GMC in 12 months' time

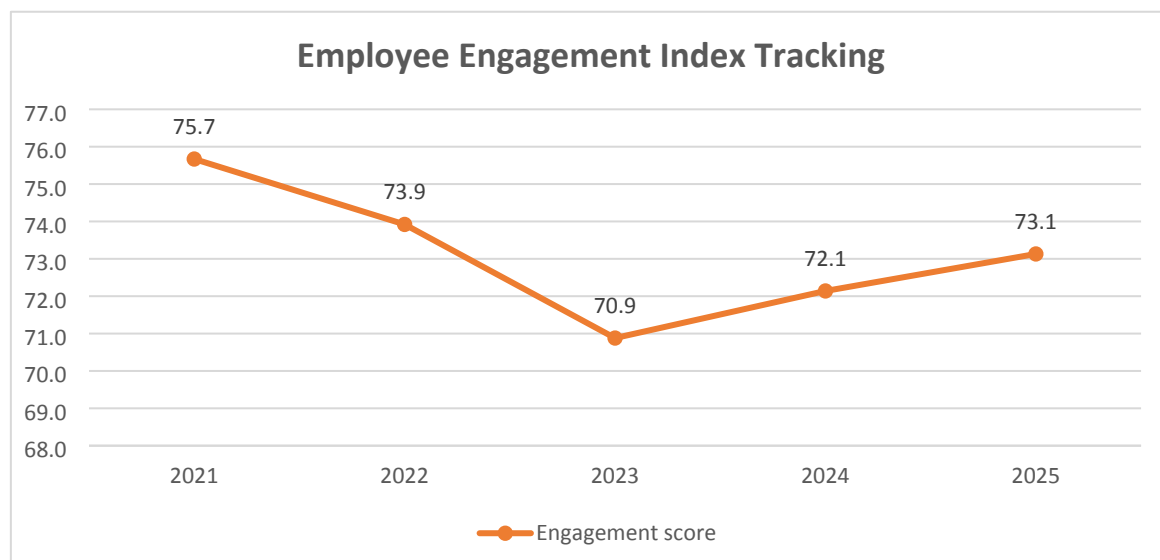
18 The 2025 results for the EEI questions are below:

Questions	Count	Response Scale				% Positive	Difference from: 2024
I am proud to say that I work for the GMC.	1497	33%	50%	14%		83%	+1%
I would recommend working for the GMC.	1497	39%	48%	8%		87%	+3%
I speak positively about the services that the GMC provides.	1497	34%	51%	12%		86%	+1%
I am committed to going the extra mile for the GMC when needed.	1497	37%	45%	12%		83%	+0%
To what extent are you satisfied or dissatisfied with working for the GMC?	1497	32%	49%	10%	6%	81%	-1%
I intend to still be working for the GMC in 12 months' time.	1497	42%	33%	16%	6%	75%	-2%

19 We have seen consecutive year improvements in our EEI score since 2023, as demonstrated by the five year score tracker below.

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People Survey 2026



- 20** Our main aims on the EEI are twofold. We want to sustain high levels of engagement and maintain our current performance. We also want to move average scores for lower scoring groups towards our GMC average.
- 21** Differentials are limited across many protected characteristics, but we continue to see lower average engagement scores for some ethnic groups, especially Black Caribbean and mixed ethnicity, although there has been some improvement in scores for these groups this year.
- 22** There has been a decline in EEI scores in 2025 for Asian Indian, Pakastani and Bangladeshi colleagues, as well as Gay women and colleagues with a disability.
- 23** Our 2025 EEI score of 73.1 benchmarks favourably externally. It is higher than the overall Civil Service engagement score of 64% from their 2024 people survey and would put us 8th out of the 106 government departments and agencies (including several regulatory bodies) that make up Civil Service people survey. However, it should be noted that whilst this is a positive indication for the GMC, the Civil Service engagement score is made up of differently worded questions and score calculation.
- 24** Our programme of work following the 2025 survey will include further analysis of the EEI scores and will look at measures we can put in place to help improve the workplace experiences of all colleagues, but with a particular focus for those colleagues in groups that continue to fall below the overall GMC EEI score.

Inclusion Index

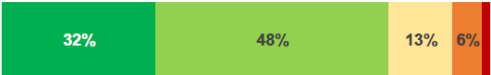
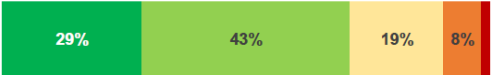
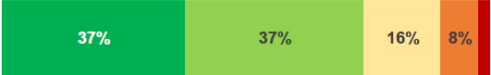
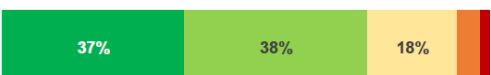
- 25** We introduced the inclusivity index in 2020 as a pilot and we now have an agreed target to improve our inclusion index score year on year.
- 26** There has been a slight drop in our index score to 73.86% this year compared to 74.32% in 2024.

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27 The inclusion index is an average index made up of the average of positive responses to the following questions:

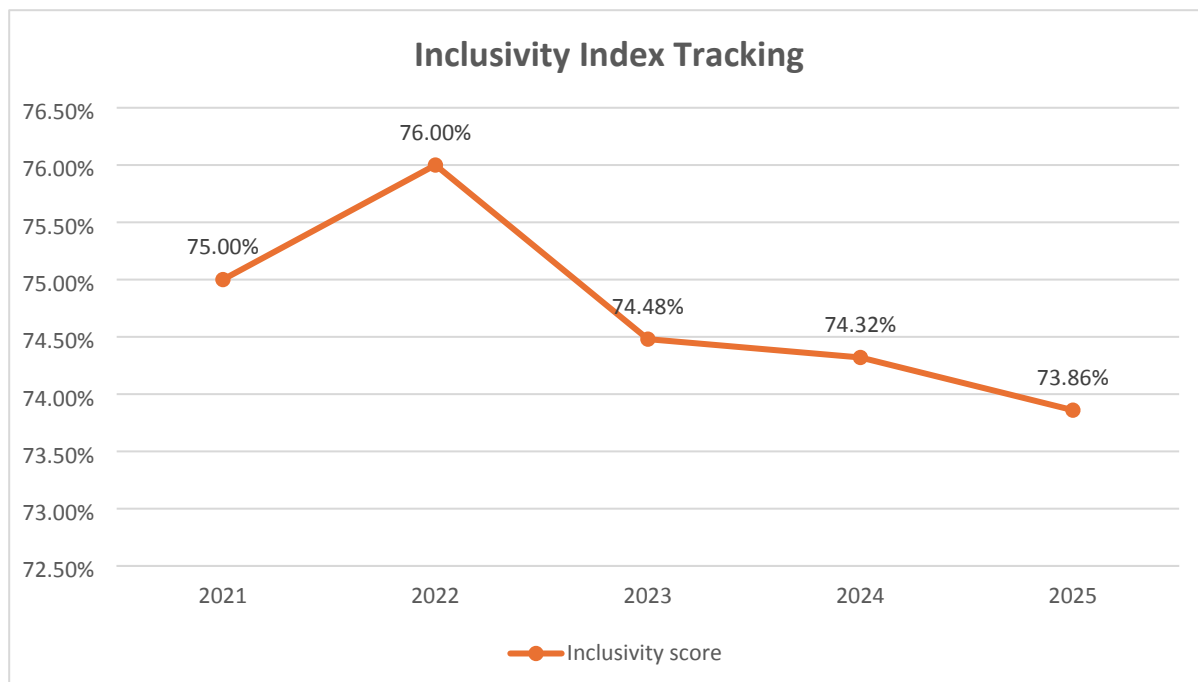
- My manager treats me with respect and fairness
- The GMC provides an inclusive environment for people from all backgrounds
- Everyone is given the opportunity to progress at the GMC regardless of background, beliefs, or identity
- I am confident that I can raise an issue with the organisation without it being held against me
- My views and ideas are listened to
- Bullying is not an issue where I work
- Harassment is not an issue where I work
- Discrimination is not an issue where I work

28 The 2025 results for the inclusion index questions are below:

Questions	Count	Response Scale	% Positive	Difference from: 2024
My line manager treats me with respect and fairness.	1497		92%	-0%
The GMC provides an inclusive environment for people from all backgrounds.	1497		79%	+1%
Everyone is given the opportunity to progress at the GMC regardless of background, beliefs, or identity.	1497		71%	+2%
I am confident that I can raise an issue with the organisation without it being held against me.	1497		57%	+0%
My views and ideas are listened to.	1497		61%	-1%
Bullying is not an issue where I work.	1497		74%	-3%
Harassment is not an issue where I work.	1497		81%	-1%
Discrimination is not an issue where I work.	1497		75%	-1%

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29 The five-year tracker of our inclusion index score can be found below. We have seen a 2.14% decline in the inclusivity index score since 2022.



30 There are more varied differentials in inclusivity index scores and the scores are not always consistent with EEI scores. We have seen declines in inclusion scores for Black African, Asian Pakistani, Gay Women and Bisexual colleagues this year.

31 As with the EEI scores, further analysis of the inclusivity index scores will be carried out, so we can target those areas falling below the GMC inclusivity index score.

2025 priority areas

32 As already set out, 2025 was the first use of the smaller people survey which is intended to provide a progress update on the priority areas from the previous year's larger survey.

33 The priority areas for the 2025 people survey were:

- Tackling bullying and harassment, including increasing confidence in speaking up
- Leadership and engagement, including transparency around decisions
- Development opportunities

Tackling bullying and harassment, including increasing confidence in speaking up

34 There has been a slight decline in colleagues agreeing that bullying, harassment and discrimination **are not an issue** where they work, it is noteworthy, the change in scores for these questions is due to higher 'Neither' responses. The disagree scores for all three questions remain unchanged from 2024 in the 2025 survey.

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35 There has been a slight improvement of 1% in colleagues feeling appropriate action is taken when concerns are raised, and there has been no change in the confidence of colleagues feeling they can raise an issue without it being held against them.

36 The 2025 results for the Bullying, harassment, discrimination and raising concerns questions are below:

Questions	Count	Response Scale				% Positive	Difference from: 2024
		Strongly Dislike	Dislike	Like	Strongly Like		
Bullying is not an issue where I work.	1497	37%	37%	16%	8%	74%	-3%
Harassment is not an issue where I work.	1497	42%	39%	15%	4%	81%	-1%
Harassment is not an issue where I work.	1497	42%	39%	15%	4%	81%	-1%
Appropriate action is taken when concerns are raised.	1497	15%	41%	30%	11%	55%	+1%
I am confident that I can raise an issue with the organisation without it being held against me.	1497	19%	37%	24%	14%	57%	+0%

Leadership and Engagement

37 We have seen an improvement in all questions relating to the senior management team. There has also been an improvement in all but one of the questions relating to individual directors.

38 The 2025 results for senior management team and individual director questions are below:

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SENIOR MANAGEMENT TEAM	Count	Response Scale				% Positive	Difference from: 2024
I am confident in the way that Senior Management are leading the GMC.	1497	13%	49%	27%	8%	63%	+2%
Senior Management have communicated a clear vision of what the GMC is trying to achieve.	1497	14%	52%	24%	9%	65%	+4%
Senior Management are role models for the organisation's values and behaviours.	1497	13%	43%	32%	9%	56%	+3%
My Director makes time for colleagues.	1497	19%	43%	29%	8%	62%	+1%
My Director is visible across the directorate.	1497	19%	44%	23%	10%	63%	+4%
My Director is interested in the views of colleagues in my directorate.	1497	18%	40%	31%	8%	58%	-0%
I would feel comfortable talking to my Director if I needed to.	1497	19%	39%	23%	13%	59%	+4%

39 Questions for Assistant Directors changed for the 2025 survey. In previous surveys, these questions related to Assistant Directors as a group, but they were changed to individual 'My Assistant Director' questions for the 2025 survey following feedback from Assistant Directors.

40 We are therefore unable to track the results of these questions to previous surveys due to this change. However, it is interesting to note that results for 'My Assistant Director' questions are significantly more positive than in previous surveys when they related to Assistant Directors as a group.

41 We also introduced a 'Not applicable' response option to these questions to recognise that some colleagues do not have an Assistant Director for their section, and this has resulted in a marginal reduction in the number of responses considered for these questions.

42 The 2025 results for Assistant Director questions are below:

ASSISTANT DIRECTORS	Count	Response Scale				% Positive	Difference from: 2024
I would feel confident talking to my Assistant Director.	1441	36%	39%	14%	7%	75%	-
My Assistant Director makes times for colleagues.	1442	33%	39%	20%	5%	72%	-
My Assistant Director listens to the views of my colleagues.	1440	31%	39%	22%		70%	-
My Assistant Director is a role model for the organisation's values and behaviours.	1438	30%	39%	25%		69%	-

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- 43** We asked three communication questions relating to leadership engagement. Two out of the three questions saw an improvement in the 2025 survey as set out below:

COMMUNICATION	Count	Response Scale				% Positive	Difference from: 2024
I feel well informed about what is happening within GMC.	1497	17%	59%	16%	7%	76%	+1%
The reasons behind important decisions made at the GMC are always explained.	1497	10%	44%	27%	15%	54%	+2%
My views and ideas are listened to.	1497	13%	48%	26%	10%	61%	-1%

Development opportunities

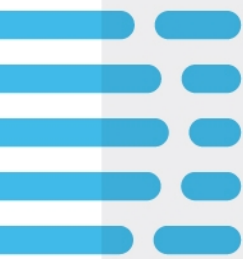
- 44** The main change for the questions in this section this year was the decoupling of progression and development into two questions, as they were previously considered together in one question. Due to this change, we are unable to track the responses to these questions to previous surveys.
- 45** The lowest score in this group of questions is the new question relating to opportunities to progress careers at the GMC, with only 52% agreement to this question.
- 46** We have seen an improvement in all other questions relating to development opportunities in the 2025 survey as set out below:

CAREER PROGRESSION AND DEVELOPMENT	Count	Response Scale				% Positive	Difference from: 2024
There are opportunities for me to work in other areas of the GMC.	1497	14%	47%	23%	14%	61%	+6%
There are opportunities for me to progress my career within the GMC.	1497	11%	41%	21%	21%	52%	-
There are opportunities for me to develop professionally at the GMC.	1497	18%	54%	17%	8%	72%	-
I have access to the training and development I need to do my job.	1497	24%	60%	10%	6%	84%	+4%
The GMC encourages staff to take up training and development opportunities.	1497	27%	53%	14%	5%	80%	+3%
I have regular opportunities to discuss my development with my line manager	1497	55%	33%	7%	5%	88%	+2%

- 47** The workstream leads for the priority areas will carry out additional analysis of the 2025 survey results, to gain a more detailed understanding of the outcomes and to determine any further work required within each area.

Local Responses

- 48** The survey provides the capacity to analyse issues at local level (with the caveat that we do not report on groups on fewer than 10 colleagues). We have provided detailed directorate and team by team reports. Individual Directorates and teams are now producing their own local action plans, reflecting their priorities, and complimentary to what is being coordinated centrally.
- 49** 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 Board.



General Medical Council People Survey 2025

Insight Report

January 2026



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Introduction

In 2022, the General Medical Council (GMC) commissioned IQVIA to manage and deliver its annual staff survey, The People Survey. The 2025 People Survey marks the third consecutive year in which IQVIA has supported this work.

The 2025 survey adopted a slightly revised format compared with previous years – as outlined in the Methodology section, on page 5. Although the number of changes was not extensive, the nature of some amendments - particularly those relating to questions about Assistant Directors - means that certain items cannot be compared with data from previous years.



The diagram above illustrates how the 2025 questionnaire was structured. It begins with questions about the GMC, progressing through each thematic section before concluding with the 'Overall' category, capturing staff satisfaction and intention to stay.

This report presents the key findings from the 2025 People Survey, the fieldwork for which took place between 3 - 30 September 2025. A total sample of 1,693 GMC staff were invited to participate, and 1,497 completed the survey. This represents a response rate of 88% (88.4%), marking a further 1.4 percentage-point increase from the 2024 survey, which achieved an 87% response rate (1,442 completions from a sample of 1,656). The continued rise in participation demonstrates sustained staff engagement and trust in the survey process.

Objectives

The aim of the People Survey is to capture the experiences of GMC staff during the period since the previous survey - in this case, since 2024. The survey enables the organisation to track trends over time by comparing results with previous years, identifying what is working well and where improvements are needed.

The survey gathers insight into how staff feel about working at the GMC and seeks their views on a wide range of topics, including, but not limited to, senior management, equality, diversity and inclusion, negative behaviours – bullying, harassment and discrimination - and career development.

Results are analysed at an organisational level, and where appropriate, the report also examines findings for each of the eight Directorates, as well as for the reporting sections that sit within them.

The findings are reviewed annually and used to inform strategic action planning and drive improvements across the organisation, with the overarching aim of enhancing staff experience at the GMC.

Methodology

The question set was reviewed by the GMC in 2025, which resulted in a slightly different format than the two previous surveys. Some questions were omitted, and some added, with a focus on career progression and deeper dive into what the perceived barriers are to this. There were also amendments made to all questions regarding Assistant Directors.

Once the amendments to questions were agreed and updated in the questionnaire, it was signed off and prepared for online set up, within IQVIA’s survey platform.

Fieldwork

**REMINDER 1 – 09 Sep**
One week after the launch of the survey

**REMINDER 2 – 16 Sep**

**REMINDER 3 – 23 Sep**

**REMINDER 4 – 29 Sep**

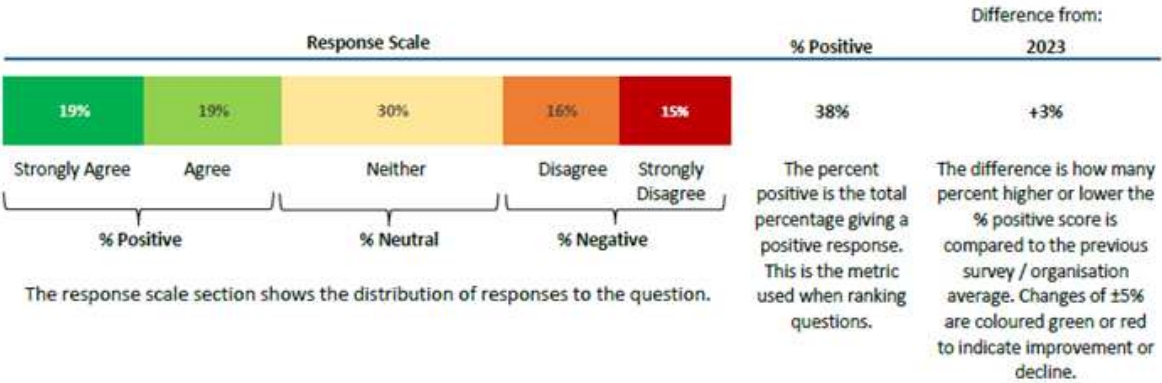
**REMINDER 5 – 30 Sep**
On the final day the survey was open

Fieldwork was undertaken between 3 - 30 September 2025. A sample of 1,693 members of the GMC staff were emailed invitations to complete the survey. The email to participants included a unique link to access the People Survey online through IQVIA’s secure questionnaire portal. The invitation was sent directly to work email addresses, and asked staff to securely log in to the questionnaire portal, which enabled them to confidentially provide their survey responses. In addition to the initial email invitation, five email reminders were sent to staff who had not yet responded to the questionnaire. These reminders were sent at pre-planned intervals and included the

final one being sent on the last day of survey fieldwork.

Reporting conventions

In order to support interpretation of the findings clearly and consistently, we have provided an explanation of the principles used when analysing and presenting the survey results. These conventions ensure transparency, comparability, and accuracy across all charts, tables, and narrative commentary.



Percentages shown throughout this report are calculated after removing responses from participants who did not answer a particular question or who selected “Don’t know” (where that option was available). All percentages are rounded to the nearest whole number. Because of this rounding, the total percentage for a question may not always equal exactly 100%.

Confidentiality

To protect respondent confidentiality, results are not shown for questions with fewer than 10 responses, or for groups with fewer than 10 members. Where data is suppressed for this reason, a dash (“–”) is displayed and any associated charts are intentionally left blank.

Response rate

88%

2025

Response rate:	88.4%
Sample size:	1693
Completions:	1497
Increase on 2024:	1.4%



What helps?

- **Regular communication** and encouragement from leaders can significantly drive up response rates
- Adopting a **‘You said, we did’** approach and introducing change based on staff feedback
- **Buy in from leadership**, with support for an agenda for change

The overall response rate for 2025 was 88% (88.4% rounded) 1,497 responses from a sample of 1,693 staff), which is a 1.4% improvement on the previous year. This is a very positive response and demonstrates the commitment of staff to provide feedback on their working experience. This helps to support organisational development, and there is clearly significant buy in for the survey from senior leaders. The GMC’s response rate is high in comparison for a staff survey, exceeding that of other comparable public sector organisations, such as the Care Quality Commission, who had a 78%¹ response rate in 2024; and the Office of the Public Guardian, whose Civil Service People Survey 2024 response rate was 61%*.

