

# Council Meeting - 12 February 2025

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**Council**

**London**

## Agenda

### Main meeting

**Wednesday 12 February 2025 - 10:20 – 13:30**

#### Meeting part 2 – main session

10:20 – 10:22 <i>2 mins</i>	<b>M1</b>	<b>Chair's business</b>
10:22 – 10:25 <i>3 mins</i>	<b>M2</b>	<b>Minutes of the meeting on 5 December 2024 Minutes of the meeting on 13 December 2024</b>
10:25 – 10:45 <i>20 mins</i>	<b>M3</b>	<b>Chief Executive's report</b>
10:45 – 11:15 <i>30 mins</i>	<b>M4</b>	<b>Update on Decision-making methodology and Sanctions bandings</b>
11:15 – 11:25 <i>10 mins</i>		<b>Break</b>
11:25 – 11:30 <i>5 mins</i>	<b>M5</b>	<b>Amending the list of bodies entitled to award a UK primary medical qualification</b>
11:30 – 11:55 <i>25 mins</i>	<b>M6</b>	<b>People Survey 2024 &amp; IIP Assessment</b>
11:55 – 12:10 <i>15 mins</i>	<b>M7</b>	<b>The Professional Standards Authority's annual review of our performance 2023/24</b>
12:10 – 12:30 <i>20 mins</i>	<b>M8</b>	<b>Report of the Investment Committee 2024</b>
12:30 – 12:35 <i>5 mins</i>	<b>M9</b>	<b>2026 Council meeting schedule</b>
12:35 – 12:40 <i>5 mins</i>	<b>M10</b>	<b>Any other business</b>

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

**M11 Council forward work programme**

**M12 Report of the Executive Board**

12:45 – 13:30            **Lunch**  
*45 mins*

13:30 – 14:30    **S4 ED&I training**  
*60 mins*

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

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*To approve*

# Minutes of the meeting on 5 December 2024

## Members present

Carrie MacEwen, Chair

Alison Wright	Paul Knight
Anthony Harnden	Raj Patel
Deepa Mann-Kler	Steve Burnett
Douglas Millican	Suzanne Shale
Jeeves Wijesuriya	Vanessa Davies

## Others present

Charlie Massey, Chief Executive and Registrar

Liz Jenkins, Interim Director of Fitness to Practise and General Counsel

Colin Melville, Medical Director and Director of Education and Standards

Neil Roberts, Director of Resources

Paul Reynolds, Director of Strategic Communications and Engagement

Shaun Gallagher, Director of Strategy and Policy

Una Lane, Director of Registration and Revalidation

Melanie Wilson, Head of Corporate Governance and Council Secretary

## Agenda item 2

### Minutes of the meeting on 5 December 2024

## Chair's business (item M1)

- 1 The Chair welcomed members of Council, the Senior Management Team (SMT) and observers to the meeting.
- 2 It was noted that no apologies had been received.
- 3 The Chair noted that this is the final full Council meeting for three members who reach the end of their second term of office as Council members. Council recorded its grateful thanks to Steve Burnett, Anthony Harnden and Paul Knight for eight years of service.

## Minutes of the meeting on 2 October 2024 (item M2)

- 4 Council approved the minutes of the meeting on 2 October 2024 as a true record.

## Chief Executive's Report (item M3)

- 5 Council considered the Chief Executive's Report.
- 6 Council noted:
  - a We are on track to begin regulating physician associates (PAs) and anaesthesia associates (AAs) from 13 December 2024, having completed analysis of the responses received to the consultation ran earlier this year. The consultation analysis report and associated standards, guidance and rules will be reviewed and approved by Council prior to regulation commencing.
  - b This year's People survey achieved a very high response with 1,449 completions, which is a response rate of 87%. Council were advised that the results presented by IQVIA were found to contain errors. The conclusions are deemed unreliable at present. IQVIA is working to provide corrected outcomes.
  - c *The state of medical education and practice in the UK Workforce report 2024* was published in November, with wide media coverage and positive engagement with registrants and stakeholders in response.
  - d Year to date, finances are in a strong position with operational surplus exceeding budget by £0.9m. It was noted that an incorrect figure of £1.4m was stated within the report at paragraph 31.
  - e We are seeing gains accrue on our investment portfolio up to the end of October. This is £0.5m ahead of budget, noting a degree of volatility in this assumption, with the most recent investment report showing gains of only £0.5m since the prior year, 50% of the budget for 2025. The key medium-term risk is the impact of high levels of inflation.

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- 7** During the discussion, Council noted:
- a** In relation to the debate surrounding assisted dying, the GMC's position remains unchanged, focusing on supporting doctors in implementing legislative decisions. Council highlighted the importance of contributing to Parliamentary and DHSC discussions on any prospective assisted dying legislation to ensure that any implications for medical regulation and guidance are considered. Early discussions are underway, with updates to be shared with Council in due course.
- 8** Council noted the Chief Executive's report, performance annex and Corporate Opportunities and Risk Register.

## **2025 Budget and Business Plan (item M4)**

- 9** Council considered the 2025 priorities and associated budget. Council also reviewed proposed changes to reporting measures.
- 10** Council noted:
- a** We originally targeted a budgetary outturn of £3.5 million in 2024, with similar surpluses throughout 2025 and 2026 to build our reserves balances towards the mid-point of our reserves target by the end of 2026. Significant returns on our investments in the final five weeks of 2023 reduced the pressure on future year surpluses to meet that target.
  - b** We are currently broadly achieving the mid-point of our reserves target, and we are forecasting a total surplus in the region of £6.6 million in 2024, some £3.2 million ahead of our planned position.
  - c** Our planning assumptions include a pay budget increase of 2% above the September CPI rate and this has been applied within the 2025 budget and forecast to 2027.
  - d** The Office for National Statistics released a CPI figure of 1.7% for September. We are therefore proposing a fee increase of 1.7% and a pay budget increase of 3.7% both with effect from 1 April 2025. No additional changes to fee levels are proposed to take effect in 2025, however we propose to increase the threshold for the income discount in line with the increase in fees, to £37,000 (2024: £36,000) from 1 April 2025.
  - e** Based on the fee increase and a modelling assumption of increased register growth rate of 3.5% in the period 2025 – 2027, the total operational income budget for 2025 of £164.2 million, of which fee income accounts for £163.8 million.
  - f** In relation to lower demand on both PLAB 1 and PLAB 2, it remains uncertain whether this is a merely a delay in uptake, for PLAB 1 to PLAB 2 conversion, or a prolonged decline. We have reduced PLAB 1 and PLAB 2 volumes within the budget by 17% and

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32% respectively when compared to 2024 levels. We have assumed these reduced levels are held through to 2027 with no further decline.

- g** For 2025 we have included a £1.5 million budget for income generated through our investment with CCLA, compared to a budget of £1.0 million included in 2024. We have set our interest income budget at £1.5 million, reducing to £1.0 million by 2026.

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

- a** The quality of financial information provided to Council has improved but greater details on key financial risks would be welcomed. It was agreed that future budget papers would set these out.
- b** In relation to the pay budget increase of 2% above the September CPI rate, Council emphasised the importance of employee relations and retention but noted current recruitment and turnover data did not suggest any major issues.
- c** The need for clarity on cost increases for 2026–2027 and highlighted the importance of tight cost controls and greater visibility of medium-term risks. Council requested granular details of budget risks for future reports to enhance oversight and preparedness.

**12** Council approved the draft business plan and budget for 2025, approved and signed the Fees Regulations, and approved the changes to performance measures reported to Council for 2025.

## **Patient and Public Involvement update (item M5)**

**13** Council received an update on the progress made with engagement with patients, the public and their representatives, and with the embedding of their views in our work as a regulator.

**14** Council noted that:

- a** We are committed to strengthening involvement of patients and the public in three aspects of our work as a regulator: policy development, the experiences which patients have of our services and processes, and our engagement with patients through the organisations and networks that represent their needs and interests.
- b** We commissioned a perceptions survey in 2024 with our audiences and stakeholders, which included a survey of 2,038 adults from across the UK. 79% of patients and the public said they were confident in the way that doctors were regulated.
- c** We continue to engage with patient organisations, seeking their input into our priority programmes, such as bringing PAs and AAs into regulation, our broader programme of regulatory reform and our work looking at the future of career development and

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education, and providing them with platforms where they can communicate their work to others.

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

- a** The ongoing challenge of ensuring engagement with vulnerable groups, noting we have utilised external agencies to form representative panels and gather feedback. Council expressed confidence in this proactive approach but encouraged continuous improvement.
- b** NHS trusts nationwide already engage service users, presenting opportunities for collaboration, with Council recommending leveraging trusts' trained cohorts for deeper insights. It was noted that it would be beneficial to explore mechanisms to better engage carers to understand their perspectives and how they influence GMC's regulatory role.
- c** The GMC does not yet collect specific ED&I data from fitness to practise (FTP) complainants. The ED&I team aims to resume paused work in this area, with an update expected in 2025. Council suggested building upon extensive data already held on registrants, enhancing insights into complainant demographics.

## Regulation of PAs and AAs (item M6)

**16** Council considered the final version of the consultation analysis report, along with further documents to note ahead of the commencement of PA and AA regulation on 13 December 2024.

**17** Council noted that:

- a** We are now in the final stages of our preparations for beginning regulation of PAs and AAs and look forward to welcoming these two new professions into regulation from 13 December 2024 onwards.
- b** In order to bring the Anaesthesia Associates and Physician Associates Order 2024 (AAPAO) into operation, the GMC has consulted on rules, standards and guidance for physician associates (PAs) and anaesthesia associates (AAs). Consultation responses have been analysed and changes made to the documents in response to feedback from stakeholders.
- c** Once approved on 5 December at this meeting as part of this agenda item, we will share the consultation analysis report with key stakeholders across the four countries of the UK, issue a press release to trade and national media, and explore other media interview opportunities around this time. This will be followed by further communications through our newsletters and social media channels.

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- d** On 16 December, we will send out stakeholder communications to confirm that registration for PAs and AAs is open. We will promote this milestone across our channels, provide reminders about key actions for PAs, AAs, and others.
- e** We are delivering targeted communications to PAs and AAs to welcome them to regulation and provide practical information on what they need to do, or be aware of, to prepare. We are also working closely with employers and educators to ensure they are fully prepared to support this change.

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

- a** The complexity of this regulatory milestone and the external pressures faced during the process, noting assurances provided by Audit and Risk Committee (ARC), which had scrutinised the steps taken and concluded that the GMC is well-positioned for these regulatory duties.
- b** The challenging environment surrounding the regulation of PAs and AAs, including the contentious nature of some stakeholder feedback. Staff were commended for their constructive engagement and ability to handle feedback transparently, explaining out-of-scope comments effectively.
- c** The emphasis that this regulation is fundamentally a patient safety exercise, representing a significant advancement in safeguarding healthcare standards.

**19** Council approved the consultation analysis report, along with noting other documents included prior to approval of these on 13 December 2024.

## Fairer Employer Referrals (item M7)

**20** Council received an update on progress against the commitment to eliminate disproportionate employer referrals of ethnic minority and non-UK graduate doctors by 2026.

**21** Council noted that:

- a** In 2021, we set a target to eliminate disproportionate referrals from employers in relation to ethnicity or origin of Primary Medical Qualification (PMQ) by 2026. We committed to deliver the programme in phases, allowing us to learn as we progressed and to take account of wider changes in the healthcare environment.
- b** We are seeing signs of improvement in our disproportionality data year on year; although we continue to remain cautious about drawing conclusions as we know that continued and persistent efforts are needed across the whole system.
- c** All KPIs improved since last year. From our initial benchmark (2016-2020), the percentage of Designated Bodies (DBs) with disproportionality in their referrals (KPI1)

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dropped 2.4 percentage points. This represents a drop of 43 %. Similarly, KPI2 metrics have dropped 0.15 (KPI2a) and 0.26 (KPI2b) percentual points, respectively, in relation to our initial benchmark. This means that the referral rate difference between either ethnic minority and white doctors or UK and non-UK graduated ones, has dropped 54% (KPI2a) and 62% (KPI2b) respectively.

- d** The forecasted trajectories of Fairer Employer Referral (FER) KPIs are very similar to those from last year. We expect both KPIs to be close to meeting the target by the end of 2026.
- e** KPIs are calculated quarterly, using a five-year rolling period for robust analysis due to small volumes. It is likely that we will not know with certainty in 2026 if we have achieved the target.

#### **22** During the discussion, Council noted:

- a** Strategic partnerships with organisations such as the NMC and NHS Resolution aim to enhance data sharing and insights, addressing system-wide gaps. It was noted that the Data team are exploring ways to share live data to address a number of issues.
- b** The need to better communicate progress and the journey towards fairness to improve perceptions among registrants and stakeholders. Collaboration with the CQC was suggested to enhance visibility and shared efforts.
- c** Parallels with findings in a recent CPS report on charging decisions, suggesting opportunities to draw lessons for the GMC's processes.
- d** The need to consider future targets to ensure continued ambition beyond 2026 and to maintain focus on fairness initiatives.

#### **23** Council considered performance against commitments and priorities.

## Fairer Training Cultures (item M8)

**24** Council received an update on progress against commitments to eliminate discrimination, disadvantage, and unfairness in undergraduate and postgraduate medical education and training by 2031.

#### **25** Council noted that:

- a** In 2021 we set a target to tackle persistent areas of inequality within medical education and training which impede doctors' progression through their career and from achieving their potential.

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- b** Our 10-year strategy focuses on the removal of systemic and cultural barriers which drive inequitable outcomes as well as championing initiatives designed to improve outcomes for marginalised groups.
- c** We are at the end of year three of the 10-year programme. We have reached the end of 'Phase 1' which has focused on building the evidence base of 'what works' and embedded the FTC target into the work of QA & Policy teams across E&S.
- d** In Phase 2 our priority is to work with The Future of Education and Career Development programme to embed Fair Training Cultures (FTC) firmly into our new educational standards and policies.

**26** During the discussion, Council noted:

- a** The importance of focusing on the themes developed through collaborative efforts, noting their alignment with providing safe, equitable care. While progress has been made, education and employment integration remain underexplored. Council emphasised the need to include employers in narratives around workforce and patient safety.
- b** Data collection on disability is ongoing, with Council recognising the importance of reflecting on this data to ensure a comprehensive approach to Equality, Diversity, and Inclusion. Opportunities to expand understanding through multivariate analysis were highlighted.
- c** Progress with stakeholders suggests a tipping point toward action, but gaps remain, particularly among employers. Local education providers (LEPs) need targeted support to scrutinise and act on performance data without facing unrealistic expectations.
- d** The importance of equipping LEPs with actionable insights rather than overwhelming them with complex data. Successful engagement with Royal Colleges was noted as a model for providing practical solutions.
- e** Expressed concerns over NHS England's ability to sustain focus and action within the next six months, given the pressures on the system.

**27** Council considered performance against commitments and priorities.

## **Report of the MPTS Committee 2024 (item M9)**

**28** Council considered an update on the work of the Medical Practitioners Tribunal Service (MPTS) since the last report to Council in June 2024.

**29** Council noted that:

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- a** The MPTS has delivered 20% fewer hearing days, taking account of recovery from the pandemic and a reduction in cases referred to the MPTS. The MPTS are on track to spend over £1m less than in 2023.
- b** The MPTS is prepared for the regulation of PAs and AAs from 13 December 2024. 'Route maps' for all parts of Regulatory Reform are in place.
- c** The MPTS Chair has been engaging with key stakeholders on a proposed new Methodology Flowchart and Sanctions Bandings guidance, to introduce in summer 2025.
- d** As of November 2024, the MPTS had a tribunal member pool of 296: 114 medical members, 79 lay members and 103 Legally Qualified Chairs. An appointment campaign is being conducted in which it is expected to appoint around 90 new tribunal members, including medical members and Legally Qualified Chairs.
- e** In the first three quarters of 2024, tribunals made decisions in 147 new MPT hearings and 235 new IOT hearings. Details of the outcomes of those hearings, and others were noted.
- f** The number of hearing days held so far this year has reduced by 20.8% and 18.8% when compared to 2023 and 2022 respectively. The GMC expect referrals to MPTS will continue at this slightly lower rate. The reduction has been weighted towards simpler, shorter cases which leaves the more complicated and time-consuming cases. This is being factored into our operational and budget planning for 2025 and beyond.

**30** During the discussion, Council noted:

- a** Concerns over the availability of LQC candidates did not materialise, with quality control measures ensuring successful appointments.
- b** In relation to the development of Sanctions Banding guidance, Council requested involvement in the review, scheduled for February 2025. A draft will be shared, with opportunities for Council members to provide input individually or collectively.
- c** The need to improve the clarity of case information presented on the MPTS website, ensuring users can easily understand case content and outcomes. Efforts to develop more detailed, auditable statistics and graphics, showing outcomes and contributing factors, are ongoing.
- d** MPTS consistently meets its target to conclude 90% of FTP cases within 12 months, averaging 96% in 2024. Council suggested revisiting this KPI to reflect a higher benchmark and aligning it with the corporate strategy.

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## **Report of the Audit and Risk Committee 2024 (item M10)**

**31** Council noted the work of the Audit and Risk Committee from June to November 2024.

**32** Council noted that:

- a** Since its June report, the Committee has met twice – 10/11 September and 12/13 November. On 10 September it held two half day seminars in Manchester, ahead of the meeting the following day. The first session covered a comprehensive run through of the GMC’s business continuity and disaster recovery arrangements. The second focused on MPTS.
- b** The Committee has continued its focus on assurance in relation to implementation of the new ERP system, which was unexpectedly prompted by the provider of the Agresso system announcing their withdrawal of on-premises system support from the end of 2026. This carries significant risks as well as unplanned financial pressures and we have been keen to understand the robustness of the framework and governance arrangements which are supporting decision-making.
- c** In November the Committee considered and approved the proposed internal audit plan 2025, noting the comprehensive analysis and rationale for inclusion. The plan remains fully flexible to adapt to emerging risks and the Committee will have the opportunity to consider this at each meeting. The budget to deliver the programme remains at the 2024 level of £235,740.
- d** This was the last report from Paul Knight as Chair of the Committee. Council recorded its thanks to Paul for his service on the committee.

## **Report of the Remuneration Committee 2024 (item M11)**

**33** Council noted the work of the Remuneration Committee undertaken in 2024.

**34** Council noted that:

- a** The Committee has met twice in 2024. It has the scope to consider issues on email circulation where action was required to be taken between meetings. This has taken place once this year in relation to the appointment of Liz Jenkins as Interim Director of Fitness to Practise and General Counsel, where the Committee approved the terms and conditions for the role. The Committee is satisfied that in undertaking its work programme for 2024 it has fulfilled its responsibilities under its terms of reference.

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- b** The process to recruit new GMC council members commenced in June 2024 and will finally conclude when the Privy Council writes to our four recommended candidates to appoint them to the roles of registrant and lay members of Council.
- c** The Committee considered the annual pay award for the Chief Executive, directors, and Chair of the Medical Practitioners Tribunal Service. The Committee considered the available options, which included making no annual base award, applying the base award as agreed for all other GMC staff, and recognising performance by applying a variable non-consolidated element. The Committee agreed that the base pay award for roles within its remit would be 5%, slightly below the approach taken for the wider staff group.
- d** The Committee considered talent and succession planning for roles within its remit, including capacity and potential at Assistant Director level to cover the roles within the Committee's remit. The Committee considered a half year interim review in March, with the annual review being reported to the Committee in October.
- e** The Committee is required to review its Statement of Purpose at least once a year and suggest any amendments considered necessary to Council. The committee did not identify any changes required but noted that regulatory reform may have implications for this committee as part of wider governance changes in due course. The Committee is satisfied that in undertaking its work programme for 2024 it has fulfilled its responsibilities under its terms of reference.
- f** This was Anthony Harnden's final report as the Chair of the Committee. Council recorded its thanks to Anthony for his service to the Committee.

## Compliments and Complaints report (item M12)

- 35** Council noted an update on handling of complaints from October 2023 to September 2024, also noting compliments received in relation to the service provided.
- 36** Council noted that:
  - a** We received 1,412 complaints between October 2023 and September 2024, a 7% decrease on the 1,512 complaints received between October 2022 – September 2023. We saw a notable spike in complaints received in March 2024, following the coverage of a high-profile case at the MPTS relating to climate change activism. We received 47 complaints on this topic. We are continuing to see general correspondence about our views on climate change.
  - b** We responded to 1,347 complaints, 22% fewer than the 1,652 complaints responded to between October 2022 – September 2023. We responded to more complaints in 2022-2023 following spikes in complaints about our position on qualifications from the Dnipro

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institute, how we record gender on the register and the extension to the temporary emergency registration process. These volumes increased the number of responses the complaints teams managed in the previous reporting period. The decrease in complaint volumes during the period led to us responding to fewer complaints.

- c** For the current reporting period, we replied to 85% (1,141) of complaints with an explanation or as part of a broader campaign response. This is similar to the previous 12 months, where between October 2022 and September 2023, we resolved 87% (1,435) of complaints with an additional explanation or a campaign response.
- d** We closed a further 6% of complaints either without sending a response, because we had previously terminated correspondence on the specific issue(s) in the complaint, or because the complaint process was inappropriate.
- e** The majority (2,157) of the 2,421 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 corresponded.

#### **37** During the discussion, Council noted:

- a** The suggestion to introduce a Key Performance Indicator (KPI) to monitor the quality and timeliness of complaint responses was considered. Council agreed this should be explored further to enhance accountability and continuous improvement.
- b** The Contact Centre was awarded distinction-level accreditation by the Institute of Customer Service, reflecting high-quality customer service. Council noted that while lessons from complaints are well-leveraged, learning from compliments is underexplored. A review and update on how compliments can inform best practices and enhance staff development will be provided within the next report.
- c** Positive feedback is shared directly with relevant staff, with broader sharing around significant successes. Council encouraged increased visibility of positive feedback across the organisation.

## Any other business (item 13)

#### **38** Council noted below the line items:

- a** M14 - Council forward work programme
- b** M15 - Annual report on Defined Contribution pension scheme

#### **39** Council noted that its next meeting is scheduled for 12 February 2025 in London with a Seminar on the evening of 11 February 2025.

Draft as of: 13 December 2024

*To approve*

# Minutes of the extraordinary meeting on 13 December 2024

## Members present

Carrie MacEwen, Chair

Vanessa Davies

Anthony Harnden

Paul Knight

Deepa Mann-Kler

Douglas Millican

Raj Patel

Suzanne Shale

Jeeves Wijesuriya

Alison Wright

## Others present

Charlie Massey, Chief Executive and Registrar

Shaun Gallagher, Director of Strategy and Policy

Liz Jenkins, Interim Director of Fitness to Practise and General Counsel

Una Lane, Director of Registration and Revalidation

Colin Melville, Medical Director and Director of Education and Standards

Neil Roberts, Director of Resources

Stephanie McNamara, Assistant Director Communications (deputising for Paul Reynolds)

Melanie Wilson, Head of Corporate Governance and Council Secretary

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**Minutes of the extraordinary meeting on 13 December 2024**

## Chair's business (item 1)

- 1 The Chair welcomed members, the Senior Management Team (SMT) and many internal observers to the meeting.
- 2 There were apologies for absence from Steve Burnett. Stephanie McNamara was deputising for Paul Reynolds, Director of Strategic Communications and Engagement.
- 3 Council noted that the provisions\* of the Anaesthesia Associates and Physician Associates Order 2024 (AAPAO) came into force that day, providing for the regulation of Physician Associates (PAs) and Anaesthesia Associates (AAs) by the GMC.
- 4 Council also noted that:
  - a It was a historic day for the GMC as it becomes the regulator of the two new professions.
  - b In getting to this milestone, there had been a huge amount of work by well over 100 colleagues across the business, including the considerable efforts of Clare Barton, Assistant Director, and Helen Arrowsmith, Programme Manager for the PAs and AAs programme.
  - c The role of SMT and Council members in reading, re-reading, scrutinising and commenting on the documentation at various stages had helped develop the package of materials on the agenda for the meeting.

## Appointment of the Registrar for physician associates and anaesthesia associates (item 2)

- 5 Council received a paper setting out the requirement of Schedule 1 of the AAPAO for Council to appoint a Registrar, to whom various functions and duties are assigned in the Order and associated rules. The paper recommended that the Chief Executive should serve as the Registrar under both the AAPAO and Medical Act.
- 6 Council appointed Charlie Massey as the Registrar for PAs and AAs.

## Rules for the regulation of PAs and AAs (item 3)

- 7 Council received a paper setting out the seven sets of rules that are required for the GMC to regulate PAs and AAs, which were consulted on earlier in 2024.

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\* Other than Article 19(1)(b), which comes into force on 13 December 2026: the offence of using the title of anaesthesia associate or physician associate without being registered as such.

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- 8** Council made the following Rules, in accordance with the rule-making powers in Schedule 4 of the AAPAO:
- a** General Medical Council (Education and Training) (Anaesthesia Associates and Physician Associates) Rules 2024
  - b** General Medical Council (Form and Keeping of the Register) (Anaesthesia Associates and Physician Associates) Rules 2024.
  - c** General Medical Council (Registration) (Anaesthesia Associates and Physician Associates) Rules 2024.
  - d** General Medical Council (Fitness to Practise) (Anaesthesia Associates and Physician Associates) Rules 2004.
  - e** General Medical Council (Revision of Decisions) (Anaesthesia Associates and Physician Associates) Rules 2024.
  - f** General Medical Council (Internal Appeals) (Anaesthesia Associates and Physician Associates) Rules 2024.
  - g** General Medical Council (Fees) (Anaesthesia Associates and Physician Associates) Rules 2024 Background.

## Standards for PAs and AAs (item 4)

- 9** Council received a paper setting out the two sets of education standards for PAs and AAs for approval. Article 3(2)(a) of the AAPAO, which comes into force on 13 December 2024, requires the GMC to determine standards applicable to PAs and AAs in relation to education and training.
- 10** Council approved:
- a** Standards for the delivery of physician associate and anaesthesia associate pre-qualification education.
  - b** Standards for physician associate and anaesthesia associate curricula his paper sets out our 2025 priorities and associated budget required to deliver it.

## Fitness to practise principles (item 5)

- 11** Council received a paper setting out fitness to practise principles to inform impairment guidance, as required by Schedule 3 paragraph 5(e) of the Anaesthesia Associates and Physician Associates Order 2024 (AAPAO), along with guidance on restrictive action and guidance on warnings.

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#### 12 Council approved:

- a Principles to inform impairment guidance.
- b Principles to inform guidance on what restrictive action is required.
- c Principles to inform guidance on warnings.

## Schedule of fees for PAs and AAs (item 6)

13 Council received a paper setting out the schedule of fees that will apply to PAs and AAs, in accordance with the General Medical Council (Fees) (Anaesthesia Associates and Physician Associates) Rules 2024 that were made under item 3 on the agenda.

14 Council approved the Schedule of Fees for PAs and AAs.

## Governance Handbook (item 7)

15 Council received a paper setting out the updated Governance Handbook, including a new Schedule of Authority under the AAPAO and updated financial regulations.

#### 16 Council:

- a Approved the updated Governance Handbook, including the new Schedule of Authority under the AAPAO and updated financial regulations.
- b Noted the change to the GMC's charitable object in relation to its registration as a charity in England and Wales with effect from 13 December 2024:

“The over-arching objective of the General Council\* in exercising their functions is the protection of the public. The pursuit by the General Council of their over-arching objective involves the pursuit of the following objectives:

- i To protect, promote and maintain the health, safety and well-being of the public,
- ii To promote and maintain public confidence in the medical profession and the anaesthesia associate and physician associate professions, and
- iii To promote and maintain proper professional standards and conduct for members of the medical profession and the anaesthesia associate and physician associate professions.”

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\* 'General Council' is how the GMC is described in the relevant part of the Medical Act 1983

**Agenda item M2**

**Minutes of the extraordinary meeting on 13 December 2024**

## **Any other business (item 8)**

- 17** The Chair concluded the meeting by thanking again all those who had been involved in the process of bringing PAs and AAs into regulation.
- 18** There were no items of other business.

## Chief Executive's report

<b>Action</b>	To note
<b>Purpose</b>	<p>This report outlines developments in our external environment and progress on our strategy since Council last met. Key points to note:</p> <ul style="list-style-type: none"> <li>● We have successfully begun regulation of physician associates (PAs) and anaesthesia associates (AAs).</li> <li>● We will be moving ahead with the next stage of regulatory reform when we receive a formal letter from the Secretary of State.</li> <li>● We have received the final version of our people survey results and will be assessing which themes to take action on.</li> </ul>
<b>Decision Trail</b>	Council receives this report at each full meeting.
<b>Recommendations</b>	<p><b>a</b> To consider the Chief Executive's report.</p> <p><b>b</b> To note the Performance Annex and the Corporate Opportunities and Risk Register.</p>
<b>Annexes</b>	<p>Annex A: Performance Annex</p> <p>Annex B: Corporate Opportunities and Risk Register</p>
<b>Author contacts</b>	<p><b>Katherine Ince</b>, Head of OCCE</p> <p>Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a></p>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Charlie Massey</b> , Chief Executive

## Agenda item M3

### Chief Executive's report

## Regulatory reform and regulation of PAs and AAs

- 1** On 13 December 2024 we became the regulator for physician associates (PAs) and anaesthesia associates (AAs). System and web upgrades went to plan, enabling registration applications to open on Monday 16 December. The first eligible PAs and AAs were granted registration on 19 December.
- 2** In the run up to regulation we sent a series of emails to PAs and AAs to help them prepare. We also published updates for employers and system leaders. To manage demand on the application team, we adopted a staged approach to inviting PAs and AAs to apply for registration. There were just over 5,000 PAs and AAs on the voluntary registers, all of whom received an invitation to apply for registration by the end of January.
- 3** Following the government's announcement of an independent review into the PA and AA roles, the review Chair, Professor Gillian Leng CBE, held a stakeholder roundtable on 13 December 2024 to set out her approach to the review. We attended alongside representatives from key organisations including the Academy of Medical Royal Colleges (AoMRC), some royal colleges, as well as the British Medical Association, NHS national leadership and PA and AA representative bodies. We are committed to doing all we can to support the review.
- 4** We are awaiting a letter from the Secretary of State to formally announce that the next stage of regulatory reform is happening and how. We are expecting this soon and will then proceed with our work on replacing the Medical Act and AAPA order with new legislation which extends the reformed model of regulation to all GMC registrants.

## People survey 2024

- 5** We have received an updated set of our results. All errors have now been addressed; we are fully confident that the reports are accurate, and these are the results we will be working with from now on.
- 6** Our GMC-wide engagement score, which measures areas such as job satisfaction and whether we would recommend the GMC as an employer, is 72.1 (up 1.3 points from 2023). Colleagues understand how their work aligns with our overall corporate strategy (93%) and there is excellent awareness of the inclusive behaviours that we all need to demonstrate (96%). We score highly on cooperation between teams, and perceptions of senior management have improved.
- 7** As always, there are areas where we should look to improve, especially in our roles as leaders of the organisation. SMT will be using the overall results to consider what themes we should focus our efforts on GMC-wide, while the directorate- and section-specific results will be used to drive improvements in specific areas of the organisation.

**Agenda item M3**

**Chief Executive's report**

## Corporate strategy development

- 8** Our work to develop the next corporate strategy (2026-2030) is on track for sign off by Council before the end of the year. Engagement is well underway across the organisation through discussions and an internal survey. Sessions have also been held with some of our external audiences, with more engagement and testing planned during 2025. We are grateful to Council members for their input to date and will continue to keep Council updated.

## Associate worker status

- 9** Further to a successful employment claim against the NMC by one of their former associates, we have been looking into moving our associates onto a new contract which supports worker status. The financial impact of our obligations will cover four areas: retrospective and prospective holiday pay, and retrospective and prospective pension obligations.
- 10** We are in the process of agreeing our approach to the sequencing and timing of milestones that will lead to the implementation of worker status. This will come to Council for approval in April.

## Parliamentary and stakeholder updates

- 11** On 2 December 2024 we published a statement, with the Department of Health (Northern Ireland), in relation to the Independent Neurology Inquiry. The statement responds to the recommendation that a joint public statement should be issued to clarify the purpose of medical appraisal and revalidation for the benefit of patients and the public.
- 12** On 9 December, we had an introductory meeting with the Welsh Government's new Cabinet Secretary for Health and Social Care, Jeremy Miles MS, and discussed his priorities for the workforce and regulatory reform.
- 13** We met with the Minister for Health in Northern Ireland, Mike Nesbitt, on 18 December 2024. This was an introductory meeting; we discussed workforce challenges and progress on implementing a statutory duty of candour in Northern Ireland.
- 14** In December 2024, specialty and specialist (SAS) doctors in Northern Ireland voted to accept a pay offer, giving SAS doctors on 2021 contracts an annual increase of up to 7.1%. This is on top of the Review Body on Doctors' and Dentists' Remuneration (DDRB) recommended pay uplift of 6% for 2024/25. It also offers a consolidated uplift of £1,400 to each pay point for SAS doctors on 2008 contracts.
- 15** On 9 January, we responded to the Scottish Government's consultation on their five-year palliative care strategy.

**Agenda item M3**

**Chief Executive's report**

## Enterprise resource planning system

- 16** Work to implement a new enterprise resource planning (ERP) system is progressing as planned. We have selected the system to manage our finance system (Dynamics) and we started system development with our third-party provider in January. We are currently evaluating whether Dynamics, with some development, could also support our HR processes. A proof of concept workshop was delivered at the end of January, where people team colleagues could evaluate whether those system developments would meet their needs. We are currently evaluating their feedback. If Dynamics does not meet our requirements, we will conduct a process to select an alternative supplier by the end of April.
- 17** We have three programme audits planned for 2025 and will continue to keep Council and the Audit and Risk Committee updated on this work.

## Enhanced monitoring

- 18** There are currently 23 open cases, with conditions attached to GMC approval to deliver a programme of training at six sites. Whilst we have escalated one case to enhanced monitoring over the past month, we have also resolved three cases in the same period.
- 19** Issues around bullying and undermining in cardio-thoracic surgery training at University Hospital of Wales, Cardiff & Vale University Health Board (QA12275) were identified during a recent visit by Health Education Improvement Wales in November 2024. There are also concerns around trainer capacity and the ability for learners to progress. Due to this, the case was escalated to enhanced monitoring in December 2024.
- 20** We noted improvements in training in acute and emergency medicine at The Princess Alexandra Hospital NHS Trust (QA12244); geriatric medicine at Royal Free Hospital, Royal Free London NHS Foundation Trust (QA12770) and emergency medicine at Hillingdon Hospital, The Hillingdon Hospitals NHS Foundation Trust (QA12768). These cases have all been de-escalated from enhanced monitoring.

## Inquiries and reviews

- 21** In December we submitted a further witness statement to the Thirlwall Inquiry on how we handle retaliatory referrals of doctors raising patient safety concerns or grievances. This was requested by the Inquiry as a result of the testimonies it heard in November and December 2024 and is in addition to the initial witness statement we submitted in March 2024.
- 22** We are in the process of disclosing information to the independent review of maternity services at Nottingham University Hospitals NHS Trust, and continue to engage with the chair, Donna Ockenden. On 1 February, alongside the NMC, we took part in an engagement event for affected families. We presented on how we work with regulatory partners to investigate concerns, and the process for making referrals to us.

**Agenda item M3**

**Chief Executive's report**

## Operational performance

- 23** The update in our performance annex includes the status of our corporate projects. The regulation of PAs and AAs programme hit a major milestone by commencing regulation on 13 December following the making of rules at the last Council meeting, with registration processes going live on 16 December. We have already started to see PAs and AAs registering with us which means we can now begin reporting arrangements. We expect to see our reporting capability improve as data becomes available over time and these groups move through more of our processes.
- 24** Regulatory reform and associate worker status (AWS) remain amber as both await timetables for implementation. The enterprise resource planning (ERP) programme is also amber due to previously needing to divert resources to support the imminent delivery of PA/AA regulation and post-implementation of the MLA, but now both activities have been delivered, resource can be refocused on ERP.
- 25** As the planned work around the new telephony system implementation and training has now been completed, performance against our contact centre KPI to answer 80% of calls within 20 seconds made a rapid recovery in November (81%) as predicted, and continued to meet target for December (84%). In terms of our performance against our media measures, there was more positive media coverage about the GMC in 2024 than in 2023. However, given the significant increase in media coverage of the GMC, the volume of those items with a balanced or neutral tone has impacted on the overall proportion of positive coverage; our negative coverage remains well within target.
- 26** The annexed corporate opportunities and risk register (CORR) has had a number of updates to risk descriptions to incorporate PAs and AAs now that regulation of these two groups has commenced. Other updates include reducing the residual rating for our safeguarding threat from significant to low following the delivery of safeguarding training to staff, and an amendment to the ED&I compliance threat description to recognise the seriousness of non-compliance.

## Finance

- 27** Our operational surplus has exceeded budget by £4.2m by year end. This is a result of expenditure being under budget as the gateway fund and central contingency were only being partially utilised in year. We received less income than budgeted, primarily as a result of fewer Professional and Linguistic Assessments Board (PLAB) candidates sitting the second stage of the test than anticipated, and therefore fewer applications to the register, however there were reductions in expenditure linked to the provision of fewer examination days.

**Agenda item M3**

**Chief Executive's report**

## Executive Board

**28** The Executive Board met on 25 November 2024 and 16 December 2024 and considered the following:

- a** Our 2025 business plan priorities and associated budget.
- b** An update on performance and risk.
- c** Proposals considered by the planning gateway in November and December 2024.
- d** An update on the approach to phase four of the fair employer referrals programme started.
- e** An update on progress of recommendations from our regulatory fairness review.
- f** A paper on the terms of reference, membership, and outputs of the planning gateway process and our 2025 approach.

## Use of the corporate seal during 2024

**29** Annex A2 of the governance handbook requires Council to be updated on an annual basis as to when the corporate seal has been used. During 2024, the seal has been used on the following occasions:

- a** Sealing of two property leases.
- b** Amendment to the specialist fees regulation.
- c** A deed of amendment for the defined benefit pension scheme (change of trustee).
- d** A deed of amendment for the defined benefit pension scheme (amendment to the rules relating to female dependants).
- e** The General Medical Council (Miscellaneous Amendments) Order of Council 2024.
- f** Amendment to specialist fees regulations 2025.
- g** Amendment to registration fees regulations 2025.
- h** The General Medical Council (Applications for General Practice and Specialist Registration) (Amendment) Regulations Order of Council 2024.
- i** The General Medical Council (Registration Appeals Panels Procedure) (Amendment) Rules Order of Council 2024.

# M3 – Annex A - Performance annex

Data presented as at 27 January 2025 (unless otherwise stated)

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

Indicator		Oct	Nov	Dec	Commentary
Operations	Decision on 95% of all registration applications within 3 months	97%	98%	97%	<p><b>Contact Centre:</b> The call target was missed in October at 52%. Performance against this KPI was still being impacted by induction and implementation of the new telephony system. Quality of interactions were rated high throughout which indicates minimal impact to customer experience. Additionally, we made a dramatic recovery in November (81%) and then continued to meet target for December (84%).</p> <p><b>Media coverage:</b> Although we missed our target (45%), there was an increase in our positive media coverage in both November (25%) and December (17%). In 2024 we saw an increase of almost 100% in media coverage of the GMC. This included a much greater number of positive news items than in 2023 (more than 700 additional items) while at the same time receiving less negative coverage (over 200 fewer items). Despite significant improvements in media sentiment compared to 2023, the sheer amount of items with either a balanced or neutral tone has driven down the overall proportion of positive coverage. Additionally, in December, we issued fewer proactive stories during the holiday period which resulted in a lower proportion of positive coverage in this month. Our negative coverage remains well within target.</p> <p><b>Staff Turnover:</b> We continue to see strong retention across the organisation.</p>
	Decision on 95% of all revalidation recommendations within 5 working days	99%	99%	99%	
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	100%	98%	
	Conclude 90% of fitness to practise cases within 12 months	95%	95%	93%	
	Conclude or refer 90% of cases at investigation stage within 6 months	98%	97%	97%	
	Conclude or refer 95% of cases at the investigation stage within 12 months	99%	98%	97%	
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	No Cases	No Cases	
	Commence 100% of Interim Order Tribunal (IOT) hearings within 3 weeks of referral	100%	100%	100%	
	Contact Centre sample survey - % of customers who rated their overall experience and satisfaction at 7 or above (out of 10) – target 80%	81%	81%	80%	
	Contact Centre - Answer 80% of calls within 20 seconds	52%	81%	84%	
	Positive media coverage of GMC (target 45% or above)	5%	25%	17%	
	Negative media coverage of GMC (target 15% or below)	1%	2%	4%	
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 30)	40	42	41	
	75% of doctors intend to change practice following Outreach learning session	79%	79%	79%	
Organisation	2024 Income and expenditure [% variance +/- 4%]	0.57%	0.56%	2.59%	
	Rolling twelve-month staff turnover within 8-12%	7%	6.9%	6.7%	
	IS system availability (%) – target 99.89%	100%	100%	100%	

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

Indicator		2024											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Operations	Decision on 95% of all registration applications within 3 months	98%	98%	98%	99%	100%	99%	99%	99%	98%	97%	98%	97%
	Decision on 95% of all revalidation recommendations within 5 working days	99%	99%	99%	99%	99%	99%	100%	99%	99%	99%	99%	99%
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	100%	92%	94%	98%	98%	98%	97%	96%	100%	100%	98%
	Conclude 90% of fitness to practise cases within 12 months	96%	96%	97%	95%	96%	95%	96%	95%	93%	95%	95%	93%
	Conclude or refer 90% of cases at investigation stage within 6 months	98%	97%	99%	98%	97%	96%	97%	95%	96%	98%	97%	97%
	Conclude or refer 95% of cases at the investigation stage within 12 months	98%	98%	98%	98%	98%	97%	98%	96%	96%	99%	98%	97%
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	No Cases	No Cases	No Cases	No Cases	100%	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	100%	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%
	Contact Centre - % of customers who rated their overall experience and satisfaction at 7 or above out of 10 (target 80%)	85%	84%	81%	85%	82%	80%	80%	81%	82%	81%	81%	80%
	Contact Centre - Answer 80% of calls within 20 seconds	84%	87%	83%	86%	83%	82%	44%	55%	52%	52%	81%	84%
	Positive media coverage of GMC (target 45% or above)	36%	61%	48%	80%	38%	11%	47%	47%	5%	5%	25%	17%
	Negative media coverage of GMC (target 15% or below)	17%	10%	5%	3%	6%	17%	3%	3%	3%	1%	2%	4%
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 30)	40	41	43	35	35	35	37	45%	45%	40	42	41
	75% of doctors intend to change practice following Outreach learning session	77%	77%	81%	80%	82%	78%	79%	78%	78%	79%	79%	79%
Organisation	2024 Income and expenditure [% variance +/- 4%]	+1.83%	+0.44%	+0.66%	+1.27%	+0.34%	+0.71%	+0.5%	+0.96	+0.85	0.57%	0.56%	2.59%
	Rolling twelve-month staff turnover within 8-12%	7.9%	6.8%	7.1%	7.4%	7.3%	6.9%	6.7%	7%	7%	7%	6.9%	6.7%
	IS system availability (%) – target 99.89%	99.96%	99.94%	99.97%	100%	100%	100%	100%	100%	100%	100%	100%	100%

# Corporate Strategy Delivery: Priority activities forecast

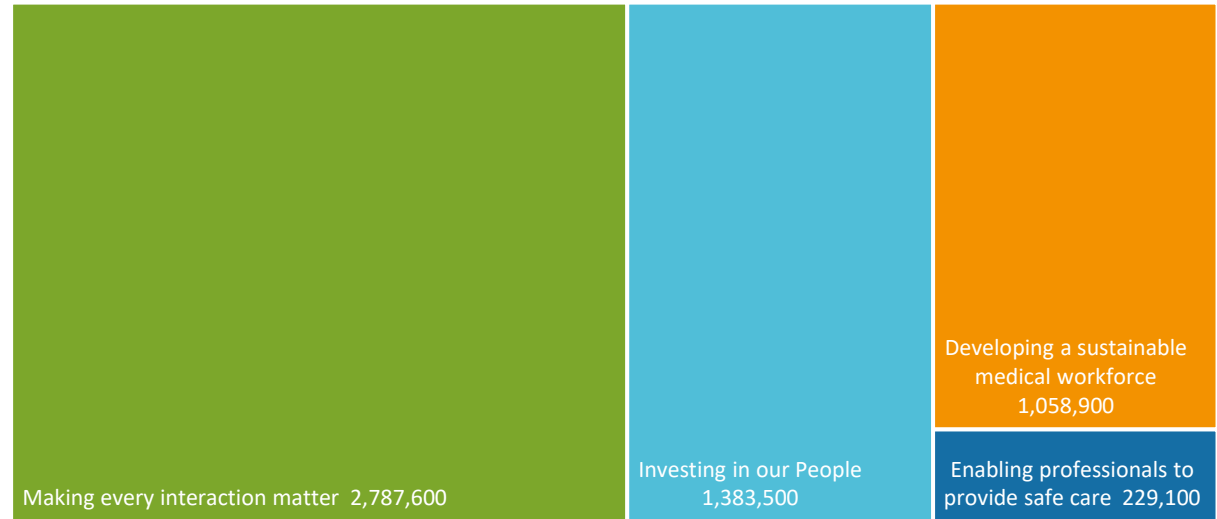
January – December 2025 estimated investment (project team resource)

Our strategy 2021-25

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



Committed project resource for 2025 by Strategic Aim



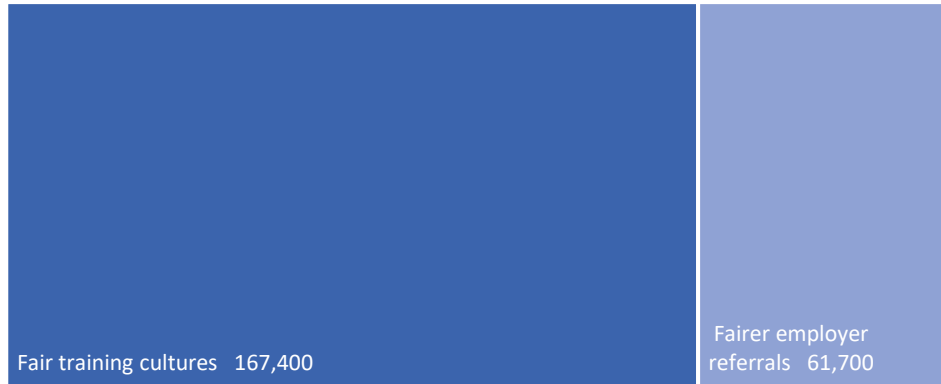
Themes	Project resource costs to deliver corporate priorities (£)
Making every interaction matter	2,787,600
Developing a sustainable medical workforce	1,058,900
Enabling professionals to provide safe care	229,100
Investing in our people	1,383,500
<b>Total</b>	<b>5,459,100</b>

# Corporate Strategy Delivery: Priority activities forecast

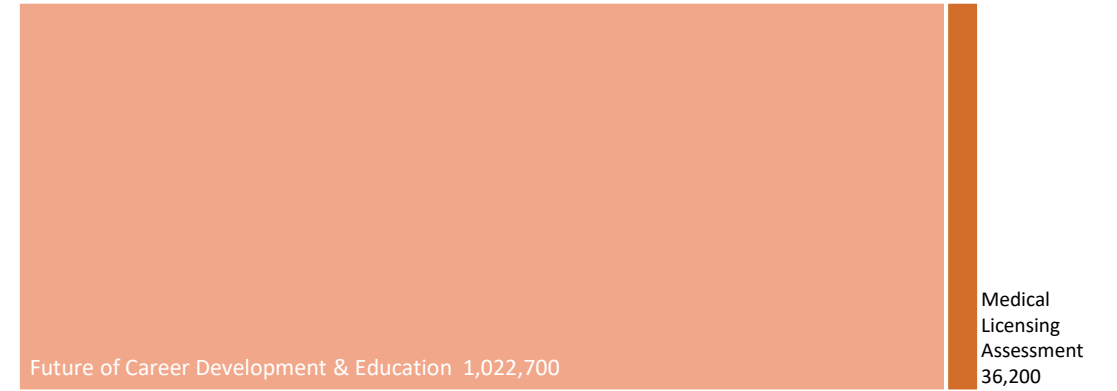
January – December 2025 estimated investment (project team resource costs only)



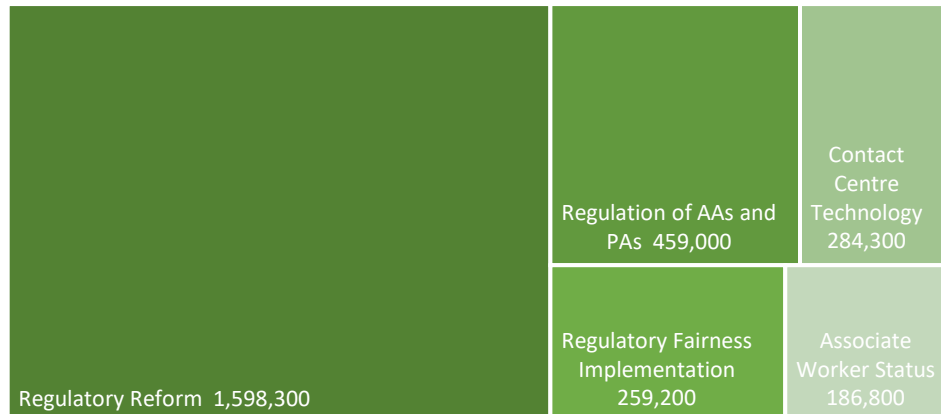
Enabling professionals to provide safe care



Developing a Sustainable Workforce



Making every interaction matter



Investing in our people



# Physician Associates and Anaesthesia Associates

PA and AA registrant numbers		
	Number on voluntary register at 30 January 2025	Number registered as at 30 January 2025
Physician Associate	5,092	120*
Anaesthesia Associate	153	9

\*2 registered with an International Registrable Qualification. All others UK qualified.

PA and AA applications	Physician Associates		Anaesthesia Associates	
	Applications Received	Applications Granted	Applications Received	Applications Granted
Transition Voluntary Register	879	113	45	9
UK Qualification (Direct cohort UK Qual)	28	7	-	-
Non-standard UK qualification (Non-Standard UK Qual)	-	-	-	-
International (INT Reg Application)	-	-	-	-
<b>Total</b>	<b>907</b>	<b>120</b>	<b>45</b>	<b>9</b>

*Campaigns will run throughout January to encourage PAs and AAs to join our register. It is too early to identify any trends with the data, but in time, we will provide more detailed commentary on these measures.*

*Data correct as of 30 January 2025.*



# 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

2024 Priority change activities		RAG	Status
Fairer Employer Referrals (FER)	<p><b>Why?</b> To eliminate differentials in employer fitness to practise referrals.</p> <p><b>When:</b> by 2026 <b>Who:</b> Anthony Omo, Anna Rowland</p>		<p>An FER deep dive paper was presented to Council on 5 December. Council approved the programmes progress and future plans with minor feedback.</p> <p>Further work has been carried out to assess interdependencies affecting changes to the responsible officer (RO) referral form by FER, Regulation of PAs and AAs, and Regulatory Reform</p>
Fair Training Cultures	<p><b>Why?</b> To deliver on our commitment to eliminate discrimination, disadvantage and unfairness for all index measures of fair medical education and training pathways.</p> <p><b>When:</b> September 2031 <b>Who:</b> Colin Melville</p>		<p>The main priority for December was the presentation of the annual deep dive Council paper at the meeting on the 5 December where Council confirmed their support for phase 2.</p> <p>We successfully delivered a presentation at the Academy of Medical Royal Colleges and GMC Presidents Meeting on the 12 December with discussions focusing on how we can continue to work together, sharing good practice, the challenges and how we can work better together to overcome them. Additionally, during December we met with external stakeholders working on key initiatives including Educator Training and Cultural Competence for Medical Students. We continue planning for phase 2 of the programme and socialising our initial plans with internal colleagues.</p>



## Developing a sustainable medical workforce

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

2024 Priority change activities		RAG	Status
Future of education and career development (FutureEd)	<p><b>Why?</b> We have a statutory duty to regularly review our education framework, including our standards, outcomes, and guidance. We want to work with partners to ensure that our new framework has the greatest positive impact for the public and the profession.</p> <p><b>When:</b> Q4 2029 <b>Who:</b> Colin Melville, Phil Martin, Nico Bridge</p>		<p>The GMC symposium in November 2024 was focused on the work of this programme and was successful in enabling us to hear from different groups of stakeholders on our strategic themes, start conversations, and create some of the future engagement opportunities that will be essential as we proceed.</p> <p>We are still on track to meet the recommendations of the BDO internal audit around planning and programme controls by the end of January. We have also undertaken a stocktake of the programme and are about to deploy an internal restructure which will see us merge some workstreams to improve efficiency and overall effectiveness.</p> <p>The next status report will feature more details of 2025 activities linked to the plan we are currently developing, including a series of measurable objectives.</p>
Introducing the Medical Licensing Assessment (MLA)	<p><b>Why?</b> We want to give patients greater confidence that they will receive a consistent level of core knowledge, skills and behaviours from any doctor practising in the UK. UK medical schools will deliver the Assessment embedded within final exams for a UK medical degree, overseen and regulated by us, and we will administer the assessment for IMG doctors.</p> <p><b>When:</b> Q2 2025 <b>Who:</b> Colin Melville, Nico Bridge</p>		<p>Sittings of the Medical School Council's (MSC) Applied Knowledge Test (AKT) took place on 14 and 15 January, for students at UK medical schools who will take final exams in their final year of study. The next MSC AKT Board meeting to ratify the results will take place on 31 January. Meetings of the MLA steering group and MLA expert working group have been scheduled. The MLA steering group is a regular meeting for information sharing and reporting across all teams carrying out MLA functions. The Expert working group is a reactive group that meets on an ad-hoc basis if acute situations in exam delivery arise, e.g., technical issues. This should act as a good test of our proposed approach to monitoring MSC AKT sittings as BAU.</p> <p>Five out of ten MLA transition workstreams have now closed and work is operating as BAU (delivery of an MLA compliant PLAB, MLA data and reporting, MLA evaluation, MLA policy, MLA framework). Four other workstreams are approaching completion (ongoing assurance, acute situations/change management, MLA comms and engagement, MLA strategy). Considerable work is still underway to quality assure and check compliance of MLA delivery by medical schools and PLAB. Notably, in recent weeks, the Quality Assurance and Monitoring Improvement (QAMI) team have received updates from medical schools on the actions they have taken in response to the recommendations within their compliance reports. Likewise, programme/transition project closure activities are continuing with work on lessons learned, closure reports and programme decision logs, as well as practical change management such as closing Microsoft Teams channels, inboxes and managing other remaining transitional arrangements. We also held several 'Introduction to the MLA workshops' to brief any internal colleagues interested on the background to and ongoing work on the MLA, in particular colleagues in teams who would be assuming the functions of the MLA as a business-as-usual activity. We responded to the recommendations of the internal audit report for the transition project. We intend to attend Gateway in March 2025 to formally close the MLA programme and have already begun the redeployment processes for several team members.</p> <p>Alongside the transition project, work continues on the MLA as BAU. The authors of the thematic report recently met with Directorate Leadership Team and should be completing a full first draft imminently. Former MLA team members within Education Policy are continuing to triage responses to the content map review and intend to present their proposed changes to the next Content Map Advisory Group in February. The Research team will launch the tender for the MLA evaluation during January 2025.</p>



## Making every interaction matter

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

2024 Priority change activities		RAG	Status
Regulatory Reform	<p><b>Why?</b> To improve the design and delivery of our functions so that we can be more responsive to the changing needs and expectations of patients, the health system, and the professions.</p> <p><b>When:</b> Expected by Q4 2025 (dependent on when DHSC consult on the Medical Professions Order and lay this in parliament). <b>Who:</b> Shaun Gallagher; Tim Aldrich</p>		<p>The overall rating for the programme is amber. The work that we are leading to develop the legislative framework required for PA and AA regulation was successfully completed on 13 December. However, we still await an agreed scope and timetable from the Department of Health and Social Care (DHSC) on progressing with the GMC Order (which will replace the AAPA Order and the Medical Act).</p>
Regulatory Fairness Implementation	<p><b>Why?</b> 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.</p> <p><b>When:</b> Q4 2025 <b>Who:</b> Shaun Gallagher, Claire Light</p>		<p>Although we are progressing to implementation, the amber rating reflects continuing resourcing issues with the programme. In December 2024 the programme board approved a revised risk register which had been proposed by the Regulatory Reform PMO following their own review of project activities. During January, discussions will take place to identify how to take forward the findings of the recent project governance review conducted by the Business Planning and Reporting team. Further planning took place in December 2024 on defining the granularity of the key milestones for each element of the project roadmap. The next key milestone is the submission of implementation plans from each directorate by the end of January, which will contain activities to further strengthen assurance measures for fairness and bias in high impact regulatory decision (HIRD) activities; however, capacity issues may mean that some directorates will need to prioritise a smaller number of HIRDs, particularly those with more. In April, directorates will be drafting resourcing bids for Gateway consideration in June to support implementation.</p>
Contact Centre Technology	<p><b>Why?</b> Our vision is to deliver an outstanding experience to our customers with every interaction. To help deliver this we will adopt efficient technology which allows us to understand and meet our customers' needs and report on their experience.</p> <p><b>When:</b> by 2026 <b>Who:</b> Una Lane, Lindsey Westwood, Rachel Mooney</p>		<p>The rating remains amber due to the ongoing supplier issue with Genesys professional services. We continue to hold conversations with Genesys, to finalise a quote for the IS led work stream for phase 2, which was delayed in the run up to Christmas due to our Genesys contact being on leave. However, the draft quote currently sits within the region of the original forecasted estimate, and we are in the process of finalising the quote as a priority in January 2025. The programme will stay amber until timelines for the delivery of workstream 1/phase 2 are confirmed following the design and planning workshops being run by our IS project manager and Genesys. Due to the professional services supplier issue impacting our ability to move forward with workstream 1/phase 2 planning, this could have an impact on our overall timelines for the programme. We aim to have the design workshop schedule confirmed with Genesys in January 2025.</p> <p>The Contact Centre Telephony system has been successfully transitioned to BAU and the remaining telephony lines (FTP, Registration Complaints, and Information Access) have also been migrated to Genesys. We will be decommissioning the remainder of our Maintel services in January 2025, and this will mark the completion of phase 1. The project board has approved a new set of project governance terms of reference documents, which clearly set out the revised board and workstream governance arrangements moving forwards as the project expands in complexity. We are aiming to complete our high-level project planning phase by the end of January 2025. The project board approved the recommendation to continue working with Genesys for our next phase of work. This will have a focus on messaging between the Contact Centre and our customers and will be based on improved SLA assurances detailed in an options paper at their December meeting. Our IS project manager is in the process of finalising the detailed Statement of Work and quote with Genesys for phase 2 which will enable us to move into phase 2 planning and delivery.</p>



## Making every interaction matter

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

2024 Priority change activities		RAG	Status
Associate Worker Status	<p><b>Why?</b> 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.</p> <p><b>When:</b> Interim Solution expected by end of 2025, final solution implementation dependent on ERP programme <b>Who:</b> Neil Roberts, David Donnelly</p>		<p>Within this period, we held a project board where we discussed key dates and timings for implementation. The board agreed that we would develop this further and take our implementation approach to Executive Board in February 2025 and to Council in April 2025 for approval. We also held a case conference with a Kings Counsel on 19 December to gain specialised advice around the legal position on backdated holiday pay. We held initial conversations internally around development requirements for existing systems and these will be continued with planned workshops in January around the proposed interim solution. We monitored the responses we received to the NMC's announcement around worker status, and in line with the principles we had developed, we responded individually to those who contacted us. These were a small number of associates from one specific area of the business.</p>
Regulation of Anaesthesia Associates (AAs) and Physician Associates (PAs)	<p><b>Why?</b> To expand the medical workforce and the contribution by our professionals to quality patient care, while continuing to safeguard patients. We will deliver equivalent statutory functions across MAPs and doctors.</p> <p><b>When:</b> End of 2024 <b>Who:</b> Una Lane; Clare Barton</p>		<p>On Friday 13 December the GMC became the regulator for PAs and AAs following an extraordinary meeting for Council to make rules. Registration applications opened as advertised on 16 December, and the first eligible PAs and AAs were granted registration on 19 December. To manage demand, we have adopted a staged approach to inviting PAs and AAs to apply for registration. As of 31 December, we issued 64 invitations and granted registration to 10 PAs and 5 AAs, with a further 20 applications in assessment. There were just over 5,000 PAs and AAs on the voluntary registers, all of whom will receive an invitation to apply for registration by the end of January.</p>



## Investing in our people to deliver our ambitions

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

2024 Priority change activities		RAG	Status
Enterprise Resource Planning (ERP)	<p><b>Why?</b> To implement new HR/ Finance and Payroll solutions to replace the existing Agresso system which will withdraw its support at the end of 2026.</p> <p><b>When:</b> Q3 2026 <b>Who:</b> Neil Roberts, Sunil Kapur, David Donnelly, Rachel Mooney</p>		<p>The overall amber rating reflects both resource challenges and the high number of risks around the programme. During the last period, there were conflicting resource demands which required support to be diverted to other programmes (e.g. the introduction of PA and AA regulation and Agresso upgrade early life support.) This has delayed the mapping and sign off of the 'as-is' Finance processes although HR process mapping remains on track. To minimise the impact of the delay, we are sequencing the work to align with the discovery workshops with Inciper, who we are working with to deliver the project</p> <p>MS Dynamics 365 Finance implementation: The business analysis workstream for Finance continues with 9/13 core finance process areas underway and 12/18 fees and billing activities underway and 2 completed. Overall, we are over 16% complete on the scope of this work. As team members have been engaged on other key GMC programmes of work during 2024 (Regulations of PAs and AAs and Agresso upgrade), progress has been slower, but as these key programmes have now gone live, this should allow the team to re-focus on ERP. We are currently identifying ways to increase the pace of this work to support the solution discovery phase with Inciper during Q1 2025 to keep the finance implementation on track. We also completed pre-engagement workshops in Q4 2024 and finalised the required security assessments and contract documentation to enable us to formally kick off the Finance implementation in Jan 2025 as planned. All GMC technical resources are now secured.</p> <p>HR discovery: This work remains on track. During December, the project focused on finalising the mapping of the HR and Payroll process mapping, achieving 95% completion. This milestone supports upcoming activities including supplier engagement and system selection for HR and Payroll systems. Significant progress was also made in transferring documentation into Confluence (a collaboration and communication tool), with 24% of HR processes completed and 25% in progress, ensuring alignment with project goals and timelines. Confluence is where we hold all in-scope process information. Looking ahead, key activities include the review of Dynamics proof of concept on 23 January and the continuation of the system selection processes. Supplier engagement is planned for February and March. Milestones are currently being updated.</p>



# RECRUITMENT – DIVERSITY TARGETS

Underlying measures and targets		Actual				Target		
		2023 (%)	2023 (Vol)	2024 <sup>1</sup> (%)	2024 <sup>1</sup> (Vol)	End of 2024	% points off 2024 target	2026
Increase the level of minority ethnic representation at Level 3 and above	Applications	34.9%	430	42.1%	524	28%	+ 14.1	30%
	Interviews	20.1%	52	24.5%	52	23%	+ 1.5	25%
	Offers	14.8%	8	13.2%	5	18%	- 4.8	20%
	Workforce	13.9%	90	13.6%	91	17.5%	- 3.9	20%
level of minority ethnic representation at Level 2+		12.6%	27	12.9%	28	16%	- 3.1	20%
level of minority ethnic representation at level 3		14.6%	63	14.0%	63	17.5%	- 3.5	20%
Increase the level of minority ethnic representation at all levels	Applications	45.3%	2,370	53.1%	2,867	38%	+ 15.1	40%
	Interviews	30.7%	329	37.2%	327	33%	+ 4.2	35%
	Offers	23.2%	66	28.9%	56	28%	+ 0.9	30%
	Workforce	18.7%	317	19.5%	338	18%	+ 1.5	20%
Reduce differential turnover rates for minority ethnic staff compared to the average to improve retention and for rates to be within 1.5% of each other by end of 2024		2.2%	-	Minority ethnic backgrounds (%)	White background (%)	1.5%	% points between groups	1.0%
				10.6%	6.0%		4.6	
Proportion of minority ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level		- 2.9%	-	Minority ethnic backgrounds (%)	White background (%)	2%	% points between groups	2%
				7.8%	8.9%		1.1	
Pay differentials within a confined band limited to 2% <sup>2</sup> <i>(table shows the proportion of bands that are inside of the +/-2% tolerance)</i>		83.3%	10/12	58.3%	7/12	12/12		12/12

<sup>1</sup> Rolling 12 month period used to the end of the reporting month

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

# Financial summary (December)

Financial summary as at December 2024	Budget 2024	Actual 2024	Variance	
	£000	£000	£000	%
Operational expenditure	(149,745)	(144,309)	5,436	4%
Capital expenditure	(12,160)	(12,426)	(266)	(2)%
<b>Total expenditure</b>	<b>(161,905)</b>	<b>(156,735)</b>	<b>5,170</b>	<b>3%</b>
Operational income	164,693	163,707	(986)	(1)%
<b>Operational surplus</b>	<b>2,788</b>	<b>6,972</b>	<b>4,184</b>	

Financial summary as at December 2024	Budget 2024	Actual 2024	Variance	
	£000	£000	£000	%
Investment income	1,000	576	(424)	(42)%
Investment management fees	(290)	(288)	2	1%
<b>Net investment return</b>	<b>710</b>	<b>288</b>	<b>(422)</b>	

<b>Total surplus</b>	<b>3,498</b>	<b>7,260</b>	<b>3,762</b>	
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The value of our holdings with CCLA at the end of 2023 were £61.6m, the value at the end of December is £61.9m.