¹ Comparison data not yet available for the 2025 public sector staff surveys

Employee engagement

How the Engagement Index is calculated



Employee engagement is an indicator aggregating results from key questions to give a measure of overall feeling. The employee engagement score was 73.1%. The score has improved since the 2024 survey, where it was 72.1% The Engagement Index is calculated by creating a weighted score, based on the responses to particular statements. These are included below.

Q1a I am proud to say that I work for the GMC.

Q1b I would recommend working for the GMC.

Q1c I speak positively about the services that the GMC provides.

Q1d I am committed to going the extra mile for the GMC when needed.

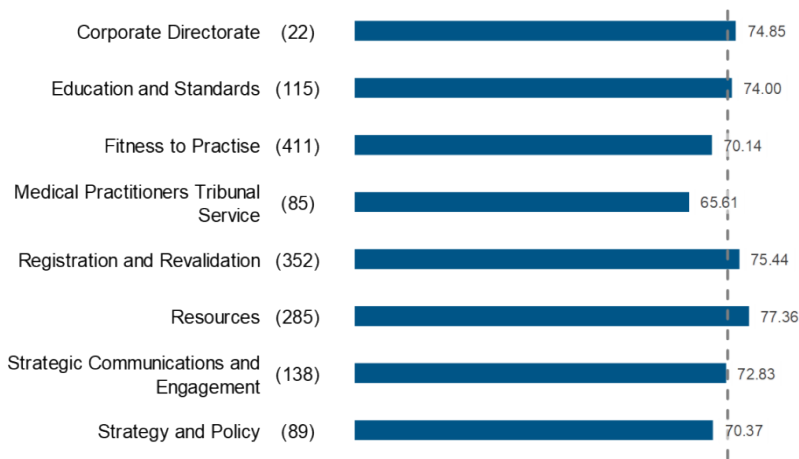
Q17 To what extent are you satisfied or dissatisfied with working for the GMC?

Q17b I intend to still be working for the GMC in 12 months' time.

The response options for each question are given a weighting (i.e., 5 for strongly agree, 4 for agree etc.), which is used to calculate an average score across all engagement questions. This average is divided by the highest possible score to give the proportional engagement of the respondent. This is then converted to an index score out of 100. These index scores can then be averaged across groupings of staff.

Engagement by directorate

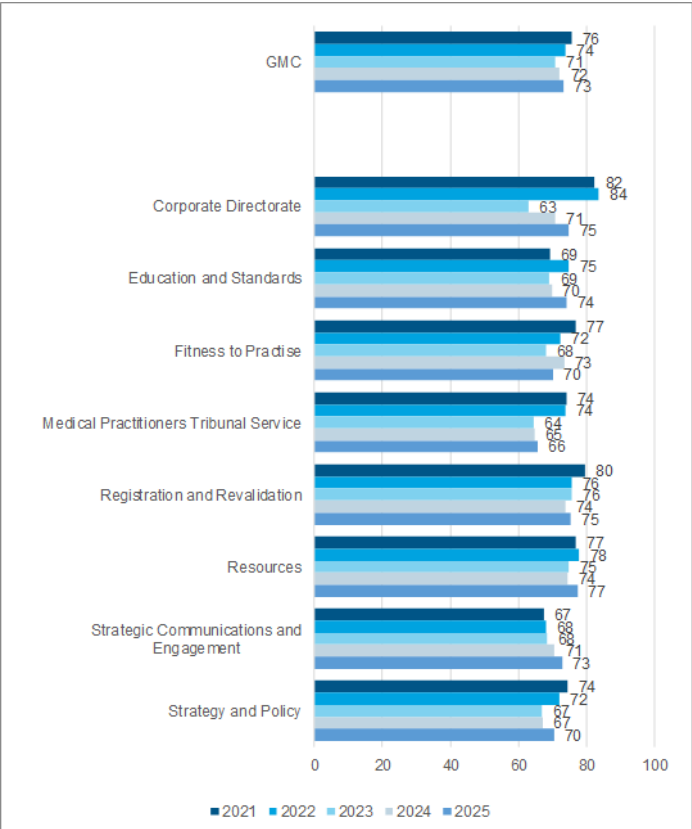
Engagement by Directorate



The chart to the left shows the engagement scores across the different directorates within the GMC. The organisation average (73.1%) is indicated by the grey dashed line.

Staff engagement has risen overall since the 2024 survey. Looking at this in more detail and at directorate level, we can explore the reasons behind the changes and get an idea of any areas of concentration. The most engaged directorate has remained unchanged this year – with the Resources Directorate maintaining their top spot another year with a score of 77.36, whose score has improved from 2024 where it was 74.44. The least engaged directorate, for a second year, was the Medical Practitioners Tribunal Service (MPTS) who had an engagement score of 65.61, though it has improved from 64.69 in 2024.

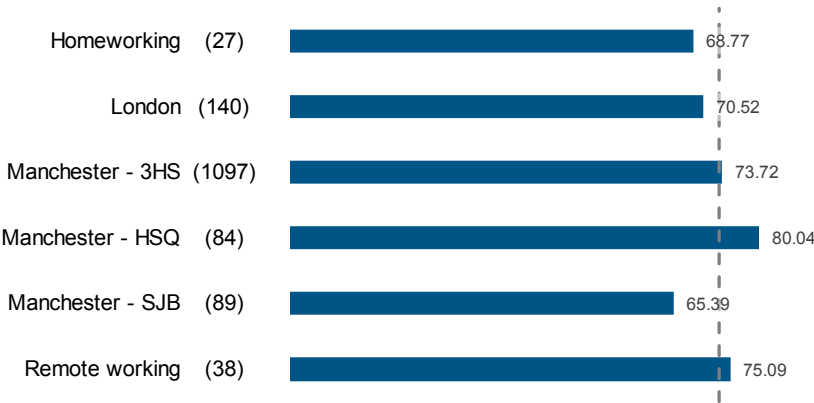
The chart to the right, shows how the engagement score has changed from year to year, both overall and by directorate. Looking at the scores from 2023 onwards, there is generally an upward trend, which has continued in the 2025 survey. All directorates have increased their score since the 2024 survey, with the exception of Fitness to Practise, whose score has dropped by 3 points (from 73 to 70 in 2025).



Engagement by location

The most engaged staff were located in the Manchester HSQ (80.04), as was the case in 2024, but the score has worsened since then (82.21). The least engaged staff were based at Manchester SJB (65.39). This was the same in 2024 (65.21), but the score has improved. (Note. The Medical Practitioners Tribunal Service is located at Manchester SJB.)

Engagement by Location



Remote workers (75.09) were the second largest group of engaged staff in 2025; a score that has increased from 2024 (74.17).

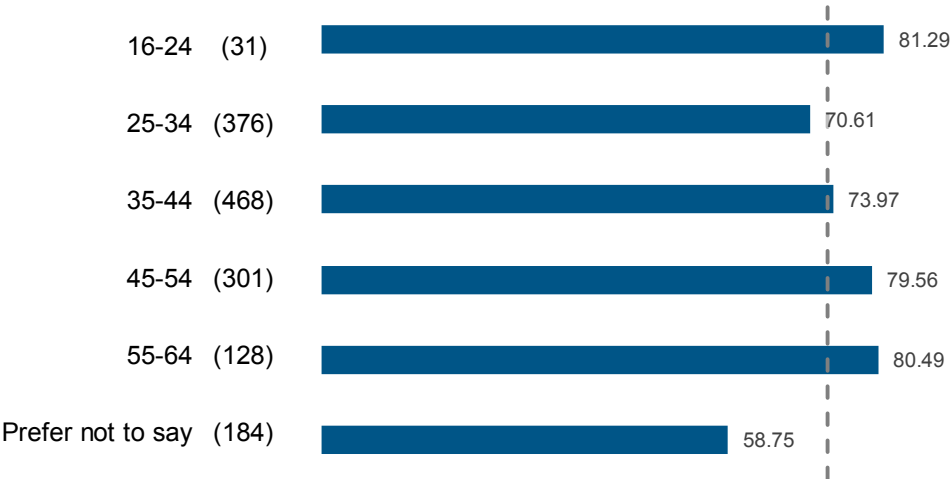
This is encouraging for the GMC, as even though working remotely, staff who work outside the office environment still feel a high level of engagement with the organisation.

Engagement by age, ethnicity, sexuality, religion and disability/long-term illness/health condition

There were very few differences in the engagement of staff by sex or caring responsibility, but there were some noticeable differences when looking at age, ethnicity, sexuality, religion and disability/long-term illness/health condition. These differences are shown in the charts that follow.

By age band

Engagement by Age band

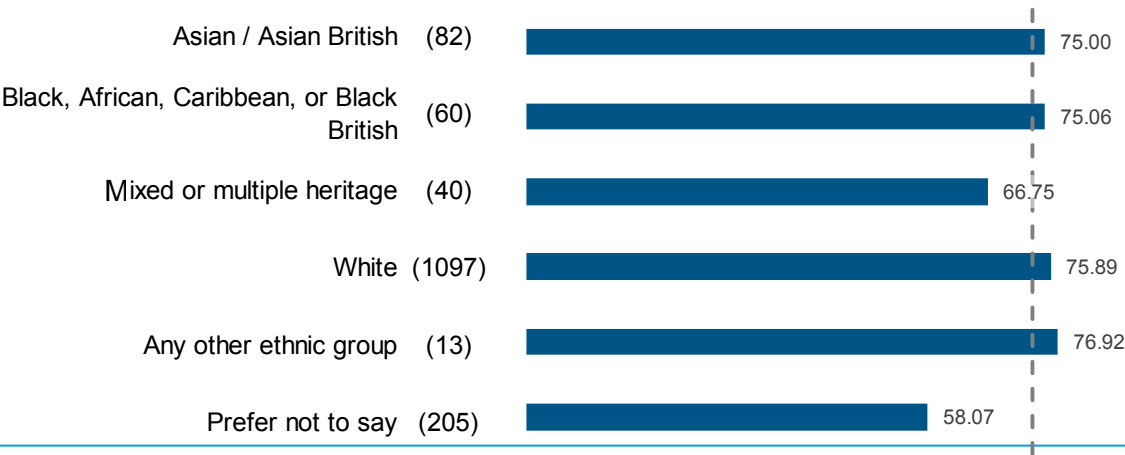


The table above shows engagement by age band. The most engaged age category in 2025 were the 16–24-year-olds with a score of 81.29, however, there were only 31 members of staff who responded within that bracket. The 55-64-year-olds were the next highest scored, at 80.49. Of the staff who provided their age, the 25–34-year-olds were least engaged. This was the same in 2024, when they scored lowest at 68.82.

By ethnicity

Looking at engagement by ethnicity, shown in the table below, we can see that there is very little difference between the three ethnic groups that were most engaged in 2025: White (75.89); Black, African, Caribbean, or Black British (75.06); Asian/Asian British (75.00).

Engagement by Ethnic Group



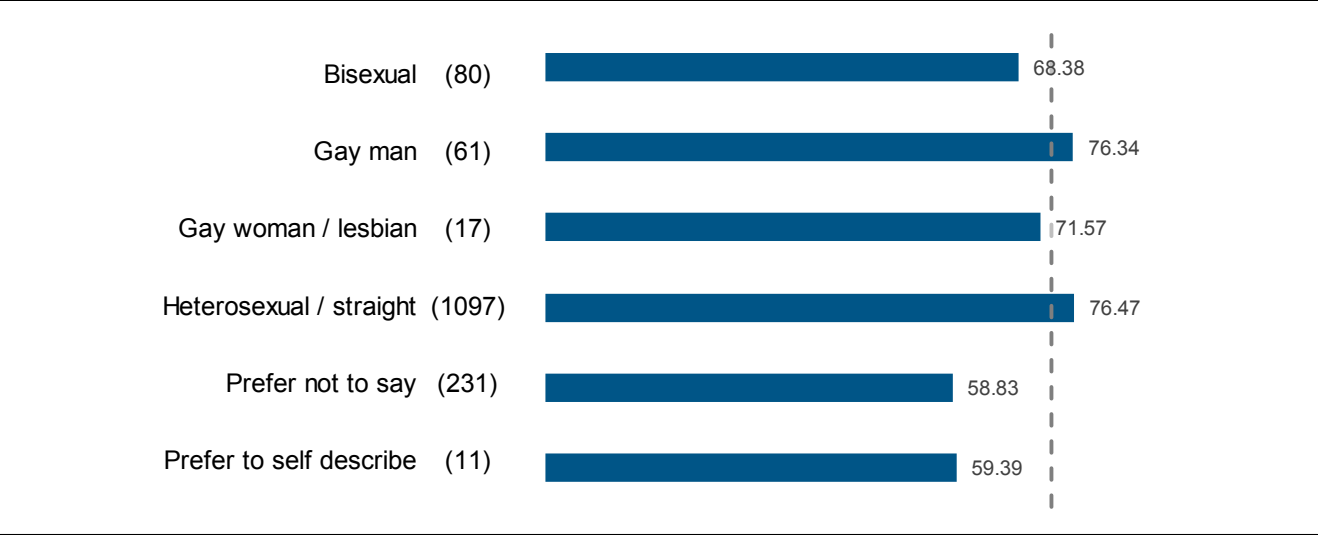
Of those staff who provided information on their ethnic background, the least engaged group, for the third consecutive year, were those from Mixed or multiple heritage 66.75, although the score has improved since 2024 (62.10).

By sexuality

Looking at sexuality in 2025, Heterosexual/straight staff were the most engaged staff group with a score of 76.47, representing a 1.15 improvement since 2024. This takes them ahead of Gay women/lesbians, who were the most engaged in 2024, whose score has declined significantly from 78.13 in 2024 to 71.57 in 2025. This group has moved into the third most engaged staff group.

The least engaged group of staff (of those who stated their sexuality), were Bisexual employees, 68.38, a score that has improved since 2024 (67.51). Bisexual staff have had the lowest engagement levels since 2023.

Engagement by Sexuality



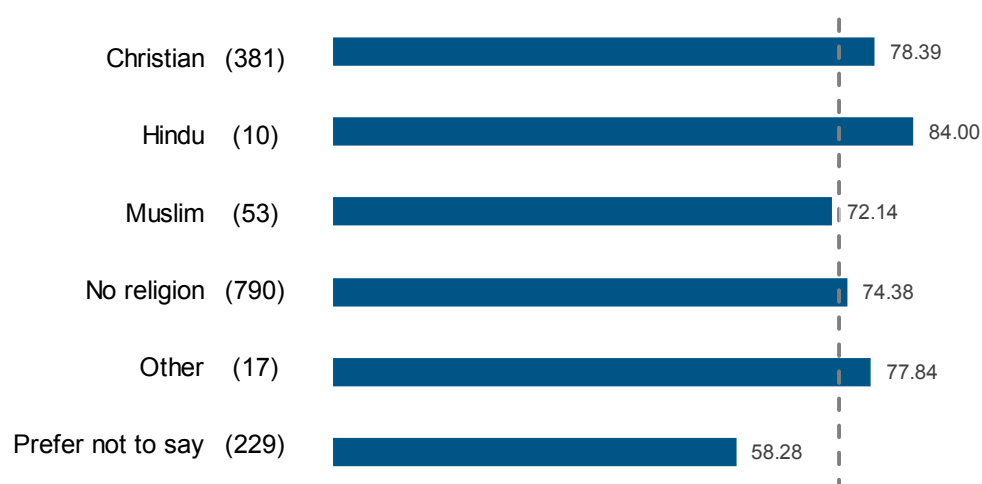
By religion

Engagement by Religion Grouped



Staff who reported their religion (78.18) were more likely to be engaged than those who responded No religion (74.38). Looking in more detail at the different religions reported, the most engaged staff were those who selected Hindu, with a score of 84.00. Of those that reported their religion, staff who were Muslim were recorded as being the least engaged with a score of 72.14.

Engagement by Religion



By disability, long-term illness or health condition

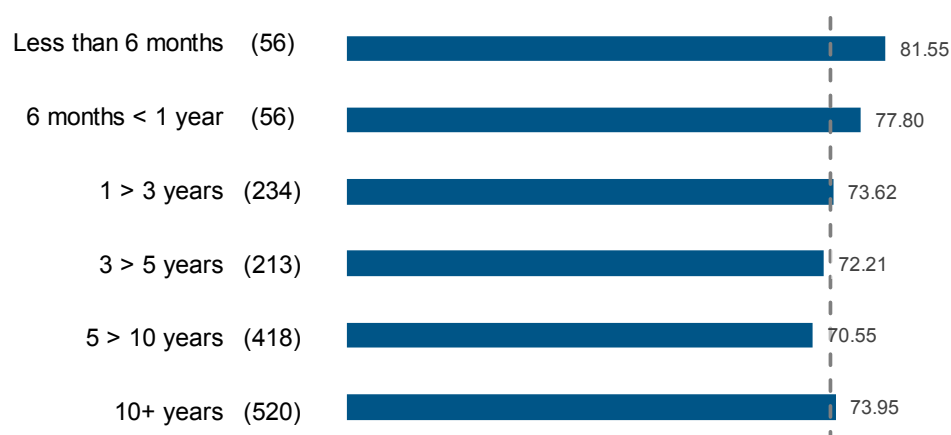
Engagement by disability, long-term illness or health condition



The engagement scores for staff who reported having a disability, long-term illness or health condition have increased in the 2025 survey from 69.10 to 71.97. These are still lower than scores for staff who do not report having one (75.66 in 2024 compared to 75.96 in 2025).