# Financial detail (December)

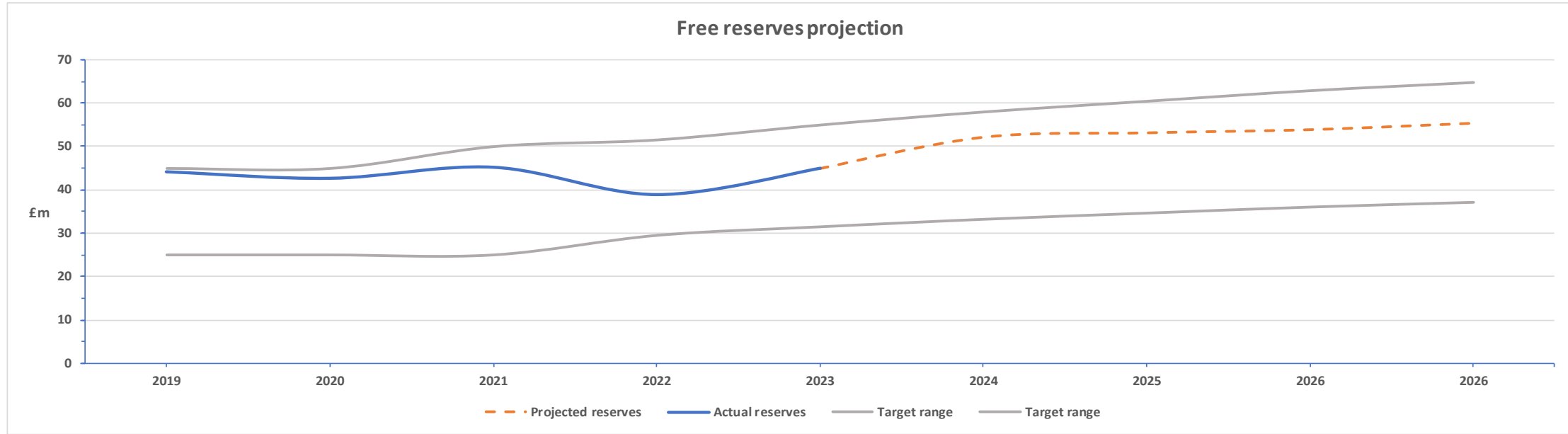
Expenditure as at December 2024	Budget 2024	Actual 2024	Variance	
	£000	£000	£000	%
Staff costs	90,448	90,333	115	0%
Staff support costs	3,991	3,990	1	0%
Office supplies	1,307	864	443	34%
IT & telecoms costs	7,008	6,978	30	0%
Accommodation costs	9,830	9,000	830	8%
Legal costs	3,704	4,153	(449)	(12)%
Professional fees	3,193	3,100	93	3%
Council & members costs	471	454	17	4%
Panel & assessment costs	21,205	19,973	1,232	6%
Associate fee changes	1,020	1,020	0	0%
PSA Levy	938	944	(6)	(1)%
Contingency fund	1,217	0	1,217	0%
Gateway fund	1,913	0	1,913	0%
Pension top up payment	3,500	3,500	0	0%
<b>Total operational expenditure</b>	<b>149,745</b>	<b>144,309</b>	<b>5,436</b>	<b>4%</b>

Income as at December 2024	Budget 2024	Actual 2024	Variance	
	£000	£000	£000	%
Annual retention fees	121,155	122,208	1,053	1%
Registration fees	8,594	7,233	(1,361)	(16)%
PLAB fees	26,744	25,335	(1,409)	(5)%
Specialist application CCT fees	3,608	3,918	310	9%
Specialist application CESR/CEGPR fees	2,068	2,079	11	1%
Interest income	2,030	2,532	502	25%
Other income	494	402	(92)	(19)%
<b>Total Operational Income</b>	<b>164,693</b>	<b>163,707</b>	<b>(986)</b>	<b>(1)%</b>

# Finance - GMCSI summary (December)

GMCSI summary as at December 2024	Budget 2024	Actual 2024	Variance	
	£000	£000	£000	%
GMCSI income	477	399	(78)	(16)%
GMCSI expenditure	(452)	(386)	(66)	15%
<b>Profit/(loss)</b>	<b>25</b>	<b>13</b>	<b>(12)</b>	

# Finance – financial stability monitoring



Risk factor	Long term assumption	Current analysis	Individual trigger point	Multiple trigger point*
PLAB volumes	Stable volumes including utilisation of 4th circuit	Demand declining for PLAB 2, and softening of demand for PLAB 1 - impact uncertain	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	4.5% per year	3.9%	Reduction to 1.5%	Reduction to 3.5%
Investments	£1m benefit per year	£0.6m gain to December 2024	Reduction of £9m	Reduction of £3m
3rd party cost increases	4.0% per year	CPI rate - December 2024 - 2.5%	10% per year	6% per year
Staff vacancy rate	4.3% per year - based on budget values	4.4%	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

# Finance – Investment Committee update

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

- \* Our objective is to protect against the erosion of capital by inflation
- \* Our target annual return is CPI plus 2% measured over 5 year rolling periods.
- \* Our benchmark for assessing performance is based on 15% Global Equities/75% Fixed Income/10% Property
- \* Ethical exclusions where companies are excluded if greater than 5% of Turnover for Tobacco/Alcohol/Gambling/Pornography/High Interest rate lending/Cluster munitions and landmines/Extraction of thermal coal

## Performance Overall

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

As at 30 September 2024*	Performance Period			
	3 Months	12 Months	3 Years (p.a)	5 Years (p.a)
Our Actual Portfolio	2.6%	11.5%	2.5%	3.7%
Target: CPI + 2%	0.6%	6.1%	8.1%	6.3%
Benchmark	1.6%	10.2%	(2.7)%	(0.5)%
Actual minus Target	2.0%	5.3%	(5.6)%	(2.7)%
Actual minus Benchmark	1.1%	1.3%	5.2%	4.2%

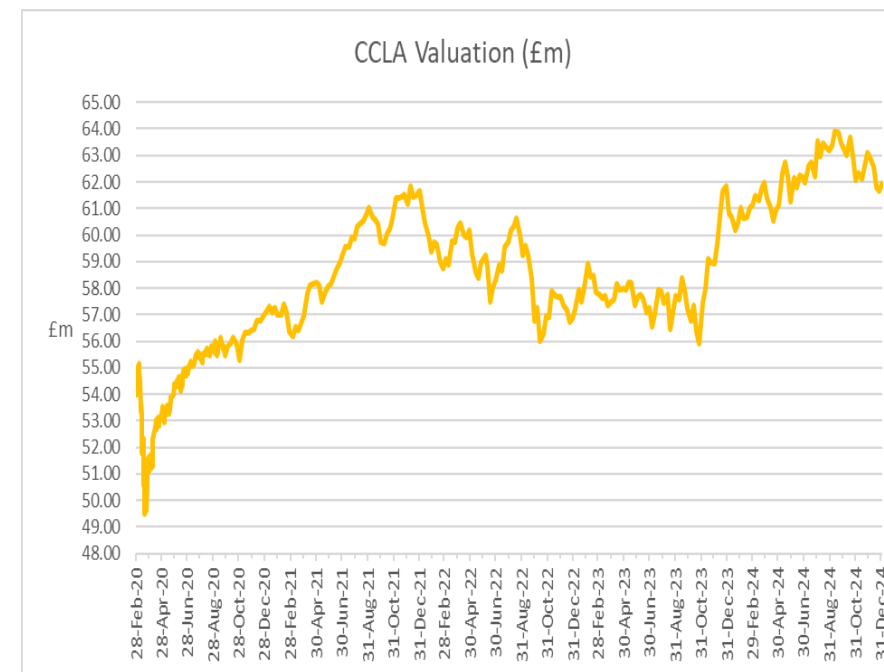
As the table shows over the 12 months to 30/09/2024 the portfolio has delivered a return of 11.5% and an average of 2.5% p.a. over the past 3 years, which is below target over the 3 years but above in a 12 month period. However, when compared to the benchmark performance, which we also monitor against, the outcome is a consistently positive one, with outperformance of 1.3% and 5.2% p.a over 12 months and 3 years respectively. The 5 year average, shows us once again falling below target by 2.7%, but once again exceeding our benchmark group by some 4.2% p.a.

The latest detailed performance data provided by CCLA is as at the end of Sept. At this point, the fund value was £63.4m and the value as at the end of the year is approx. £61.9m.

\*Awaiting December performance data from CCLA

## Holdings as at 31 December 2024 (reflected in the graph below)

	£millions	%
Alternatives	11.3	18.2%
Cash	3.3	5.3%
Equity	8.3	13.5%
Fixed Interest	39.0	63.1%
Total	61.9	100.0%



# Litigation overview for Q4 2024

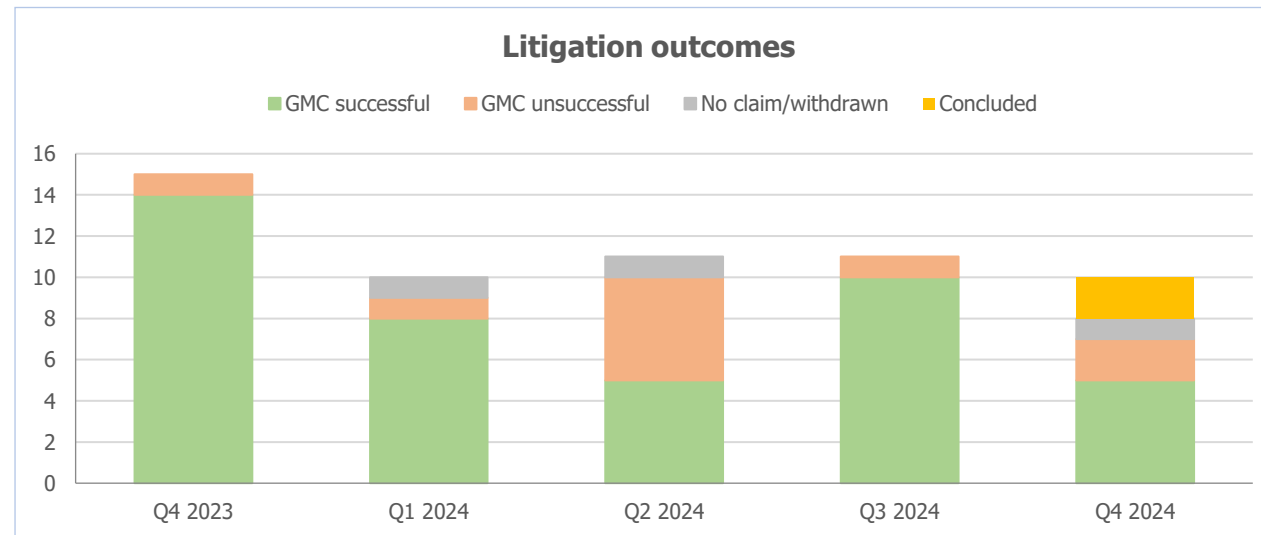
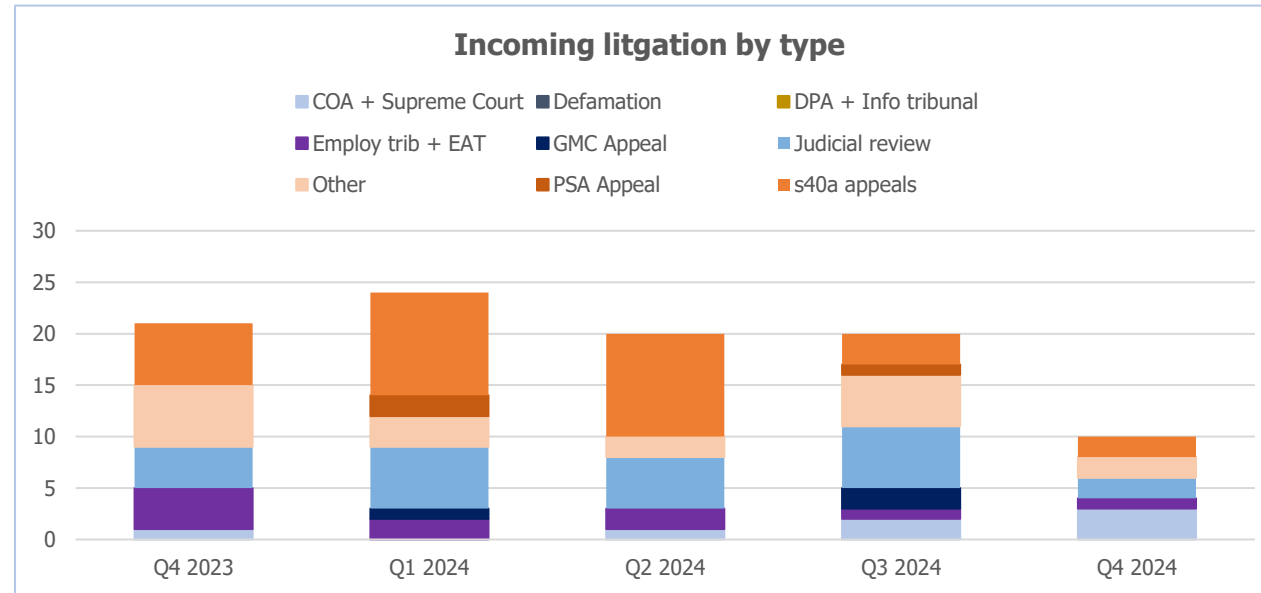
## Reporting criteria from Q4 2024

Data is pulled on the first working day of the quarter. For Q4 2024, this was 3 January 2025.

For the purpose of this report (from Q4 2024), 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 3 January 2025, we had 55 open litigation matters (after exclusions) – 8 of these were new incoming matters in Q4 2024.

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 Q4 2024: 13

### 9 = GMC Successful

- X5 = s40 (doctor) Appeals
- X1 = Judicial Reviews
- X1 COA Appeal
- X1 Other
- X1 Employment Tribunal

### 2 = GMC unsuccessful

- X1 PSA Appeal
- X1 s41A – 10 IOT challenge

### 2 = Withdrawn

- X1 Other
- X1 s41A – 10 IOT challenge

# Corporate Opportunities and Risk Register - January 2025

Risk ID	Title / Opportunity	Category	Detail	Owner	Timeline	Impact	Probability	Mitigation/Enhancement	Control and/or Board Assurance	Assurance	Further Action Detail	Risk Appetite	
148	IT Industry Cloud System 26/1/2023	Technical	Due to IT software vendors becoming more aggressive in their drive towards cloud hosted subscription based solutions, there is a risk that we will not be able to pay due to the deeply embedded nature of our products and the critical factors that they perform. Furthermore, vendors whose products that we currently source via a procurement team may adopt an aggressive tactic of withdrawing support to force a move to cloud hosted subscription based hosted solutions for their customers.	Neil Hudson	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>A cross-organisational programme board, reporting to Executive Board, is in place to oversee the significant process change and system migration.</li> <li>A new license system has been selected and work is underway with the vendor.</li> <li>A new license system has been selected and work is underway with the vendor.</li> <li>Processes are in place to ensure we are able to pay for the software licenses for the future in a bid to have lessors and avoid commercial failure.</li> <li>Processes are in place to ensure we are able to pay for the software licenses for the future in a bid to have lessors and avoid commercial failure.</li> </ul>	REGULARLY	REGULAR	<b>Risk and Issue Committee</b> <ul style="list-style-type: none"> <li>EDD Implementation - Governance and programme arrangements review - September 2024.</li> </ul>	<ul style="list-style-type: none"> <li>Further programme audits planned for 2025.</li> </ul>	Medium
158	PA and AA Regulation 26/1/2023	Customer	Due to the wide range of views in the external environment on the role of AA and PA in the workforce, our ability to continue to deliver services to our customers is at risk. We are working with our customers to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.	Shawn Gallagher	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<ul style="list-style-type: none"> <li>Government acknowledged in its announcement of the Reg review on 20 November 2024 that regulation would be proceeding as planned from 13 December.</li> </ul>	Low	
76	MLA first live cases - compliance and economic planning 18/01/2024	Technical	If a significant incident occurs, such as a connectivity or online security problem for the online MLA, this could affect the delivery of a complete MLA assessment for medical school students affected, which could risk insulating the GMC being awarded by those medical schools.	Cain Heale	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>MLA Transition to BAI (2021), green-amber for control design, green-amber for control effectiveness.</li> </ul>	<ul style="list-style-type: none"> <li>We will have individual and regular contact with schools as part of routine assurance and oversight to check contingency planning and test the risk checks and the MLAs in June 2024 and plan to use existing QPAs meeting to meet schools who will be the MLAs in August 2024.</li> <li>From the regular contact maintained with the GMC to ensure GMC understands GMC approach to regulatory oversight and assurance, reinforced by Senior Oversight Group meetings as required.</li> </ul>	Low
62	Regulatory reform - introducing reforms for doctors 04/05/2023	Strategy / Policy	There is a risk that external factors such as limited GMC resources and the proximity of a general election could impact the delivery of the next phase of regulatory reform. We are working with our customers to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.	Shawn Gallagher	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>The Reg review has been verbally discussed at various points over the past 12 months at Council meetings, making Council aware of the progress.</li> </ul>	Low	
20	Regulatory Reform 06/03/2020	Strategy/Policy	There is a risk that we do not secure and deliver the full range of benefits that the reforms present.	Shawn Gallagher	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Completed checks completed in Sep 2022, June 2022, March 2022, Nov 2021, Aug 2021 and Sep 2021.</li> <li>Provided an update on progress and programme timelines, an overview of our initial findings on draft GMC Order and plan for responding to GMC's consultation when the green live - 1 Nov 2023.</li> <li>Provided an update on progress and programme timelines, an overview of our initial findings on draft GMC Order and plan for responding to GMC's consultation when the green live - 1 Nov 2023.</li> </ul>	<ul style="list-style-type: none"> <li>We are prepared to continue to include concerns to ensure GMC's efforts are appropriate.</li> <li>Where necessary, we will continue to engage with GMC to ensure that we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	Medium
59	Safeguarding at GMC 12/01/2022	Reputational	Failure to meet our safeguarding obligations by having robust processes in place to protect our patients and staff from harm.	Neil Hudson	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Completed checks completed in Sep 2022, June 2022, March 2022, Nov 2021, Aug 2021 and Sep 2021.</li> </ul>	<ul style="list-style-type: none"> <li>Reporting thresholds will be changed to include colleagues reporting cases of suicide ideation to the safeguarding team. This includes colleagues who are concerned that someone has suicide ideation, but not directly engaged, or cases where someone directly states they have suicide ideation. This change will start to take place from January 2025.</li> </ul>	Low
112	Uncertainty around our technology and NHS England 31/03/2023	Operational	NHS England's regional quality management workforce has reduced its capacity to support the delivery of the NHS England's Quality Improvement Programme (QIP) in 2023. This may impact the GMC's ability to deliver services to our customers in a way that is consistent with the regulatory environment.	Cain Heale	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<ul style="list-style-type: none"> <li>Share self-organising on regional challenges with NHS senior leaders in bilateral meetings and seek formal assurance of support for GMC functions.</li> <li>Work with Technology Assurance Bodies in four countries to ensure a document covering GMC requirements of programme delivery.</li> </ul>	Medium	
227	Pension Deficit 21/08/2020	Financial	Due to economic instability, both asset and liability value of the pension scheme has reduced (assets to a greater extent). This could affect our ability to meet our obligations to our members.	Neil Hudson	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<ul style="list-style-type: none"> <li>Strategy risk will be set as an internal valuation - Trustees continue to review updates on investment performance. The next formal valuation date is 31/12/2024.</li> </ul>	Medium	
33	Welsh Language Implementation 28/02/2024	Legal	Since 6 December 2023 the GMC has been subject to the Welsh Language Standards (WLS) Regulations 2022 by the Welsh Language Commissioner. We are working with our customers to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.	Paul Reynolds	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Completed checks completed in Sep 2022, June 2022, March 2022, Nov 2021, Aug 2021 and Sep 2021.</li> </ul>	Low	
100	EDM1 Compliance 17/05/2020	Strategy / Policy	The measures in place to demonstrate compliance with the regulatory requirements are robust and effective. We are working with our customers to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.	Shawn Gallagher	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Completed checks completed in Sep 2022, June 2022, March 2022, Nov 2021, Aug 2021 and Sep 2021.</li> </ul>	<ul style="list-style-type: none"> <li>Develop new decision making principles (published in Oct 2020) and consider key decision points in our current processes for professional regulation. This includes considering the role of decision making in our current processes for professional regulation. This includes considering the role of decision making in our current processes for professional regulation.</li> </ul>	Low
148	Delivery of our core statutory functions 31/03/2020	Operational	If we fail to deliver our core statutory functions, there is a risk that we will not be able to meet our obligations to our members.	Charlie Penne	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Completed checks completed in Sep 2022, June 2022, March 2022, Nov 2021, Aug 2021 and Sep 2021.</li> </ul>	Low	
149	Availability of resources 31/03/2020	Resource	If we do not secure and deliver the full range of benefits that the reforms present.	Neil Hudson	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Completed checks completed in Sep 2022, June 2022, March 2022, Nov 2021, Aug 2021 and Sep 2021.</li> </ul>	Medium	
100	Ability to work with other regulators 31/03/2020	Strategy/Policy	If we are unable to work collaboratively with other regulators, there is a risk that we will not be able to meet our obligations to our members.	Paul Reynolds	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Completed checks completed in Sep 2022, June 2022, March 2022, Nov 2021, Aug 2021 and Sep 2021.</li> </ul>	<ul style="list-style-type: none"> <li>We will hold a seminar with Council about our approach to managing our relationships with other stakeholders. This seminar will be held in July 2025.</li> </ul>	Medium
102	Unplanned events 31/03/2020	Reputational	The impact of an event in the external or internal environment could affect our ability to deliver services to our customers in a way that is consistent with the regulatory environment.	Neil Hudson	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Completed checks completed in Sep 2022, June 2022, March 2022, Nov 2021, Aug 2021 and Sep 2021.</li> </ul>	Medium	
151	Responding to a changing environment 31/03/2020	Strategy / Policy	Ability to respond effectively to changes in the external environment, including regulatory, healthcare and wider social impact changes, could mean our influence and relevance is reduced.	Paul Reynolds	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Completed checks completed in Sep 2022, June 2022, March 2022, Nov 2021, Aug 2021 and Sep 2021.</li> </ul>	High	
224	EDM1 Strategic Ambition 02/02/2021	Strategy/Policy	The actions we take to influence change across the health and education systems, and within the GMC, do not deliver progress as a pace to meet our strategic EDG targets, widening the areas of inequality.	Shawn Gallagher	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Completed checks completed in Sep 2022, June 2022, March 2022, Nov 2021, Aug 2021 and Sep 2021.</li> </ul>	<ul style="list-style-type: none"> <li>GMC sustainability statement is currently being drafted, this will demonstrate a broad statement in time and frame our offering around sustainability - Oct 2024.</li> </ul>	Medium
22	Deriving more insight from our data capability 31/03/2020	Strategy / Policy	Developing, sharing and working with others using our insight capability to deliver services to our customers in a way that is consistent with the regulatory environment.	Shawn Gallagher	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Completed checks completed in Sep 2022, June 2022, March 2022, Nov 2021, Aug 2021 and Sep 2021.</li> </ul>	<ul style="list-style-type: none"> <li>Enhancing and providing substantive EDM data for EDG and to identify inequalities in relation to GMC.</li> <li>Developing a plan for our data to allow more interactive and self-aware.</li> </ul>	High
59	Corporate Social Responsibility 26/1/2022	Reputational	There is a potential opportunity for the GMC to lead the health regulatory sector in identifying, delivering and sharing how to meet our obligations to our members.	Jane Durrin	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Completed checks completed in Sep 2022, June 2022, March 2022, Nov 2021, Aug 2021 and Sep 2021.</li> </ul>	<ul style="list-style-type: none"> <li>GMC sustainability statement is currently being drafted, this will demonstrate a broad statement in time and frame our offering around sustainability - Oct 2024.</li> </ul>	High
28	Working with patients and public 31/03/2020	Operational	Understanding and improving the experiences which patients and the public have in relation to our regulatory services and ensuring they are able to deliver services to our customers in a way that is consistent with the regulatory environment.	Paul Reynolds	ONGOING	REGULARLY	LOW	<b>Key Controls</b> <ul style="list-style-type: none"> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> <li>Processes in place to ensure we are able to deliver services to our customers in a way that is consistent with the regulatory environment.</li> </ul>	REGULARLY	REGULAR	<b>Internal Audit</b> <ul style="list-style-type: none"> <li>Completed checks completed in Sep 2022, June 2022, March 2022, Nov 2021, Aug 2021 and Sep 2021.</li> </ul>	<ul style="list-style-type: none"> <li>Our next roundtable with patient bodies is scheduled to take place in early June 2025. Agenda items will be developed during the lead up to the meeting.</li> <li>Our Contact Centre has procured a new chatbot system which is capable of delivering automated customer support and providing general insights of those survey results to help us understand the experience of different customer groups (including patients and the public). The Contact Centre team plans to deploy this survey in 2025.</li> <li>We are preparing to deliver a survey to our stakeholders in relation to the patient experience. This survey will be used to inform our decision making and to improve the patient experience.</li> <li>Our next roundtable with patient bodies is scheduled to take place in early June 2025. Agenda items will be developed during the lead up to the meeting.</li> </ul>	Medium

## Update on Decision-making methodology and Sanctions bandings

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**Paper withheld from  
publication**

This paper is being withheld from publication as it is in draft. The finalised document will be published.

For further information, please contact the Corporate Governance team via email, [GovernanceTeamMailbox@gmc-uk.org](mailto:GovernanceTeamMailbox@gmc-uk.org).

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## Amending the list of bodies entitled to award a UK primary medical qualification

<b>Action</b>	To approve
<b>Purpose</b>	Following the merger of City University London and St George’s, University of London, this paper gives an overview of the QA process undertaken ahead of City St George’s, University of London being added to the list of UK awarding bodies.
<b>Decision Trail</b>	The Director and Assistant Director of Education and Standards have approved this recommendation to Council to amend the GMC’s list of awarding bodies.
<b>Recommendation</b>	To approve City St George’s, University of London being added to the GMC’s list of bodies that can award UK PMQs.
<b>Annexes</b>	N/A
<b>Author contacts</b>	<b>William Henderson</b> , Education Quality Assurance Programme Manager  Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Professor Colin Melville</b> , Medical Director and Director of Education and Standards  <b>Martin Hart</b> , Assistant Director - Education

## Agenda item M5

### Amending the list of bodies entitled to award a UK primary medical qualification

## Background

- 1 Maintaining the list of bodies entitled to award primary medical qualifications (PMQs) is a key component of our regulation of undergraduate medical education. The current list of bodies and combinations of bodies entitled to award UK PMQs is published on our [website](#).
- 2 Standards of proficiency are set out in [Promoting excellence: standards for medical education and training \(2016\)](#) and compliance with the standard is demonstrated through the Quality Assurance Framework, which includes annual returns from medical schools and a rolling programme of quality activity.
- 3 As per the Schedule of Authority of the Governance Handbook, Council is required to maintain and amend, as required, a list of bodies and combinations of bodies entitled to hold examinations for the purpose of granting one or more primary UK qualifications.
- 4 We received notification from St George's, University of London of their plans to merge with City University London in December 2023. Since the merger in August 2024, City St George's, University of London has been subject to our quality assurance processes.

## About City St George's, University of London

- 5 St George's, University of London and City University of London merged in August 2024, resulting in a change of name to City St George's, University of London. As a result of this, City St George's, University of London will need to be added to the GMC's list of institutions entitled to award medical degrees in order for the medical qualifications it awards to be accepted by the GMC as UK primary medical qualifications.
- 6 St George's, University of London will be removed following the addition of City St George's, University of London. However, this will not have any adverse impact on status of the qualifications held by students who have already graduated from St George's, University of London by that date. Qualifications awarded by bodies appearing on our list at the date the qualification is awarded will maintain their UK PMQ status.
- 7 As with all new medical schools, before adding City St George's, University of London to the list of awarding bodies we needed to be satisfied that the course and examinations continues to meet our standards. We acknowledge that in this scenario, City St George's, University of London has taken over the running of a well-established medical school. For this reason, our quality assurance activity has been adapted to reflect the circumstances of the merger.

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**Amending the list of bodies entitled to award a UK primary medical qualification**

## Quality assuring City St George's, University of London

- 8** The Quality Assurance – Monitoring & Improvement (QAMI) team, with support from GMC medical education associates, has undertaken a range of quality assurance activities since notification of the merger. In particular, we wanted to explore whether St George's, University of London merger with City University London had impacted the student and educator experience. This included exploring any changes in staffing, education provision, clinical placement provision and capacity and delivery of the MLA.
- 9** Quality assurance activity has included a meeting with students, a meeting with educators, review of a completed self-assessment questionnaire, a follow-up meeting with the school's senior management team to explore the self-assessment questionnaire and updates from the school in response to delivery of the MLA.
- 10** Through our regular processes, we heard from students that the merger appears to have had no impact in terms of overall experience, educational provision, placements, delivery of the MLA or changes to the curriculum. We heard how students were sent communications relating to the merger and were invited to meetings to contribute to discussions and learn more about the merger. Students had not experienced and did not know of any changes to their curriculum due to the merger.
- 11** We did hear from students about one minor logistical issue following the merger. However, we do not think this will be a problem in the future as the issue has been addressed, the merger has now taken place and we have made the school aware of the issue.
- 12** We heard from educators that the merger has had no impact on their roles and overall experience, educational provision, placements, delivery of the MLA or changes to the curriculum. We heard that there had been various communication from the senior management team at the school regarding the merger.
- 13** We did hear from educators about one minor issue relating to the merger, caused by a perceived lack of communication regarding future career progression and promotion pathways and what this will look like under the new structure. We have made the school aware of this minor concern, and we have requested an update on action taken to address this in their next quality assurance cycle.
- 14** Upon review of City St George's, University of London's self-assessment questionnaire submission in December 2024 and subsequent exploratory meeting with the school in January 2025, it is apparent the merger has had very limited impact on education provision. The school confirmed that the MBBS Course Director has reached the end of their term in post, however they have remained at the University to offer support following the merger and have worked closely with the GMC to engage with our quality assurance process alongside the new MBBS Course Director. As a result of the merger, the role of Principal at St George's, University of London has lapsed. However, we feel assured that University senior

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**Amending the list of bodies entitled to award a UK primary medical qualification**

oversight of the programme remains following engagement from the Executive Dean of City St George's, University of London School of Health and Medical Sciences. The school confirmed that they have retained their existing clinical placement providers following the merger and that those placements have sufficient capacity for student numbers.