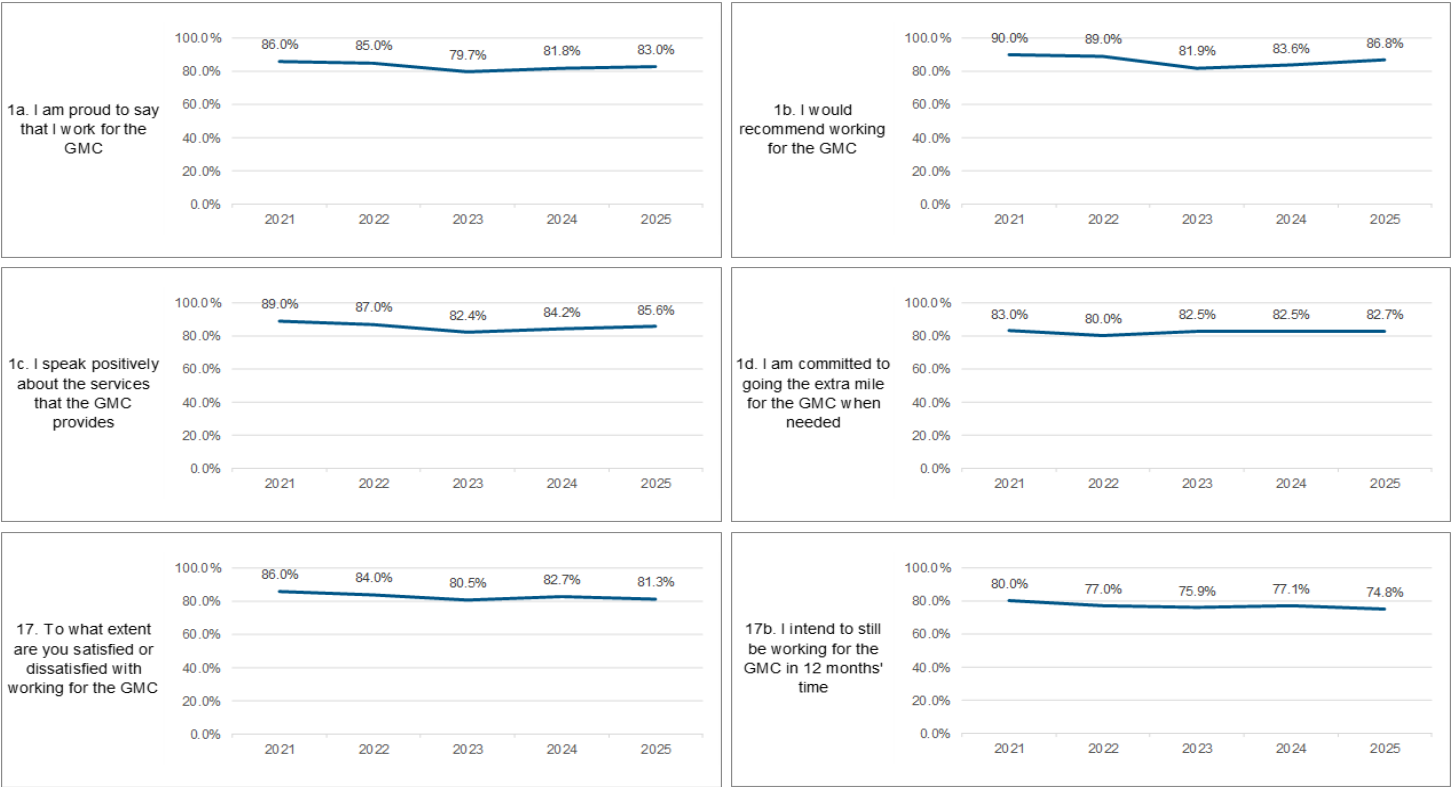
Engagement by length of service

Engagement by Length Of Service



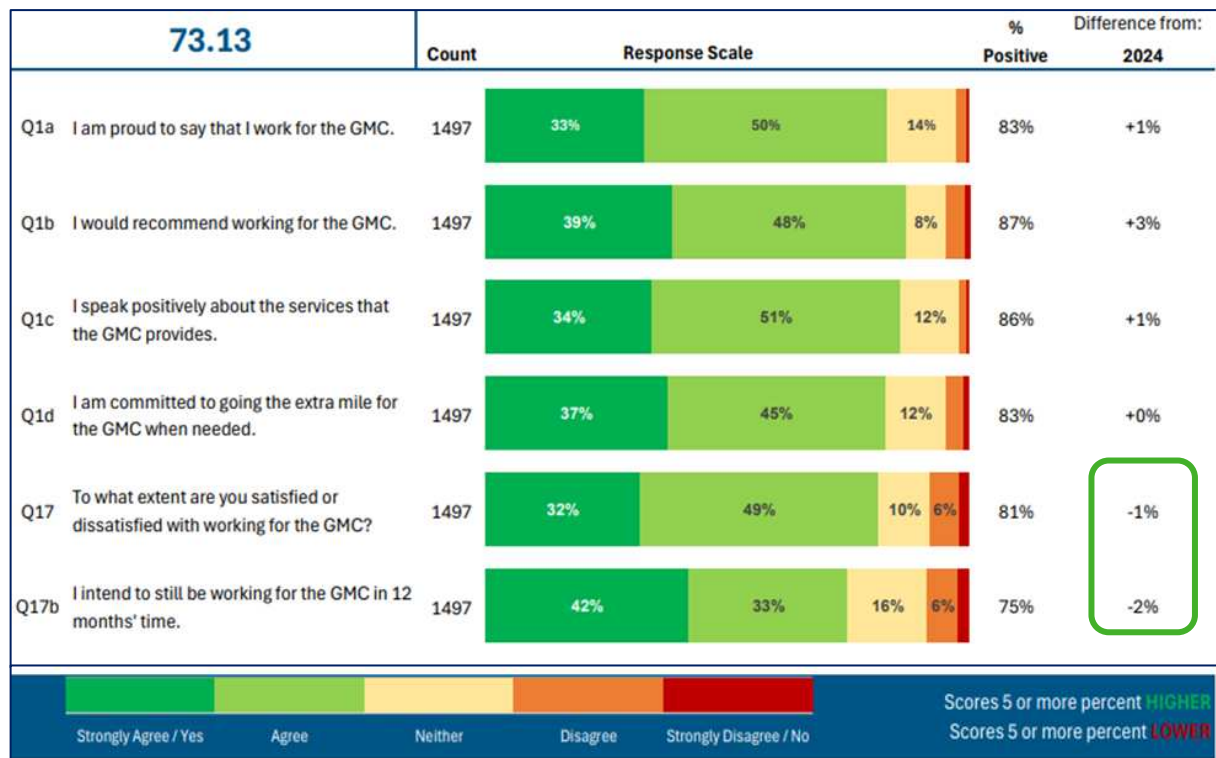
Staff who have worked for the GMC for less than a year were the most engaged group ('Less than 6 months' 81.55, and '6 months <1 year' 77.80). This reinforces the idea that employees who are new to the organisation are often more inclined to share feedback on what works and what doesn't, as they bring a fresh perspective to the organisation. Interestingly, staff with over 10 years of service were the next most engaged group, scoring 73.95. One possible explanation is that many long-serving employees hold senior managerial positions. Given the strong positive scores around senior leaders acting as role models for the organisation's values and behaviours, it's likely they are leading by example and actively promoting engagement within the GMC. The engagement score for staff with over 10 years of service is improving year on year (73.64 in 2024 and 68.97 in 2023). The least engaged group of staff were those with 5-10 years of service, 70.55. This position was same as in 2024, though the score has improved slightly from 70.35.

Engagement Index by question



The overall engagement score - based on the responses to the six survey questions above - has increased consistently since improvements first appeared in 2023. These charts illustrate how each individual question has performed over time, highlighting where consistency has been maintained and where subtle shifts have emerged.

In 2025, most Engagement Index question scores were stable or higher than in 2024.



However, two key indicators have declined: staff satisfaction with working for the GMC and staff intention to remain at the organisation in the next 12 months. These measures are critical because they are strong predictors of retention risk - for example, increased turnover, higher recruitment and onboarding costs, loss of organisational knowledge, and disruption to team performance and continuity.

Engagement Index questions at directorate level

At a local level, when looking in more detail at how staff answered questions in the Engagement Index, the directorates scored in the following way:

- **Being proud to work for the GMC** – The Resources and Corporate* Directorates scored highest, with 86% of staff agreeing to this statement. As with the previous two years, the Strategy and Policy Directorate were least likely (76%) to say they were proud to work for the organisation, but their score has increased by 3% since 2024.
- **Recommending the GMC as a place to work** - The Resources and Corporate* Directorates scored highest again for this question, both with a score of 91%. Medical Practitioners' Tribunal Service were least likely to say this, with a score of 76%.
- **Speaking positively about the GMC's services** – The Corporate* Directorate scores highest for this question with a score of 91%, followed closely by Education and Standards at 89%. The Medical Practitioners' Tribunal Service were least likely to be positive about the services that the GMC provides (72%) and come bottom in scoring for the third consecutive year.
- **Agreeing to go the extra mile** – There were no scores above 90% for this question, but the Resources Directorate scored highest at 89%, the same position that they have held for the

past two consecutive years. The Directorate that scored lowest in their commitment to go above and beyond in their work were Education and Standards at 78%.

- **Satisfaction with working for the GMC** – The Resources and Corporate* Directorates scored highest, both with 86%, followed closely by Education and Standards with a score of 85%. The Medical Practitioners' Tribunal Service scores lowest at 76% (with a drop of 3% from 2024), alongside Fitness to Practise with the same score.
- **Intention to be working at the organisation within the next 12 months** – This is the lowest-scoring engagement question across all directorates, with most directorates scoring in the 70% range, with the lowest at 69% for Fitness to Practise. Even the highest score remains well below the 90% mark, reaching only 80% for both Resources and Registration and Revalidation.
Lower scores of this kind warrant further investigation. Examining factors such as length of service, recent negative incidents, and feedback regarding senior leadership - alongside directorate-level results - can help identify where issues may be originating. Because staff morale is influenced by a wide range of factors, drilling into the data can highlight the specific drivers behind these lower scores and clarify which issues may be addressed or improved.

*Scoring for the Corporate Directorate should be viewed with some caution, as the base size is relatively small, n=31.

Employee inclusivity

How the Inclusivity Index is calculated



The Inclusivity Index is a measure of multiple questions, which indicates how the organisation is performing in areas related to inclusion. The average positive response to these questions is used to calculate the inclusivity score.

Q3a My line manager treats me with respect and fairness.

Q7a The GMC provides an inclusive environment for people from all backgrounds.

Q7b Everyone is given the opportunity to progress at the GMC regardless of background, beliefs, or identity.

Q7c I am confident that I can raise an issue with the organisation without it being held against me.

Q8c My views and ideas are listened to.

Q9a Bullying is not an issue where I work.

Q10a Harassment is not an issue where I work.

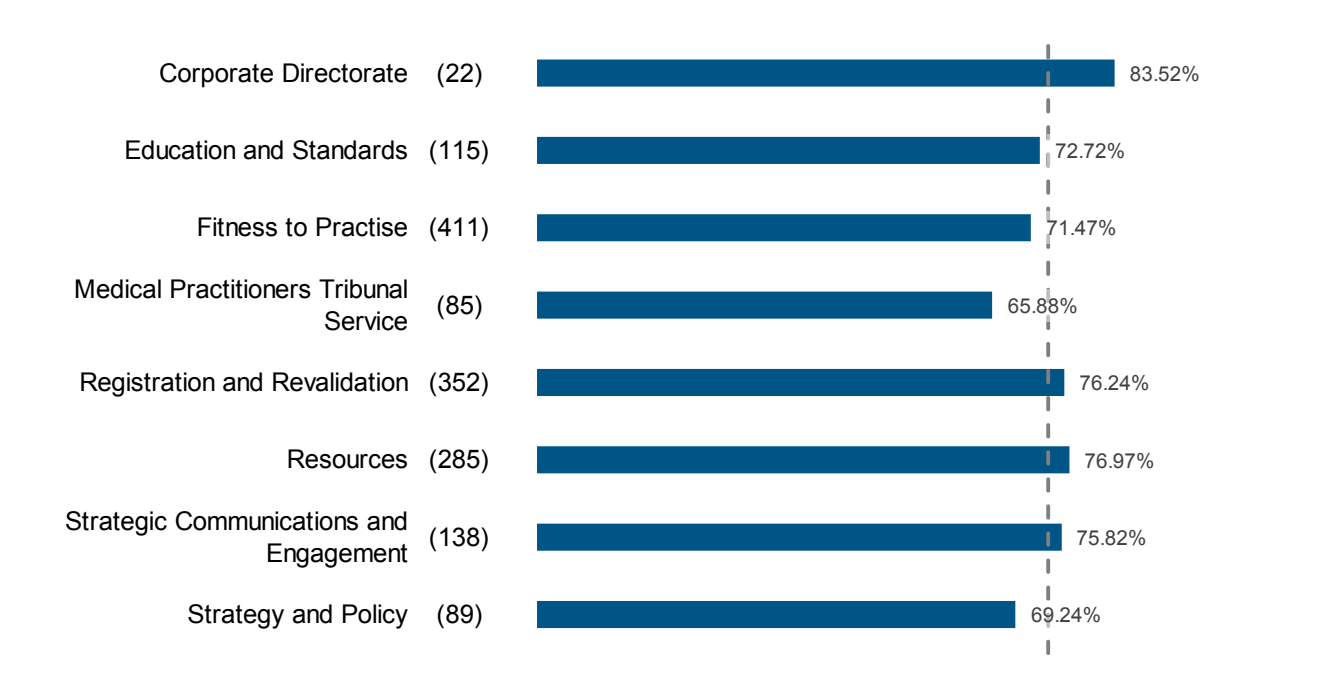
Q11a Discrimination is not an issue where I work.

Employee inclusivity is an indicator aggregating results from the key questions (see questions above) below and gives a measure of overall feeling. The employee inclusivity score was 73.9%. The score has declined since the 2024 survey, where it was 74.3%. This score is showing a downward trend year-on-year.

Inclusivity by directorate

The overall inclusion score has slightly dropped since 2024 (from 74.3% to 73.9%). We can see how this has happened by looking at directorate-level scores. In the table below, the organisational average (74.3%) is indicated by the grey dashed line. From this, we can see that, for a second consecutive year, the Corporate Directorate is the most inclusive with a score of 83.52% (increased from 80.1% in 2024), with Resources second with an improved score of 76.97% (from 76.14% in 2024).

Inclusivity by Directorate



However, it is important to note that the Corporate Directorate is the smallest of all the directorates within the GMC and only had 22 staff members respond around these questions. The Medical Practitioners Tribunal Service scored lowest for inclusion in 2025 with a score of 65.88%, which has seen a significant drop from 71.57% in 2024. There is an almost 20% difference between the highest and lowest scoring directorates (83.52% - 65.88%).

Inclusivity by Grouped Sections (Medical Practitioners Tribunal Service)

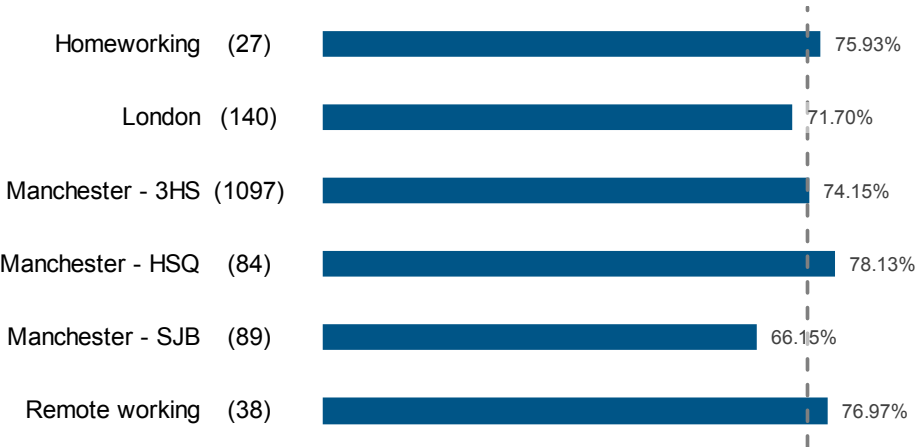


A closer look at the lowest-scoring directorate (above) shows that the overall result is being significantly pulled down by MPTS Communications and Corporate Affairs, which reports a score just

above 50%. This outlier warrants priority investigation to understand the underlying drivers and identify any targeted interventions needed.

Inclusivity by location

Inclusivity by Location



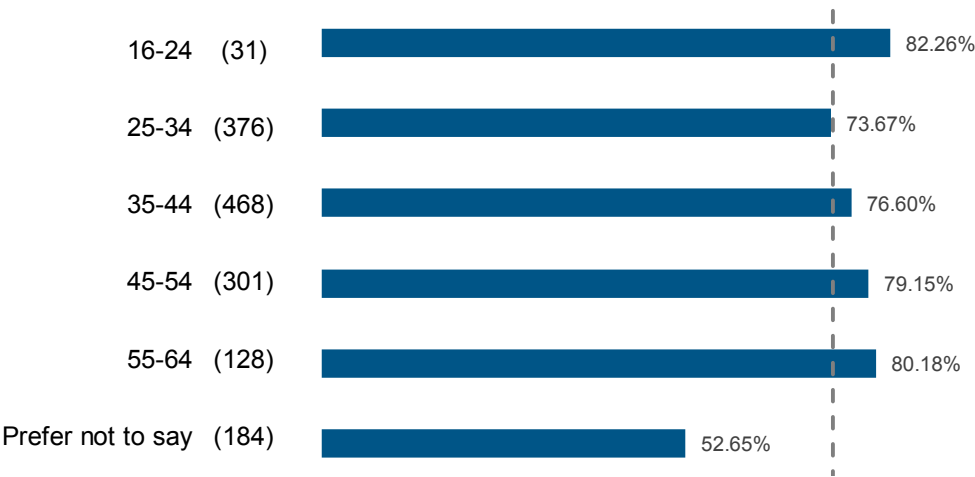
Staff at the Manchester HSQ have consistently achieved the highest inclusion scores year-on-year, and at 78.1% this position remains unchanged. However, this represents a significant decline from 84.4% in 2024 - a drop of more than six percentage points. The lowest scoring location for inclusion in 2025 was Manchester SJB at 66.2%. This is the only location with an inclusion score of less than 70% and it has also declined by more than 5% (71.4% in 2024).

Inclusivity by age, ethnicity, sexuality and disability/long term illness/health condition

The GMC inclusivity scores were broadly in line for inclusion by sex, religion and caring responsibilities, however, there were some quite noticeable differences when looking at scoring by age, ethnicity, sexuality and disability/long term illness/health condition, as seen in the charts that follow.

By age band

Inclusivity by Age band



Staff who were aged 16-24 years scored highest for inclusivity within the GMC at 82.3%. This score has declined since the 2024 survey from 84.4%. (This score should be viewed with some caution, as

the base size is relatively small, n=31). Of the staff who declared their age when responding to questions about inclusivity, 25-34 years had the lowest score at 73.7%. This age group also had the lowest score for engagement in 2025 and for both engagement and inclusivity in 2024.

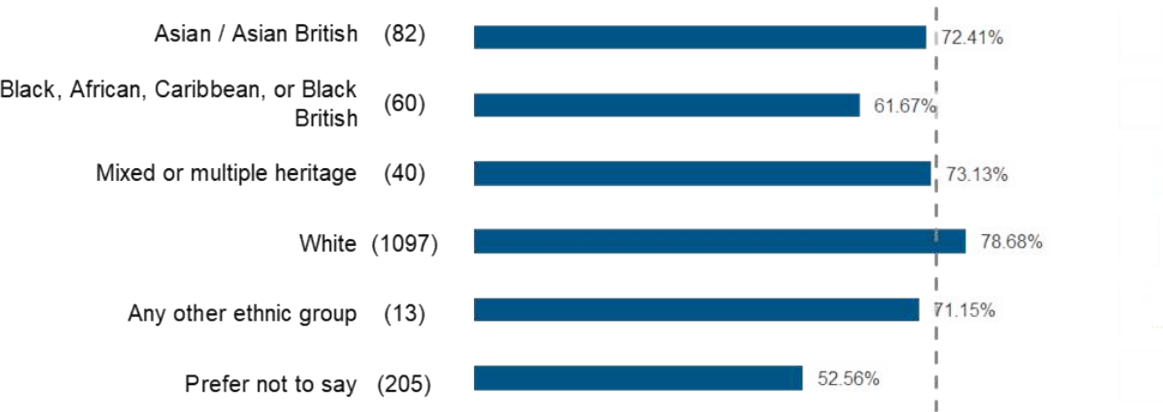
By ethnicity

Inclusivity by White BME



When looking at ethnicity, white staff (78.7%) were more likely to speak positively about inclusion than staff from Black and Minority Ethnic (BME) backgrounds (69.2%). There is almost a 10% (9.5%) difference between the two groups.

Inclusivity by Ethnic Group



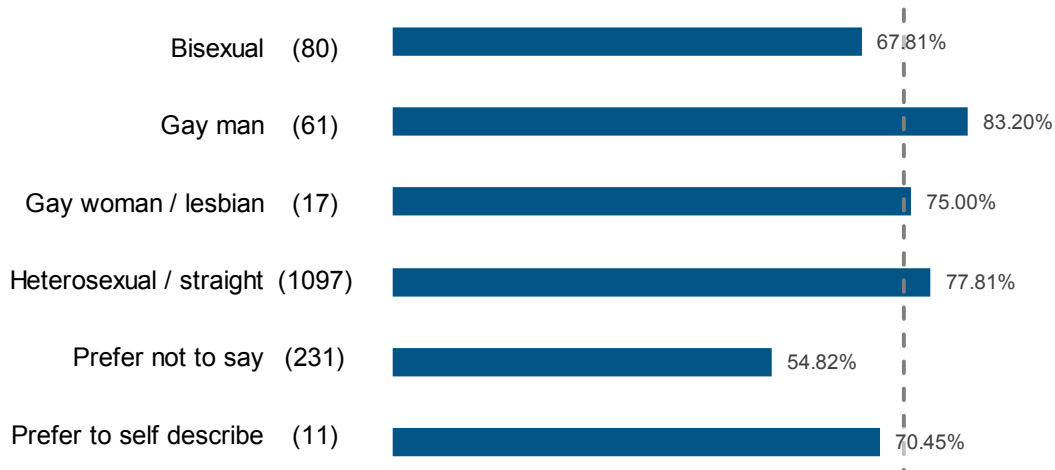
Looking at the breakdown in ethnic grouping in more detail, within the BME staff group the highest scoring for inclusivity was Mixed or multiple heritage, at 73.1%. This is a significantly improved score, which sat at 62.1% in 2024. Asian/Asian British, which was the top-scoring group in 2024, with a score of 75.2%, has dropped into second place and the score has declined by almost 3 percentage points.

The lowest scoring BME group was Black, African, Caribbean or Black British with a score of 61.7%, another score that has worsened since the 2024 survey where it stood at 66.1% and was also the lowest score. Within this group, African (59.4% down from 65.6% in 2024) scored lowest.

By sexuality

For inclusion by sexuality, Gay men was the most inclusive staff group with a score of 83.2%. Gay women/lesbian who had the highest score in 2024 (85.9%) have dropped down to 75%, a decline of 10%. Bisexual staff were the lowest scoring group (67.8%) for a third year within the inclusion scores, and the score has also seen a decline since 2024 (72.5% in 2024).

Inclusivity by Sexuality



By disability/long term illness/health condition

Inclusivity by Disability, long-term illness or health condition



Staff who reported they did not have a disability/long term illness/health condition (79.2%) scored significantly higher on the Inclusivity Index than those who did. (67.1%). This gap suggests that colleagues who have disability/long term illness/health condition may be experiencing barriers that others do not - for example, inconsistent accessibility, insufficient workplace adjustments, or a lack of inclusive day-to-day behaviours. These differences in experience often point to structural or cultural issues that require targeted action to ensure equity across the organisation.

Inclusivity by length of service

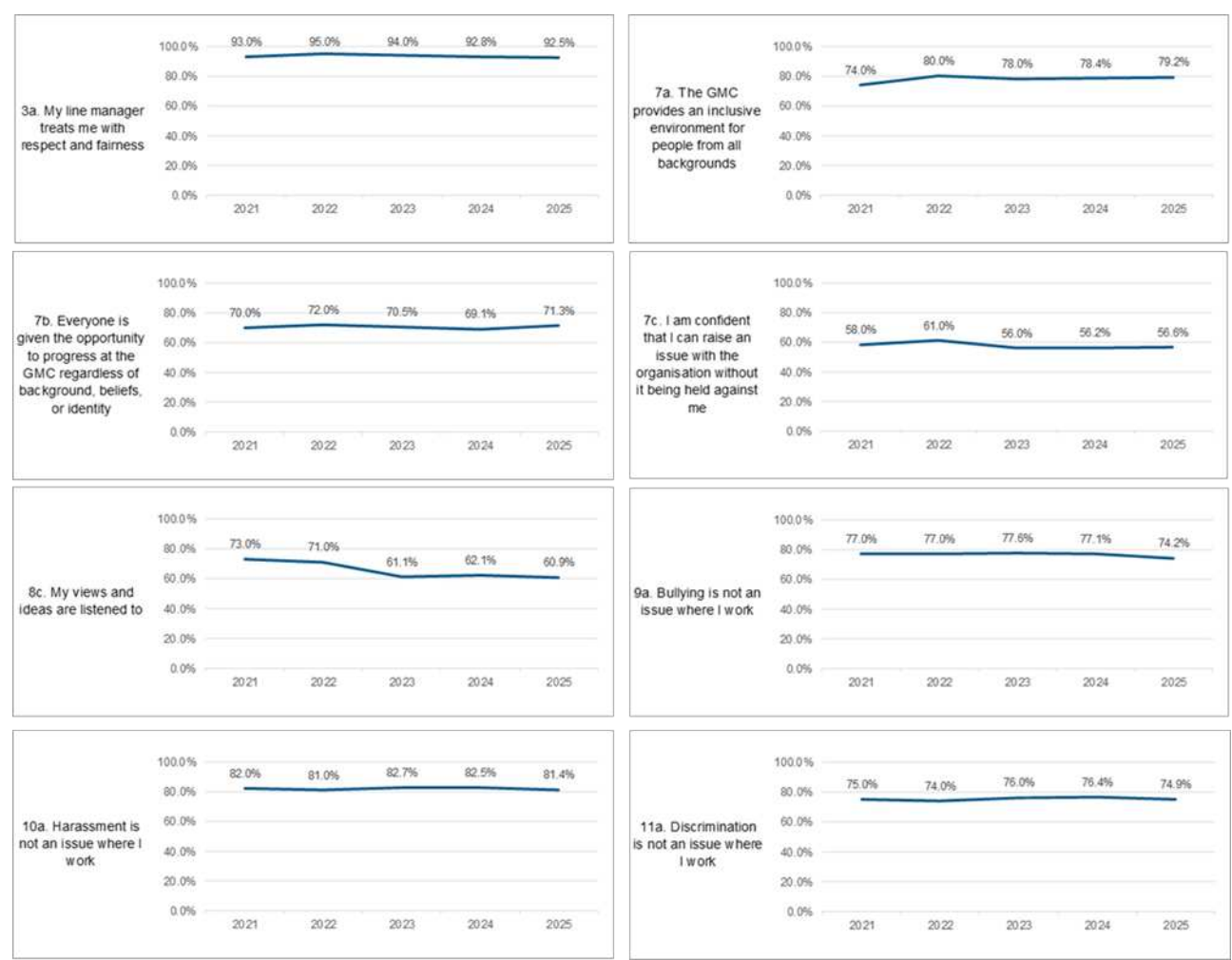
Inclusivity by Length Of Service



When analysing inclusion scores by length of service, a similar pattern to engagement emerges. The

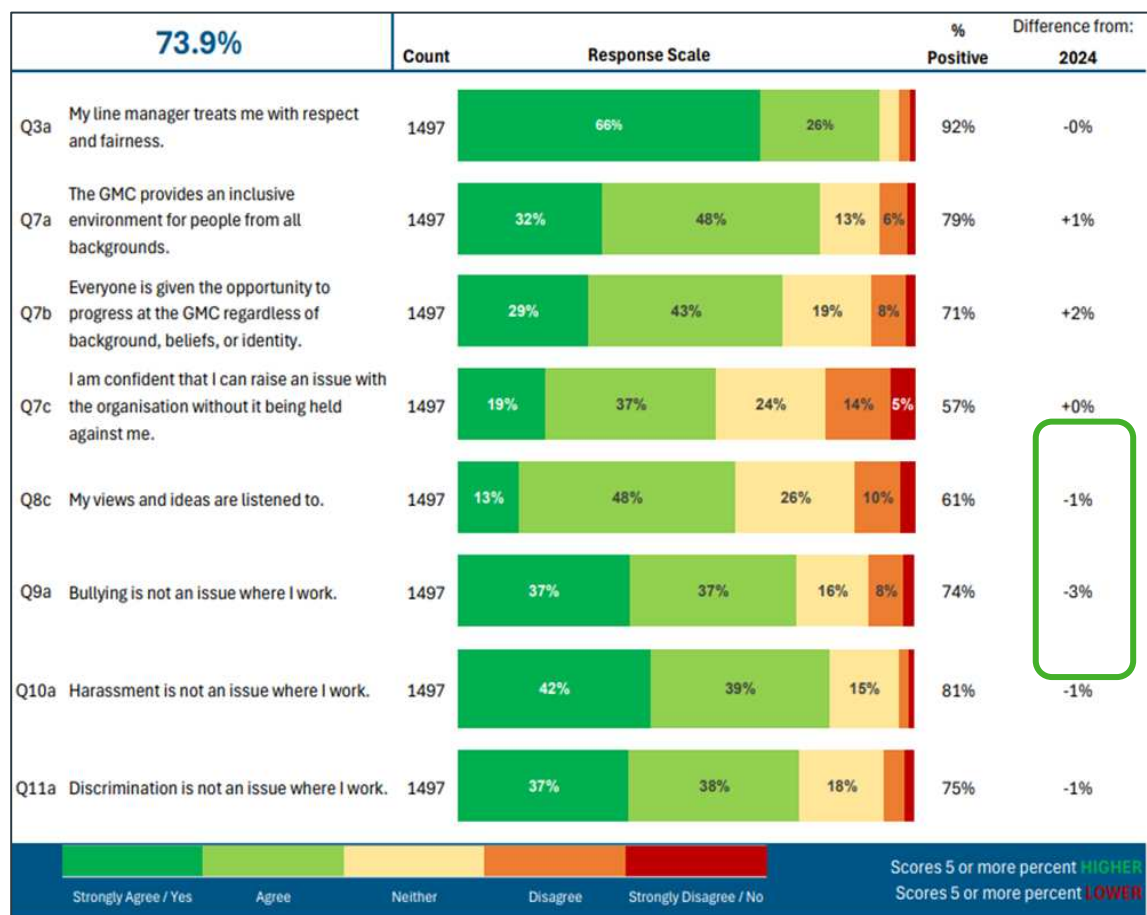
highest-scoring group continues to be staff with six months or less service, whose inclusion score increased to 85.3% (up from 82.4% in 2024). This is followed closely by those with six months to less than one year of service at 83%. This trend indicates that colleagues who have joined the GMC most recently are more likely to feel included than those with longer tenure, suggesting that experiences of inclusion may diminish over time. This could reflect factors such as exposure to organisational pressures, structural barriers, or evolving team dynamics that newer starters have not yet encountered.

Inclusivity Index by question



The overall Inclusivity Index score - based on the responses to the eight survey questions above - has broadly remained stable since 2021. The charts above illustrate how each individual question has performed over time, highlighting where consistency has been maintained and where subtle shifts have emerged.

In 2025, most Inclusivity Index question scores (see below) had worsened, although three question scores had shown slight improvement of between 0-2%. These questions were related to the GMC's inclusive environment, opportunities to progress regardless of background and raising issues without fear of retribution.



The questions that had declined and dragged down the overall score, were concerned with negative behaviours, bullying, harassment and discrimination, ideas being listened to and respect from line managers.

The highest-scoring question within the Inclusivity Index - 'My manager treats me with respect and fairness' - has been the strongest performer for three consecutive years. However, its score is also gradually declining year-on-year: 94% in 2023, 93% in 2024, and 92% in 2025. While still high, this downward trend suggests a slow erosion in perceptions of managerial respect and fairness that may warrant further monitoring.

Inclusivity Index questions at directorate level

At a local level, when looking in more detail at how staff answered questions in the Inclusivity Index, the directorates scored in the following way:

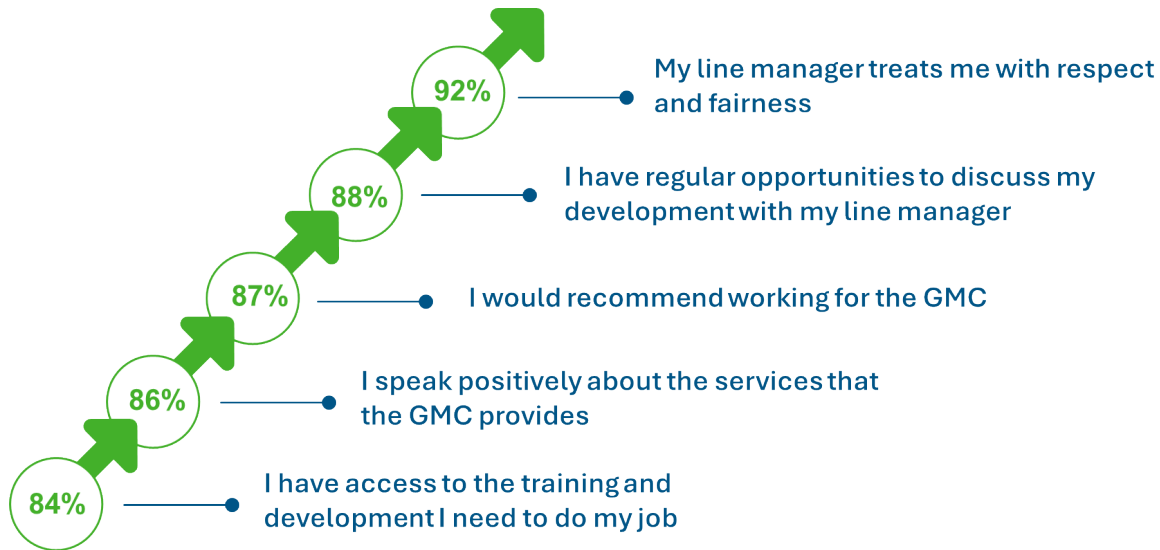
- **Managers treating staff with respect and fairness** – Most of the scores for this question were broadly in line across the directorates and in the 90% range. This is a very positive outcome for managers. The only exception is the Medical Practitioners Tribunal Service, who have a score of 86%.
- **Providing an inclusive environment for people from all backgrounds** – The Corporate* Directorate scored highest for this question at 91%. The second highest score, with a drop of 3%, were Resources at 83%. Strategy and Policy had the lowest score for this question, 70%, a 21% difference from the highest scoring directorate. Medical Practitioners Tribunal Service also scored lower at 71%.

- **Being given the opportunity to progress regardless of background, beliefs, or identity –** The Corporate* Directorate scored highest for this question at 86%. Resources came second highest with 79%. Education and Standards (63%), Strategy and Policy (63%) and Strategic Communications and Engagement (62%) all had similar scores in the low 60% range.
- **Staff confidence in raising issues without it being held against them –** Scores across directorates largely fall within the low 50-60% range. The lowest result recorded was the Medical Practitioners Tribunal Service at 42% - a decline of 6 percentage points since 2024. The highest score was achieved by Registration and Revalidation at 63%; however, even this remains below two thirds of staff agreeing with the statement. These results highlight ongoing concerns about staff confidence and comfort in raising issues. The consistently low scores suggest a systemic problem that requires urgent attention. Further investigation should be prioritised, followed by targeted actions to address the barriers preventing staff from speaking up.
- **Staff views and ideas being listened to –** Mirroring the pattern seen in scores relating to raising concerns, results for this question predominantly fall within the 50–60% range. The lowest-scoring directorate, for another year, is Fitness to Practise at 52%, representing a 5-percentage-point decline since 2024. At the other end of the spectrum, Strategy and Policy achieved the highest score at 75%, marking a modest improvement of 2% compared with the previous year. Despite some isolated improvements, the overall trend across directorates is one of decline. This suggests that staff increasingly feel their views are not being listened to or acted upon. When employees perceive that their opinions are solicited without meaningful follow-through, it can undermine morale and trust. The visibility and accessibility of senior leadership are likely to be key influences on these scores. Ensuring leaders regularly engage with teams, close the feedback loop, and demonstrate responsiveness to staff input will be critical to reversing the downward trend.
- **Bullying/Harassment/ Discrimination being an issue at work –** The Corporate* Directorate reports the highest scores across all three measures of negative behaviour not being an issue at work - bullying (86%), harassment (91%), and discrimination (91%). However, it is important to note that this is also the smallest directorate in the organisation, which may influence the stability of its results. Strategic Communication and Engagement, a significantly larger directorate, has the second-highest score, all within the 80% range (bullying 80%; harassment 86%; discrimination 80%). These results have remained stable since 2024, indicating a consistent perception of a positive working environment in this area. At the other end of the scale, Strategy and Policy has the lowest overall scores, with results primarily in the 60% range (bullying 63%; harassment 75%; discrimination 66%). The Medical Practitioners Tribunal Service (MPTS) closely follows, with scores of 66% for bullying, 71% for harassment, and 73% for discrimination.

*Scoring for the Corporate Directorate should be viewed with some caution, as the base size is relatively small, n=22.

Organisational high and lows

Your 5 highest scoring questions



The diagram above shows the questions that scored highest overall in the 2025 survey. Staff agreeing that their line manager treats them with respect and fairness, is the highest scoring question (92%). This question has been a strong performer from year to year and demonstrates the positive relationships between staff and their direct managers, which reinforces psychological safety.

All other questions are in the mid-to-high 80% range. The second highest performing question is also related to line managers, staff having regular opportunities to discuss their development, 88%. This will also link to staff feeling that they have access to training and development needed for their job, 84%, which is also included in the top performing questions.

Your 5 lowest scoring questions



*Was in the lowest scoring questions in the 2023 and 2024 survey

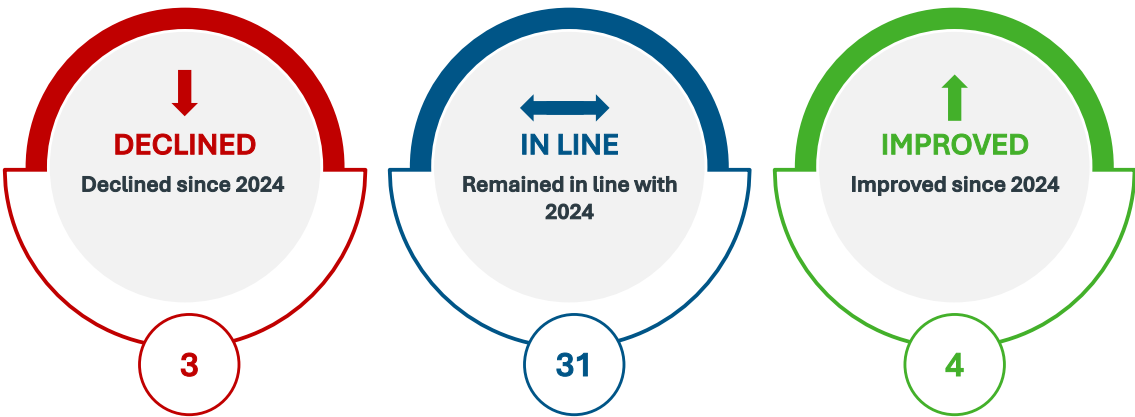
The diagram on page 22 shows the questions that scored lowest overall in the in the 2025 survey. The lowest scoring question relates to the opportunities that exist for staff to progress their career within the organisation. The score for this question is 52%, and it has also declined by 1% from 2024's score of 51%. So, despite staff feeling that their line manger supports their development within the organisation, there appears to be a lack of opportunity, which is holding them back.

The remaining low-scoring questions were concerned with explanations been given for important decisions, raising concerns and senior management being role models for the organisation. The question about explaining important decisions was amongst the lowest scoring questions in 2023 and 2024 also.

These questions demonstrate that there may be issues with a lack of proper communication between staff and senior leaders, which could lead to poor staff morale. It could also be the reason for some staff thinking of leaving the organisation, which is a question (intention to still be working at the GMC in 12 months' time) that has seen the most decline in scores since 2024.

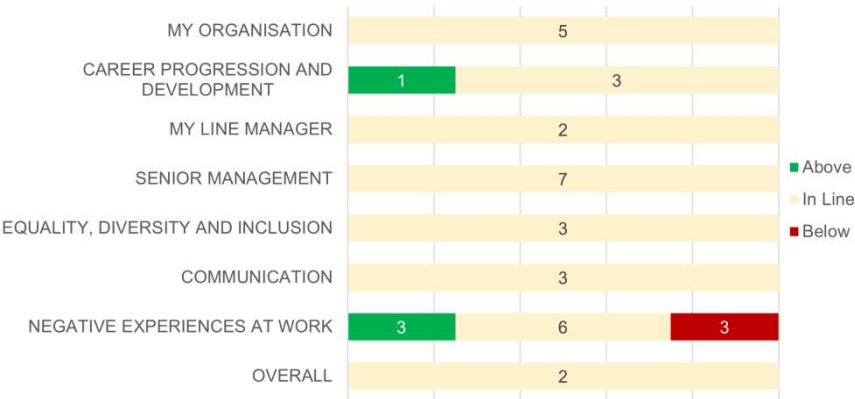
Performance against 2024

Question movement over time



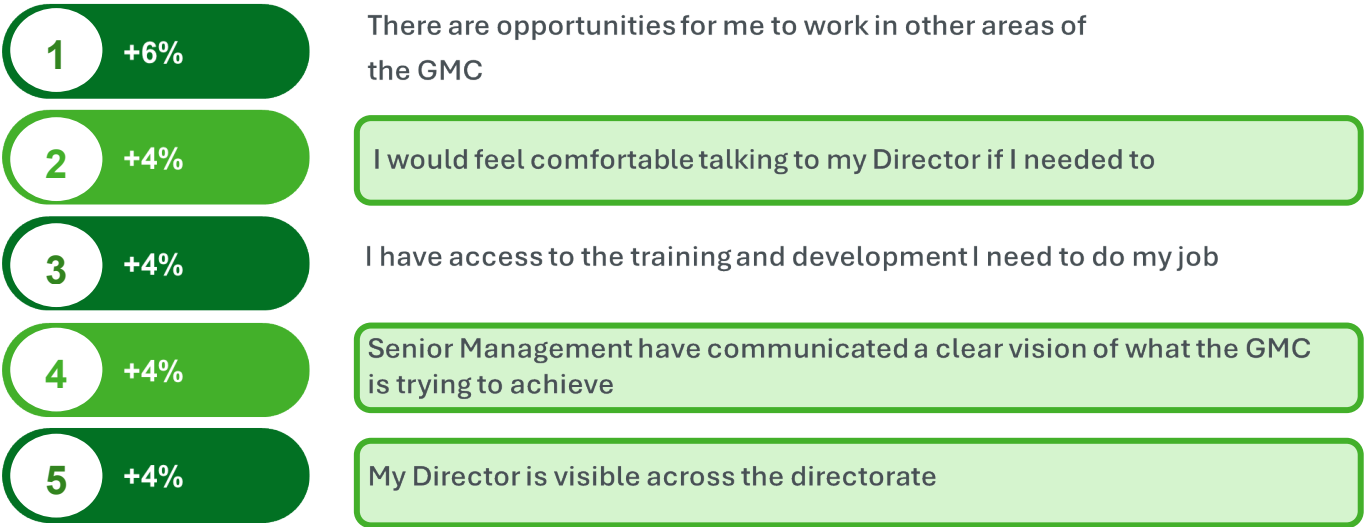
Looking at scoring overall in comparison to results of the 2024 survey, across all evaluative questions there were 4 scores that have improved significantly, meaning the score has increased by 5% or more, and 3 that have declined by 5% or more. The majority of scores (n=31) were in line with 2024's results.