- 15** In 2024, St George's, University of London was deemed compliant in their plans for the MLA. Following the merger, City St George's, University of London confirmed there have been no changes to the planned delivery of the MLA. The school plan for their first sit of the AKT to take place on 8 and 9 April 2025, with any resits on 28 and 29 May 2025. The CPSA is due to take place on 31 March, 1 April, 2 April, 3 April and 4 April 2025, with any resits on 27 May 2025. Where action was required of the school in advance of running their first CPSA and AKT, we have checked on progress and are assured that they are prepared to run them successfully. Any actions required of the school following the running of their first CPSA and AKT will be followed up through our routine QA processes.

## **Recommendation**

- 16** City St George's, University of London responded well to our request for additional quality assurance activity following the merger. We are pleased with the level of active engagement from the school during this period. We have found City St George's, University of London committed to continue to provide a high-quality experience to its students following the merger. As such, we have no concern in recommending to Council that City St George's, University of London be added to the GMC's list of awarding bodies.

## People Survey 2024 & IIP Assessment

<b>Action</b>	To note
<b>Purpose</b>	To provide Council with an update on the results of the 2024 people survey and proposed priority areas for further work.
<b>Decision Trail</b>	Considered by Senior Management Team.
<b>Recommendation</b>	Council is asked to note the people survey findings and the 2024 IIP Assessment
<b>Annexes</b>	Annex A – 2024 Detailed Report Annex B – Engagement Index Report Annex C – Inclusion Index Report
<b>Author contacts</b>	<b>Andrew Bratt</b> , Assistant Director – People Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Neil Roberts</b> , Director of Resources

**Agenda item M6**

**People Survey 2024 & IIP Assessment**

## 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.
- 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.
- 3** The 2023 survey was conducted by IQVIA who undertook a comprehensive review of the survey questions. 2024 is the second year we have used this question set, while our employee engagement and inclusivity index questions have remained unchanged to allow long term tracking of trends.
- 4** 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 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 be developed.
- 5** Our improved capacity to analyse and report our staff survey data means we are seeing it inform a wide range of projects and initiatives, especially around our working arrangements.
- 6** 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.

## 2024 Survey

- 7** Before considering the survey results it is important to set out a number of issues that arose with the 2024 process. These led to delays in the publication of survey results, our internal communications and follow up actions.
- 8** When we received the survey reports the People Team identified a small number of likely errors and asked for these to be looked at. These were addressed and a full suite of reports were provided by IQVIA and then published. Further data issues were then identified by colleagues and the People Team following publication. These related to follow up questions where a colleague changed a response to questions with follow up options (for example whether they had witnessed bullying). In effect the results retained the responses to the follow up question even though a colleague had changed a response from Strongly

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**People Survey 2024 & IIP Assessment**

Disagree/Disagree to Strongly Agree/Agree/Neither. This sort of question often has very small numbers of respondents so any errors are especially significant.

- 9 At this point all reports with withdrawn and IQVIA were asked to undertake a full review and quality analysis process to ensure all the survey data was accurate.
- 10 This process was completed on 17<sup>th</sup> January 2025 and all our updated reports have now been republished. These include GMC wide and Directorate charts and tables reports and Inclusivity Index and Employee Engagement reports. Free text comments have also been issued to Directorate senior management teams.
- 11 The delays mean that IQVIA have not been able to provide the survey insight report which we would usually have received by now and we have not yet completed our usual process of presentations to SMT or to our People Forum. We are sharing the results with Council now but will follow up alongside our planned HR Annual Report in April. By the time Council meets, SMT will also have met to discuss the results, and consider potential corporate priorities on the back of the data.
- 12 The problems with the 2024 process have been explored in detail with IQVIA and we have a report on the errors that have been identified and have been assured on the reliability of the reports we now have. These problems have however had an impact on the impact of the survey, our internal communications and developing our response, and we will need to consider these issues as we develop our plans for 2025.
- 13 Colleagues including our People Forum reps have been updated and publication of the corrected reports.

## Survey results

- 14 With a participation rate of 87% (down 1% on last year) the survey is a comprehensive and representative view of our employees' opinions. This remains an exceptionally high level of participation and is a positive indicator.
- 15 We have tracked progress to previous survey questions where we feel able to do so following the review, even where questions have changed, as this still gives an indication of progress in the same areas. 86 questions fall into this category. Two questions saw an improvement of above 5%, three a decline of over 5%, while 81 remained in line with last year. It is important to note however that even small changes to questions can impact on responses, so progress tracking needs to be considered with this caveat in mind.

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**People Survey 2024 & IIP Assessment**

**Engagement index**

- 16** Our engagement index provides a headline indication of our overall performance as an employer. Our engagement index score for 2024 has improved to 72.1, up 1.3 from 70.88 in 2023.
- 17** The improvement in our engagement index score is positive and arrests the downward trend in our pandemic engagement scores from the pandemic - 73.92 in 2022, 75.67 in 2021, 79.77 in 2020. Our specific targets in this area will be covered in our Annual HR report to Council in April.
- 18** The engagement index is based on the following questions:

<b>Question</b>	<b>2024 % positive score</b>	<b>2023 % positive score</b>	<b>Difference</b>
I am proud to say that I work for the GMC	82%	80%	+2%
I would recommend working for the GMC	84%	82%	+2%
I speak positively about the services that the GMC provides	84%	82%	+2%
I am committed to going the extra mile for the GMC when needed	83%	83%	-0%
To what extent are you satisfied or dissatisfied with working for the GMC?	83%	81%	+2%
I intend to still be working for the GMC in 12 months' time	77%	76%	+1%

*Scores are rounded*

- 19** Our main aims on the index 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. 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.
- 20** Overall, the scores for Black (African) colleagues (40 respondents) have improved slightly, up 0.55 to 69.83 from 69.28 in 2023. For Black Caribbean (11) they have improved significantly up 7.7 to 69.09 from 61.39. However, engagement scores on average for colleagues from a mixed/multiple ethnic background (46) have fallen significantly, down 6.12 to 62.10 from 68.22 in 2023. While we have seen the differential between ethnic minority staff and non-ethnic minority colleagues is quite narrow, and some minority groups on average are above the GMC score, there remain concerns about the scores for some groups of colleagues.
- 21** We have seen an improvement in engagement for disabled colleagues, up 2.29 to 69.10 from 66.81 in 2023, however there remains a significant difference in engagement scores for non-disabled colleagues at 75.66.

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**People Survey 2024 & IIP Assessment**

- 22 Other differentials are less significant. Women on average (75.08) are more engaged than men (73.27), as are carers (74.36) compared to non-carers (73.55). Length of service or grade show quite high levels of consistency, but age shows more pronounced differentials than previously.
- 23 Our 2024 score of 72.1 benchmarks favourably externally. It is higher than the overall civil service engagement score from their 2023 people survey – 63.92; and it would put us 8<sup>th</sup> out of the 106 government departments and agencies (including several regulatory bodies) that make up that survey.
- 24 The full engagement index report can be found at Annex B.

**Inclusion Index**

- 25 We introduced the inclusion index in 2020 as a pilot and we now aim to improve our inclusion index score year on year. There was a marginal drop in our index score to 74.3% in 2024 compared to 74.5% in 2023.
- 26 The index is based on the questions below that focus on the workplace experience of colleagues, an area where we are seeking to make targeted improvements for some groups of colleagues.

Question	2024 % positive score	2023 % positive score	Difference
My manager treats me with respect and fairness	93%	94%	-1%
The GMC provides an inclusive environment for people from all backgrounds	78%	78%	+0%
Everyone is given the opportunity to progress at the GMC regardless of background, beliefs, or identity	69%	70%	-1%
I am confident that I can raise an issue with the organisation without it being held against me	56%	56%	+0%
My views and ideas are listened to	62%	61%	+1%
Bullying is not an issue where I work	78%	78%	-0%
Harassment is not an issue where I work	83%	83%	-0%
Discrimination is not an issue where I work	76%	76%	+0%

- 27 Like the engagement index scores, differentials are relatively limited across many protected characteristics, but we do continue to see lower average inclusion scores for some ethnic groups, in particular Asian Pakistani, Black African and mixed ethnicity.
- 28 The full inclusivity index report can be found at Annex B.

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### People Survey 2024 & IIP Assessment

#### Most improved areas

**29** The most improved areas from the survey relate to senior management, pay and benefits:

- My Director makes time for colleagues - 60% (+5%)
- Senior Management are role models for the organisation's values and behaviours -53% (+5%)
- My Director is interested in the views of colleagues in my directorate - 58% (+4%)
- I am satisfied with my benefits package - 62% (+3%)
- My level of pay is appropriate for my role - 44% (+3%)

#### Biggest declining areas

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

- There are opportunities for me to develop and progress my career within the GMC – 53% (-5%)
- Assistant Directors listen to the views of colleagues – 62% (-3%)
- Assistant Directors make time for colleagues – 64% (-3%)
- There are opportunities for me to work in other areas of the GMC – 55% (-3%)
- Assistant Directors are role models for the organisation's values and behaviours – 58% (-2%)

**31** As with previous years our focus is on consolidating our work in areas of good practice and addressing areas where we can improve.

## Response to 2023 priority action areas

**32** Our priority action areas for responding to the 2023 People Survey were as follows:

#### Senior Management and Assistant Directors

**33** All questions relating to the senior management team (CEO and directors) either stayed the same or improved. The biggest improvements in SMT scores relate to Directors making time for colleagues (+5%) and being interested in the views of colleagues in their directorates (+4%), and Senior Management being role models for the organisation's values and behaviours (+5%).

**34** There were further declines in assistant director questions including making time for colleagues (-3%), listening to the views of colleagues (-3%) and being role models for the organisation's values and behaviours (-2%).

**Agenda item M6**

**People Survey 2024 & IIP Assessment**

- 35** There has been some progress on senior manager scores for SMT – but a continued decline for ADs which will be a priority area for 2025

**Change management**

- 36** Following a sharp decline in change management related questions in 2023 this area was reintroduced as a priority action area. Scores in the 2024 survey were largely unchanged but they did arrest the sharp decline in 2023. Colleagues who think change is managed well at the GMC was down 1% and there was no change to colleagues thinking change is managed well in their directorate. Colleagues feeling that the reasons behind important decisions made at the GMC are always explained was down 1% and colleagues feeling there are processes in place that let them make suggestions to improve the way we work were up by 1%.

**Pay**

- 37** Pay satisfaction remains one of our lowest scoring questions with 44% of colleagues responding that their level of pay is appropriate for their role, although this is a 3% improvement from 2023. We did expect an improvement following a challenging pay environment in 2022 and a higher 2023 pay award.
- 38** In response to feedback on pay we have already implemented a greater degree of formal engagement with the People Forum on our pay award.

**Bullying, harassment and discrimination and raising concerns**

- 39** There were marginal improvements in colleagues saying that bullying, harassment and discrimination is an issue. Bullying dropped to 9.8% from 10.1%, harassment dropped to 3.7% from 4.6% and discrimination reduced to 6.6% from 7.2%.
- 40** There was no change in confidence in raising an issue and this remains at 56% but the reporting of specific incidents remains low. Of 103 colleagues who said they had experienced or observed bullying, there was a slight increase to 44.5% who reported the issue from 41% in 2023. For harassment only 35% of 38 issues were reported which is down from 40% in 2023, and for discrimination only 27% of 66 issues were reported down from 32% in 2023. The most likely source of bullying and harassment was from a colleague and for discrimination line managers.
- 41** Whilst we have seen some improvement in bullying, harassment and discrimination scores, we will continue with this dedicated workstream focusing on how we can further improve our performance in this area.
- 42** Where possible we will also undertake follow up reviews on areas where scores on these issues are low. We will also continue our work around professional behaviours and inclusion where we have seen an improvement in our scores. A key aim is to improve reporting as our

**Agenda item M6**

**People Survey 2024 & IIP Assessment**

combined People Team/Freedom to Speak Up cases is well below what the survey suggests are live issues.

**43** A more detailed breakdown of the results included in this paper can be found at Annex A.

## Investors in people (IIP)

**44** In December 2024 we undertook our IIP assessment and had gold accreditation confirmed.

**45** Achieving this level is one of the targets in our 2022-2026 People Plan, we came close to this level on our 2023 assessment and have continued to make progress over the last twelve months.

**46** The process is based on a series on random colleague interviews, a portfolio of written evidence and separate survey open to all colleagues.

**47** There are nine standards, Established (E) indicates the silver level, Advanced (A) the gold level and Platinum (P).

**48** The separate Wellbeing assessment saw us achieve silver accreditation

	Indicator	Theme	Assessment Nov 18	Assessment Nov 21	Assessment Dec 24
Leading	leading and Inspiring people	Creating transparency and trust	E	A	A
		Motivating people to deliver the organisation’s objectives	E	A	A
		Developing leadership capability	E	E	A
	Living the organisations values and behaviours	Operating in line with the values	E	E	A
		Adopting the values	E	A	A
		Living the values	E	A	P
	Empowering and involving people	Empowering people	E	E	A
		Participating and collaborating	E	E	A
		Making decisions	E	E	A
Supporting		Setting objectives	E	A	P

**Agenda item M6**

**People Survey 2024 & IIP Assessment**

	Managing performance	Encouraging high performance	E	A	A
		Measuring and assessing performance	E	A	A
	Recognising and rewarding high performance	Designing an approach to recognition and reward	E	E	E
		Adopting a culture of recognition	D	E	E
		Recognising and rewarding people	D	E	E
	Structuring work	Designing roles	E	E	A
		Creating autonomy in roles	E	A	A
		Enabling collaborative working	A	A	P
	Improving	Building capability	Understanding people's potential	E	E
Supporting learning and development			E	E	P
Deploying the right people at the right time			E	E	A
Delivering Continuous Improvement		Improving through internal and external sources	E	A	A
		Creating a culture of continuous improvements	E	E	A
		Encouraging innovation	E	E	A
Creating sustainable success		Focusing on the future	A	A	E
		Embracing change	E	E	A
		Understanding the external context	E	A	P

**49** The assessment provides an independent view on how our wider learning and organisational development processes are operating. The improvement we have seen is based on significant work on leadership skills, developing our understanding of talent and succession capacity, our work on ED&I and our performance management framework.

**Agenda item M6**

**People Survey 2024 & IIP Assessment**

- 50** Reward and recognition remains our lowest scoring area and we are currently reviewing a key element of this around the link to pay, and we have also made changes to our value recognition scheme.
- 51** These results will feed into the development of our next People Plan (live from 2026). We will be subject to an annual assessment at the end of 2025.

## **2024 survey priority action areas**

- 52** Due to the issues and delays we have experienced in the reporting for the 2024 people survey we have not yet received the supporting Insights report from the survey provider. We will provide an update on this at the next Council meeting on 09 April 2025, as part of our Annual HR report. SMT will have discussed these results by the time of the Council meeting but have not done so at the time of writing.
- 53** Despite this the Survey results and our IIP assessment give us a clear indication of the areas we will focus on, which in many cases will be based around existing programmes of work.
  - a** Our overall engagement and inclusion scores highlight the very different experience reported by some ethnic minority groups – and we need to ensure our wider work with BITC recognises this and builds it into our training and support.
  - b** We know that recognition is an area of relative weakness in the IIP assessment and we are currently working on making our performance management system fairer. Guidance and support have been revised and 2025 will see further training and QA work and some testing of assessment alternatives.
  - c** While we have seen an improvement in senior manager (SMT scores) responses relating to ADs have shown a decline and we need to develop a response to this aspect of the survey.
  - d** Progress on bullying, discrimination and harassment has been limited. We have delivered well regarded training support (People Manager Essentials) and our priority is to improve reporting. We also need to follow up in a more systematic way on low scoring team where possible.
  - e** Our talent and career development scores have shown a long term increase and our IIP assessment shows that we have a well-developed learning infrastructure. Our challenge here is that our very low turnover means opportunities to move are more limited than recent years. We will need to look at this further, but we do have secondment and shadowing schemes that could contribute more in this area.

**Agenda item M6**

**People Survey 2024 & IIP Assessment**

## Next Steps

- 54** We have now been able to publish our final results and individual Directorates will develop responses to their own local priorities. We will update council in April on our final action plan in relation to corporate priorities set out above.
- 55** Our next Survey is planned for September and we will then move to a new cycle of a fuller survey every two years with a shorter tracking survey in the intervening years.
- 56** We have received a detailed report on the problems with the 2024 survey, we are considering this and have had a series of meetings with IQVIA. These primarily focused on resolving the issues identified and providing assurance on the validity of our results. Once this is completed, we will finalise our plans for the 2025 survey.

# GMC People Survey 2024



GMC

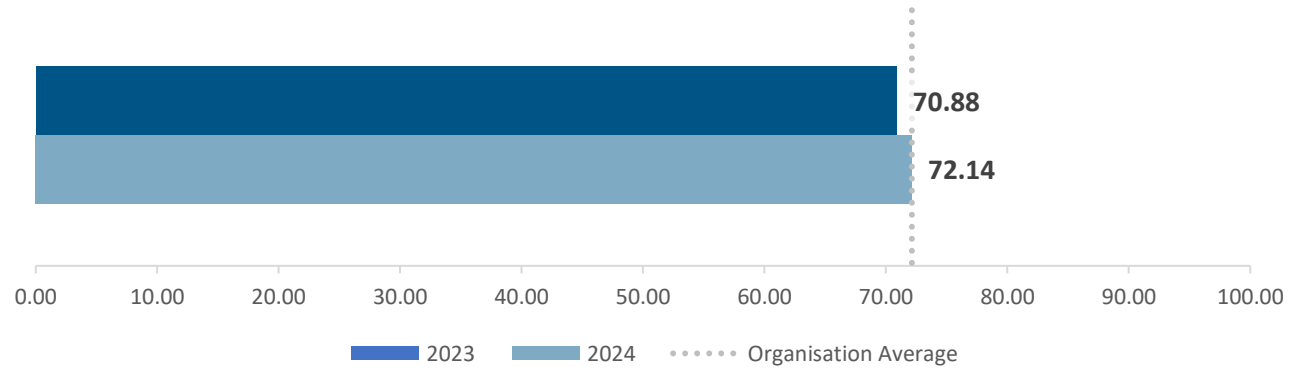
Sent: 1656      Received: 1442      Response rate: 87%

## Employee Engagement: 72.1



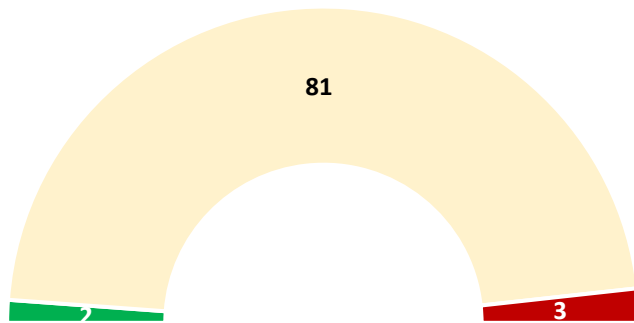
Difference from 2023: +1.3

Employee engagement is an indicator aggregating results from key questions to give a measure of overall feeling.



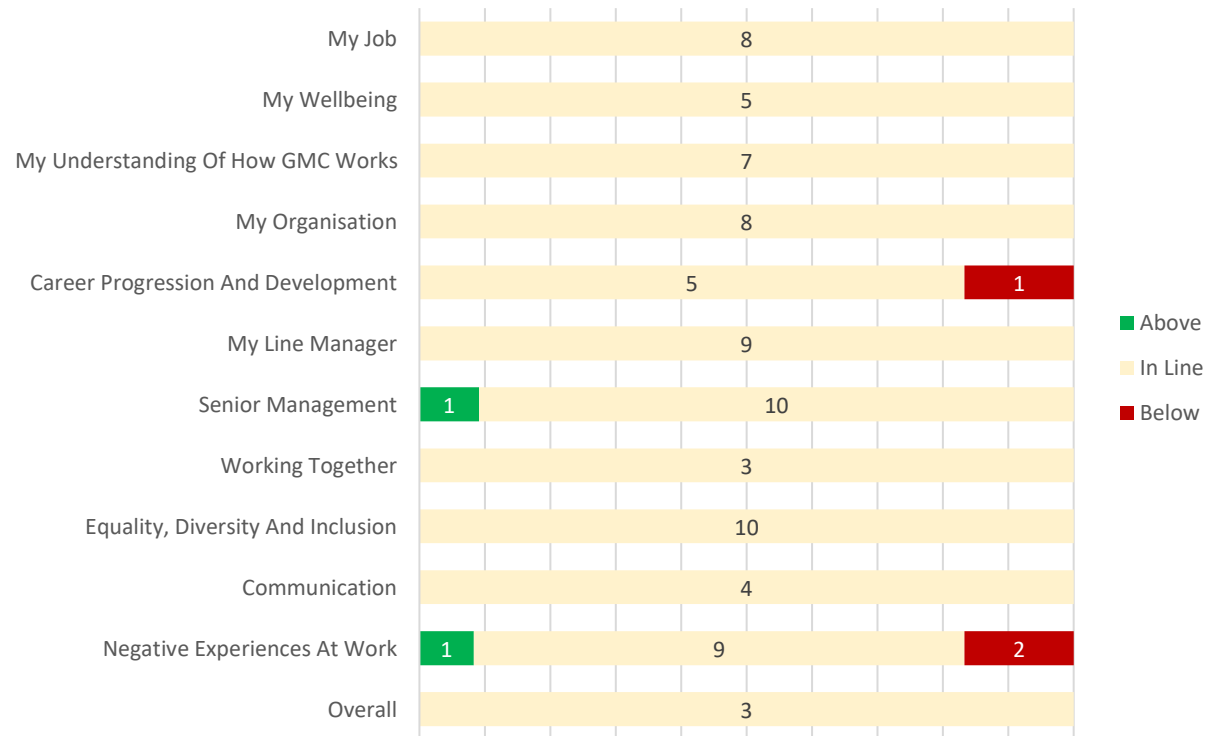
### Difference from 2023

#### Overall



Questions above: 2  
 Questions in line: 81  
 Questions below: 3

#### By Questionnaire Section



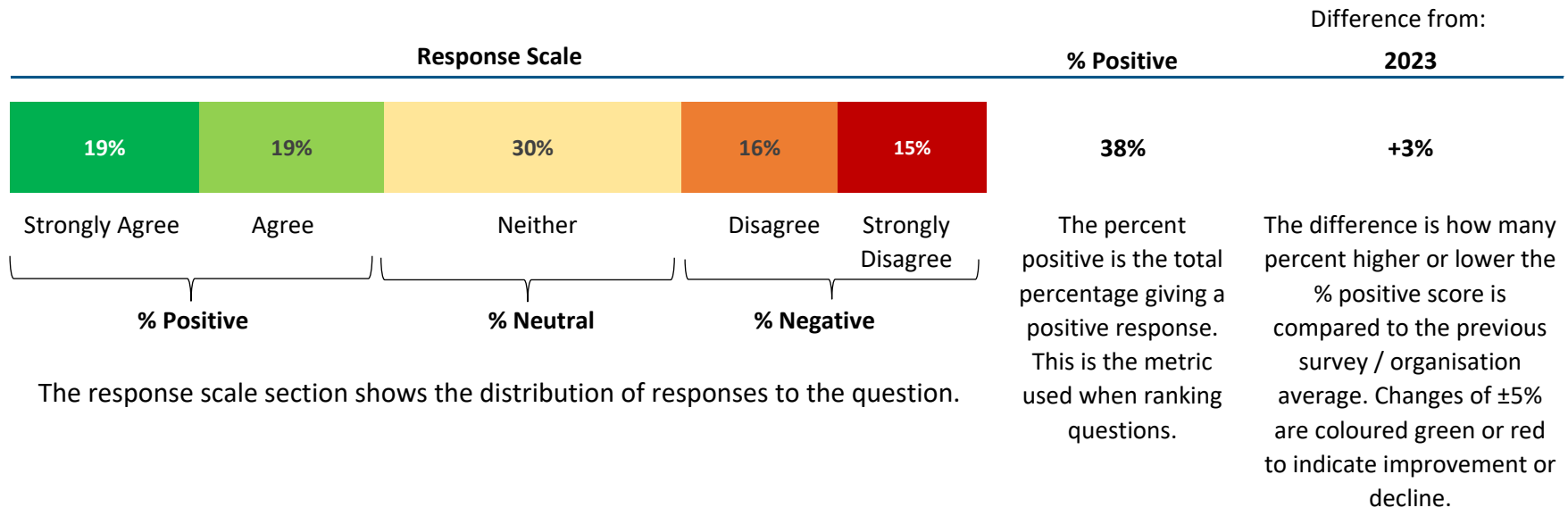


## About this Survey

This survey was carried out between September and October 2024. A self-complete online survey was sent to 1656 staff via email.

The survey was designed to ensure continuity with previous surveys and organisational aims.

# Reading this report



Percentages are calculated after excluding those respondents that did not answer that particular question or who selected "Don't know" to questions which offered that response. All percentages are rounded to the nearest whole number. When added together, the percentages for all answers to a particular question may not total 100% because of this rounding.

## Confidentiality

In order to preserve the confidentiality of individual respondents, scores are not given for questions with fewer than 10 responses and reports are not produced for groups with fewer than 10 members, though data for these respondents is still available in other groups, including the overall results.

Where results are unavailable, scores will be replaced with a "-" and charts left blank.

# Highest Scoring Questions

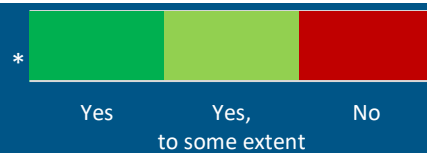
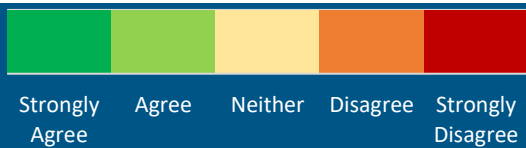
## Top Questions

This page shows the top 5 ranked questions based on the % of respondents who gave positive responses to the questions.

Follow-up questions about the experiences of a limited number of respondents (e.g. questions about experiences of bullying) are excluded from the ranking.

	Response Scale	% Positive	Difference from: 2023
I am aware of the inclusive behaviours I need to demonstrate at work		96%	+0%
I understand the GMC's corporate strategy		94%	+1%
I know who to contact about issues or concerns about work, other than my immediate line manager		94%	+2%
I understand how my own work priorities are aligned to the GMC's corporate strategy		93%	+2%
There is helpful and effective co-operation between colleagues in your team		93%	-0%

### Key



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

# Lowest Scoring Questions

**i**  
**Bottom Questions**

This page shows the bottom 5 ranked questions based on the % of respondents who gave positive responses to the questions.

Follow-up questions about the experiences of a limited number of respondents (e.g. questions about experiences of bullying) are excluded from the ranking.

	Response Scale	% Positive	Difference from: 2023
Change is managed well within my organisation		42%	-1%
My level of pay is appropriate for my role		44%	+3%
Assistant Directors represent my views to the Senior Management Team (CEO and Directors) effectively		47%	+1%
Senior Management (CEO and Directors) take an interest in the health and wellbeing of colleagues		49%	+3%
The reasons behind important decisions made at the GMC are always explained		51%	-1%

**Key**





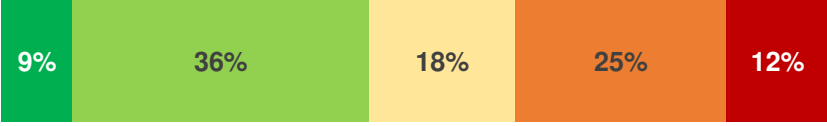
Scores 5 or more percent **HIGHER**  
 Scores 5 or more percent **LOWER**

# Most Improved Questions



**i**  
**Improved Questions**

This page shows the questions with the greatest improvement in the percentage of respondents giving positive responses to the questions.

Follow-up questions about the experiences of a limited number of respondents (e.g. questions about experiences of bullying) are excluded from the ranking.

	Response Scale	% Positive	Difference from: 2023
My Director makes time for colleagues		60%	+5%
Senior Management are role models for the organisation's values and behaviours		53%	+5%
My Director is interested in the views of colleagues in my directorate		58%	+4%
I am satisfied with my benefits package		62%	+3%
My level of pay is appropriate for my role		44%	+3%

**Key**



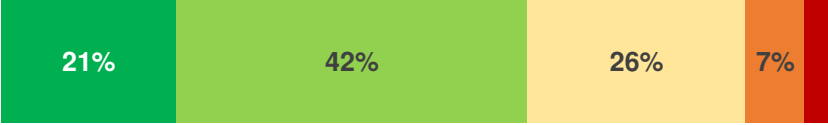


Scores 5 or more percent **HIGHER**  
 Scores 5 or more percent **LOWER**

# Most Declined Questions


**i**  
**Declined Questions**

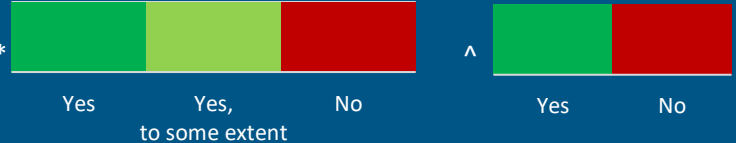
This page shows the questions with the greatest decline in the percentage of respondents giving positive responses to the questions.

Follow-up questions about the experiences of a limited number of respondents (e.g. questions about experiences of bullying) are excluded from the ranking.

	Response Scale	% Positive	Difference from: 2023
There are opportunities for me to develop and progress my career within the GMC		53%	-5%
Assistant Directors listen to the views of colleagues		62%	-3%
Assistant Directors make time for colleagues		64%	-3%
There are opportunities for me to work in other areas of the GMC		55%	-3%
Assistant Directors are role models for the organisation's values and behaviours		58%	-2%

**Key**





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



Overall employee engagement score:

**72.14**

# Overall Engagement



## Engagement

Engagement is a measure of multiple questions which indicate the emotional connection employees have with the organisation. The weighted results of these questions produce the overall engagement score.

I am proud to say that I work for the GMC



% Positive  
Difference from: 2023

82% +2%

I would recommend working for the GMC



84% +2%

I speak positively about the services that the GMC provides



84% +2%

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



83% -0%

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



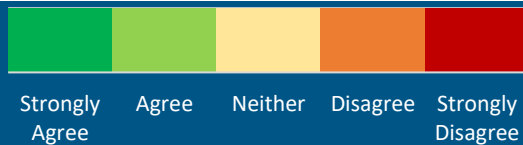
83% +2%

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

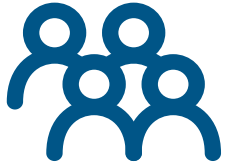


77% +1%

### Key



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



Overall inclusivity index score:

**74.3%**

# Inclusivity Index



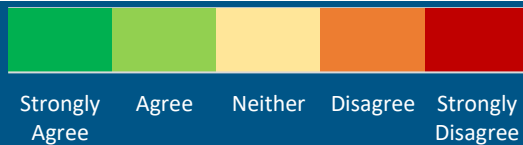
## Inclusivity

The inclusivity index is a measure of multiple questions which indicate how the organisation is performing in areas related to inclusion. The average positive response to these inclusivity score.

- My line 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
- Thinking about the last 12 months, Bullying is not an issue where I work
- Thinking about the last 12 months, Harassment is not an issue where I work
- Thinking about the last 12 months, Discrimination is not an issue where I work

Response Scale	% Positive	Difference from: 2023
64% (Strongly Agree) 29% (Agree)	93%	-1%
25% (Strongly Agree) 53% (Agree) 15% (Neither) 5% (Disagree)	78%	+0%
23% (Strongly Agree) 46% (Agree) 21% (Neither) 7% (Disagree)	69%	-1%
16% (Strongly Agree) 41% (Agree) 25% (Neither) 14% (Disagree) 5% (Strongly Disagree)	56%	+0%
13% (Strongly Agree) 49% (Agree) 25% (Neither) 8% (Disagree)	62%	+1%
38% (Strongly Agree) 39% (Agree) 13% (Neither) 7% (Disagree)	77%	-0%
43% (Strongly Agree) 40% (Agree) 14% (Neither)	83%	-0%
38% (Strongly Agree) 39% (Agree) 17% (Neither)	76%	+0%

### Key



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

# Senior Management



## Full Results

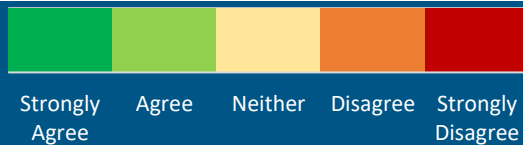
These pages show the results to the full survey, present as the proportional response to each option given.