The chart, to the right, illustrates how question scores have shifted across the different sections of the questionnaire. Most of the declines (n=3) occurred in the negative experiences section, mirroring the pattern seen in 2024.



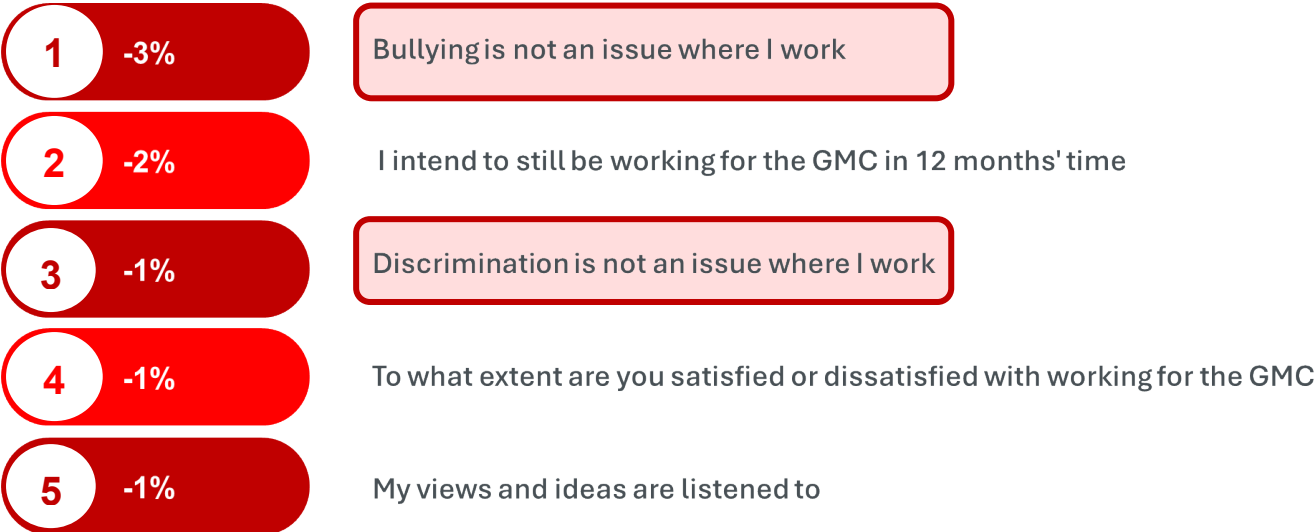
However, an equal number of questions within this area also showed significant improvement. The remaining improvement (n=1) was seen in the career progression and development section.

Most improved scores



The diagram above highlights the questions that have shown the greatest improvement since the 2024 survey (excluding follow-up questions on negative experiences). The most notable increase relates to staff reporting that there are opportunities to work in other areas of the organisation, which has risen by six percentage points to 61%. All other improved questions increased by four percentage points, **three of which relate to senior management** - an encouraging development. In addition, the question ‘I have access to the training and development I need to do my job’ has not only improved but now features among the highest-scoring questions overall.

Most declined scores



The diagram above shows the questions that have seen the most decline since the 2024 survey (excluding follow-up questions on negative experiences). Staff saying that bullying was not an issue where they worked was the most declined question score at 74%, down by 3 points. Following closely

behind was staff intending to still work for the GMC in 12 months' time, which has declined by 2 points to 75%.

The three remaining questions, which had all worsened by 1 point, were concerned with discrimination being an issue at the GMC, satisfaction with working at the organisation and staff feeling that their ideas were listened to.

It is important to note that **two out of the five** questions were concerned with **negative behaviours** at work. Scores around staff perception of bullying and discrimination “not being an issue” have declined, indicating that there are rising concerns or awareness of issues.

Performance of the workstream areas

Workstream: Leadership, engagement & transparency

SENIOR MANAGEMENT		Count	Response Scale				% Positive	Difference from: 2024	
Full Results These pages show the results presented as the proportional response for each response option to the question. For rating questions, a percent positive score is given based on the total proportion of respondents selecting options deemed positive. Where a comparable question was asked, the change to the percentage score from the previous survey is given.	Q4a	I am confident in the way that Senior Management are leading the GMC.	1497	13%	49%	27%	8%	63%	+2%
	Q4b	Senior Management have communicated a clear vision of what the GMC is trying to achieve.	1497	14%	52%	24%	9%	65%	+4%
	Q4c	Senior Management are role models for the organisation's values and behaviours.	1497	13%	43%	32%	9%	56%	+3%
	Q5a	My Director makes time for colleagues.	1497	19%	43%	29%	8%	62%	+1%
	Q5b	My Director is visible across the directorate.	1497	19%	44%	23%	10%	63%	+4%
	Q5c	My Director is interested in the views of colleagues in my directorate.	1497	18%	40%	31%	8%	58%	-0%
	Q5d	I would feel comfortable talking to my Director if I needed to.	1497	19%	39%	23%	13%	59%	+4%
Key Strongly Agree / Yes Agree Neither Disagree Strongly Disagree / No				Scores 5 or more percent HIGHER Scores 5 or more percent LOWER					

Across the comparable Senior Management questions, almost all scores have improved by 1-4%, indicating a broad-base uplift in how senior leadership is perceived across the organisation. The only exception is the question about Directors being interested in colleagues' views, which shows a marginal decline of less than one percentage point. This aligns with a wider theme in the findings indicating that staff continue to want stronger mechanisms to be heard and to see their input acted upon. This is consistent with earlier signals that some colleagues feel their views and ideas are not fully listened to.

While the upward movement in scores is encouraging, scores still sit at around 60%, meaning there remains significant room for improvement before reaching strong confidence and role-model standards. The pattern of modest improvements suggest that recent leadership changes are being noticed, but that staff have not yet experienced a meaningful shift in everyday leadership behaviours. This represents credible momentum, but not yet a step-change.

Trust related indicators such as confidence that concerns will be handled appropriately and that issues can be raised without repercussions are closely tied to leadership behaviour. These scores emphasise the importance of how senior leaders communicate, close feedback loops, and demonstrate accountability.

There is also a risk that scores could plateau around 60% if visible, specific leadership behaviour changes do not follow. If employees hear more from leaders but do not see tangible action, particularly around concerns handling, improvements may stall or reverse as expectations rise. The static trend in leaders' interest in staff views, combined with slight declines in 'views listened to,' also signals a potential for cynicism if engagement mechanisms are perceived as performative rather than impactful.

Senior Management - amended questions in 2025



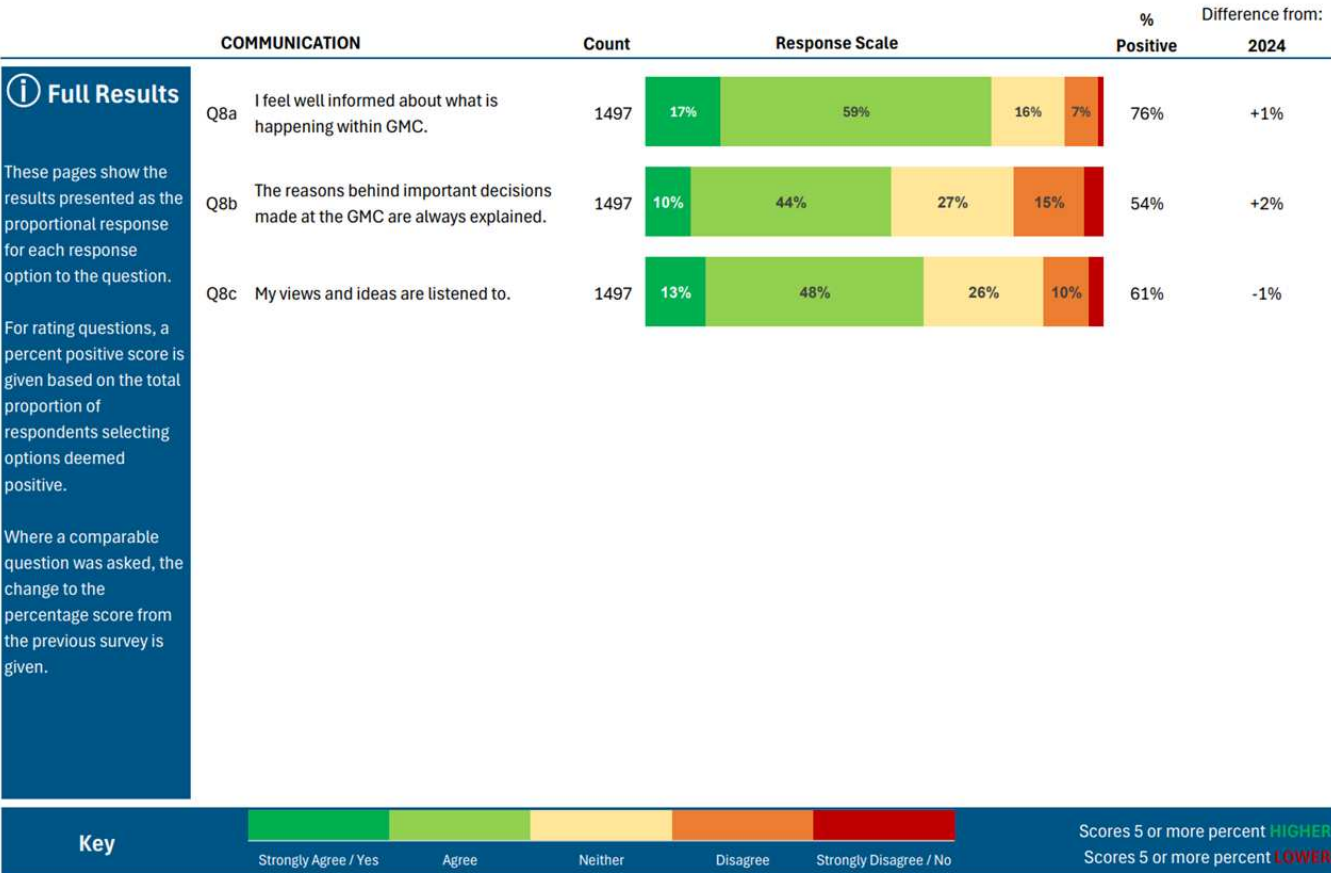
For the 2025 People Survey, the questions relating to Assistant Directors were revised to such an extent that they can no longer be compared with previous years' results. As a result of this, the scores here represent a new baseline rather than a continuation of the historical trend.

Looking at the Assistant Director results in isolation, all scores sit around the 70% mark, indicating that most staff have a generally favourable view of this level of management. These scores are notably higher than the approximately 60% results seen for Senior Management (Directors), suggesting that Assistant Directors are perceived as more approachable and engaged - likely due to their closer proximity to staff and more visible day-to-day interactions.

The highest score at 75% relates to staff feeling comfortable talking to Assistant Directors, which is a strong indicator of psychological safety and open communication at this leadership level. The overall spread of scores, ranging from 69% to 75%, shows that while Assistant Directors are well regarded, there is still scope to strengthen role modelling and further develop how they engage with staff views. Given that Assistant Directors consistently outperform Senior Management on these measures, it

be valuable to explore which specific practices or behaviours are driving this difference and consider how these can be scaled or shared across the wider leadership team.

Communication



Communication is a challenging area for most organisations, and few get it completely right. The GMC's results show stability with some modest improvement, indicating progress, but also confirming that communication remains a persistent organisational challenge.

Staff generally feel well informed about what is happening across the GMC, suggesting they receive timely and relevant updates. However, the explanation of important decisions is a weaker area, highlighting a need for greater transparency and clearer rationale from leadership.

The score for staff feeling their views and ideas are listened to stands at 61%. While this represents a majority, it also signals considerable scope to strengthen two-way communication and enhance staff engagement across the organisation.

Workstream: Bullying, harassment and discrimination

Overall staff perceptions of negative experiences - bullying, harassment and discrimination - have shifted since the 2024 survey, with some notably positive movement in the proportion of staff who say they have not witnessed or observed these behaviours. In the 2025 results, 74% of staff said they did not feel bullying was an issue where they work (down from 77% in 2024). Similarly, 81% reported that harassment was not an issue (82% in 2024) and 75% said discrimination was not an issue (compared with 76% in 2024).

While these findings point to generally positive perceptions, it remains essential to understand where and under what circumstances negative experiences are occurring. Triangulating survey data with

NEGATIVE EXPERIENCES AT WORK		Count	Response Scale				% Positive	Difference from: 2024	
Full Results These pages show the results presented as the proportional response for each response option to the question. For rating questions, a percent positive score is given based on the total proportion of respondents selecting options deemed positive. Where a comparable question was asked, the change to the percentage score from the previous survey is given.	Q9a	Bullying is not an issue where I work.	1497	37%	37%	16%	8%	74%	-3%
	Q9b	Has not personally experienced or observed bullying in the last 12 months	120	17%	83%			17%	+7%
	Q10a	Harassment is not an issue where I work.	1497	42%	39%	15%	81%	-1%	
	Q10b	Has not personally experienced or observed harassment in the last 12 months	43	26%	74%			26%	+9%
	Q11a	Discrimination is not an issue where I work.	1497	37%	38%	18%	75%	-1%	
	Q11b	Has not personally experienced or observed discrimination in the last 12 months	77	10%	90%			10%	-7%

Key

Strongly Agree / Yes

Agree

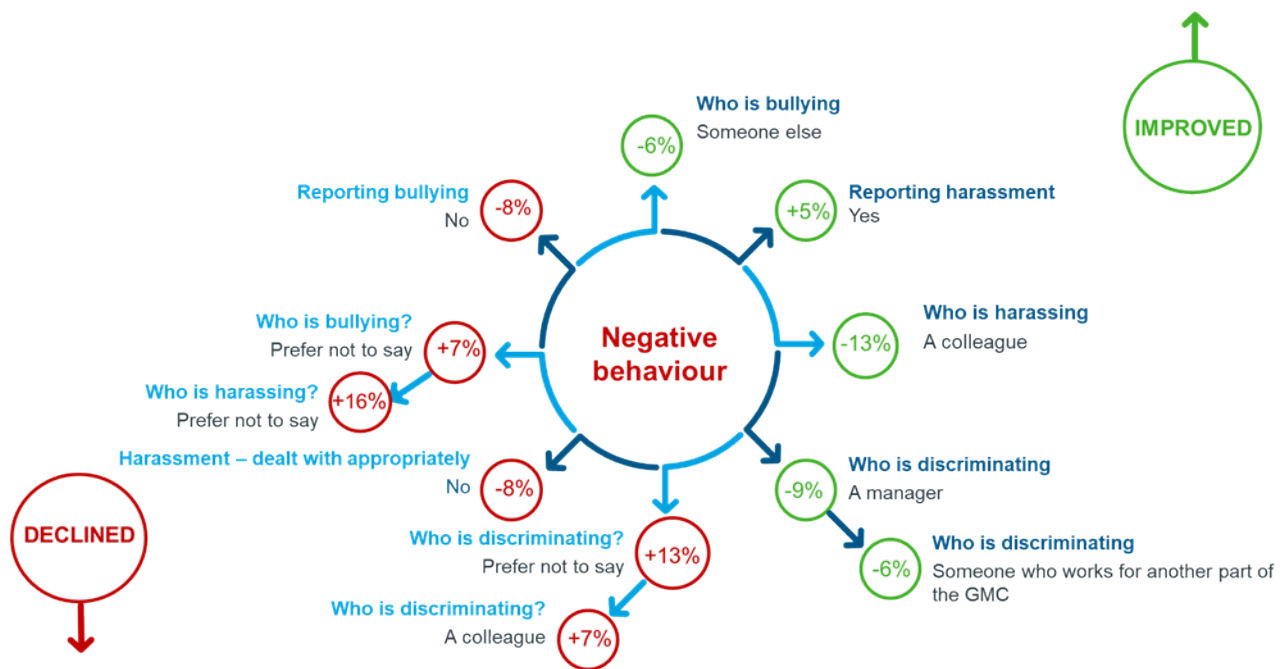
Neither

Disagree

Strongly Disagree / No

Scores 5 or more percent **HIGHER**
 Scores 5 or more percent **LOWER**

Looking in more detail at the responses from staff who indicated that negative experiences were an issue within the GMC, there were some more noticeable differences. Of those who said that bullying is an issue, 83% said that they personally experienced or observed it, representing a 7% decrease, meaning an improved score since 2024. The same is true for staff who say that they have personally experienced or observed harassment, which has decreased by 9% since 2024 to 74%. However, when looking at the score for staff saying that they had witnessed or observed discrimination, the score has worsened by 7% to a score of 90%.



The diagram on page 28 illustrates trends in negative experience scores and highlights who staff say is responsible for these behaviours when they occur. The red section on the left shows areas where scores have worsened since 2024, while the right-hand side shows those that have improved. The differences are significant.

One of the most notable changes is a 16-percentage point increase in staff selecting “Prefer not to say” when asked who is carrying out incidents of harassment - 22% in 2025, up from just 6% in 2024. A similar pattern is visible for discrimination, where 35% of staff chose not to identify the source, up from 13% in 2024. This growing reluctance to name the perpetrator may reflect wider concerns about speaking up.

When we compare these findings to declines in scores relating to harassment being handled properly - and combine this with scores relating to staff feeling listened to, action being taken when concerns are raised, and not being treated differently as a result – it becomes clearer why confidence in reporting appears to be weakening.

There are, however, some more positive movements. Where staff have identified the responsible party, reports of managers or colleagues being the source of harassment have improved - particularly from colleagues, where scores show a 13-point improvement. Reporting of harassment has also improved by 5 points. Conversely, reporting of bullying has worsened by 8 points, suggesting a mixed picture.

Despite overall improvements in some negative-experience indicators, the trends outlined here demonstrate that there are still significant issues requiring urgent investigation. Staff may be withholding information due to fear of being treated differently, past experiences where incidents were not effectively addressed, or uncertainty that concerns will lead to meaningful change. Whatever the underlying causes, it is essential that action is taken to rebuild confidence that the GMC will respond constructively and supportively when issues occur.

Prioritising psychological safety is critical. The GMC must create an environment where staff feel valued and included, where questions and concerns can be raised without fear of retribution, and where individuals feel safe and supported. A psychologically safe workplace fosters belonging,

commonly reported experiencing bullying, harassment or discrimination from a colleague (where specified). Due to suppression thresholds, it is not possible to analyse these findings reliably at directorate level. However, engaging directly with staff may help to surface where these behaviours are emerging. Likewise, further analysis of free-text comments could provide valuable additional insight and help identify patterns or underlying causes.

Workstream: Development opportunities

Scores have generally increased by 3–6% since 2024, indicating tangible progress in development-related areas. Notably, there has been significant improvement in staff feeling they are able to work in other areas of the GMC, suggesting that mobility across the organisation has strengthened. However, career progression continues to be a concern overall, with just over half of staff agreeing that they have opportunities to further their careers.

With the inclusion of additional questions in the 2025 survey, we can look at reported barriers for career development opportunities at the GMC.

Barriers to working in other areas



When considering opportunities for staff to work in other areas of the organisation, several barriers emerge that limit internal mobility and restrict career development routes. The diagram above highlights the factors preventing this, which can be broadly grouped into four themes: lack of opportunity, lack of time, lack of knowledge on how to pursue opportunities, and other reasons. These same themes also appear in relation to career progression and professional development (below), indicating a consistent pattern across different aspects of career progression and development.

The most frequently cited barrier to moving around the organisation was the belief that “this type of opportunity is not accessible for staff at my level”, reported by 43% of staff. This suggests that perceived structural and hierarchical limitations continue to influence whether individuals feel able to take advantage of development routes beyond their current roles.

Barriers to career progression

The same approach to questioning was used when exploring barriers to career progression. Here, the most significant obstacle - identified by 76% of staff - was the perception that “people tend to stay in their positions for years, leaving no scope for progression.” This finding suggests that staff see limited movement at higher grades and few opportunities becoming available, which in turn reinforces the belief that advancement is difficult to achieve.



This perception aligns with wider themes seen across the survey, including concerns about a lack of visible opportunities, restricted pathways for progression, and uncertainty about how to take the next step in their career. While improvements have been made in development-related areas, the strength of this barrier indicates that structural rigidity remains a key challenge. Addressing this will require clearer progression frameworks, greater transparency around vacancies and development routes, and proactive support to help staff understand how to navigate their career within the GMC.