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.

	Response Scale	% Positive	Difference from: 2023
I am confident in the way that Senior Management are leading the GMC		61%	+1%
Senior Management have communicated a clear vision of what the GMC is trying to achieve		62%	+0%
Senior Management are role models for the organisation's values and behaviours		53%	+5%
My Director makes time for colleagues		60%	+5%
My Director is visible across the directorate		59%	+0%
My Director is interested in the views of colleagues in my directorate		58%	+4%
I would feel comfortable talking to my Director if I needed to		54%	-

### Key



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

# Senior Management



## Full Results

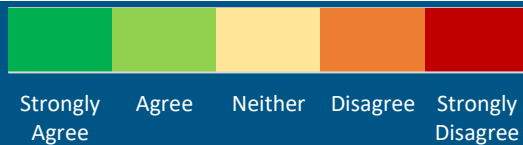
These pages show the results to the full survey, present as the proportional response to each option given.

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.

	Response Scale	% Positive	Difference from: 2023
Assistant Directors represent my views to the Senior Management Team (CEO and Directors) effectively		47%	+1%
I feel confident talking to Assistant Directors		66%	+0%
Assistant Directors make time for colleagues		64%	-3%
Assistant Directors listen to the views of colleagues		62%	-3%
Assistant Directors are role models for the organisation's values and behaviours		58%	-2%

### Key



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

# Change management, pay and benefits



## Full Results

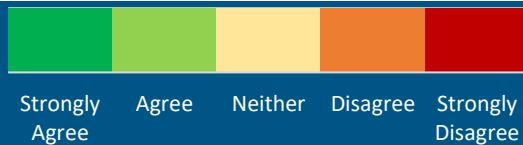
These pages show the results to the full survey, present as the proportional response to each option given.

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.

	Response Scale					% Positive	Difference from: 2023
Senior Management have communicated a clear vision of what the GMC is trying to achieve	11%	51%	27%	9%		62%	+0%
Change is managed well within my organisation	7%	35%	36%	18%		42%	-1%
Change at a local level, within my directorate, is managed well	12%	41%	25%	15%	7%	54%	+0%
The reasons behind important decisions made at the GMC are always explained	9%	42%	29%	16%		51%	-1%
There are processes in place that let me make suggestions to improve the way we work	14%	53%	20%	10%		67%	+1%
My level of pay is appropriate for my role	9%	36%	18%	25%	12%	44%	+3%
I am satisfied with my benefits package	13%	49%	19%	15%		62%	+3%

### Key



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

# Negative experiences at work

**i**  
**Full Results**  
 These pages show the results to the full survey, present as the proportional response to each option given.  
 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.

	Response Scale	% Positive	Difference from: 2023
Thinking about the last 12 months, Bullying is not an issue where I work		77%	-0%
Thinking about the last 12 months, Harassment is not an issue where I work		83%	-0%
Thinking about the last 12 months, Discrimination is not an issue where I work		76%	+0%
<b>The following questions were only asked to those who responded in the survey that bullying / harassment / discrimination is an issue</b>			
Have you personally experienced or observed bullying in the last 12 months?		10%	-5%
Have you personally experienced or observed harassment in the last 12 months?		17%	-11%
Have you personally experienced or observed discrimination in the last 12 months?		17%	-0%

**Key**

Strongly Agree   Agree   Neither   Disagree   Strongly Disagree

Not experienced / observed   Experienced / observed

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

General  
Medical  
Council



**GMC Staff Survey 2024  
Engagement Report**

# Contents

- 1. Introduction** **3**
- 2. Engagement Index** **4**
  - 2.1. Work Area 4
  - 2.2. Demographics 11

# 1. Introduction

## How the Engagement Index is calculated

The engagement index is calculated by creating a weighted score based on the responses to the below statements:

- Q7a I am proud to say that I work for the GMC
- Q7b I would recommend working for the GMC
- Q7c I speak positively about the services that the GMC provides
- Q7d I am committed to going the extra mile for the GMC when needed
- Q25a To what extent are you satisfied or dissatisfied with working for the GMC?
- Q25b I intend to still be working for the GMC in 12 months' time

A weighting is applied to each response, five for strongly agree and four for agree, and the average of each participants responses is taken. This is then divided by the highest possible score to give the proportional engagement of the respondent, which is then converted to a index score out of 100. These index scores can then be averaged across groupings of staff.

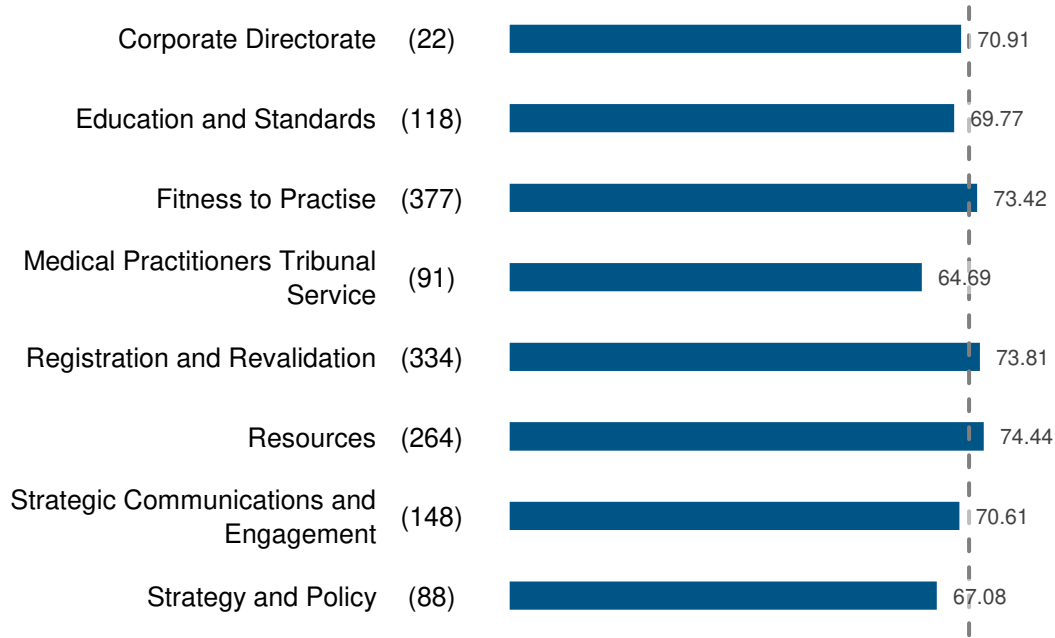
This report provides an outline of the engagement scores across various sections of staff, with the organisation average (72.14) indicated by the grey dashed line on each chart.

# Engagement Index

## Work Area

### Engagement by Directorate

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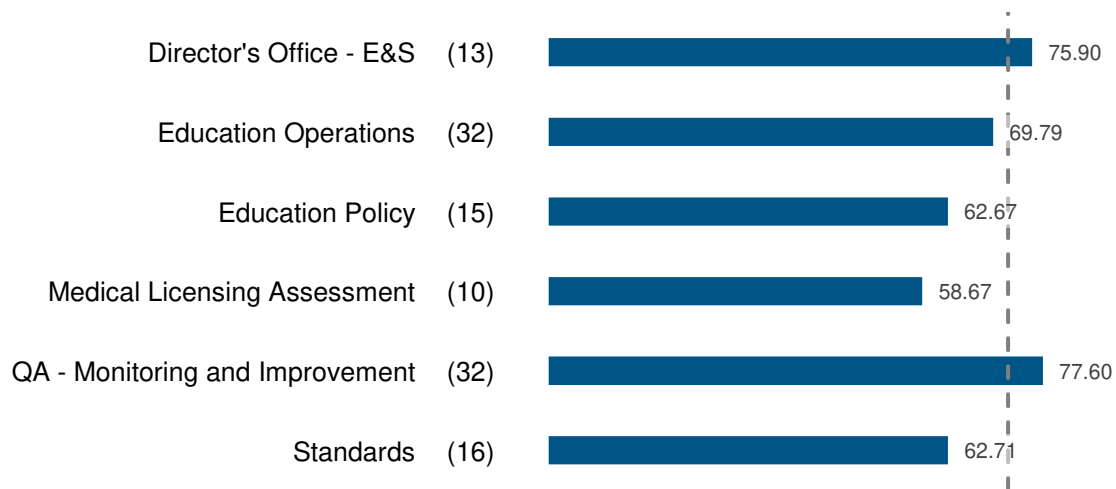


### Engagement by Report Section (Corporate Directorate)

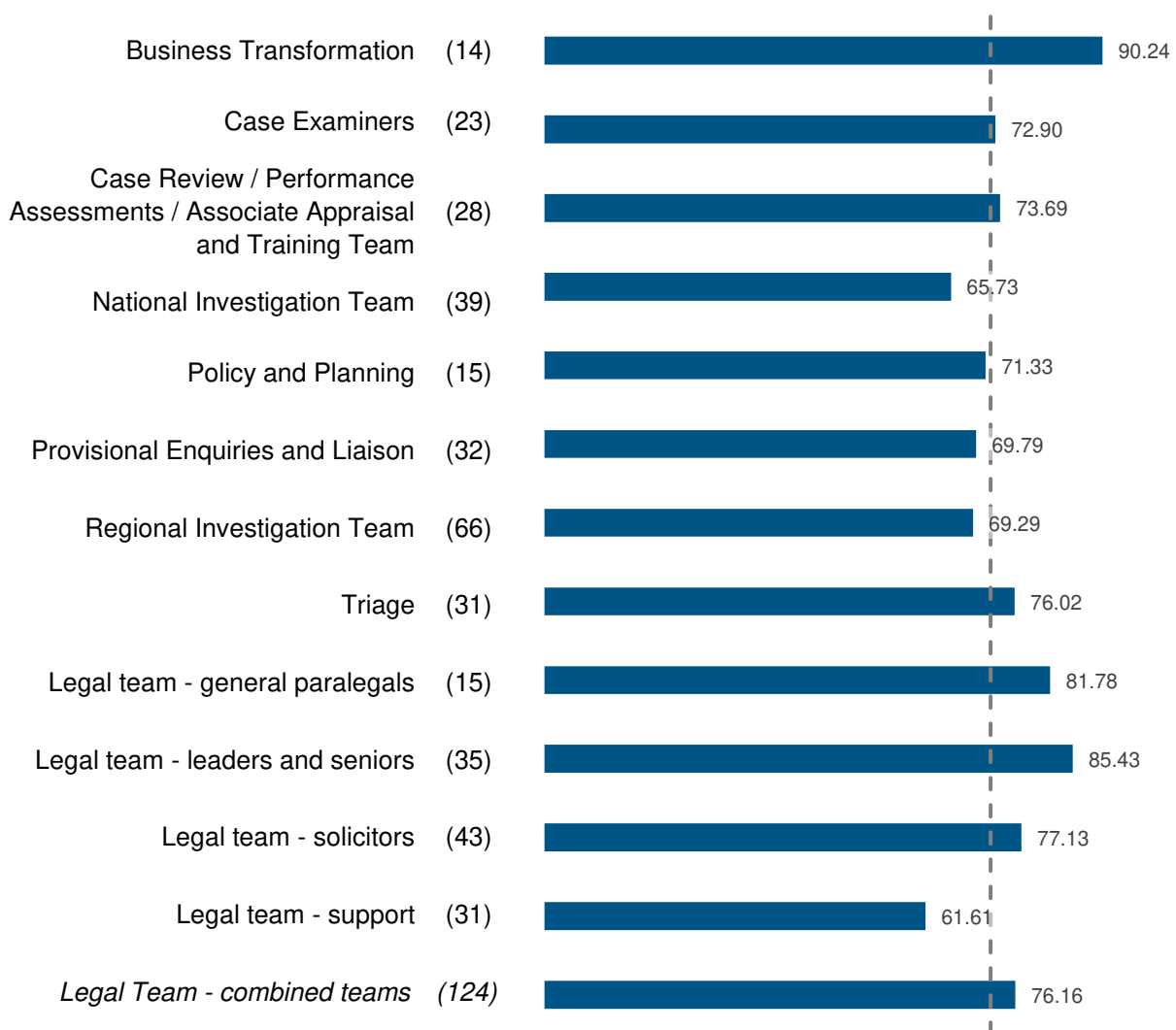
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### Engagement by Report Section (Education and Standards)

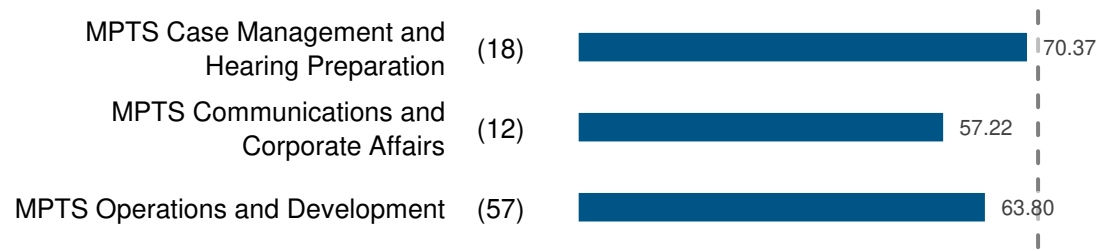


### Engagement by Report Section (Fitness to Practise)



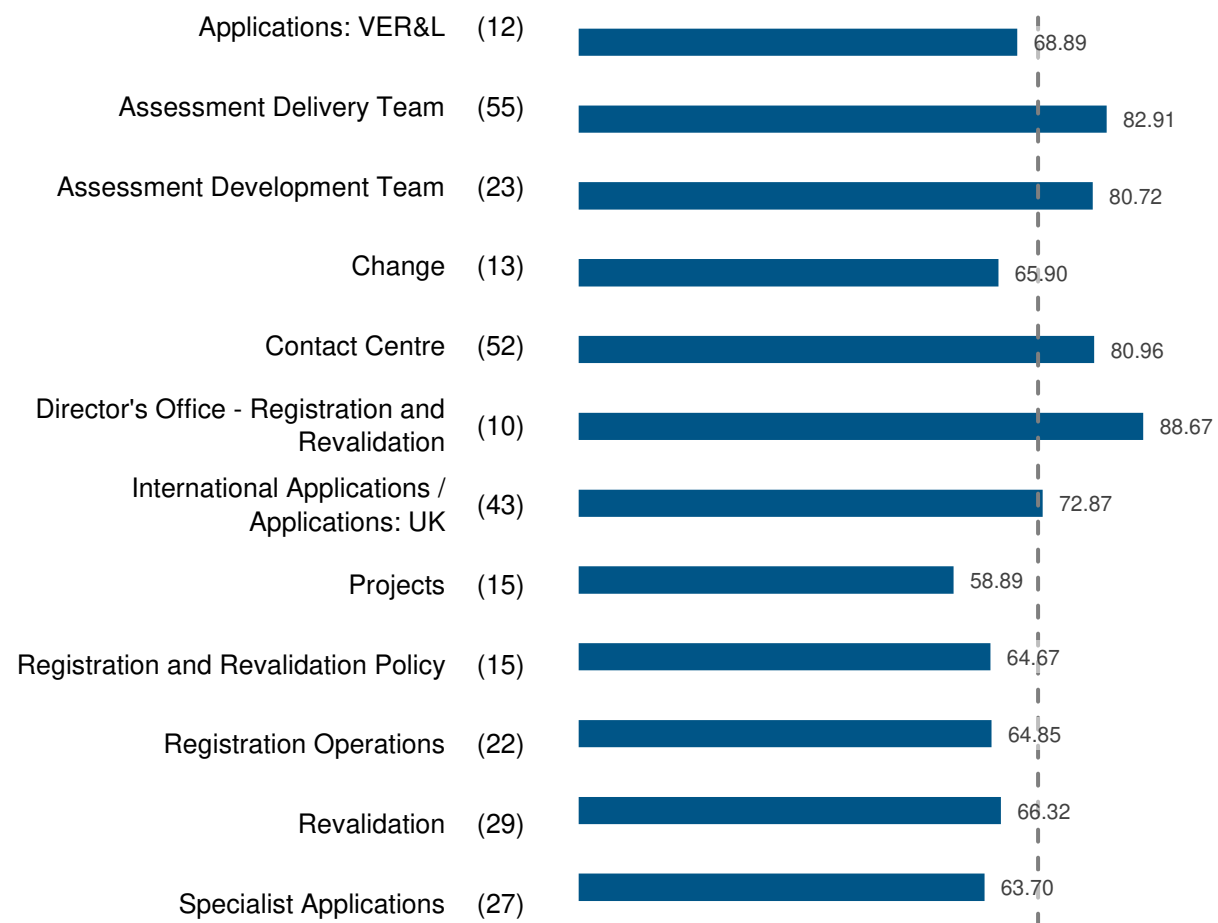
### Engagement by Report Section (Medical Practitioners Tribunal Service)

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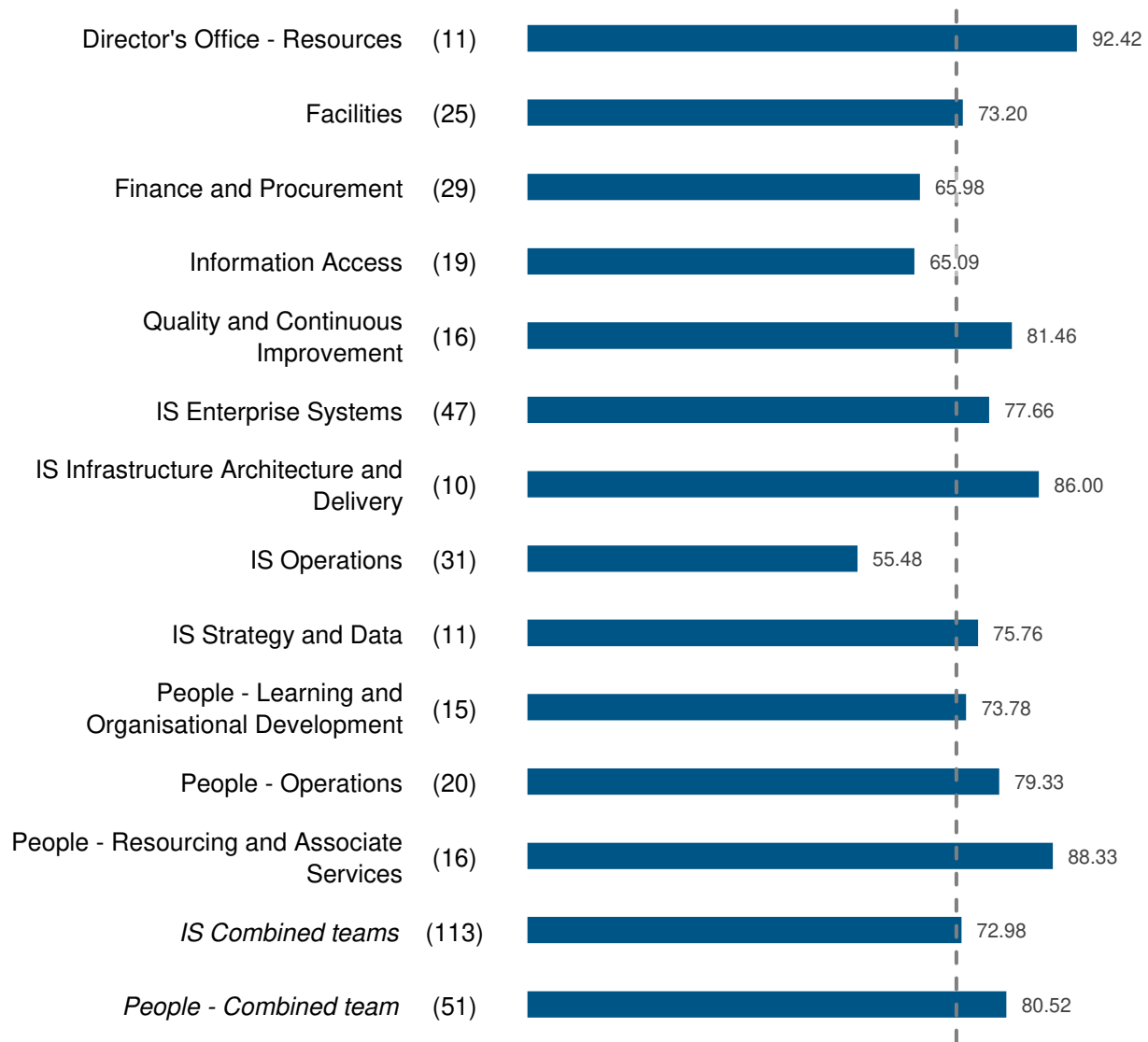
### Engagement by Report Section (Registration and Revalidation)

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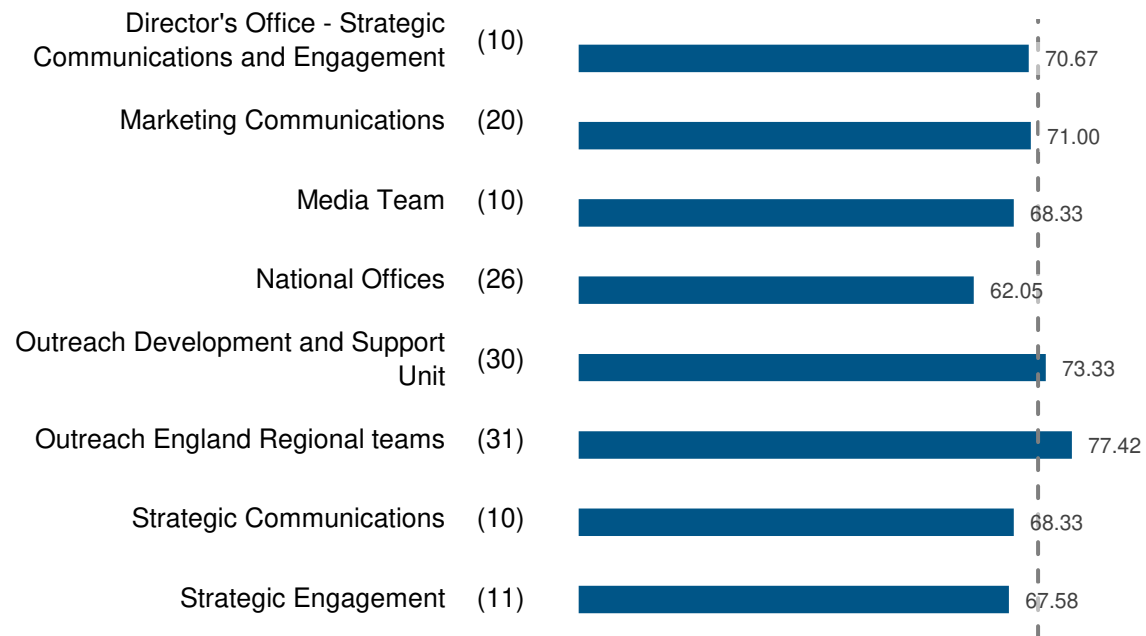
## Engagement by Report Section (Resources)

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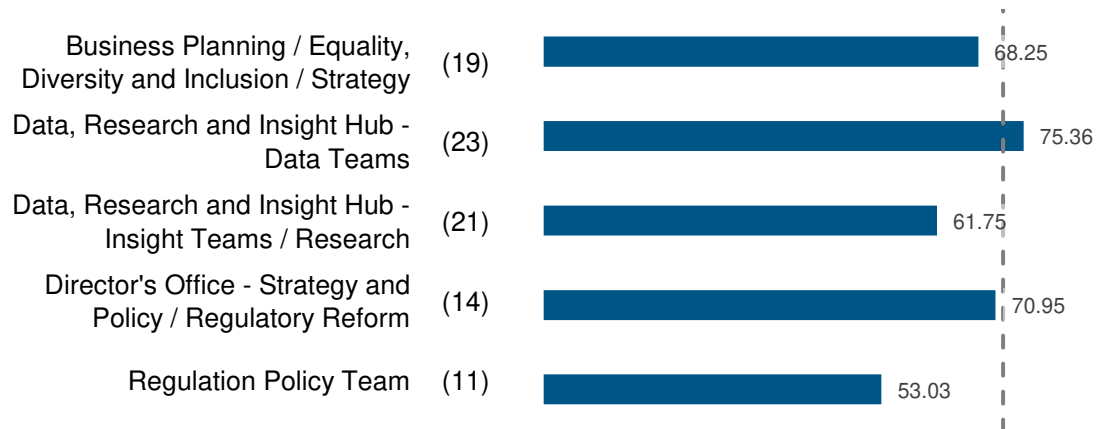
### Engagement by Report Section (Strategic Communications and Engagement)

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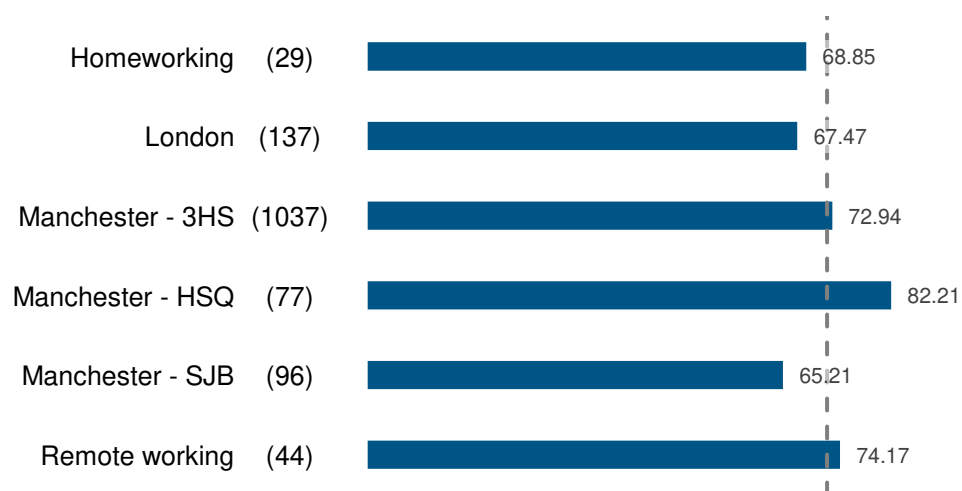
### Engagement by Report Section (Strategy and Policy)

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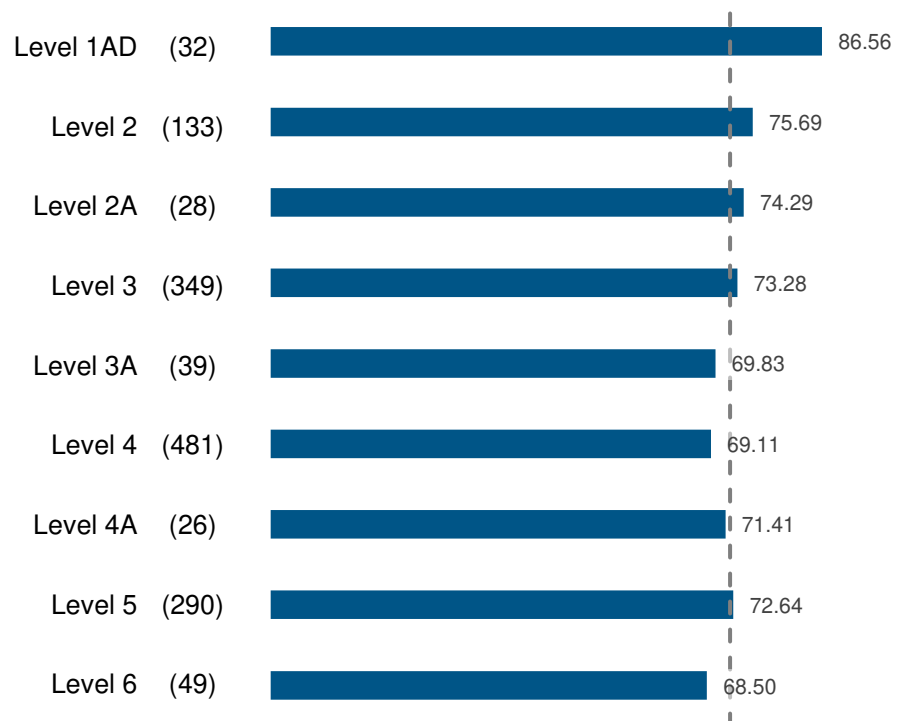
## Engagement by Location

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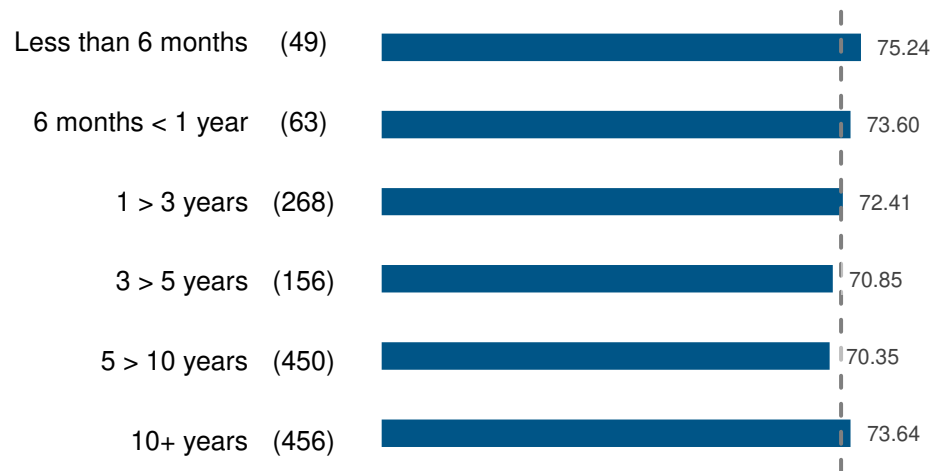
## Engagement by Level

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### Engagement by Length of Service

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### Engagement by Promotion or transfer

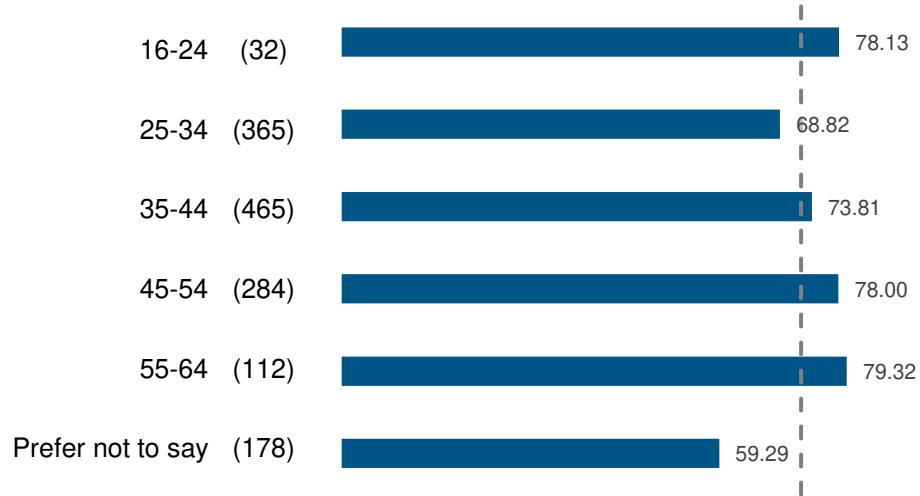
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# Demographics