Barriers to professional development



The same style of questioning was applied to professional development, and again the responses highlight a key barrier that falls under the theme of lack of opportunity. The most commonly cited reason - reported by 62% of staff - was the belief that “there are no development opportunities within my role.” This indicates that many staff feel constrained by the limits of their current job design, with few chances to stretch, grow or access development that would support future progression.

This perception reinforces a broader pattern across the survey data: while staff may value development in principle, many do not see clear or accessible routes to pursue it within the

responsibilities, scope or expectations of their existing roles. The finding also suggests that staff may benefit from greater visibility of available development opportunities, clearer guidance on how to access them, and role modelling from managers to ensure professional development is embedded as a normal, supported part of working life at the GMC.

Combined with the barriers highlighted for career progression and internal mobility, the results point to a structural challenge around how development is positioned, communicated and enabled across the organisation. Addressing this will be crucial to helping staff feel that the GMC supports their long-term growth and invests in their future potential. So, in all three development areas a lack of opportunity came out highest as the most significant barrier for staff. When seen alongside the findings on psychological safety, confidence in reporting negative experiences, and cross-directorate trends, these development barriers reinforce the importance of creating an environment where staff can grow, develop, and feel valued. Building a culture that supports internal mobility, removes perceived barriers, and provides clear, accessible progression pathways will enable staff to feel empowered to advance within the organisation.

Performance of the non-workstream areas

Equality, diversity and inclusion

The overall scoring for equality, diversity and inclusion (EDI) for the GMC shows some slight improvement since 2024.



The weakest area is for staff saying that they were confident they can raise an issue without it being held against them. Just over half of staff agreed with this statement, 57%, an increase of less than 1% since 2024. This presents an area of concern for the GMC and should be investigated. This

demonstrates that staff are unsure or lack confidence, highlighting a need to strengthen trust and reporting culture.

When comparing this score with the poor scoring around staff reporting negative behaviours, it is worth digging into the data to see what is happening. If staff are feeling victimised or a target of negative attention as a result of speaking up, this will not be encouraging for others and longstanding problems will persist. This can lead to a lowering of morale and affect retention of staff.

The other two questions in this area also showed slight improvement. There is a strong perception of inclusivity (79%) at GMC, with minimal negative sentiment among staff. Most staff feel that equality in progression opportunities exists, but there are still 1 in 4 staff who reported neutrally or disagreed, indicating there is room for improvement.

At a local level, equal progression appears to be lowest scoring from Strategic Communications and Engagement (62%) and Education and Standards (63%) and Strategy and Policy (63%).

My organisation



Most scores sit within the 80% range, indicating strong overall levels of staff advocacy and satisfaction across the organisation. These results suggest that, in general, staff feel positive about key aspects of their working environment and how the GMC supports them.

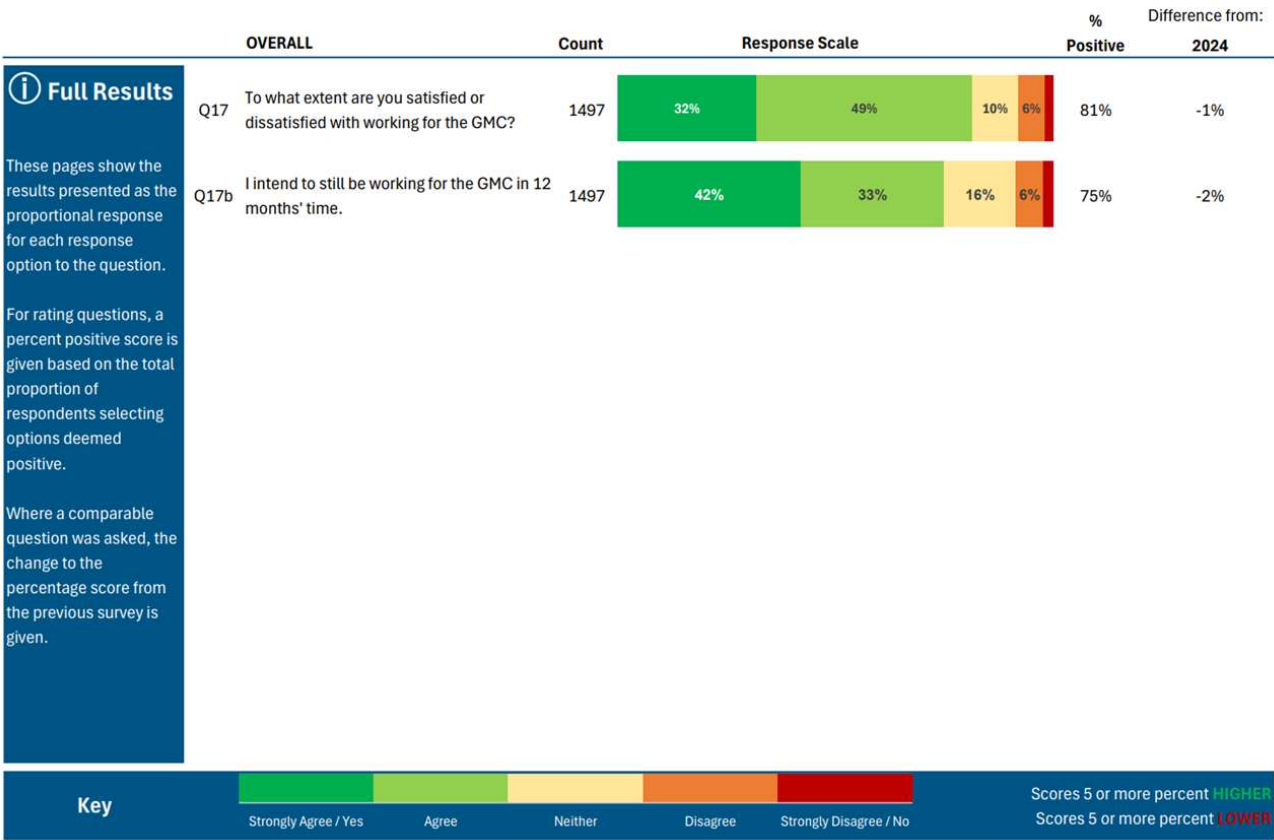
However, one area stands out as significantly lower: acting on concerns raised, which sits at 55%. This represents a notable gap when compared with other indicators. The score implies that almost half of staff do not feel confident that the organisation takes meaningful action. This is likely contributing to wider issues around psychological safety, trust, and willingness to speak up - themes that are also reflected in the negative experience data.

Despite this challenge, all scores in this area have shown steady improvement of 1 - 3% since 2024. Although incremental, this consistent upward movement demonstrates that progress is being made, and that efforts to strengthen organisational culture and staff experience are having a positive effect. Continued focus on transparency, responsiveness and visible action will be essential to build on these gains and continue to improve confidence that concerns are addressed effectively.

Line managers



Overall



Scores in this area have shown a slight downward shift since 2024, with decreases of between 1–2%, indicating a softening in overall staff sentiment. A useful gauge of staff advocacy and engagement is whether individuals are considering leaving the organisation within the next 12 months.

Encouragingly, three-quarters of staff reported that they intend to remain at the GMC during that period.

In summary

The 2025 staff survey results present a largely positive picture of engagement, leadership confidence and organisational direction. Response rates continue to increase year on year, signalling a workforce that is invested, willing to share their experiences, and supported by leadership that encourages participation. Senior managers have demonstrated tangible improvements, with their scores rising across the board and featuring in three of the five most improved questions. Directors are seen as increasingly visible, approachable, and effective in communicating a clear vision for the future - an encouraging sign of strengthened organisational leadership.

Career development is another area of progress. Two of the most improved questions relate to opportunities to move around the organisation and access relevant training, reflecting staff perceptions of enhanced development support. Respect and fairness also continue to underpin strong workplace relationships. In particular, line managers remain a standout strength, with staff consistently reporting high levels of respect and improved opportunities for career and development discussions. These findings reinforce the critical role that line managers play in shaping day-to-day staff experience, wellbeing and engagement.

However, the survey also highlights areas requiring focussed attention. Whilst overall staff sentiment has softened slightly compared with 2024, and retention remains strong there are clear signals that work is needed to strengthen trust and psychological safety.

To sustain progress and address the challenges highlighted in the 2025 survey results, the following priority actions are recommended:

1. Strengthen respect, inclusion and psychological safety

- Enforce anti-bullying and respectful behaviour policies consistently.
- Provide regular training on behaviour, leadership expectations and psychological safety.
- Ensure confidential, accessible reporting channels, supported by swift and transparent follow-up.
- Model positive conduct at senior levels to reinforce a culture of safety and inclusion.

2. Improve transparency and communication

- Communicate major decisions clearly, promptly and in plain language.
- Use multiple channels - such as intranet updates and directorate briefings - to ensure accessibility.
- Encourage leaders to explain decision-making processes and actively invite staff feedback.

3. Clarify and strengthen career progression

- Develop and implement a transparent progression framework outlining pathways across directorates.
- Guarantee equal access to training and development opportunities.
- Support regular, meaningful development conversations between staff and line managers.
- Increase visibility of internal vacancies and role-stretch opportunities to improve organisational mobility.

4. Rebuild confidence in reporting processes

- Investigate the decline in staff willingness to identify perpetrators of bullying, harassment or discrimination.
- Strengthen trust by ensuring confidentiality, clarifying how reports are handled, and communicating outcomes, where appropriate.
- Review reporting processes regularly with staff input to ensure they remain credible, safe and effective.

Addressing these challenges with visibility, consistency and staff involvement will be essential in maintaining momentum and ensuring the GMC continues to build a workplace where people feel valued, safe and able to thrive.

Listening to your staff

Listening to the views of your staff - and not relying solely on quantitative data - is essential because it provides depth, context, and meaning. The survey results repeatedly emphasise how important it is for organisations to actively listen, close feedback loops, and ensure staff feel heard and valued.

To gain a true understanding of how colleagues are feeling, it is essential not only to review the quantitative results but also listen carefully to the feedback staff choose to share. The four open-ended questions at the end of the People Survey are designed for exactly this purpose. They invite colleagues to reflect on what works well at the GMC and what could be improved, both at an organisation-wide level and within their directorate. These insights offer vital context behind the scores, helping to surface the experiences, frustrations, and successes that numbers alone cannot fully explain. By listening to what staff say in their own words, the GMC can better understand what matters most, identify barriers that may not be visible through metrics, and ensure that future actions

1. What one thing do you think works well within the GMC that you want to tell us about?

2. What one thing do you think needs improving within the GMC that we should look at?

2. What one thing do you think works well within your directorate that you want to tell us about?

4. What one thing would you like to see improved within your directorate that we should look at?

are grounded in real, lived experience across the organisation. The four questions asked are:

A snapshot of some of this staff feedback is included below.

A monthly extended floor meeting where we go into a bit more detail, hear a bit more and get the opportunity to ask questions, get a bit more of an overview of what's happening?

Trusted to do my job without being micro-managed.

*Opportunities to work with other teams and learn more about their works.
Placements/work experience/shadowing.*

Improve diversity at a senior level.

Greater understanding of other teams' roles and responsibilities on day-to-day basis.

Comms and transparency about decision making.

Level 3 managers and above move teams every 2-5 years (or more often where appropriate). This would broaden experience, strengthen leadership capability, and make skills more usable across the GMC.

The 2025 GMC People Survey presents a picture of an organisation continuing to make steady progress, while also signalling the areas where colleagues are looking for deeper change. These most recent results show meaningful improvements across several core themes, demonstrating the impact of work undertaken since the previous survey. However, alongside these positive steps forward, the results also show that staff expectations are rising.

While many scores remain in line with previous years, colleagues continue to emphasise the importance of being listened to and seeing their feedback acted upon. Findings highlight a desire for stronger mechanisms for staff voice and more visible follow-through from leaders, particularly around concerns relating to bullying, harassment, discrimination, and inclusivity. These insights help to explain the nuance behind the headline scores and reinforce the need to continue strengthening communication channels and acting decisively on staff feedback.

Overall, the survey findings reflect an organisation in motion: building on recent improvements, responding to staff experience, and developing a clearer shared vision for the future. The priority now is to sustain this momentum. By continuing to listen to colleagues and addressing areas of concern, the GMC can further enhance the working environment, and ensure colleagues feel valued, supported and heard. This year's survey provides a strong foundation for the next phase of organisational learning and improvement.

Annex B – General Medical Council: People Survey 2025

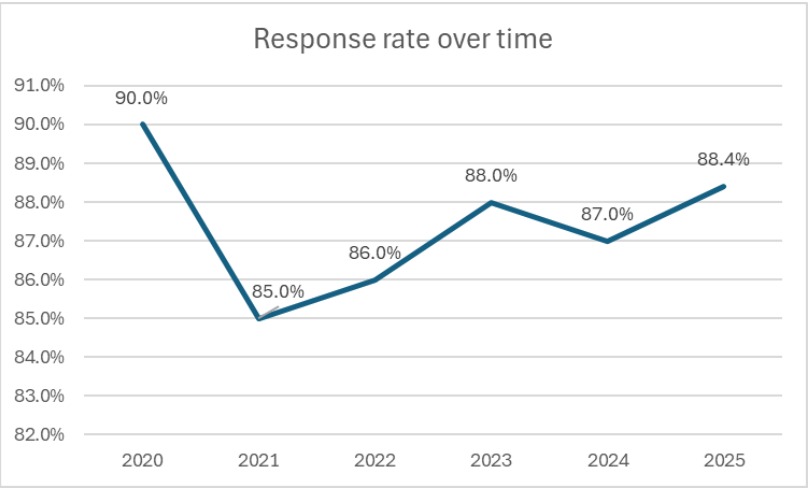
Produced by IQVIA

February 2026

Survey responses

2025

Response rate:	88.4%
Sample size:	1693
Completions:	1497
Increase on 2024:	1.4%



What helps?

- **Regular communication** and encouragement from leaders can significantly drive up response rates
- Adopting a **‘You said, we did’** approach and introducing change based on staff feedback
- **Buy in from leadership**, with support for an agenda for change

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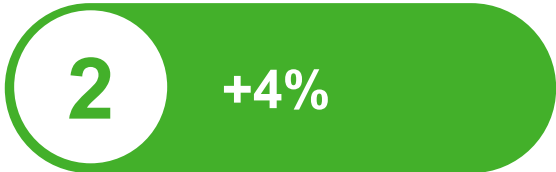
Organisational highs and lows

What has improved since 2024?

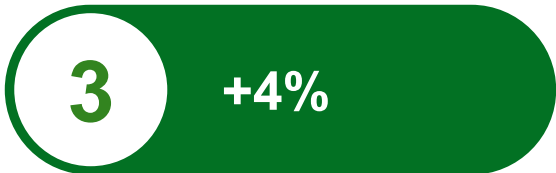
3 scores are related to senior management



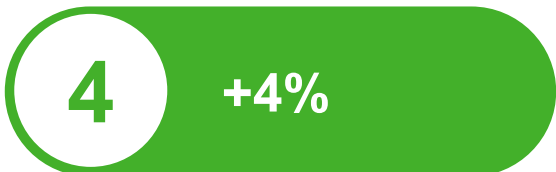
There are opportunities for me to work in other areas of the GMC



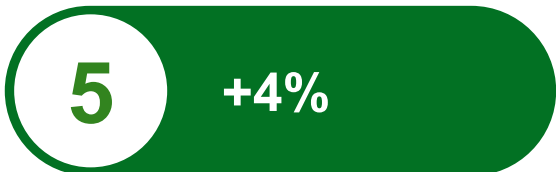
I would feel comfortable talking to my Director if I needed to



I have access to the training and development I need to do my job



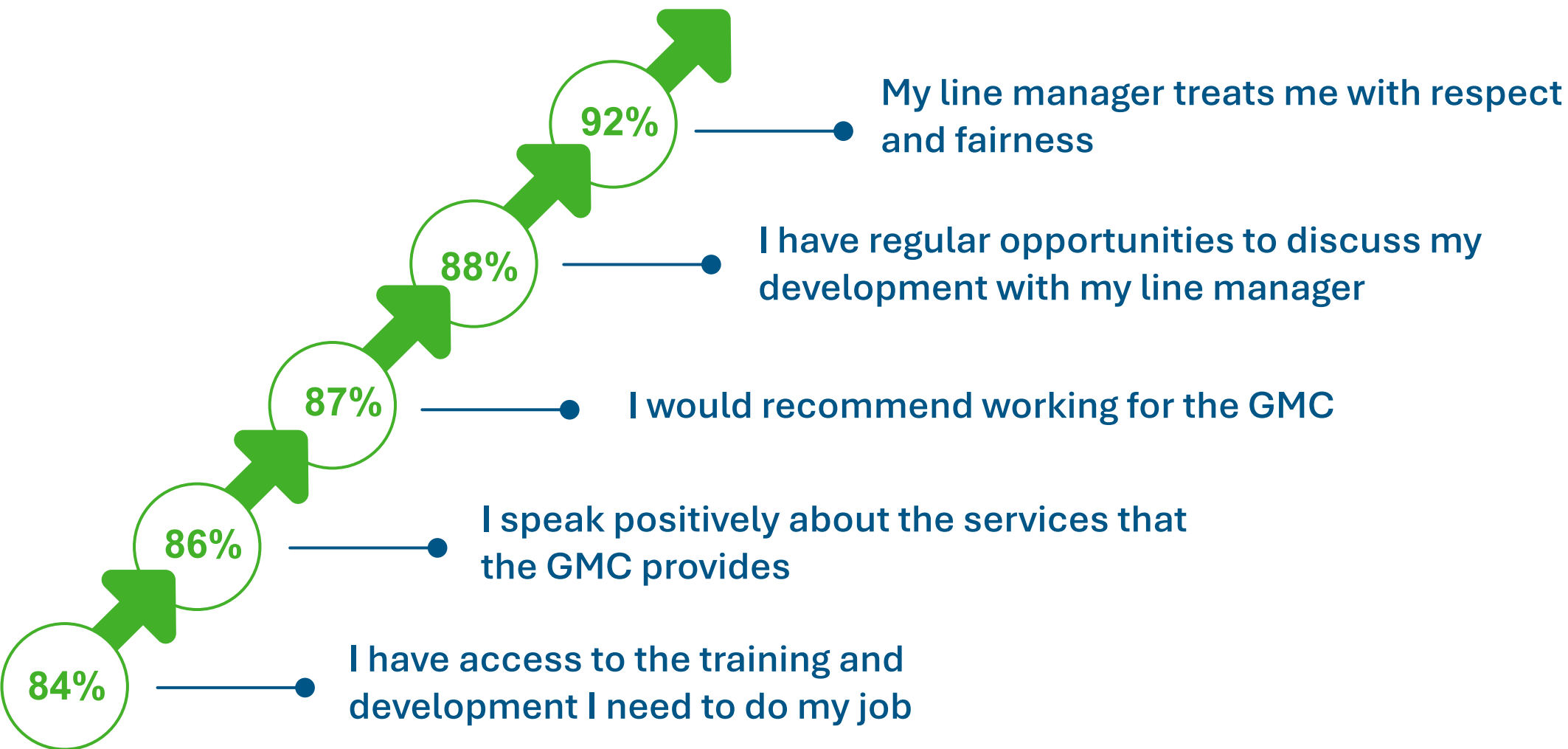
Senior Management have communicated a clear vision of what the GMC is trying to achieve



My Director is visible across the directorate

Note: Follow up questions about the experiences of a limited number of responses (e.g. questions about bullying) are excluded from these rankings

Your 5 highest scoring questions



And what areas have declined?