## Engagement by Age

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## Engagement by Sex

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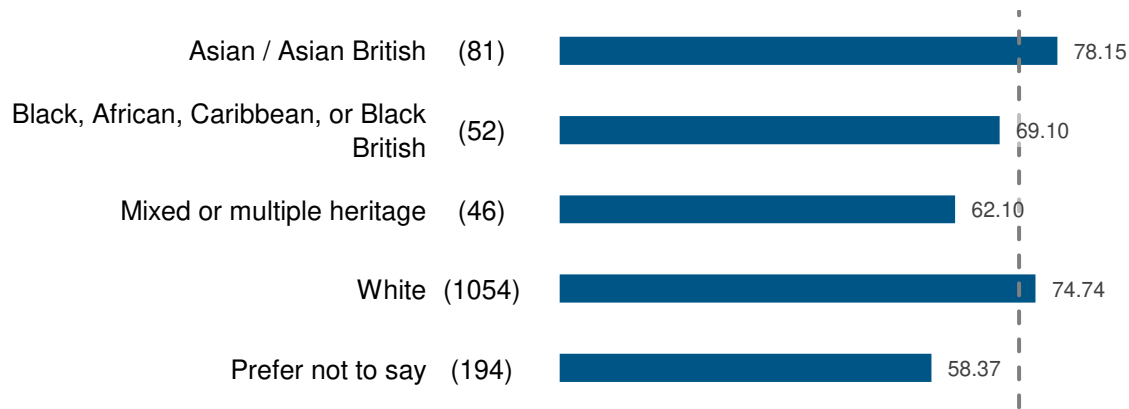
## Engagement by Ethnicity (White/BME)

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### Engagement by Ethnic Origin

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### Engagement by Ethnicity (Asian / Asian British)

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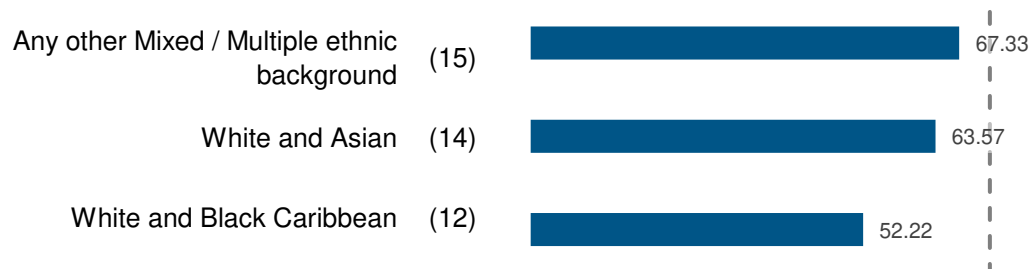
### Engagement by Ethnicity (Black, African, Caribbean, or Black British)

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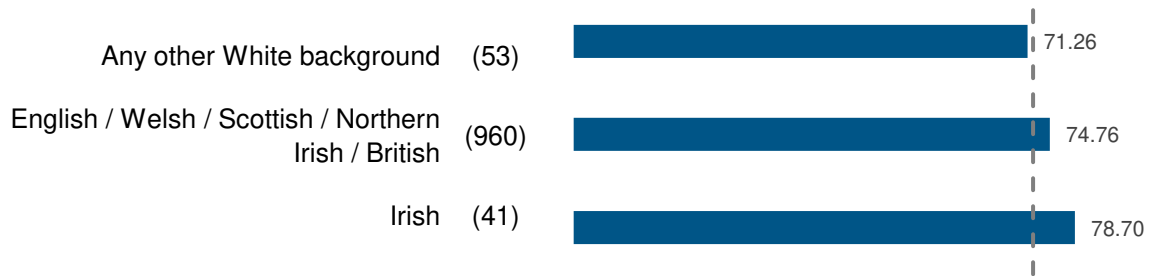
### Engagement by Ethnicity (Mixed or multiple heritage)

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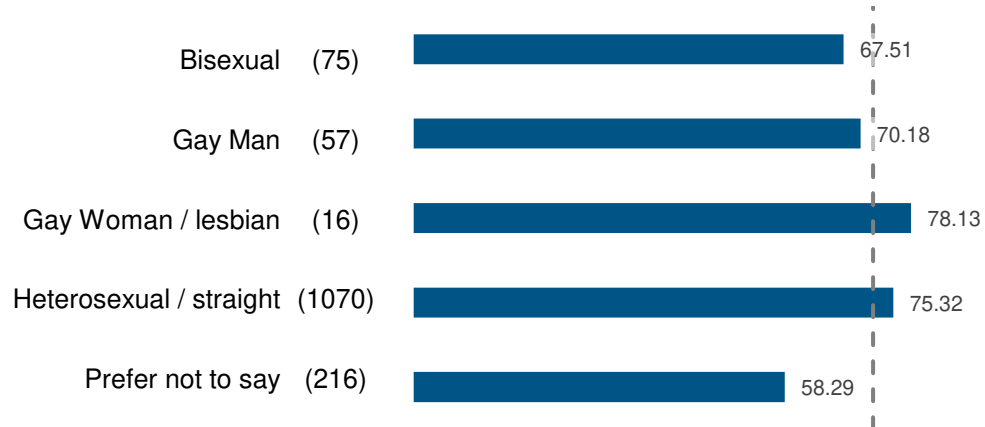
### Engagement by Ethnicity (White)

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### Engagement by Sexual Orientation

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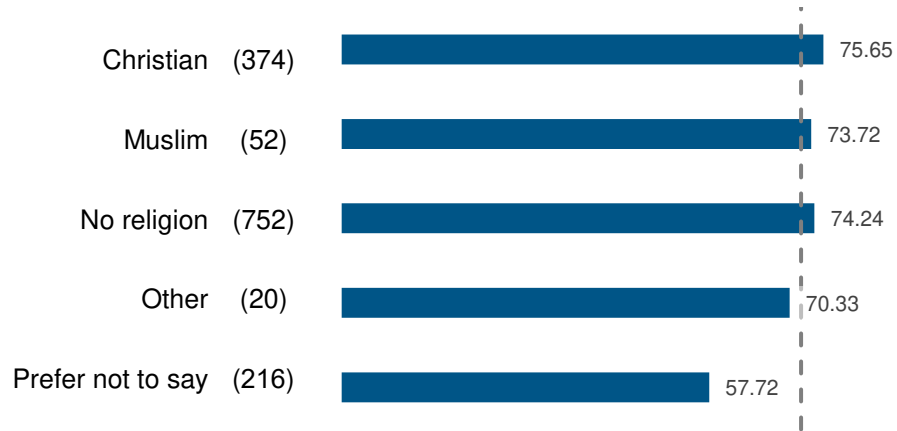
### Engagement by Religion (Grouped)

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### Engagement by Religion

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### Engagement by Disability

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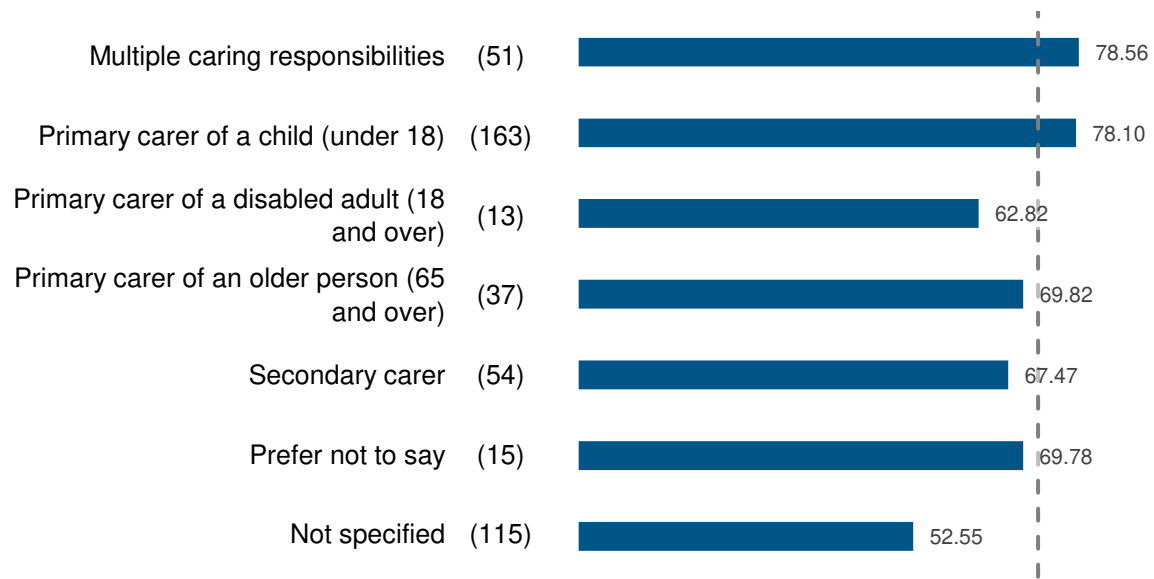
### Engagement by Caring Responsibilities

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### Engagement by Nature of caring responsibilities

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General  
Medical  
Council



**GMC Staff Survey 2024  
Inclusivity Report**

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# 1. Introduction

## How the Inclusivity Index is calculated

The inclusivity index is calculated by creating an average of the rate of positive response to the below statements:

- Q9a My line manager treats me with respect and fairness
- Q15b The GMC provides an inclusive environment for people from all backgrounds
- Q15c Everyone is given the opportunity to progress at the GMC regardless of background, beliefs, or identity
- Q15d I am confident that I can raise an issue with the organisation without it being held against me
- Q16d My views and ideas are listened to
- Q17a Bullying is not an issue where I work
- Q18a Harassment is not an issue where I work
- Q19a Discrimination is not an issue where I work

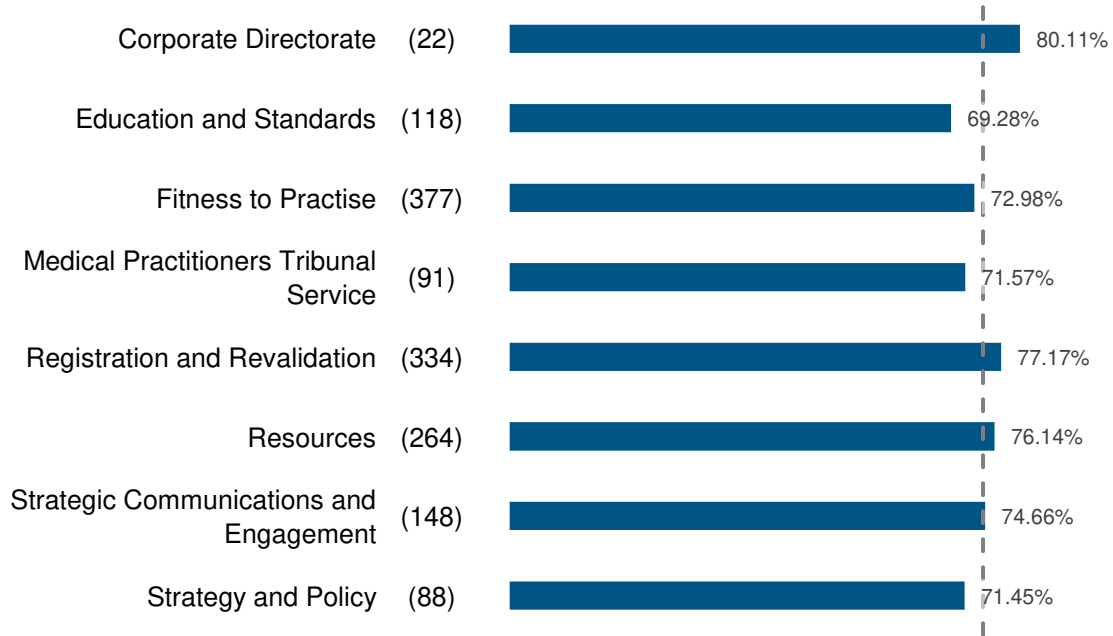
This report provides an outline of the inclusivity scores across various sections of staff, with the organisation average (74.32%) indicated by the grey dashed line on each chart.

# Inclusivity Index

## Work Area

### Inclusivity by Directorate

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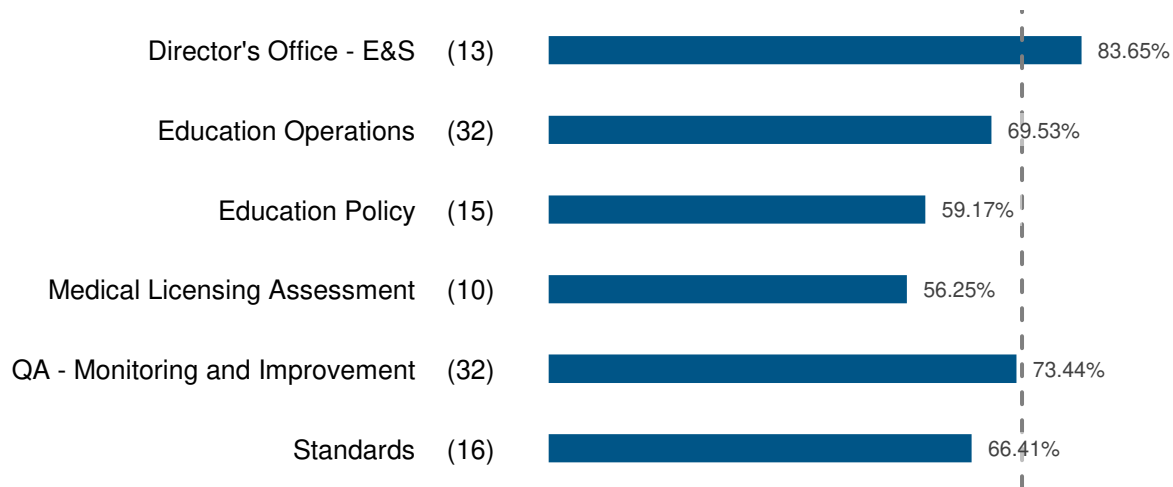


### Inclusivity by Report Section (Corporate Directorate)

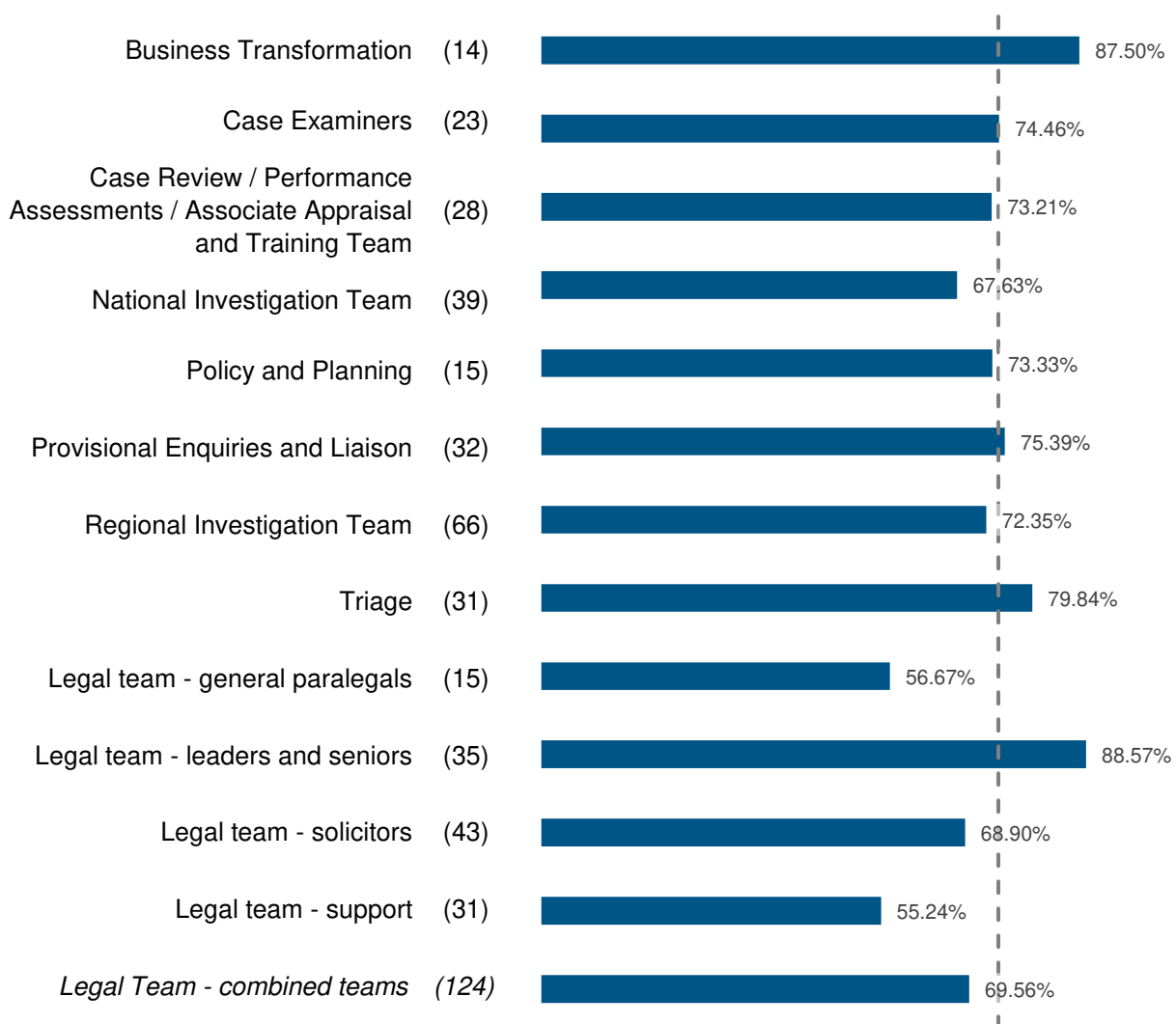
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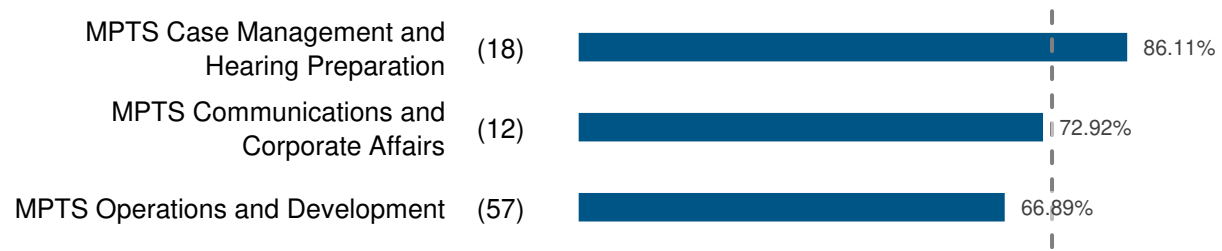
### Inclusivity by Report Section (Education and Standards)



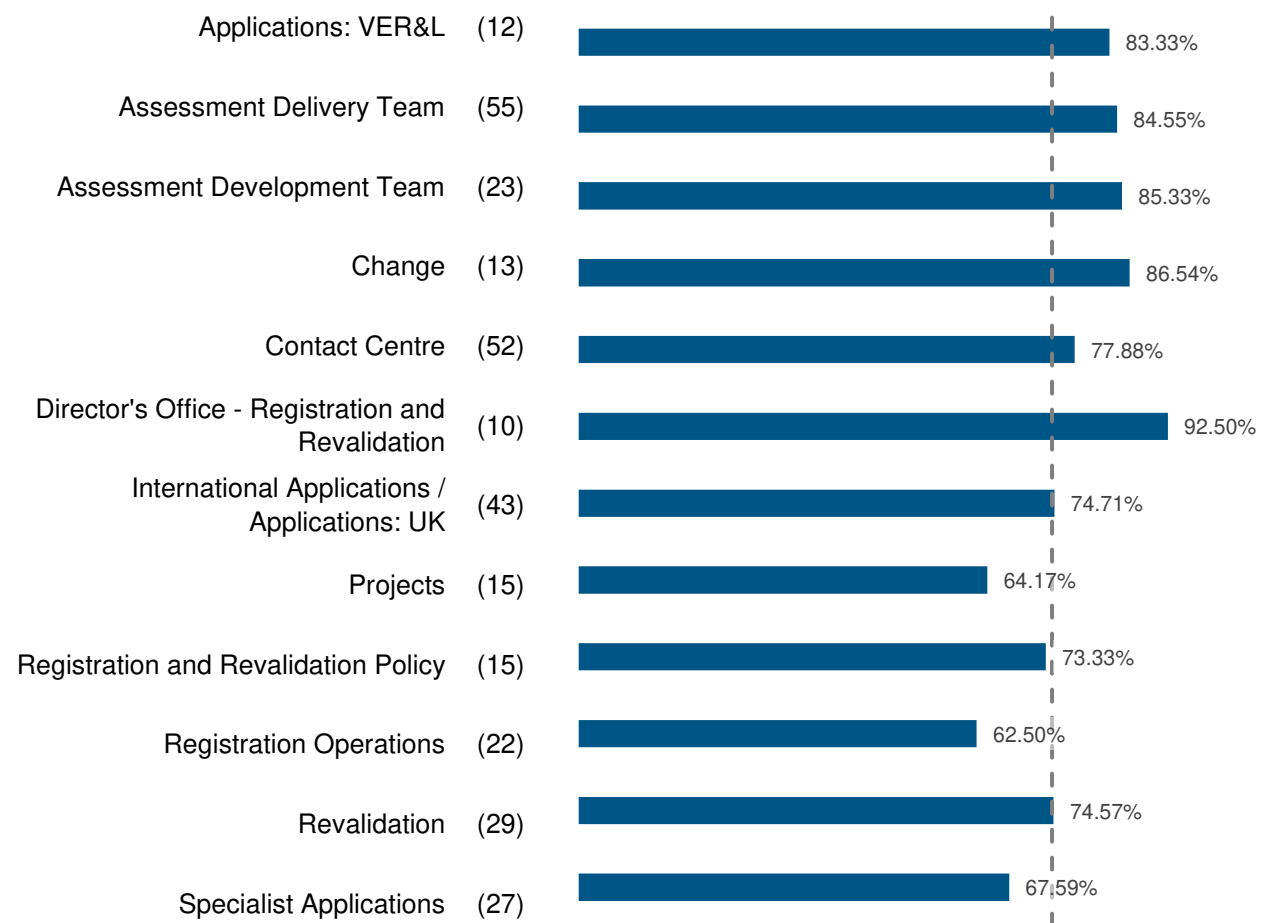
### Inclusivity by Report Section (Fitness to Practise)



### Inclusivity by Report Section (Medical Practitioners Tribunal Service)

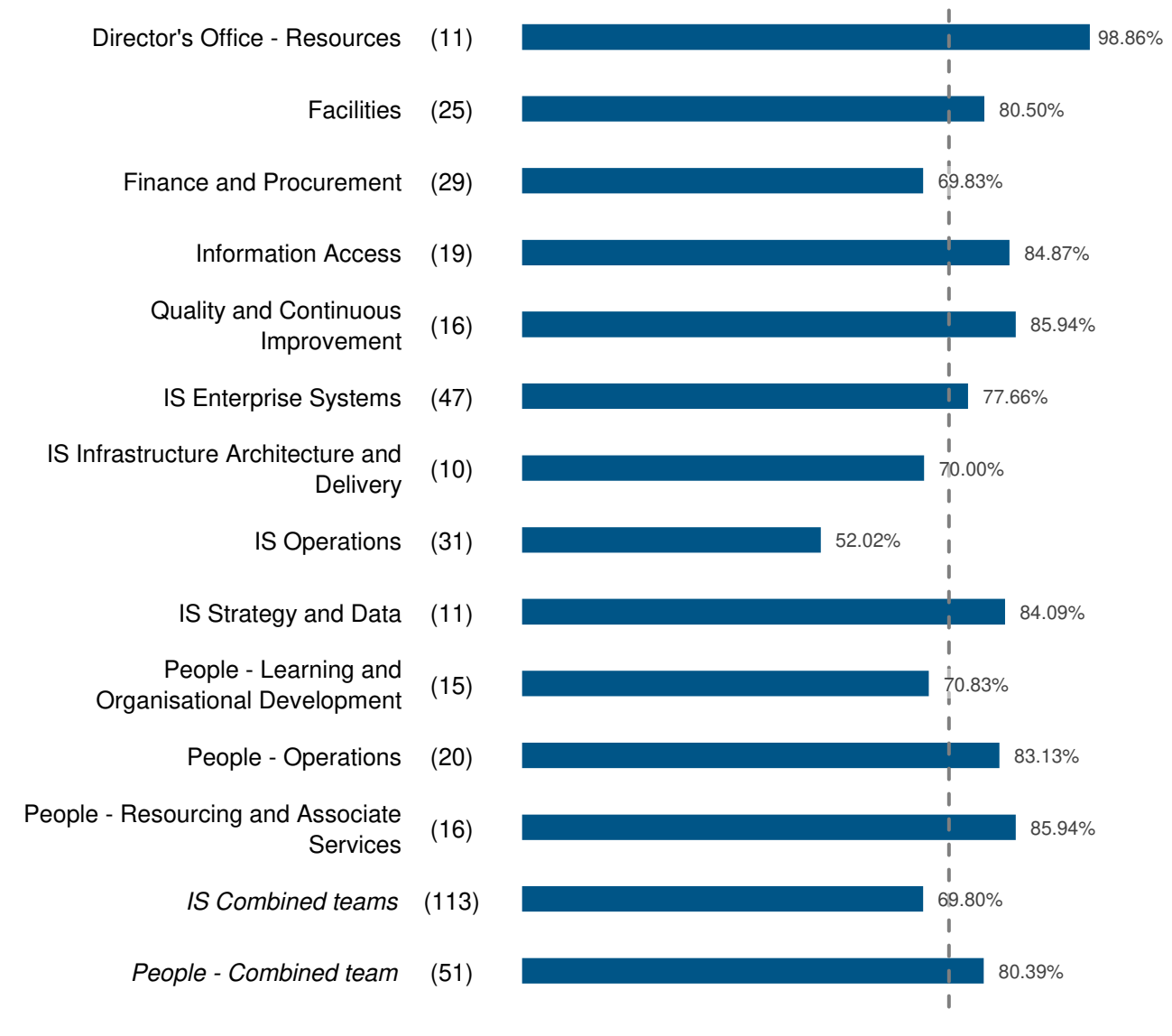


### Inclusivity by Report Section (Registration and Revalidation)

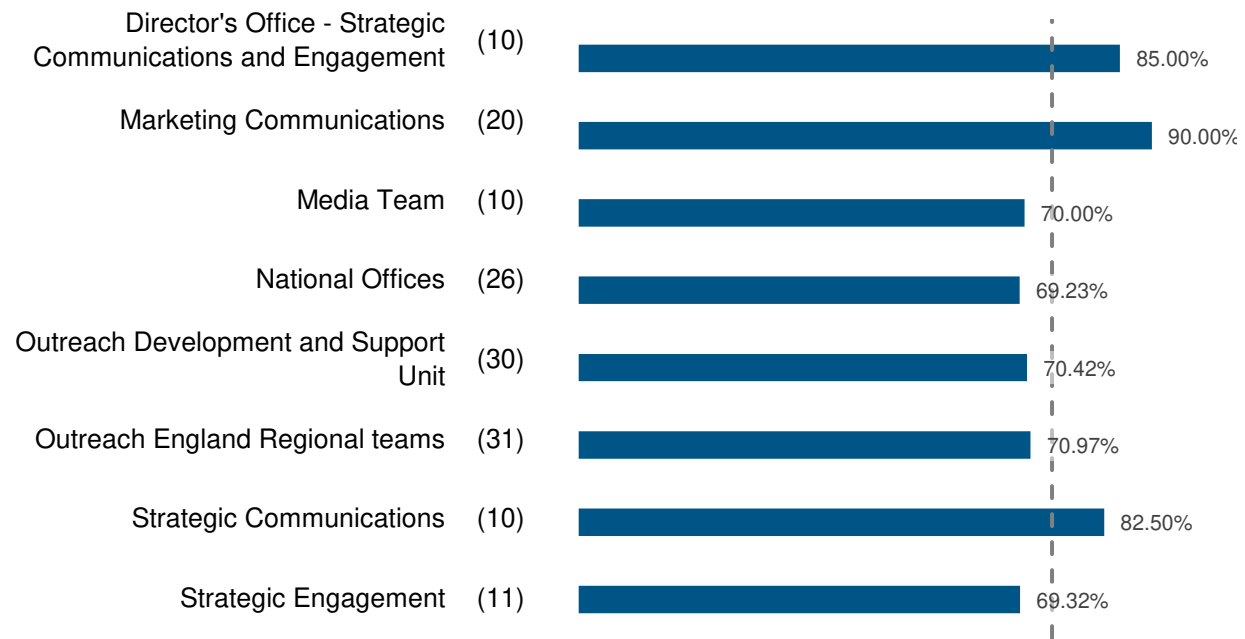


## Inclusivity by Report Section (Resources)

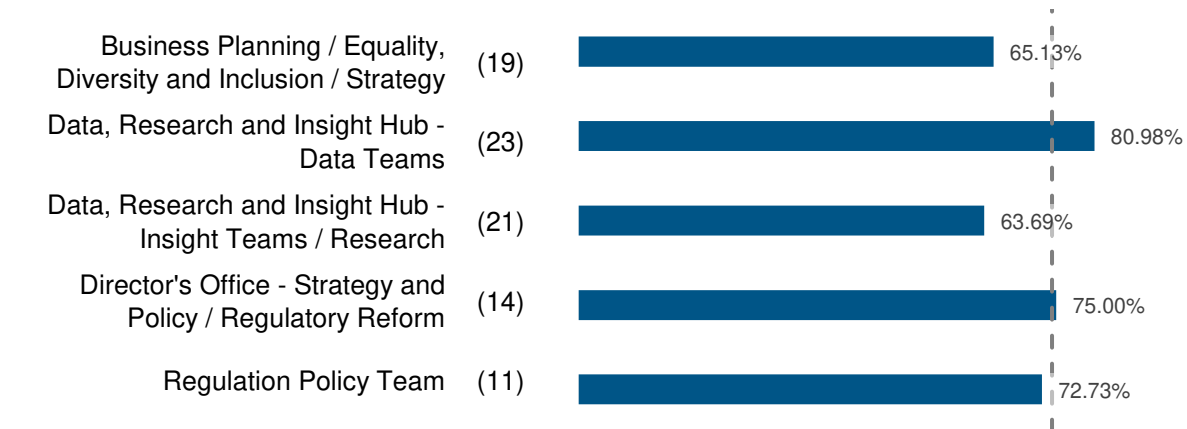
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### Inclusivity by Report Section (Strategic Communications and Engagement)