2 scores are related to negative behaviours



Bullying is not an issue where I work



I intend to still be working for the GMC in 12 months' time



Discrimination is not an issue where I work



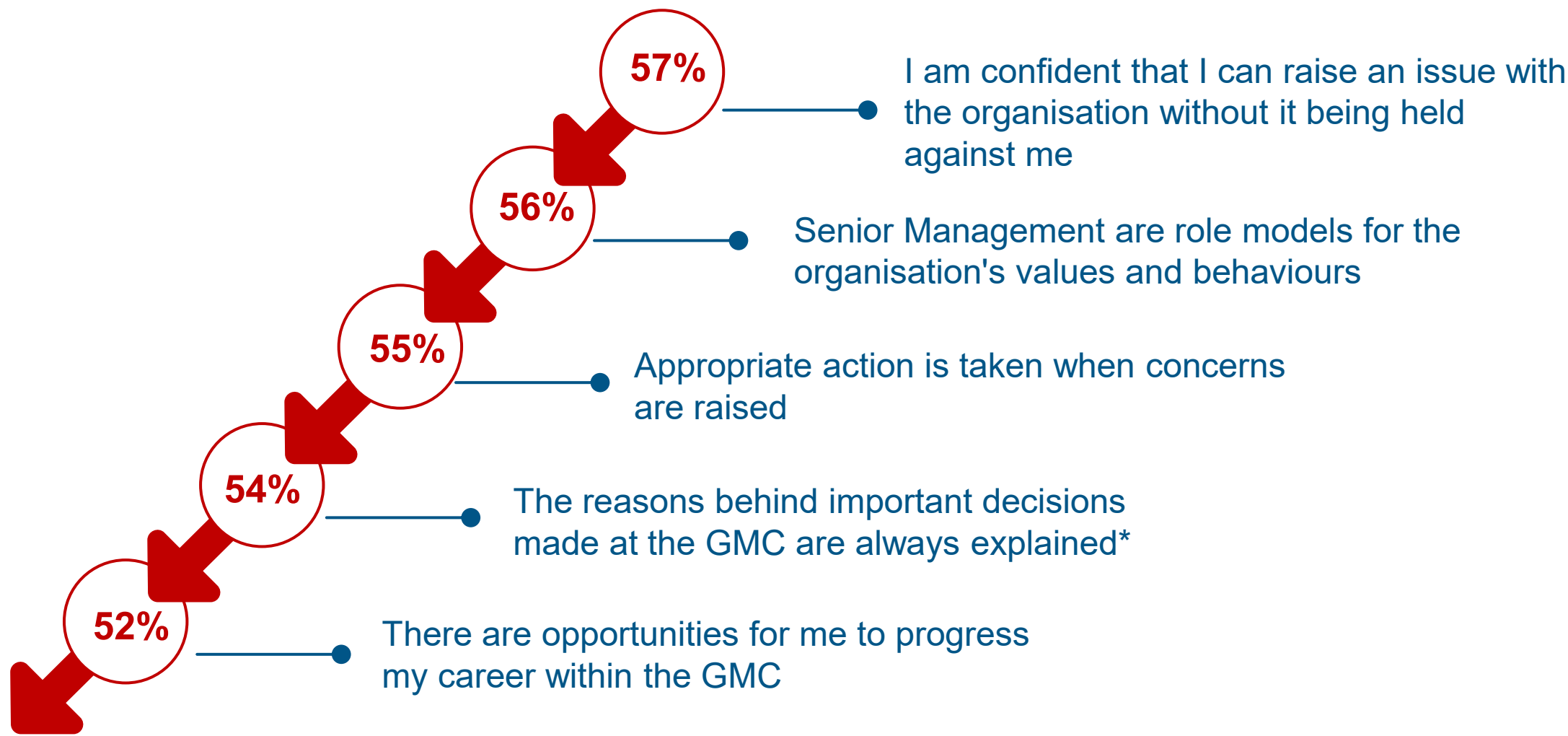
To what extent are you satisfied or dissatisfied with working for the GMC



My views and ideas are listened to

Note: Follow up questions about the experiences of a limited number of responses (e.g. questions about bullying) are excluded from these rankings

Your 5 lowest scoring questions:



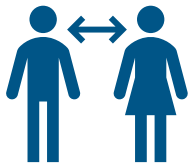
*Was in the lowest scoring questions in the 2023 and 2024 survey

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Engagement and Inclusivity at the GMC

Engagement score

73.1%[↑] ↔



GMC engagement

GMC's engagement score far exceeds that of other public sector organisations

61%



Civil Service engagement

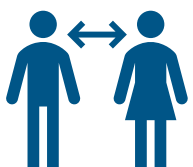
Data from 2024 survey

Inclusivity index score

73.9%



77%



GMC inclusivity
GMC's inclusivity score is lower than that of other public sector organisations



Civil Service inclusivity
Inclusion and Fair Treatment index

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Performance of the workstream areas



Performance of the workstream areas

Leadership, engagement & transparency

- **Senior management team**
 - Almost all SMT scores have improved with a difference of between 1-4%
 - The declined score, for Directors being interested in the views of colleagues, is showing a difference of less than 1%
- **Assistant Directors**
 - Questions about Assistant Directors score between 69-75% this year
 - These questions were all amended in 2025 and so are not comparable to 2024 data
- **Communication**
 - Scores remain stable with slight improvement
 - Communication is a common and a consistently challenging issue within many organisations
 - Allow opportunity for staff to feel connected to GMC



Performance of the workstream areas

Bullying, harassment and discrimination and raising concerns

- Staff perception of negative behaviour have shown some significant movement since 2024
- Scores for those experiencing or observing bullying and harassment have improved
- More staff opted for a 'neither' neutral responses on bullying, harassment and discrimination being an issue
- No improvement in confidence that concerns raised will be dealt with or that raising concerns won't lead to negative consequences

Development opportunities

- Scores have generally increased by 3-6% since 2024
- Working in other areas of the GMC has seen significant change
- Career progression remains an issue, with just over half of staff agreeing that they have opportunities to further themselves
- Barriers to development include lack of opportunity, no time to access or not available to all staff, and lack of awareness on how to develop and progress

A large, dark blue rounded rectangle with a teal rounded rectangle on top and a teal rounded rectangle on the bottom left, all on the left side of the slide.

Summary of key points



Celebrate success

- **Response rate continues to rise year on year**, a clear indication of a well managed workforce, and invested and encouraging leadership.
- **Scores for senior managers have improved across the board** and are included in the three out the five most improved questions. Directors are visible and approachable and are communicating a clear vision for the future.
- **Career development had two of the most improved questions**, with staff agreeing that there were opportunities to move around the organisation, and access appropriate training.
- **Respect and fairness play a huge part in the success** of workplace relationships. Line managers' treatment of staff is an integral part of this.



Listen to your staff

A monthly extended floor meeting where we go into a bit more detail, hear a bit more and get the opportunity to ask questions, get a bit more of an overview of what's happening?

Trusted to do my job without being micro-managed.

*Opportunities to work with other teams and learn more about their works.
Placements/work experience/shadowing.*

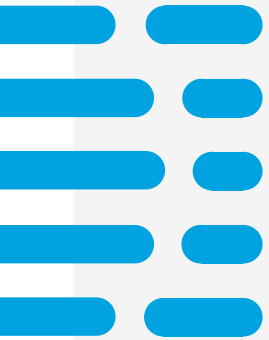
Level 3 managers and above move teams every 2-5 years (or more often where appropriate). This would broaden experience, strengthen leadership capability, and make skills more usable across the GMC.

Greater understanding of other teams' roles and responsibilities on day-to-day basis.

Comms and transparency about decision making.

Improve diversity at a senior level.





Focus on change

- **Maintain respect and inclusion** by enforcing an anti-bullying policy, offering regular behaviour and psychological safety training, and providing confidential reporting channels. Monitor culture through surveys and address complaints swiftly and transparently. Leaders should model positive conduct and be accountable for creating a safe, valued workplace.
- **Improve transparency** with structured communication: share clear, timely rationales for major decisions in plain language via multiple channels (intranet, briefings). Senior leaders should explain decisions and invite feedback to build trust.
- **Clarify career progression** with a transparent framework outlining advancement pathways across directorates. Ensure equal access to training and development, supported by regular career discussions with managers, so staff feel confident about their future.
- **Investigate declining openness** in reporting negative behaviours. Strengthen trust by ensuring confidentiality, explaining how reports are handled, and fostering a speak-up culture. Review feedback regularly and involve employees in improving reporting processes.



Questions?



For further information or help:

Lucy Boshier, Senior Business Development Consultant

Market Research and Consultancy

IQVIA provides a range of services to help you improve further:

Bespoke survey app

Online survey platform

SMS

Telephone

Paper-based surveys

Full range of qualitative research methodologies

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Improvement services

Agenda item:	M7
Report title:	Report of the MPTS Committee to GMC Council
Report by:	Fiona Monk, Chair of the MPTS, MPTSCair@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:

- Judge Fiona Monk became MPTS Chair on 5 January 2026.
- *Guidance for Tribunals* became effective in hearings from 24 November 2025.
- *Guidance for use in PA and AA hearings* was published the same day.
- The Chair and MPTS Committee are considering what enhancements might be made to our quality assurance processes.

Recommendation

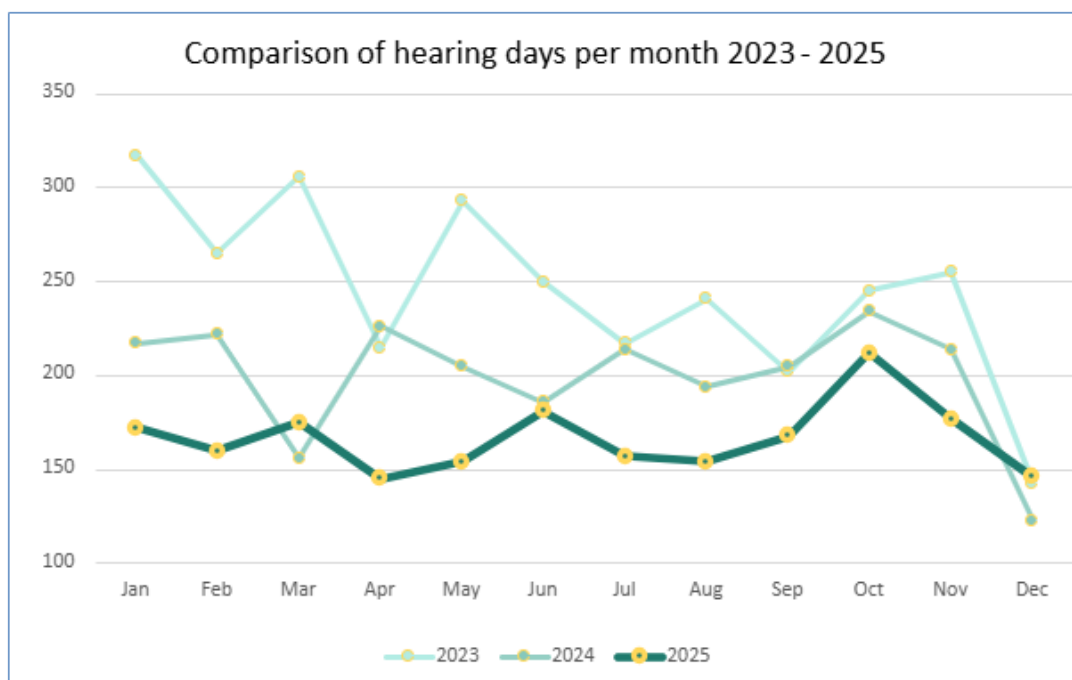
- ▶ Council is asked to consider the report of the MPTS Committee.

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 this report to accommodate other Council business. Consequently, this report includes hearing outcome data for the whole of 2025.
2. The MPTS Committee met on 16 September 2025 when it received updates on performance, appeals, adjournments, risk management and case management.
3. On 1 October 2025 we published our new *Guidance for MPTS Tribunals*, receiving national media coverage and positive responses from key stakeholders.
4. The Committee met again on 12 November 2025, when it received updates on performance, tribunal member sitting days, quality assurance and adjournments.
5. On 24 November 2025, *Guidance for MPTS Tribunals* became effective in hearings. On the same day, we published *Guidance for use in PA and AA hearings*.
6. Judge Fiona Monk took up her post as MPTS Chair on 5 January 2026. As part of her induction, she is holding introductory meetings with key organisations with an interest in our work, as well as relevant GMC colleagues. She will be happy to provide an update on these meetings when she attends Council on 11 February.

Operational update

7. As planned for, we held 16.5% fewer hearing days in 2025 compared to the previous year. We expect the number of hearing days to be at a slightly higher level throughout 2026.



8. Our service target is to list new MPT hearings within 9 months of a GMC referral. We are currently able to offer a listing date between 7 and 9 months, depending on the length of hearing required.
9. At the beginning of January 2026, the MPTS's total hearing workload was 198 cases. This has remained static for the past 12 months.
10. In 2025 we concluded 160 new MPT hearings, a reduction from 185 the previous year. When planning our budget, we work with our GMC colleagues to estimate how many cases are likely to be referred over the course of the following year.

New guidance

11. Our new *Guidance for MPTS Tribunals* has been in use in hearings since 24 November 2025. We had two objectives in introducing new guidance:
 - ▶ To improve transparency in tribunal decision-making, so that registrants, witnesses, complainants and the public can better understand how our tribunals make decisions and what the likely outcome is in different types of cases.
 - ▶ To improve consistency in tribunal decision-making, especially by drawing on salient points in appeal judgments.
12. The methodology flowcharts in the new guidance will assist tribunal decision making and ensure that all relevant aspects are considered at the correct stage. They also make our processes much clearer to anyone with an interest in our work.
13. The new sanctions bandings indicate the range of outcomes that can be expected in different case types, once the tribunal has decided whether a doctor poses a low, medium or high level of risk to the public.
14. Tribunals must assess the seriousness of an allegation and the features that may increase seriousness. For example:
 - ▶ Allegations relating to sexual assault, improper relationships or violence will usually fall at the higher end of the spectrum.
 - ▶ Allegations relating to unlawful discrimination under the Equality Act will usually fall at the higher end of the spectrum.
 - ▶ Persistent or repeated behaviour and behaviour directed towards a vulnerable person, may increase seriousness.
15. Tribunals must still consider the circumstances of an individual case and independently determine the least restrictive sanction that will address the overarching objective of public protection.

16. We will monitor the effectiveness of the new guidance, comparing new outcomes with historical data. We have developed plans to review the guidance at four-monthly intervals. This will include seeking feedback from internal and external stakeholders.

Quality assurance

17. Under our current quality assurance process, we review a selection of tribunal decisions each month, considering whether they:
 - ▶ adhere to current legislation and case law,
 - ▶ comply with relevant guidance and policy, and
 - ▶ are clear and well-reasoned.
18. In response to feedback from external stakeholders and GMC colleagues, the MPTS Committee has agreed on additional measures to enhance our quality assurance processes. These changes aim to give greater reassurance on the quality of tribunal decision making.
19. How we quality assure decisions has formed part of Judge Fiona Monk's introductory conversations with key stakeholders. We would welcome any further contributions that Council would wish to make to this discussion.

Hearing outcomes

20. In 2025 tribunals made decisions in 160 new MPT hearings and 357 new IOT hearings.
21. While the number of substantive MPT hearings has reduced in recent years, there has been a slight increase in the number of interim orders hearings.
22. The MPTS held its first Interim Measure hearing in 2025. We expect the number of hearings for PAs/AAs to remain very low.
23. Details of the outcomes of hearings over the last three years is included at Annex A.

Hearing outcomes 2023 to 2025

Annex A

Concluded hearings: doctors

New IOT hearing outcomes	2023		2024		2025	
	Cases	%	Cases	%	Cases	%
Suspension	29	12.1%	52	16.0%	60	16.8%
Conditions	173	72.4%	213	65.7%	231	64.7%
No order	37	15.5%	59	18.2%	66	18.5%
Total	239	100%	324	100%	357	100%

New MPT hearing outcomes	2023		2024		2025	
	Cases	%	Cases	%	Cases	%
Impaired: Erasure	60	24.0%	67	36.2%	48	30.0%
Impaired: Suspension	109	43.6%	76	41.1%	68	42.5%
Impaired: Conditions	13	5.2%	9	4.9%	7	4.4%
Impaired: No action	2	0.8%	2	1.1%	1	0.6%
Not impaired: Warning	15	6.0%	6	3.2%	11	6.9%
Not impaired	49	19.6%	24	13.0%	23	14.4%
Voluntary erasure	2	0.8%	1	0.5%	2	1.3%
Total	250	100%	185	100%	160	100%

Non-compliance outcomes	2023	2024	2025
Suspension	8	6	3
Conditions	1	1	2
Non-compliance not found	1	2	0
Total	10	9	5

Restoration outcomes	2023	2024	2025
Application granted	3	4	3
Application refused	13	14	12
Application withdrawn	0	1	0
Total	16	19	15

Concluded hearings: PAs/AAs

New Interim Measure hearing outcomes	2025	
	Cases	%
Suspension	1	100%
Conditions	0	0%
No order	0	0%
Total	1	100%

Review hearings concluded

Review hearing types	2023	2024	2025
Medical practitioners tribunal review hearings	118	95	81
Medical practitioners tribunal reviews on the papers	24	19	15
Non-compliance review hearings	14	18	15
Non-compliance reviews on the papers	0	3	2
Interim orders tribunal review hearings	347	324	384
Interim orders tribunal reviews on the papers	673	600	673

Total hearings concluded

	2023	2024	2025
	1691	1596	1708

Amendments to the Governance Handbook

Action	To approve
Purpose	This paper sets out proposed minor amendments to the Schedules of Authority in the Governance Handbook to improve consistency of our processes and delegation arrangements.
Decision Trail	Council last approved changes to the Governance Handbook, including the Schedules of Authority, in October 2025. Council also approved updates in December 2024, as part of bringing physician associates (PAs) and anaesthesia associates (AAs) into regulation.
Recommendation	To approve the proposed amendments to the Governance Handbook, in the Schedules of Authority under the Medical Act, AAPAO and associated rules.
Annexes	Annex A: Proposed amendments to the Schedules of Authority (tracked changes)
Author contacts	Dale Langford , Senior Corporate Governance Manager and Deputy Council Secretary Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Sophie Brookes , Assistant Director – Corporate

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Amendments to the Governance Handbook

Background

- 1 The Governance Handbook sets out the role of the GMC and includes our Schedules of Authority, which show how principal functions and powers in legislation and associated rules have been assigned and delegated. The Governance Handbook is available to Council Members and the Senior Management Team via the Board Intelligence app and is published on the GMC website.

Amendments to Schedule of Authority under the Medical Act

- 2 This paper sets out proposed amendment to the Schedule of Authority (SoA) under the Medical Act and associated rules, to make delegations to the Information Policy team consistent with their involvement in maintaining and amending the registers and to remove time-limited delegations in relation to the registrations during the Brexit standstill period. Proposed amendments are at Annex A.
- 3 We draw the attention of Assistant Registrars to the provisions delegated to them, when they are appointed and in annual reminders. Following a recent annual reminder, an Assistant Registrar in the Information Policy team identified a number of provisions delegated to them under Fitness to Practise provisions of the Medical Act (FTP25, FTP27, FTP29 and FTP36) that were not relevant to their work as Assistant Registrars. The proposed updates remove delegations under four provisions under Fitness to Practise provisions and add a delegation under Registration provisions (REG3) to more accurately reflect their role in maintaining and amending the Registers.
- 4 Two functions under the Registration provisions (REG16 and REG17) included time-limited arrangements for qualifying Swiss applicants during the Brexit standstill period. These arrangements expired on 31 December 2025 and are proposed for removal.

Amendment to AAPAO Schedule of Authority

- 5 The proposed amendment to the Schedule of Authority under the AAPAO and associated rules is intended to provide improved consistency in our procedure and delegation arrangements. Proposed amendments are at the end of Annex A.
- 6 The AAPAO provision of whether to remove an entry for non-payment of a fee at A-REG-025 should additionally be delegated from the Registrar to Authorised Decision Makers (ADMs) in Finance, to decide whether to remove an entry from the register of PAs and AAs for non-payment of a required fee. Currently this function is delegated to ADMs in Registration & Revalidation (R&R) directorate, with the act of removal assigned to any staff in R&R.
- 7 This delegation reflects that staff in Finance already have delegated responsibility in the SoA for refunding, reducing, waiving or suspending payment of a fee, at A-FEE-003. As well as delegated powers to charge fees (A-FEE-001), and review and change fees in the schedule of

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Amendments to the Governance Handbook

fees (A-FEE-002). Therefore, in most cases they will be in the best position to determine whether it is appropriate to remove the entry of a PA or AA from the register for non-payment of a required fee. However, in certain cases R&R colleagues may be better placed to make the removal decision and so we propose delegating this function to colleagues in both areas, to retain flexibility in the process. This change would streamline the process and introduce greater consistency and transparency in our decision making.

Next steps

- 8 Subject to approval by Council, this amendments to the Governance Handbook will come into effect on 12 February 2026.
- 9 Designated colleagues in Finance will then be appointed as Authorised Decision Makers in relation to removal of an entry for non-payment of a fee under the Registration provisions of the AAPAO. All processes and procedures will be developed/updated accordingly and ADMs in Finance will need to be designated. The existing [Guidance for Authorised Decision Makers](#) and [Removals policy](#) are already applicable to all ADMs.