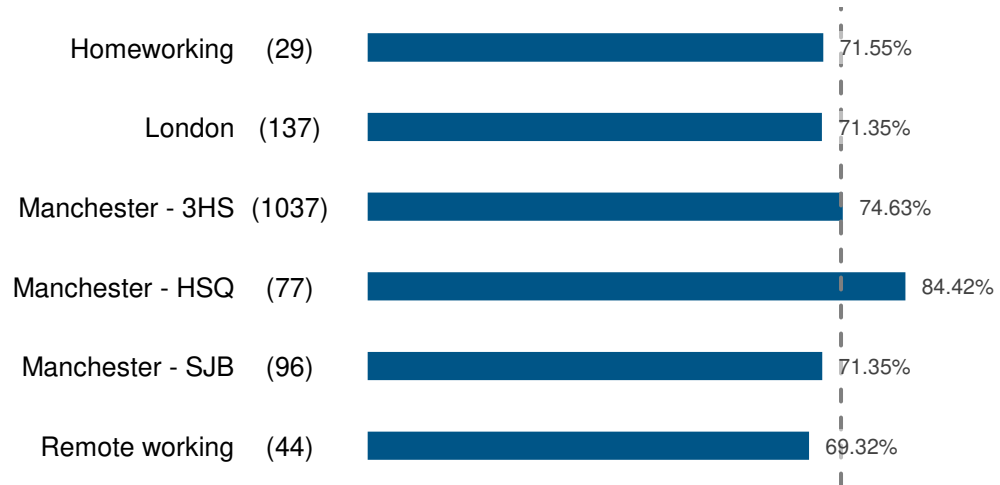


### Inclusivity by Report Section (Strategy and Policy)



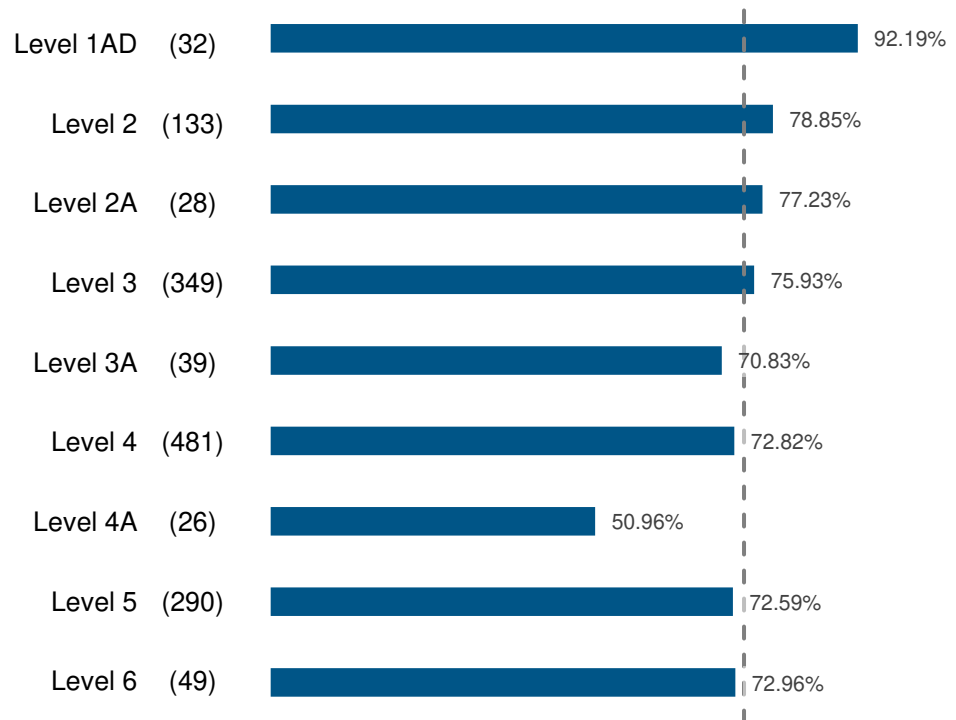
## Inclusivity by Location

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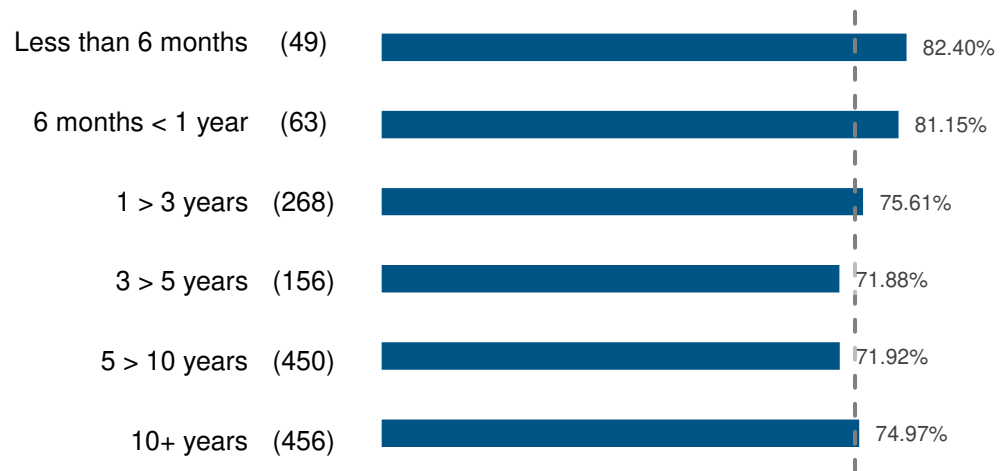
## Inclusivity by Level

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### Inclusivity by Length of Service

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### Inclusivity by Promotion or transfer

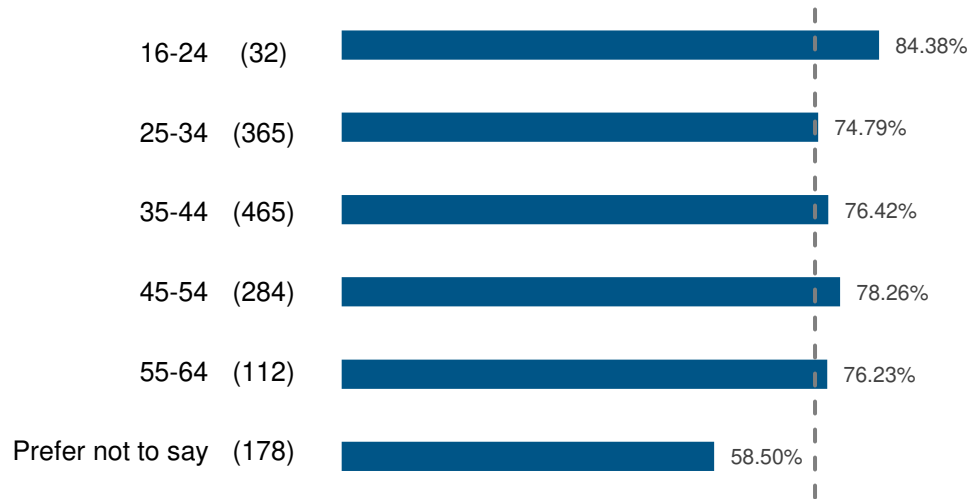
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# Demographics

## Inclusivity by Age

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## Inclusivity by Sex

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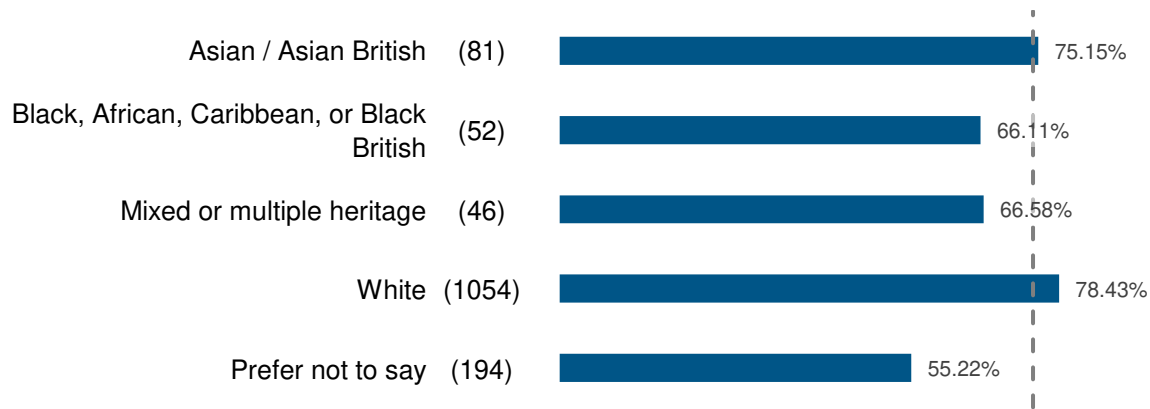


## Inclusivity by Ethnicity (White/BME)

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### Inclusivity by Ethnic Origin



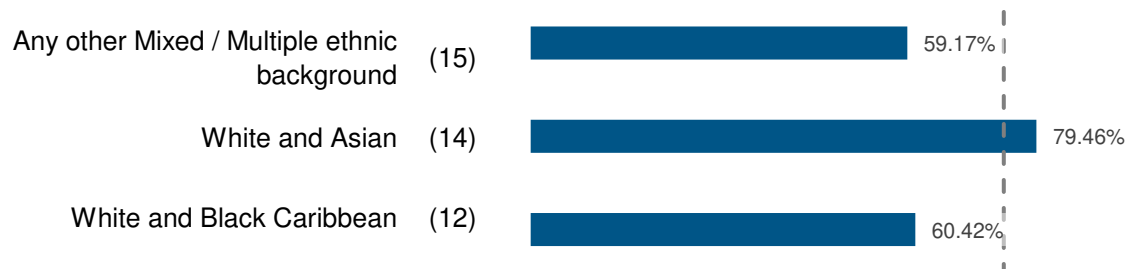
### Inclusivity by Ethnicity (Asian / Asian British)



### Inclusivity by Ethnicity (Black, African, Caribbean, or Black British)

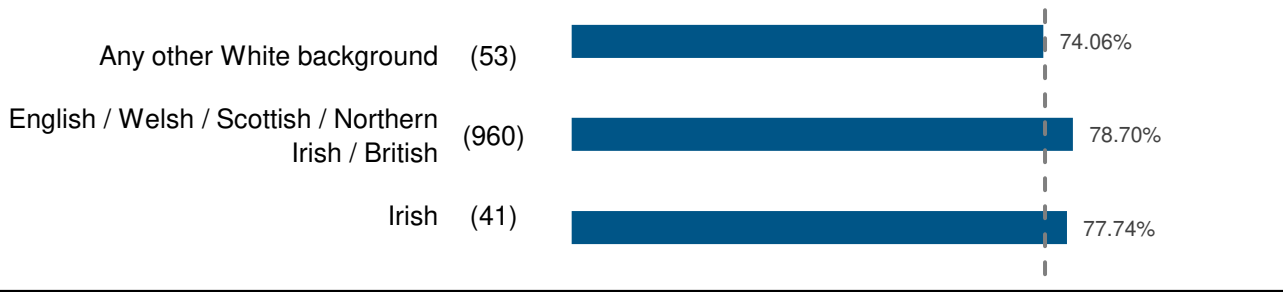


### Inclusivity by Ethnicity (Mixed or multiple heritage)



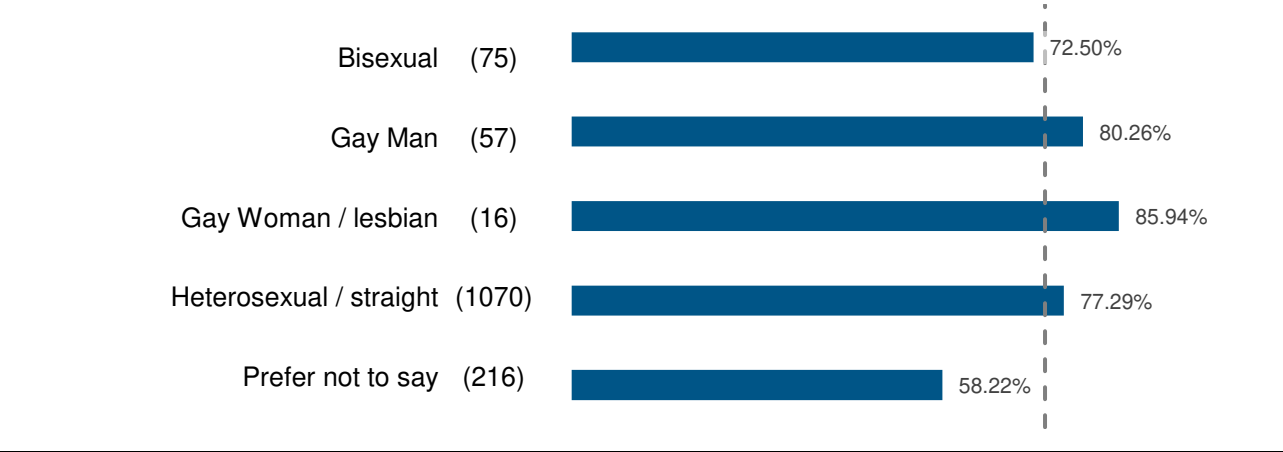
### Inclusivity by Ethnicity (White)

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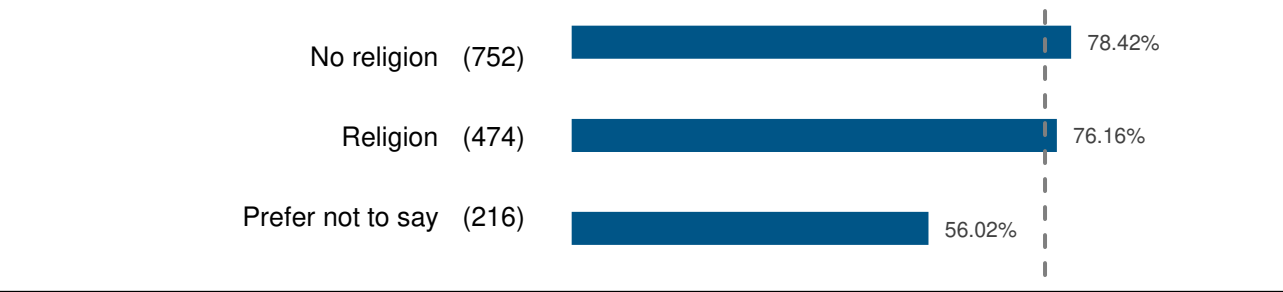
### Inclusivity by Sexual Orientation

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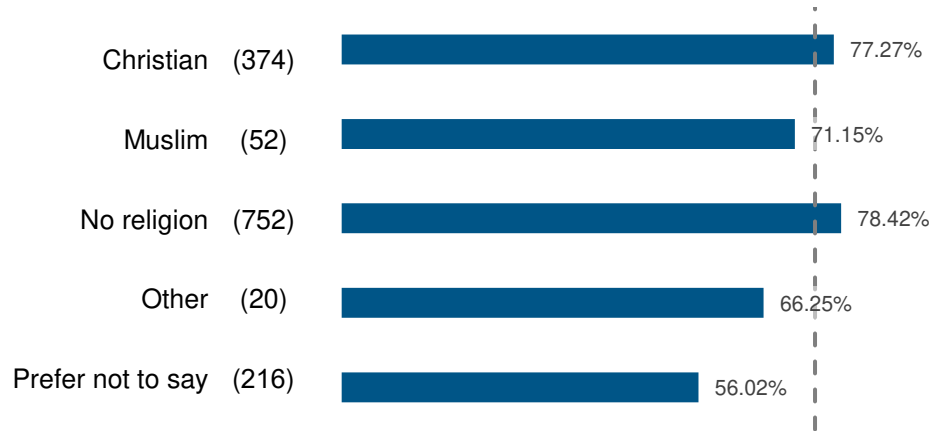
### Inclusivity by Religion (Grouped)

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### Inclusivity by Religion

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### Inclusivity by Disability

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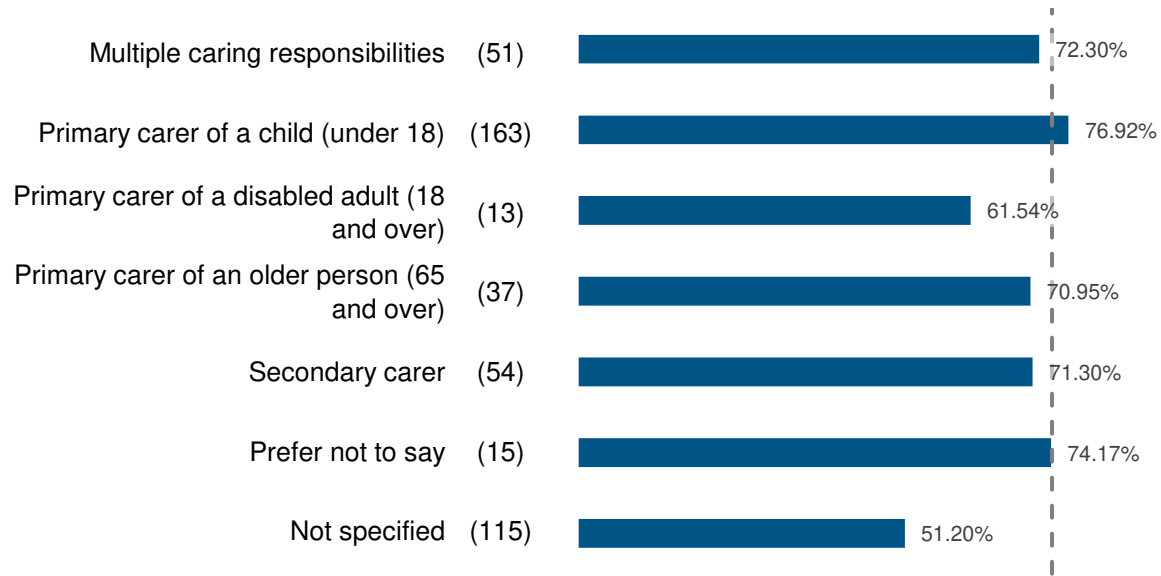
### Inclusivity by Caring Responsibilities

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### Inclusivity by Nature of caring responsibilities

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## The Professional Standards Authority's (PSA) annual review of our performance 2023/24

<b>Action</b>	To note
<b>Purpose</b>	<p>The PSA's 2023/24 annual review of our performance (published in December 2024) confirms that we have met all the Standards of Good Regulation for 2023/24, 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.</p> <p>Council members are invited to share their reflections on the paper and the PSA's performance report.</p>
<b>Decision Trail</b>	The PSA reached their decision in October 2024, and a note was shared with Council members to communicate the outcome ahead of the report's publication.
<b>Recommendation</b>	Council is asked to consider and note the report.
<b>Annexes</b>	<p>Annex A: PSA Performance Review report – GMC 2023/24</p> <p>Annex B: FtP timeliness figures</p>
<b>Author contacts</b>	<p><b>Sarah Barlow</b>, Head of Business Planning &amp; Reporting</p> <p><b>Anisah Chowdhury</b>, Performance Manager</p> <p>Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a></p>
<b>Sponsoring director/ Senior Responsible Owner</b>	<p><b>Shaun Gallagher</b>, Director of Strategy and Policy</p> <p><b>Judith Chrystie</b>, Assistant Director of Strategy, Planning and Inclusion</p>

## Agenda item M7

### The Professional Standards Authority's annual review of our performance 2023/24

## 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.
- 2** The performance review involves an assessment of performance, based on evidence provided by regulators against the 18 Standards of Good Regulation<sup>1</sup>. The PSA apply an evidence framework<sup>2</sup> to make their assessment, and at the end of the review period, they will determine whether the regulator has passed or failed 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.
- 4** In 2022, the PSA transitioned to a revised three-year cycle of performance reviews<sup>3</sup>, carrying out a more intensive 'periodic review' every three years, with continued monitoring of performance in the other two years of the reporting cycle. This was our first periodic review and covers the period 2023/24. It involved a more detailed review against each Standard, as well as our first assessment against the PSA's revised evidence matrix on Equality, Diversity and Inclusion (ED&I) and an audit of our Fitness to Practise function. Further information is provided in this paper as well an overview of which areas we anticipate being a focal point for this year's review (2024/25) and how we intend to prepare.

## Report findings

- 5** Following the 2023/24 annual review, the PSA concluded that we continue to meet all 18 Standards of Good Regulation.
- 6** The PSA's report (which is published on their website) recognises:
  - a** our continued progress towards our external Equality, Diversity and Inclusion (ED&I) targets, particularly highlighting our work to address disproportionate referrals

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

<sup>2</sup> Professional Standards Authority. (2019) *Evidence Framework* [Evidence framework](#)

<sup>3</sup> Professional Standards Authority. (2021) *A new approach to how we review the regulators* (<https://www.professionalstandards.org.uk/what-we-do/improving-regulation/consultation/consultation-on-performance-reviews>)

## Agenda item M7

### The Professional Standards Authority's annual review of our performance 2023/24

- b** Good Medical Practice (GMP) coming into effect in January 2024 - welcoming the increased focus on patient-centred care and fairer workplace cultures
  - c** our (then) imminent regulation of Physician Associates (PAs) and Anaesthesia Associates (AAs), and the substantial information we have produced around the scope of our role and guidance for PAs, AAs, doctors, and employers as we transition
  - d** our continued improvements in fitness to practise (FtP) timeliness, mentioning our ability to reach key decision points faster since the last review, and the further reduction in the number of older cases in our system.
- 7** The PSA also spotlighted several areas of good practice such as our continued support for International Medical Graduates (IMGs) who are new to practising in the UK and our work to promote fairer training cultures.

## Increased ED&I scrutiny

- 8** In 2023, the PSA reviewed their approach to assessing regulators on ED&I against Standard 3<sup>4</sup>. In May 2023, they published a new evidence matrix<sup>5</sup> that included several new measures across a three-year period and substantially increased expectation linked to four overarching areas:
- embedding of ED&I in our governance, structures, and processes
  - students and registrants equipped to provide safe care in terms of ED&I
  - fairness of decision making across functions
  - influence and engagement with others over ED&I issues.
- 9** This matrix came into effect in early 2024, which meant that our 2023/24 review year was the first time we were required to evidence that we were meeting these new requirements. Each area was highly scrutinised during the review and involved us formally providing the PSA with several detailed responses. The PSA's panel agreed that we had evidenced our capability to meet all 20 measures relevant for this review period. In their report the PSA wrote:
- “The GMC has performed strongly against all four outcomes in the Standard. There is evidence of significant activity in relation to nearly all the relevant indicators, and we have identified several areas of good practice, including the GMC's relatively advanced work to address identified areas of disproportionality.”*

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

<sup>5</sup> [Professional Standards Authority Standard 3 evidence matrix](#) (May 2023)

## Agenda item M7

### The Professional Standards Authority's annual review of our performance 2023/24

- 10** This reflects the focus and prioritisation we have placed on ED&I in recent years and progress we have made. We are in a good position to demonstrate further progress by our next performance review.

## Fitness to practise

- 11** Fitness to Practise (FtP) has consistently been the area PSA scrutinise most and covers a large proportion of the PSA's Standards. This year, the two main focal points for the review concerning FtP were around our progress to reduce the time taken to close cases, and an audit on decision making in the earlier stages of our FtP processes.

### **FtP timeliness**

- 12** So far 6 of the 10 regulators have completed their performance reviews for 2023/24. The most difficult Standard to meet for most regulators is Standard 15<sup>6</sup>, and although it covers a range of aspects regarding the progression of FtP cases, regulators tend to fail due to not closing cases quickly enough, with five<sup>7</sup> having failed the Standard in 2024 (four of those also failing this the previous year).
- 13** Overall, we have improved our timeliness compared with the previous year, however the PSA noted a slight increase in a couple of measures for Q2 of 2024/25 relating to the length of time cases are taking (figures provided at Annex B). This increase can be explained due to the correlating increase in referrals (all enquiries we receive including public complaints) - rising by 10.9% in the last year alone and by 21.5% since 2022 - which has similarly been experienced by other regulators. It is not clear what factor(s) have led to higher referrals across the board, but we will continue to keep an eye on the rising number and its impact on our timeliness through 2024/25.

### **Audit of FtP cases**

- 14** As part of our periodic review, the PSA conducted an audit into our fitness to practise cases. This was our first FtP audit since 2018 and involved reviewing a sample of closed cases.
- 15** The scope of the audit covered:
- decision-making at the early stages of fitness to practise (at triage, provisional enquiry, and case examiner stages)

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

<sup>7</sup> General Dental Council (GDC), Nursing and Midwifery Council (NMC), Health and Care Professionals Council (HCPC), General Pharmaceutical Council (GPhC), and General Chiropractic Council (GCC) failed Standard 15 during the 2023/24 annual review (as of 15 January 2025). Four other regulators are yet to have their reviews concluded.

**Agenda item M7**

**The Professional Standards Authority's annual review of our performance 2023/24**

- information on the Rule 12 process and people's experiences of it (Rule 12 is the basis on which an individual with an interest in a FtP decision can ask us to review it if certain criteria are met)
  - further information about our handling of allegations about sexual misconduct.
- 16** Standards 14, 15, 16, and 17 were considered as part of the audit. Following a thorough review, the PSA did not identify any significant concerns with our processes therefore concluding that these Standards are met.
- 17** In their findings, the PSA noted that our method for conducting risk assessments differed from other regulators, which from our perspective, is likely because of the differences in our case management systems and variances in functionality. We assess risk at every point in our process to ensure that public safety is always being considered, and the PSA determined that they did not see any cases where they considered the GMC had failed to seek an interim order when one was needed. Nevertheless, the PSA suggested we consider a similar method to the other regulators. Although it may not be necessary to adopt a standard approach across all regulators (considering differing contexts, systems and volumes), we welcome the opportunity to speak with other regulators to explore whether there are any practices that would *a)* improve assurance around the recording of risk assessments while *b)* ensuring compatibility with our systems and operating context as well as being user friendly for staff.
- 18** The audit carried a wider theme around sexual misconduct. Within the audit the PSA sought to include cases which involved allegations of sexual misconduct in their sample to assure themselves that these types of cases were being handled appropriately and that the severity and seriousness of such allegations are properly taken into account.
- 19** We provided the PSA with further information about other work we have completed over the last few years as part of our project to Embed Learning from Sexual Abuse cases (ELSA). Furthermore, we have made changes to how we charge some allegations of sexual misconduct concerning a doctor's misconduct towards a colleague during their employment. In these cases, in addition to alleging sexual motivation, where relevant in line with previous case law, we would also allege sexual harassment as defined in the Equality Act. This does not require us to prove sexual motivation but to evidence the effect of the misconduct on the complainant themselves as per the definition in the Act.
- 20** In relation to Rule 12, the PSA concluded that in all the cases they reviewed as part of the audit, they were satisfied that the decision makers applied the relevant test reasonably and timescales for handling were also found to be reasonable.

**Agenda item M7**

**The Professional Standards Authority's annual review of our performance 2023/24**

## Preparing for our next performance review

**21** We meet with the PSA on a monthly basis to share information and proactively provide updates on areas they have previously expressed interest and on key programmes of ongoing work. Our next performance assessment by the PSA will be a lighter touch monitoring review. In advance of this we will hold conversations to gain greater clarity around expectations to support our forward planning.

### *Anticipated areas of interest*

**22** Naturally the PSA will be seeking progress on any work we have highlighted as part of the 2023/24 ED&I assessment, and evidence of us striving towards the performance indicators specifically outlined for 2025 and 2026. We expect there to be specific focus on our regulatory fairness programme and our work around reducing barriers to complaints made about our registrants.

**23** With regulation of PAs and AAs now live, the PSA will be monitoring process and guidance updates, particularly for those processes that will differ to doctors such as in FtP and Education. Similarly, they have told us there is likely to be a focus on the introduction of the medical licensing assessment (MLA), following its implementation last year.

**24** We anticipate the PSA to revisit the FtP audit findings. We know that they will be keen to understand action we take following their audit, particularly in relation to how we record our consideration of risk. We plan to meet with other regulators to gain insight and judge if applicable opportunities exist. We will also seek to understand whether the PSA have any specific learnings or observations they can share.

**25** Furthermore, the PSA will consider our response to any inquiries and reviews over the 2024/25 period, including any action taken in light of the NMC culture review.

**26** Although this is already a significant list of areas where we expect to receive scrutiny, it is possible that other issues may feature if the PSA need to be reactive in certain areas. We will ensure we are kept abreast of any emerging areas of interest through our regular meetings with the PSA.

## Standards of Good Regulation review

**27** In November 2023 the PSA told regulators that they intended to conduct a review of the Standards of Good Regulation and Standards for Accredited Registers. The purpose of the review is to ensure the Standards have not become outdated from their last formal review, especially having introduced new criteria on ED&I since then, which may have impacted the criteria captured under other standards.

**Agenda item M7**

**The Professional Standards Authority's annual review of our performance 2023/24**

- 28** The PSA have not yet shared the scope of the review but have told us they are approaching this review with an open mind. They will be launching a public consultation in February 2025 to run for 12 weeks. The GMC will be submitting a response.
- 29** We anticipate the revised Standards to be published by Autumn 2025 and come into effect in Spring 2026. As the review unfolds, we must be aware of - and plan for - all implications for future performance reviews.

## Conclusion

- 30** In the context of the external backdrop and the more intensive scrutiny this review, it is particularly pleasing to have again met all 18 of the Standards, however as always, the process and the performance report itself give us cause to reflect on how we can improve across our functions.
- 31** Although we are now moving into a monitoring year, we must not lose sight of the progress that must continue, and we should remain conscious of the external environment and its impact on our work in addition to the areas of interest we anticipate the PSA to focus on.
- 32** We ask that Council note the published report for 2023/24, and our preparations for our upcoming monitoring review for 2024/25.

# General Medical Council

## Performance Review Periodic review 2023/24

# General Medical Council

## Performance review report 2023/24

### Key findings and areas for improvement

#### Equality, Diversity and Inclusion (EDI)

This year we have introduced a new approach to assessing regulators' performance on EDI. Our Standard covers four high-level outcomes, all of which a regulator must meet. The GMC has performed strongly against all four outcomes. There is evidence of significant activity in relation to nearly all the relevant indicators, and we have identified several areas of good practice, including the GMC's relatively advanced work to address identified areas of disproportionality. But the GMC still has some way to go in assuring stakeholders about the fairness of its processes, particularly in fitness to practise. We encourage the GMC to continue its work to build stronger assurance around the fairness of its processes, and to continue to take action where it identifies evidence of disparities.

#### Fitness to practise timeliness

The GMC has continued to improve its timeliness for fitness to practise in this review period. Compared with last year, it has reached key decision points faster and has reduced the number of open old cases. The overall time for cases that go to a final hearing remains high and it will be important for the GMC to continue to improve in this area. We will continue to closely monitor its performance, particularly as we saw an increase in some of our measures of timeliness in the final quarter of the review period.

#### Good Medical Practice 2024

From January 2024, a new version of Good Medical Practice, the GMC's core standards for registrants, came into effect. The updated version includes new duties for registrants, including about creating fair workplace cultures, preventing sexual harassment, and speaking up when misconduct is witnessed. There are additional obligations for registrants in leadership roles. The new guidance emphasises a patient-centred approach to decision-making. It now incorporates or signposts to other pieces of guidance, for example in relation to use of social media, or decision-making and consent. We welcome the increased focus on patient-centred care and fair workplace cultures.

#### Assessing and recording risk

We reviewed a sample of closed fitness to practise cases. The GMC does not require risk assessments to be separately documented as other regulators we oversee do. It was not always clear how and when risks had been considered. We did not see any cases where we considered the GMC had failed to seek an interim order when one was needed. There is an opportunity for the GMC to improve the controls it has in place, by being clearer about how and when staff are identifying, considering and responding to evidence of risk in cases. We will closely monitor how it considers our feedback and any action it takes as a result.

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## About our performance reviews

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. The judgements we make against each Standard incorporate a range of evidence to form an overall picture of performance. Meeting a Standard means that we are satisfied, from the evidence we have seen, that a regulator is performing well in that area. It does not mean there is no room for improvement. Where we identify areas for improvement, we pay particular attention to them as we continue to monitor the performance of the regulator. Similarly, finding that a regulator has met all of the Standards does not mean perfection. Rather, it signifies good performance in the 18 areas we assess.

Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process [here](#). We welcome hearing from people and organisations who have experience of the regulators' work. We take this information into account alongside other evidence as we review the performance of each regulator.

This is a periodic review report on the General Medical Council (GMC) and covers 1 October 2023 to 30 September 2024.

## About the GMC






The GMC regulates the practice of doctors in the United Kingdom. From December 2024 the GMC is scheduled to also commence regulation of anaesthesia associates (AAs) and physician associates (PAs) in the United Kingdom. It currently has a total of **390,520 doctors** on its register (as at 31 October 2024).

## About the GMC's performance for 2023/24

For this review, the General Medical Council met 18 out of 18 of our Standards of Good Regulation. These Standards provide the benchmark against which we review performance.

Meeting or not meeting a Standard is not the full story about how a regulator is performing. Our report provides more detail about the General Medical Council's performance this year.

### Standards of Good Regulation met 2023/24

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

### Standards met 2022-23

2022/23	18 out of 18
2021/22	18 out of 18
2020/21	18 out of 18

## General Standards

### 1

**The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.**

- 1.1 The GMC continues to publish information about its role, regulatory requirements, guidance, and activities. It has dedicated sections of its website for different areas of its work. These were recently updated to include reference to the updated Good Medical Practice 2024<sup>1</sup> and changes to how the GMC oversees education and training.
- 1.2 The GMC website includes a Future Regulation Hub, which gathers together information about the GMC's regulation of Anaesthesia Associates (AAs) and Physician Associates (PAs). The GMC will start regulating AAs and PAs from December 2024, shortly after the end of our review period. The hub includes information for doctors, patients and employers, as well as AAs and PAs, and links to specific guidance about how the GMC will regulate AAs and PAs.
- 1.3 The GMC's register is on the website and is easy to search. The register information is also searchable by key characteristics. The GMC provides access to its public Council meeting papers for a range of committees and boards across its functions on its website. The GMC has published a range of reports about its activities. It publishes statements about topical issues through the media hub on its website.
- 1.4 The GMC has implemented the Welsh Language Standards across its functions. It continues to make the information it publishes available in Welsh and other languages and formats so that it is accessible.