Proposed amendments to the Schedules of Authority

Annex A

Schedule of authority under the Medical Act 1983, as amended, and associated rules

Function	Description of Function	Function assigned to?	Function delegated to?
REGISTRATION AND CERTIFICATION FUNCTIONS			
To keep and maintain the registers	REG3 To: i. maintain and amend the Registers, including charging and collection of fees; ii. amend the register to reflect decisions taken by the MPT.	Registrar i. <i>s30 and 30A, Sch 3 paragraph 6 and 7, FCR Regs, MGPR Regs, Registration Fees Regs</i> ii. <i>Sch 4 para 12</i>	Delegated to Assistant Registrars in the Registration & Revalidation directorate <u>and Information Policy team</u> . Charging and collection of fees is a function of the Finance team.
Arrangements for granting registration to medical practitioners	The arrangements for dealing with Applications for registration can be considered under two broad categories:		
	REG16 i. Where on satisfying the criteria set out in the relevant section of the Act the Registrar is required to admit such persons to the register (s3, s 14A, s15, s15A and s19A).	Registrar (see Description of Function) ~~Applications made during the Standstill period (from 1 January 2021. To be deleted after 31 Dec 2025, allowing enough time for appeal process for applications received up to 31 Dec 2024 that~~	Delegated to Assistant Registrars in the Registration & Revalidation directorate

Function	Description of Function	Function assigned to?	Function delegated to?
		~~are refused):~~ ~~• For provisional registration of UK medical graduates and Qualifying Swiss Applicants – s15, s15A~~ ~~• For full registration of UK medical graduates and Qualifying Swiss Applicants – s3, s14A, s19A~~	
	REG17 ii. Where on satisfying the Registrar on the detailed criteria set out in the Act the Council has a discretion as to whether to register such persons (s19, s21, s21B(1), s21(B)(1A), s21B(3)(b)&(c), s21C, s21C(2A), s27A, s27B). The Council's discretion in this respect has been delegated to the Registrar in relation to individual applications for registration.	Council and Registrar (see Description of Function) Applications made during the Standstill period (from 1 January 2021): - To determine applications for full registration of applicants by virtue of an acceptable overseas qualification – <i>s21B</i> - To determine applications for provisional registration of applicants by virtue of an acceptable overseas qualifications without the necessary clinical experience – <i>s21C</i>. ~~Qualifying Swiss Applicants (from 1 Jan 2021 during the Swiss-recognition period. To be deleted after 31 Dec 2025, allowing enough time for appeal process)~~	Registrar – and further delegated to Assistant Registrars in the Registration & Revalidation directorate

Function	Description of Function	Function assigned to?	Function delegated to?
		~~for applications received up to 31 Dec 2024 that are refused)~~ ~~• To determine applications for full registration from Qualifying Swiss Applicants – s19 and s21B(1);~~ ~~• To determine applications for provisional registration from qualifying Swiss Applicants – s21 and s21C.~~ ~~• No change for applications for~~ • ~~provisional and full registration~~ made by persons by virtue of an acceptable overseas qualification – ~~(21C and 21B)~~ Temporary registration • To consider the temporary registration: – in the event of an emergency – s18A. (<u>Note</u>: this function is assigned to the Registrar only); – of a visiting eminent specialist – s27A; – for the purposes of providing medical services exclusively to persons who are not UK nationals – s27B.	

Function	Description of Function	Function assigned to?	Function delegated to?
FITNESS TO PRACTISE FUNCTIONS			
Disclosure and publication of information	FTP25 To require: - i disclosure of information from third parties and the doctor; - ii employers details from the Investigated RMP; - iii to obtain court orders to require disclosure of information from third parties and the doctor.	i. Persons authorised by Council or the Registrar – s35A(1) and (1A) ii. Council – S35A(2) iii. Council – S35A(6A)	i. Registrar – and further delegated to Assistant Registrars in the Fitness to Practise directorate ~~and Information Policy team~~ ii. Registrar – and further delegated to Assistant Registrars in the Fitness to Practise directorate ~~and Information Policy team~~ iii. Registrar – and further delegated to Assistant Registrars in the Fitness to Practise directorate ~~and Information Policy team~~
	FTP27 To publish or disclose, if considered in the public interest, information regarding the FTP of one or more RMPs.	Council – S35B(2)	Registrar – and further delegated to Assistant Registrars in the Fitness to Practise directorate ~~and Information Policy team~~
Panels, tribunal members, assessors, and case managers	FTP29 To appoint panels of: • medical and lay performance assessors for the purpose of carrying out performance assessments; • medical examiners for the purpose of carrying out health assessments.	Registrar – FTP Rule 3	Assistant Registrars in the Fitness to Practise directorate ~~and Information Policy team~~

Function	Description of Function	Function assigned to?	Function delegated to?
Fitness to practise of exempt persons: sufficient evidence	FTP36 To accept evidence from exempt persons.	Registrar – s44BA	Assistant Registrars in the Fitness to Practise directorate ~~and Information Policy team~~

Schedule of Authority under the Anaesthesia Associates and Physician Associates Order 2024 and associated rules

Function	Description of Function	Function or decision vested in	Function or decision assigned to
Provisions in relation to the Register in the AAPAO and Rules Sections of this Schedule on The Regulator (A-GOV), revisions (A-REV), appeals (A-APP), evidence gathering, notifications, publication and data (A-DAT) and fees (A-FEE) also include provisions assigned to the Registration & Revalidation directorate.			
Removal for non-payment of a fee – AAPAO 9(2)(c)(ii)(bb) and Reg (AA/PA) Rules 17(1)	A-REG-025 Whether to remove an entry for non-payment of a fee	Registrar	ADMs in Finance and the Registration & Revalidation directorate . The act of removal is assigned to any staff in Finance and the Registration & Revalidation directorate.

2027 Council meetings schedule

Action	To approve
Purpose	This paper sets out the proposed dates of Council and Board/Committee meetings in 2027.
Decision Trail	Council notes the dates for the following year's meetings in February each year.
Recommendation	To agree the 2027 schedule of meetings.
Annexes	Annex A: Draft 2027 meetings schedule
Author contacts	Melanie Wilson , Head of Corporate Governance and Council Secretary Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Sophie Brookes , Assistant Director Corporate Directorate

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2027 Council meetings schedule

Background

- 1 In preparing the schedule of dates for 2027, the Corporate Governance team has taken into account dates of school holiday periods, as far as is possible at this early stage, and major religious festivals. We avoided scheduling meetings around Christmas and new year holidays and during some of the summer holiday period. However, due to the number of meetings required and the fact that half terms and summer holidays vary between schools and different regions, and in each of the four countries, it is not always possible to completely avoid these periods.
- 2 We have also considered the reporting arrangements required and have sought to achieve a schedule that links with the production of performance and financial information to allow for Council's review of appropriate and timely data.
- 3 The full meeting schedule will also be uploaded and available for members to view via the Board Intelligence app and will be kept updated should any changes be made.
- 4 Additional briefings or meetings may be held as required. The Corporate Governance Team will endeavour to arrange these at a convenient time for as many members as possible.

Council

- 5 The draft schedule of Council meetings for 2027 is at Annex A. Council meets six times each year, to meet the needs of the work programme, and has an 'away day' over two days. Seminar sessions have been scheduled to take place on the evening before each Council meeting.
- 6 The draft calendar of meetings follows the new pattern of Council meetings, spread out more evenly across the year, introduced in 2027.
- 7 Of the six meetings, three will be held in London, two in Manchester, and one in one of the devolved nations – Cardiff in 2027.
- 8 In light of the regulatory reform programme of work, we intend to schedule a number of two-hour early evening slots throughout the year 'just in case', to be used for providing information to Council, or for presenting regulatory reform items for Council's consideration.

Committees and boards

- 9 The draft schedule at Annex A also contains the proposed dates of other meetings involving Council members, including the Audit and Risk Committee, Remuneration Committee, Investment Committee, GMCSI Board and the Board of Pension Trustees. The frequency of these meetings has been determined in accordance with the working arrangements set out in their statements of purpose and scheduled around reporting requirements.

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2027 Council meetings schedule

- 10** As usual, it will be open to Chairs, in consultation with other members, to decide as the work programmes develop, whether to make adjustments to a committee's programme of meetings.

Annex A

2027 Council and Committee dates

Council

The proposed meeting schedule for Council is as follows:

Tuesday 9 February 2027, 16:30-19:00 (Evening seminar)

Wednesday 10 February 2027, 09:00-15:00

Tuesday 2 and Wednesday 3 March 2027 - Council away day – Residential/overnight

Tuesday 27 April 2027, 16:30-19:00 (Evening seminar)

Wednesday 28 April 2027, 09:00-15:00

Wednesday 9 June 2027, 16:30-19:00 (Evening seminar)

Thursday 10 June 2027, 09:00-15:00

Tuesday 20 July 2027, 16:30-19:00 (Evening seminar)

Wednesday 21 July 2027, 09:00-15:00

Tuesday 28 September 2027, 16:30-19:00 (Evening seminar)

Wednesday 29 September 2027, 09:00-15:00

Tuesday 7 December 2027, 16:30-19:00 (Evening seminar)

Wednesday 8 December 2027, 09:00-15:00

Agenda item M10

Council meetings in 2027

2027 Committee and other group meetings

Audit and Risk Committee (with a seminar the evening before)

Wednesday 20 January 2027

Thursday 11 March 2027

Thursday 13 May 2027

Thursday 9 September 2027

Tuesday 9 November 2027

Investment Committee

Wednesday 24 February 2027

Thursday 27 May 2027

Thursday 23 September 2027

Wednesday 15 December 2027

Remuneration Committee

Thursday 25 March 2027

Thursday 21 October 2027

Board of Pension Trustees

Wednesday 24 March 2027

Tuesday 8 June 2027

Tuesday 14 September 2027

Thursday 25 November 2027

GMCSI Board

Wednesday 10 March 2027

Thursday 17 June 2027

Wednesday 22 September 2027

Thursday 18 November 2027

Council forward work programme

Action	To note
Purpose	This paper sets out the planned items for future meetings of Council. The content of agendas is liable to change.
Recommendation	To note the Council forward work programme
Annexes	None
Author contacts	Melanie Wilson , Head of Corporate Governance and Council Secretary Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Charlie Massey , Corporate Directorate

Agenda item M11**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.

4/5 March 2026 Away Day – Nantwich, Cheshire

	Item	Sponsor
	- the external environment - Future Ed - the transition to a unitary board - regulatory reform - our outreach and data function.	

22/23 April 2026 – Manchester

	Item	Sponsor
Seminar	SoMEP Workplace & Experiences report – key findings/messages	Shaun Gallagher
	Regulatory reform	Shaun Gallagher
	External speaker – Responsible officer & ELA	Paul Reynolds
Confidential session	Annual Review of Governance Framework: GMC/GMCSI	Paul Reynolds
	6 monthly SC&E Impact report	Paul Reynolds
Public session	Chief Executive’s report	Charlie Massey
	Finance update	Neil Roberts
	People Report (including Inclusion workstream)	Neil Roberts
	2025 national reports	Paul Reynolds
	Annual QA update	Push Mangat
	Annual section 40a report	Charlie Massey
	Regulatory reform update [placeholder]	Shaun Gallagher

Agenda item M11

Council forward work programme

	Amending the list of bodies entitled to award a UK primary medical qualification	Push Mangat
	Investment committee annual report	Douglas Millican/Neil Roberts
Below the line	Council forward work programme	Carrie MacEwen
	Council members' register of interest	Carrie MacEwen
	Updating Council on assessing progress and reporting approach for the Corporate Strategy	Shaun Gallagher
	Corporate strategy closure report	Shaun Gallagher

9/10 June 2026 – London

	Item	Sponsor
Seminar	People strategy /ED&I targets	Neil Roberts
	External speaker (tbc)	
Confidential session	Annual report of GMCSI	Paul Reynolds
Public session	Chief Executive's report	Charlie Massey
	Finance update	Neil Roberts
	Report of the MPTS Committee	MPTS Chair
	Trustees' Annual report and accounts	Paul Reynolds / Neil Roberts
	Fitness to practise statistics report	Anthony Omo
	Freedom to Speak Up Guardian annual report	Neil Roberts
	Regulatory reform update [placeholder]	Shaun Gallagher
	Audit and Risk Committee Annual Report	Neil Roberts
Below the line	Council forward work programme	Carrie MacEwen

22/23 July 2026 - Manchester

	Item	Sponsor
Seminar	• Hearing from the Marx Fellows	
	• Engaging with Medical students	Paul Reynolds
Confidential session		
Public session	• Chief Executive's report	Charlie Massey
	• Report of the Audit and Risk committee	Vanessa Davies / Neil Roberts
	• Financial update including mid-year review	Neil Roberts
	• ED&I Annual report	Shaun Gallagher
	• Safeguarding annual report	Neil Roberts
	• Regulatory reform update [placeholder]	Shaun Gallacher
	• Corporate Strategy update	Shaun Gallagher
	• Strategic Communications and engagement update – strategic priorities	Paul Reynolds
	• Fairer Employer Referrals options	Anthony Omo
Below the line	• Council forward work programme	Carrie MacEwen

1 October 2026 – Northern Ireland

	Item	Sponsor
Seminar	• Northern Ireland focus	
Confidential session	• SC&E Impact report	Paul Reynolds
	• 2027 Budget Assumptions and Approach	Neil Roberts/Judith Chrystie
	• SoMEP Workforce Report	Shaun Gallagher
	• Chief Executive's report	Charlie Massey

Agenda item M11

Council forward work programme

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

Agenda item M11

Council forward work programme

February 2027 - London

	Item	Sponsor
Seminar	TBC	
Confidential session	Annual Review of Governance Framework: GMC/GMCSI	Sophie Brookes
	SC&E Priorities for the year ahead (based on Perceptions survey results)	Paul Reynolds
Public session	Chief Executive's report	Charlie Massey
	Annual update of Governance Handbook	Sophie Brookes
	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 2025	MPTS Chair
Below the line	Council forward work programme	Carrie MacEwen
	Report of the Executive Board	Charlie Massey

Report of the Executive Board 2025

Action	To note
Purpose	This report summarises the work undertaken by the Executive Board during 2025, setting out the decisions taken, policies and guidance agreed, and reports noted across a range of strategic issues.
Decision Trail	Council receives a report on the work of the Executive Board annually, in addition to the updates included in the Chief Executive's report at each meeting. This paper has been agreed by the Executive Board.
Recommendation	To note the report of the Executive Board 2025.
Annexes	None
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Sponsoring director/ Senior Responsible Owner	Charlie Massey , Chief Executive

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Report of the Executive Board 2025

Background

- 1 The Executive Board was established in 2017 as a decision-making forum and to promote collective executive decision-making by the senior management team (SMT). The Board is required by its statement of purpose to submit an annual report to Council, as well as regularly reporting to Council via the Chief Executive's report. The Board meets approximately monthly and the members of SMT meet on a weekly basis.
- 2 The Executive Board met 10 times during 2025, on the following dates:
 - 27 January
 - 24 February
 - 31 March
 - 28 April
 - 27 May
 - 30 June
 - 28 July
 - 29 September
 - 27 October
 - 24 November

Key matters considered by the Executive Board in 2025

Corporate Strategy

- 3 The Board received a report setting out the approach taken to developing the 2026-30 Corporate Strategy and agreed the draft Corporate Strategy to go to December Council for sign-off (27 October 2025).

Operational performance and risk

- 4 In alternate months, the Board considered the Performance and Risk Report, providing high level analysis on performance, including finance and people, customer service and learning, and updates on the key risks to achieving our strategic aims. Council receives performance and risk annexes as part of the Chief Executive's report at each meeting.

Policy

- 5 The Board received an update on developments since the (June 2024) general election and the potential options for future UK-EU mutual recognition of professional qualifications (27 January 2025).
- 6 The Board received an update on our public confidence work programme and our thresholds in public confidence cases (28 April 2025).
- 7 To ensure compliance with data protection law, the Board approved implementation of the GMC's records retention and disposal policy, alongside a process to identify and preserve material needed for public inquiries. In January 2026, implementation was deferred for a

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further 12 months pending clarification of the evidential requirements of a wide-ranging public inquiry. (27 May 2025).

- 8** The Board received a report on Regulatory Reform, noting the timeframes for the draft GMC Order (28 July 2025).
- 9** The Board noted the Fitness to Practise directorate's response to six of the recommendations of the Independent Neurology Inquiry (established in response to the recall of neurology patients by the Belfast Health and Social Care Trust) that had been directed at the GMC. The Board noted that appropriate action has been taken and, where relevant, continues to be taken (28 July 2025).
- 10** The Board approved an updated content map for the Medical Licensing Assessment (MLA) and agreed that content of all MLA exams and assessments delivered from the academic year 2026-27 onwards should be derived from the updated content map (29 September 2025).
- 11** The Board approved an amendment to the Guidance for decision makers in relation to Section 40A appeals, to facilitate and promote greater diversity in the membership of the Section 40A Executive Panel via the nomination of deputies in appropriate cases (29 September 2025).
- 12** The Board approved the approach to phase five of the Fairer Employer Referrals Programme, the final phase of the Fairer Employer Referrals programme before the target date in December 2026. Phase five has been created factoring in previous learning, while considering the requirements for the completion of the programme (27 October 2025).

Business Plan and Budget

- 13** The Board received a paper setting out the 2026 business plan and associated budget required to deliver it. The Board Recommended the draft Business Plan and Budget for 2026 to Council (24 November 2025).
- 14** The Board also received a mid-year update on our financial position, financial risks and other key financial matters (30 June 2025).

Planning Gateway

- 15** There is a quarterly Planning Gateway meeting which consists of Assistant Directors from across the business who scrutinise bids for initial and additional funding for both strategic and operational work. This includes exploring additional options alongside those presented to assess if the business should be investing in it. The outcome of the quarterly Gateway meetings is a recommendation outlining the level of support for each bid which the Executive Board will consider for a final decision.

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- 16** The Board made decisions on the Planning Gateway's recommended handling funding bids, business cases, and closure reports at its meetings on 31 March, 30 June, 29 September and 24 November 2025.
- 17** The Board approved updates to the Planning Gateway's terms of reference to more fully and accurately capture the work undertaken by Gateway, rather than making any fundamental change to the original purpose and aims (28 April 2025)
- 18** On the recommendation of the Planning Gateway, the Board approved the closure of the Regulation of Anaesthesia Associates & Physician Associates programme and the removal of the programme from the list of corporate priorities (28 April 2025). The programme deliverables had been generally completed and where work is ongoing, it has been allocated to appropriate teams across the GMC.

Equality, diversity and inclusion (ED&I)

- 19** The Board received the Annual Report of the ED&I Steering Group, noting activities and an update on recommendations from a previous BDO audit of the Group (27 October 2025).
- 20** The Board received an update on the employer implications of the UK Supreme Court ruling on the definition of 'sex' in the Equality Act, summarising the interim guidance (27 May 2025)

Associate Worker Status

- 21** The Board agreed proposals on the calculation of liabilities in relation to worker status, how we will implement new arrangements and how we will engage with our associates (24 February 2025).

Enterprise Resource Planning (ERP) programme updates

- 22** The Board received updates on the programme to select and implement the new ERP system, replacing the existing Finance, People and Payroll system (31 March and 28 July 2025)

GMC Pension Plan

- 23** The Board agreed recommendations for changes to the default investment fund strategy for the GMC Pension Plan (30 June 2025) and changes to the Board's statement of purpose (27 October 2025). Details of the changes were set out in the report of the GMC Pension Plan Management Board on the agenda for the Council meeting on 4 December 2025.

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Other regular reports

24 The Board received the following reports:

- a** The 2025 pay award proposal (27 January 2025).
- b** The draft Annual Report of the Executive Board to Council for 2024 (27 January 2025), ahead of consideration by Council on 12 February 2025.
- c** The draft 2024 national reports for Northern Ireland, Scotland and Wales before consideration by the Audit and Risk Committee and approval by Council (24 February 2025)
- d** An update from GMC Services International (31 March 2025).
- e** The Trustees' Report and Accounts and national reports for 2024, ahead of submission to Council, along with the Fitness to Practise Annual Statistics Report 2024 (28 April 2025).
- f** The Annual Report of the Data Protection Officer, providing an overview of our information governance activities in 2024 (28 April 2025).
- g** The Freedom to Speak Up Guardian annual report 2024 (28 April 2025).
- h** The Annual Health and Safety Report 2024, providing an overview of health and safety activities and accident/incident information for the year (28 April 2025).
- i** The Annual Safeguarding Report for 2024 (30 June 2025).
- j** The Annual Business Continuity Report (30 June 2025).
- k** Our first annual report on compliance with the Welsh Language Standard (28 July 2025)
- l** The Net Zero Report for 2024 (28 July 2025).
- m** The Designated Body Annual Board Report and Statement of Compliance 2024, for submission to NHS England (27 October 2025).
- n** An update on corporate complaints and compliments received, ahead of Council's consideration of the report (24 November 2025).