### Conclusion

The GMC continues to publish a range of information on its website. We have seen that it takes action to keep the information accurate and up to date. We are satisfied that this Standard is met.

### 2

**The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.**

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<sup>1</sup> See Standard 6.

- 2.1 The GMC's overarching objective is to protect the public. Although its legal powers are changing to allow it to regulate AAs and PAs, the overarching objective remains the same.
- 2.2 The GMC continues to publish its plans to deliver its purpose. Its Corporate Strategy 2021-25 is categorised into four themes: enabling professionals to provide safe care; developing a sustainable medical workforce; making every interaction matter; and investing in people to deliver.
- 2.3 The GMC business plan for 2024 is based on the Corporate Strategy. It sets out the key projects, activities, and milestones under the four priority areas and highlights compassionate regulation as an ongoing strategic focus for the GMC's activities. The GMC reports on progress against its business plan in each annual report.
- 2.4 We have seen evidence of the GMC applying learning across its functions. It uses feedback from the National Training Survey<sup>2</sup> to inform its oversight of training programmes across the UK. The GMC also has national strategies for its work in each of the four UK nations. It holds regular UK Advisory Forums with stakeholder organisations across the UK. Its reports on the workforce<sup>3</sup> include nation-specific data and highlight issues for the sector to address to ensure doctors can provide safe, effective care to patients.

## Conclusion

The GMC is clear about its purpose and continues to focus its activities on public protection. We are satisfied that this Standard is met.

## 3

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

- 3.1 This year, we have used a new approach to assessing regulators against this Standard.<sup>4</sup> As part of our new approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we would need to be assured that the regulator has met all four of the outcomes. Our assessment of the GMC's performance against the four outcomes is set out below.

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<sup>2</sup> The National Training Survey asks doctors in training for their views on the training they receive. The GMC publishes results on its [website](#).

<sup>3</sup> [The State of Medical Education and Practice 2024](#).

<sup>4</sup> More information is available in our [guidance document](#).

### Outcome 1: The regulator has appropriate governance, structures and processes in place to embed EDI across its regulatory activities

- 3.2 The GMC holds protected characteristics data relating to senior staff, Council members and associates. It has reported this year on the progress of initiatives to increase the diversity of its pool of expert witnesses and the barristers it instructs. The GMC has specific targets to increase the proportion of staff from ethnic minority backgrounds at all levels, including senior management roles, in its EDI strategy.
- 3.3 The GMC has strategic EDI objectives within its corporate strategy, as well as four EDI-focused priority programmes addressing: fairer employer referrals; fair training cultures; assuring fairness within the GMC; and inclusivity as an employer. It reports annually to a public Council meeting about progress against the strategy, as well as regular updates about relevant work. We have seen that it has updated the strategy over recent years to take account of, for example, the outcomes of major reviews, and that it identifies priorities for each year based on the progress and impact of its work.
- 3.4 The GMC has an EDI Steering Group as well as a Strategic EDI Forum and a dedicated EDI team. There is a senior sponsor for the organisation's EDI work. It has used its internal audit to gain assurance about the effectiveness of its governance arrangements and has taken action to implement further recommendations from its EDI team.
- 3.5 We have seen examples of EIAs carried out by the GMC. It has introduced new templates for the EIA process and is reviewing the impact of this.

### Outcome 2: In terms of EDI, the regulator ensures that registrants and students are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills

- 3.6 The updated version of *Good Medical Practice*<sup>5</sup> requires doctors to treat patients as individuals, to respect their dignity and privacy and to consider reasonable adjustments. There are similar requirements for students and provisionally-registered doctors. The GMC provides additional resources for doctors on how to provide inclusive care for patients who share protected characteristics through its ethical hub.<sup>6</sup>

#### **Good Practice**

The GMC provides further guidance and resources for doctors on how to provide inclusive and effective care for patients who share certain protected characteristics (including older patients, and trans and gender diverse patients). It has also published a series of interactive case studies, *Good Medical Practice* in

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<sup>5</sup> See Standard 6.

<sup>6</sup> See Standard 7.

action, to illustrate how the standards apply in a variety of scenarios, including some where specific EDI considerations are relevant.

- 3.7 GMC guidance is clear about requiring registrants not to discriminate. The new version of Good Medical Practice includes a requirement to challenge discriminatory behaviour when witnessed. Some other guidance documents<sup>7</sup> do not yet reflect this, though the GMC publishes other guidance about how and when to raise concerns. We also understand that the GMC plans to review its guidance documents to align them with the new version of Good Medical Practice.
- 3.8 The new GMC guidance also contains responsibilities on doctors not to discriminate and on those in leadership positions to report discriminatory behaviour when they witness it.
- 3.9 The GMC publishes guidance about equality and diversity considerations for training organisations. The guidance sets out the equality and diversity indicators relevant to each of the GMC's requirements, and the types of evidence organisations may be able to collect to demonstrate that they have met them. Training organisations must complete a self-assessment each year, and we have seen evidence of published inspection reports addressing equality considerations. The GMC also publishes guidance for training organisations about how they can support disabled students.

### ***Good Practice***

The GMC has a well-established programme of work on fair training cultures, which we consider to be good practice. It collects data on learners' progression, experiences and outcomes, which is analysed by protected characteristic. It has added optional questions to its National Training Survey to support this. The GMC has also carried out analysis of intersectionality and the effects this can have on differential attainment.

The GMC requires training organisations to demonstrate action they are taking to address inequality of opportunity for learning, either through annual action plans or self-assessment against the GMC's standards.

**Outcome 3: In terms of EDI, the regulator makes fair decisions across all regulatory functions**

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<sup>7</sup> Such as guidance for medical students.

- 3.10 The GMC collects registrants' EDI data and publishes this through its interactive Data Explorer tool as well as through its annual State of Medical Education and Practice reports. The GMC has methods to collect EDI data from people raising fitness to practise concerns.
- 3.11 The GMC's fitness to practise guidance at all stages of the process makes clear that discriminatory behaviour is serious. The GMC told us it has a range of controls in place to assure it that the guidance is being followed.
- 3.12 The GMC told us that all staff and associates receive mandatory EDI training, and that there is a range of optional EDI training available. The GMC has carried out work to identify High Impact Regulatory Decisions<sup>8</sup> and the people who make them; it is piloting new learning on fairness for these decision-makers and staff who advise them. We think that this work has the potential to enable the GMC to make targeted interventions to promote fairness in its decision-making; at present it is at a relatively early stage and we have not seen evidence of outcomes. We will continue to monitor this work.
- 3.13 There is evidence of significant activity by the GMC to look for and address evidence of unfairness in its processes. It has commissioned or undertaken numerous reviews in relation to the fairness of its processes, including in relation to concerns raised with it (such as the Singh/Forde review in response to concerns raised about the outcome of a final fitness to practise hearing). As part of its work on fair training cultures, it has published a detailed analysis on intersectionality and differential attainment.
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### **What we heard from stakeholders**

*" The current rates of disproportionate referrals are concerning. We urge the GMC to prioritise cultural sensitivity training, including training on Islamophobia, to ensure its procedures are equitable and respectful of diverse backgrounds."*

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- 3.14 The GMC has been active in reviewing its processes to look for evidence of unfairness. But it still has some way to go in assuring stakeholders about the fairness of its processes, particularly in fitness to practise. We heard some concerns from stakeholders and we have seen similar concerns expressed publicly. We encourage the GMC to continue its work to build stronger assurance around the fairness of its processes, and to continue to take action where it identifies evidence of disparities.
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<sup>8</sup> It identified 42 decision points as HIRs, which between them amount to about 27,000 decisions a year.

#### Outcome 4: The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes

- 3.15 The GMC engages with a wide range of stakeholders. Its Strategic EDI Forum meets with doctors from diverse backgrounds to hear their experiences. It has also announced the launch of a new Race Equality Forum, to which representatives can bring themes and challenges to the GMC, so that it can ensure its work responds to the needs of these doctors. It has an Advisory Forum on GMC Procedures and Doctors' Health which includes various stakeholders including Royal Colleges, the Faculty of Occupational Health, the Conference of Postgraduate Medical Deans and NHS providers. It has a Patient Roundtable. It also commissioned research when consulting on the new version of Good Medical Practice; this explored themes such as patients' language and communication skills, the needs of disabled patients and taking account of patients' socioeconomic background.
- 3.16 The GMC says it works collaboratively with partners to understand issues affecting patients who share protected characteristics and provides supportive materials both for training doctors and for patients, such as its LGBTQ patient guide. We also saw evidence of the GMC engaging with other regulators and organisations, particularly in relation to medical education and training.

#### Good Practice

The GMC has been working with partners to promote supportive inductions for international medical graduates (IMGs). It collaborated with NHS England, the British Medical Association and the Medical Protection Society to produce *Welcoming and Valuing IMGs*, a set of comprehensive induction standards. It works with employers and educators to support them to implement these standards and to share good practice.

For over ten years, it has been running *Welcome to UK Practice* workshops, which are free and designed to support doctors new to the UK. They provide practical advice and explore different ethical scenarios that an IMG may encounter. They explain the GMC's key standards and guidance and are designed to equip doctors with knowledge and skills to provide appropriate care in an environment that may be very different from their country of qualification.

- 3.17 The GMC publishes a significant amount of research and data relevant to EDI. This includes registrant EDI data, data about education and training, and its annual State of Medical Education and Practice report.

#### Good Practice

The GMC is working towards targets to eliminate disproportionate FTP referrals from employers by 2026, and to eliminate differential attainment in medical education and training by 2031. It reports annually on progress against the specific measures towards which it is working. These show steady progress in

terms of employer referrals and a mixed picture in relation to differential attainment.

From 2025/26, we will expect all regulators to demonstrate the impact of their work to reduce unfair differential outcomes, but we have not yet required them to do so. We consider that the progress already made by the GMC in identifying and working towards these objectives amounts to good practice.

## Conclusion

The GMC has performed strongly against all four outcomes in the Standard. There is evidence of significant activity in relation to nearly all the relevant indicators, and we have identified several areas of good practice, including the GMC's relatively advanced work to address identified areas of disproportionality. But the GMC still has some way to go in assuring stakeholders about the fairness of its processes, particularly in fitness to practise. We encourage the GMC to continue its work to build stronger assurance around the fairness of its processes, and to continue to take action where it identifies evidence of disparities. We are satisfied that this Standard is met.

## 4

### **The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.**

- 4.1 The GMC reports regularly on its performance. Papers for its public Council meetings routinely include operational key performance indicators and reporting against deliver of the corporate strategy. We have seen evidence of the GMC's Council discussing performance reports. The Audit and Risk Committee also reports to Council, including details of internal audit of GMC functions.
- 4.2 The GMC publishes a range of reports once a year, including: its Annual Report and Accounts; a joint report on whistleblowing with the other health and care regulators; the report of its Freedom to Speak Up Guardian; progress reports against its EDI targets; and an annual safeguarding report.
- 4.3 The GMC publishes regular data about the number of corporate complaints and compliments it receives. It continues to hold ISO accreditation for handling customer complaints.
- 4.4 The GMC is currently engaging with several public inquiries, including the Muckamore Abbey Hospital Inquiry, the Lampard Inquiry, the Thirlwall Inquiry and the Ockenden Maternity Review. It is also working to implement recommendations

from the Infected Blood Inquiry. We will continue to monitor the progress of this important work.

## Conclusion

The GMC continues to report on its performance regularly and in appropriate detail. It is engaging with relevant public inquiries. We are satisfied that this Standard is met.

# 5

## **The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.**

- 5.1 The GMC carried out a major public consultation on its proposed rules, standards and guidance for regulating AAs and PAs. The consultation ran from March to May 2024. As part of the new legal powers, it will have to regulate AAs and PAs, the GMC will be able to make rules about registration, fitness to practise, appeals and revisions of decisions, and education and training. The consultation included the rules the GMC proposed to make, as well as supporting materials such as decision-making principles for fitness to practise.
- 5.2 Some stakeholder groups have expressed concerns about the GMC's approach to regulating AAs and PAs, as well as wider issues about the regulation, role and deployment of AAs and PAs more generally. We understand that there has been a significant volume of responses to the consultation. We responded to it, highlighting some areas where we would like to see changes or further detail to ensure the GMC can make the best use of its new powers to protect the public effectively.<sup>9</sup>

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<sup>9</sup> Our [consultation response](#) is published on our website.



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### **What we heard from stakeholders**

*" Discussion was open and frank. Representatives of the GMC generally had a good understanding of the issues. The discussion considered the needs of patients."*

*"The GMC was proactive in its communications and was equally responsive to any requests [...] This was crucial in allowing us to respond to emerging issues or developments."*

*"The GMC are working with us and other system-level partners to develop consistent, system-wide narrative and communications around the MAPs roles<sup>10</sup> [...] Group discussions have helped guide the contents of MAPs guidance, in order to optimise consistency across published documents, and we value the GMC's expertise and input into this work."*

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- 5.3 The GMC said it would publish its response to the consultation in December 2024,<sup>11</sup> shortly before it starts to regulate AAs and PAs. We acknowledge that it will take time to properly review and consider consultation responses, particularly given the extent and detail of the consultation and what we understand to be a large number of responses.
- 5.4 In November 2024, the Department of Health and Social Care announced an independent review of the AA and PA professions. The review is intended to produce a comprehensive picture of these roles. The terms of reference<sup>12</sup> include professional regulation, though the review does not affect the date when the GMC starts to regulate AAs and PAs. The review and next steps are expected to be published in spring 2025.
- 5.5 The GMC has published statements to explain its approach to bringing AAs and PAs into regulation, as well as engaging directly with relevant organisations. We received generally positive feedback from stakeholder organisations about how the GMC engaged with them. It will be important for the GMC to continue to engage and communicate effectively, including with those who are raising concerns about how it will regulate AAs and PAs. We will continue to monitor this work, and any relevant outcomes from the independent review, as the GMC starts to regulate AAs and PAs.

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<sup>10</sup> Medical Associate Professionals, a collective term which includes AAs and PAs.

<sup>11</sup> After the end of the period covered by this report.

<sup>12</sup> [Leng review: independent review of physician associate and anaesthesia associate professions terms of reference - GOV.UK](#)

- 5.6 The GMC worked with relevant stakeholders in other areas of its work. It issued joint statements with other regulators about Martha's Rule<sup>13</sup> and about providing care during shortages of medication.<sup>14</sup>
- 5.7 The GMC published information on how its guidance applies to doctors taking part in protests or other forms of activism. The information includes case studies to explain how the GMC deals with concerns about the actions of doctors during protests, including when doctors have been found to have broken the law.

## Conclusion

The GMC continues to engage with stakeholders. We recognise that concerns have been raised about a range of issues connected to the regulation of AAs and PAs. It will be important for the GMC to communicate clearly about how it has considered these concerns and any associated risks to public protection. We will continue to monitor its work to bring AAs and PAs into regulation, including how it develops and uses its new legal powers. We are satisfied that this Standard is met this year.

## Guidance and Standards

### 6

**The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.**

- 6.1 The updated version of *Good Medical Practice*, the GMC's core standards for registrants, came into effect on 30 January 2024. As we reported last year, the new version includes new duties for registrants, including about creating fair workplace cultures, preventing sexual harassment, and speaking up when misconduct is witnessed. There are additional obligations for registrants in leadership roles, and in relation to sustainability, recognising that climate change presents a risk to public health. There is more emphasis in the new guidance on strengthening professional boundaries and ensuring a patient-centred approach to decision-making.
- 6.2 The new version of *Good Medical Practice* incorporates or signposts to other pieces of guidance, for example in relation to use of social media, or decision-making and consent. It was reasonable for the GMC to review how and where different elements of its guidance are published, and we welcome the increased focus on patient-centred care and fair workplace cultures.

<sup>13</sup> <https://www.gmc-uk.org/news/news-archive/joint-statement-on-marthas-rule-from-the-gmc-nmc-and-cqc>

<sup>14</sup> <https://www.gmc-uk.org/news/news-archive/joint-statement-on-meeting-regulatory-standards---an-update>

## Conclusion

The GMC has implemented an updated version of its standards, which emphasises patient-centred care and safety. This Standard is met.

# 7

**The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.**

- 7.1 The GMC publishes guidance and learning materials to support registrants to meet its standards. It has published resources in the form of fictional case studies to illustrate Good Medical Practice in action.
- 7.2 It also includes advice on its guidance in its ethical hub. The advice relates to a range of topics including: remote consultations; trans healthcare; learning disabilities; racism in the workplace; and social media use. It also includes a speaking up hub.
- 7.3 The GMC has said that the ethical hub is designed to reflect emerging risks. It has used data and research to identify areas of care where good practice for patients with protected characteristics could be improved, or which doctors find challenging. The GMC has also published separate learning materials about the use of artificial intelligence and innovative technologies, another area of emerging risks and opportunities. The learning materials explain that changes to Good Medical Practice aim to make clear how registrants' professional responsibilities apply when they are using innovative technologies including artificial intelligence.

## Conclusion

The GMC has provided updated guidance to support its new standards. There is evidence of a focus on emerging areas of risk. We are satisfied that this Standard is met.

## Education and Training

# 8

**The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.**

- 8.1 The GMC publishes guidance for students. *Achieving good medical practice: guidance for medical students*, produced jointly with the Medical Schools Council (MSC), sets out the expectations for medical students. It has been updated to reflect the new version of *Good Medical Practice*.

## Medical Licensing Assessment

- 8.2 We have reported in previous years on the GMC's work to introduce the Medical Licensing Assessment (MLA). The aim of the MLA is to ensure that doctors seeking registration with a licence to practise medicine in the UK have met a threshold for safe practice that is appropriate to their point of entry to the medical register. The GMC implemented the MLA during this review period, in line with its planned timescale. We discuss the implementation in more detail under Standard 9.<sup>15</sup>

## Education and training standards for AAs and PAs

- 8.3 The GMC has also published guidance for AA and PA students, which will apply once it starts to regulate these roles. It produced *Achieving good medical practice: guidance for physician associate and anaesthesia associate students* jointly with the Physician Associate Schools Council, and *Professional behaviour and fitness to practise*, guidance for course providers. The GMC has previously published information about the generic and shared learning outcomes AAs and PAs must meet to be registered with the GMC by the time they qualify.
- 8.4 When the GMC starts regulating AAs and PAs, applicants will have to pass an assessment to register with the GMC.<sup>16</sup> The PA registration assessment will be in the same format as the MLA: a knowledge test and an Objective Structured Clinical Examination. The AA registration assessment will consist of a knowledge test and a workplace-based assessment of clinical skills.
- 8.5 As noted above, the GMC consulted on proposed rules for its regulation of AAs and PAs, including in relation to education and training. We will continue to monitor further updates to the education and training standards for AAs and PAs.

## Portfolio pathway

- 8.6 The GMC has made changes to one of the routes for applying for specialist or GP registration. This follows legal changes in November 2023, which allow more flexibility in how the GMC assesses an applicant's training and experience. This portfolio pathway is for doctors who have specialty experience but have not completed the main approved UK training route for specialist registration.<sup>17</sup>
- 8.7 The GMC does not intend to change the standard necessary for specialist or GP registration, but to make the portfolio assessment less bureaucratic. The evidence required is set by the GMC in consultation with royal colleges; to apply by the

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<sup>15</sup> We considered the work to introduce the MLA relevant to Standard 8 because it was about how the GMC keeps its standards for training up to date; now that the MLA has come into use, it is part of how the GMC ensures that trainees meet its requirements for registration, and so more relevant to Standard 9.

<sup>16</sup> PAs who have already passed the examination to join the Faculty of Physician Associates' voluntary register will be able to provide evidence of this.

<sup>17</sup> The Certificate of Completion of Training, or CCT.

portfolio pathway, the doctor applies to the GMC which then arranges for their portfolio to be assessed.<sup>18</sup>

## Conclusion

The GMC maintains standards for education and training. It has been updating its standards and guidance to reflect updates to *Good Medical Practice* and the introduction of statutory regulation for AAs and PAs. This Standard is met.

# 9

**The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.**

- 9.1 The GMC publishes information about its processes for the approval and quality assurance of education programmes in the UK. It publishes quality assurance reports and information about where it has taken action to address concerns, for example through enhanced monitoring of training providers.
- 9.2 This year the GMC approved a new medical school, at Sunderland University.

## MLA implementation

- 9.3 As noted above, the GMC has now implemented the MLA, an assessment framework with two components: an applied knowledge test (AKT) and a clinical and professional skills assessment (CPSA). From the 2024/25 academic year, all medical students graduating from UK universities need to pass the MLA as part of their degree before they can join the medical register with provisional registration. International medical graduates who want to join the UK medical register will continue to take the PLAB<sup>19</sup> test, which is now compliant with the MLA requirements.
- 9.4 The GMC has been overseeing MSC and medical schools' development of a national AKT as part of the MLA. The GMC has reviewed whether the medical schools' AKT, their local delivery of it, and each assessment provider's CPSA comply with the GMC requirements for the MLA. It has published compliance reports on its website.

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<sup>18</sup> There is detailed guidance on the GMC [website](#).

<sup>19</sup> Professional and Linguistic Assessments Board.

- 9.5 In summer 2024, the first medical School AKT examinations took place in the schools who hold written finals in the penultimate year of study. There was a connectivity issue during the first sitting which resulted in a short pause at all schools sitting the paper. This triggered contingency arrangements: the MSC's rapid response team, which will be convened as necessary for all medical school AKTs, resolved the issue so that the test could be completed. We understand that subsequent tests have run without disruption.
- 9.6 As well as engaging with the GMC directly, we sought feedback from stakeholders involved with the MLA. The feedback we received was mixed. Some stakeholders were very positive about the GMC's engagement and transparency. Others felt that parts of the process could have been clearer, or raised queries about specific elements of the transition.
- 9.7 We shared stakeholders' feedback with the GMC and we will expect it to continue to reflect on areas for development as the MLA transitions from a discrete project to part of business as usual. Given the scale of the project to introduce a new assessment across all UK medical schools, some initial minor technical issues and other room for improvement might reasonably be expected. We have not seen evidence of serious problems in the delivery of the MLA. We will continue to monitor the GMC's work on the MLA.

### Quality assurance of AA and PA training programmes

- 9.8 When the GMC starts regulating AAs and PAs, it will have responsibility for assuring the quality of their education and training. It has been engaging with training providers for some time, including voluntary quality assurance checks. All current AA and PA course providers have completed a voluntary self-assessment, which the GMC has used to carry out a gap analysis and provide feedback. When AAs and PAs come into regulation, these training courses will be subject to the same quality assurance process as medical schools.

### Conclusion

The GMC continues to have processes in place for education quality assurance. It has introduced the MLA as planned. There was a minor technical issue during the first examination, which was promptly resolved, and some mixed feedback from stakeholders, which we have shared with the GMC. We are satisfied that the Standard is met.

## Registration

10

**The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.**

- 10.1 The appearance of the GMC's public register remains unchanged, and the search facility is easy to use.
- 10.2 We carried out a check on a sample of cases where there had been a final fitness to practise hearing during the review period. We had no concerns about the information displayed on the GMC's register and found that the published information was accurate.

### Register entries for AAs and PAs

- 10.3 When the GMC starts regulating AAs and PAs, its public register will include three different professions. It has explained how it will update the presentation of its register to help people use it. People will be able to search by profession. Each registrant's entry will clearly state the profession for which they are registered. The GMC will distinguish AAs and PAs on the register from doctors by giving them a registration number prefixed with a letter A.

### Alemi review

- 10.4 In February 2024, the Government announced an independent review into the case of Zholia Alemi, who fraudulently gained GMC registration in 1995 and practised for some years in the NHS. The review will look at how regulators and employers took action when concerns arose, and what they have done to prevent similar cases from happening in future. We will continue to monitor this work and any response from the GMC.

## Conclusion

The GMC continues to publish its register, and to consider the information that should be included. We found no errors in our check of the register and are satisfied this Standard is met.

11

**The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.**

11.1 The GMC met this Standard last year. This year it received a similar volume of new registration applications overall,<sup>20</sup> and the time taken to deal with them remains stable. The number of registration appeals remains relatively small. We have not seen evidence of concerns about the GMC's registration process.

### Digital identity checks

11.2 We reported last year that the GMC had launched its digital identity check system. It intended to make the process of registration more efficient and less expensive for applicants by providing an alternative to in-person identity checks. It also sought to provide a solution to a backlog of doctors who were registered during the pandemic and had been unable to attend in-person checks.

11.3 There were around 30,000 doctors affected by this backlog. Although other steps had been taken to check their identities, it is important for the GMC to be assured that only people who have met all its requirements are on its register. So it was appropriate for the GMC to take steps to clear the backlog. By 4 December 2024, as a result of the introduction of digital identity checks, the number of doctors with an outstanding identity check had reduced to 1,526, of whom fewer than 950 hold a licence to practise. The GMC continues to mitigate the risks associated with incomplete identity checks by committing to considering alternatives such as bringing forward revalidation for the small proportion of doctors with registration who have not completed the relevant checks.

### Conclusion

We do not have concerns about the time the GMC takes to process applications for registration. The introduction of digital identity checks has helped it make significant progress in clearing the backlog of doctors with outstanding identity checks. This Standard is met.

## 12 Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.

12.1 The GMC's process for managing protection of title cases is unchanged since last year. Its website continues to provide information about its protection and misuse of title function, including detail on how to raise a complaint.

12.2 From December 2024, the GMC will begin regulation of AAs and PAs. These will become legally protected titles from December 2026. We described at Standard

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<sup>20</sup> There was an increase in applications from UK graduates, offset by a reduction in applications from international graduates.

10 above the measures the GMC is taking to make its register clear about the registration status of different professionals.

## Conclusion

The GMC has proportionate processes in place to manage risk of harm to the public of misuse of its protected title. We are satisfied that this Standard is met.

## 13 | The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.

- 13.1 The GMC has not made significant changes to its revalidation requirements for doctors during this review period. Its published performance data shows that it continues to meet its KPI for making decisions on revalidation recommendations within five working days. It publishes guidance about continuing professional development, including examples to support reflective practice.
- 13.2 The GMC has published updated versions of its revalidation guidance to include AAs and PAs. This includes clinical governance guidance for employers, as well as guidance for registrants on the supporting information they should collect and reflect on. Like doctors, AAs and PAs will be required to participate in annual appraisals and reflect on a range of information, including feedback from patients and colleagues.
- 13.3 The GMC is developing the revalidation model for AAs and PAs. As noted above, it consulted on proposed rules and guidance for its regulation of AAs and PAs, but revalidation rules were not included in this initial consultation.

## Conclusion

The GMC continues to have requirements in place to assure itself about registrants' continuing fitness to practice. It has published updates to its revalidation guidance to reflect AAs and PAs coming into regulation. This Standard is met.

## Fitness to practise

## 14 | The regulator enables anyone to raise a concern about a registrant.

- 14.1 Since the last review period, the volume of fitness to practise referrals received by the GMC has increased. Most referrals come from members of the public. On the face of it, this does not suggest that people have been unable to raise concerns about registrants with the GMC.

- 14.2 The GMC has measures in place to provide additional support to members of the public wishing to make referrals, such as the Independent Support Service.<sup>21</sup> This service is for complainants, patients, witnesses, and their families involved in a fitness to practise case and provides emotional support to individuals, including signposting to specialist support agencies and where necessary, referrals to statutory safeguarding agencies.
- 14.3 Last year the GMC introduced updated third-party investigation guidance.<sup>22</sup> Where it receives a referral about a matter where a third-party investigation is in progress, the GMC may wait until the third-party investigation has completed before opening an enquiry.<sup>23</sup> The GMC would close such cases without a formal decision about whether they amount to an allegation about a registrant's fitness to practise (known as a Rule 4 decision). This makes it easier to reopen them if new information is received at the conclusion of the third-party investigation. Cases may also be closed without a Rule 4 decision where there is no other investigation in progress, but the GMC is unable after reasonable efforts to obtain information it needs to make a decision.
- 14.4 As discussed under Standard 15 below, we reviewed a sample of GMC fitness to practise cases, as part of which we identified some concerns about decisions to close cases without a Rule 4 decision. We asked the GMC for some more information about its handling of cases closed without a Rule 4 decision. Its data showed that closure without a Rule 4 decision accounted for 12% of all triage decisions in 2023. A quarter of those cases had subsequently had a Rule 4 decision at the point the GMC updated us.
- 14.5 The GMC also shared information about how it monitors cases closed without a Rule 4 decision. It said that cases closed because of a third-party investigation are reviewed monthly to consider whether there is anything further the GMC should do to manage associated risks. It provided evidence of ongoing monitoring of cases closed in this way. It also explained that it is completing a post-implementation review of the process. We will continue to monitor the impact of this process and any outcomes from the GMC's review.

## Conclusion

The GMC is receiving more concerns, which suggests that people are able raise concerns. We have also reviewed the way in which the GMC is monitoring cases closed due to ongoing third-party investigations. We are satisfied that this Standard is met.

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<sup>21</sup> Run for the GMC by the charity Victim Support.

<sup>22</sup> That is, an investigation by another organisation, such as the police or an employer.

<sup>23</sup> Unless an interim order is required.

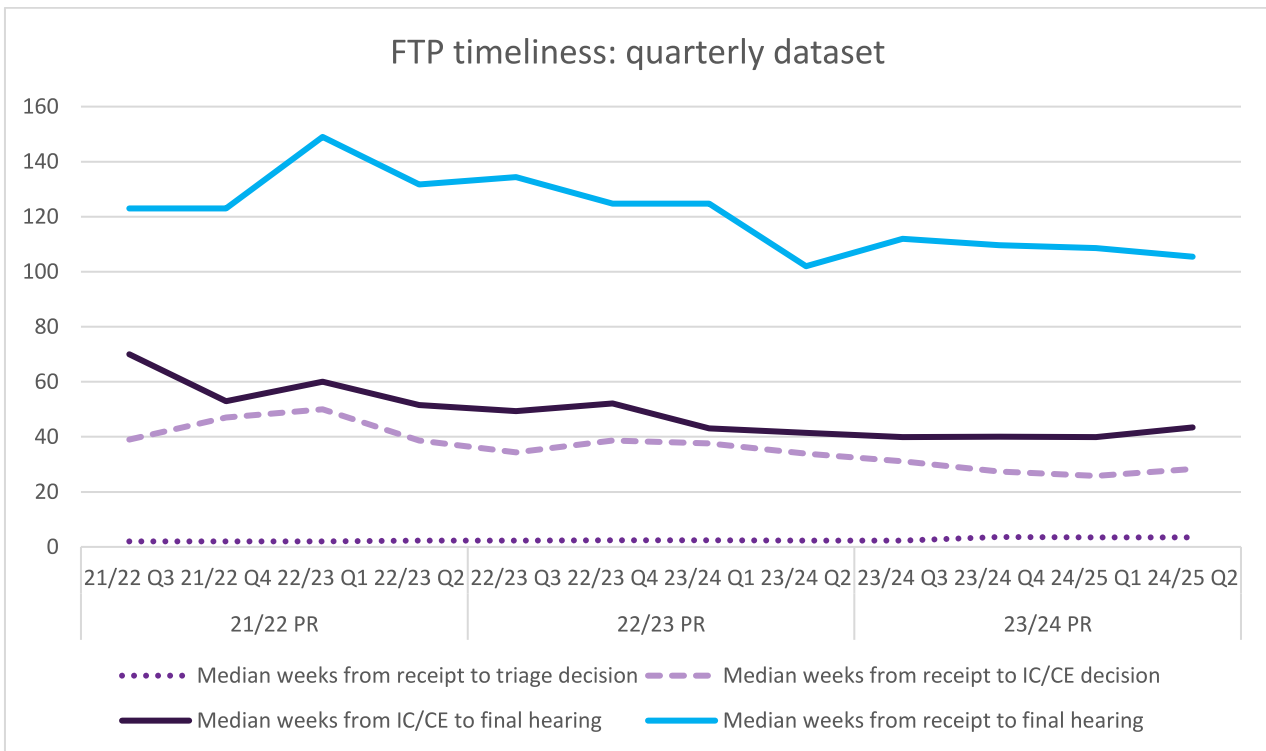
# 15

The regulator’s process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

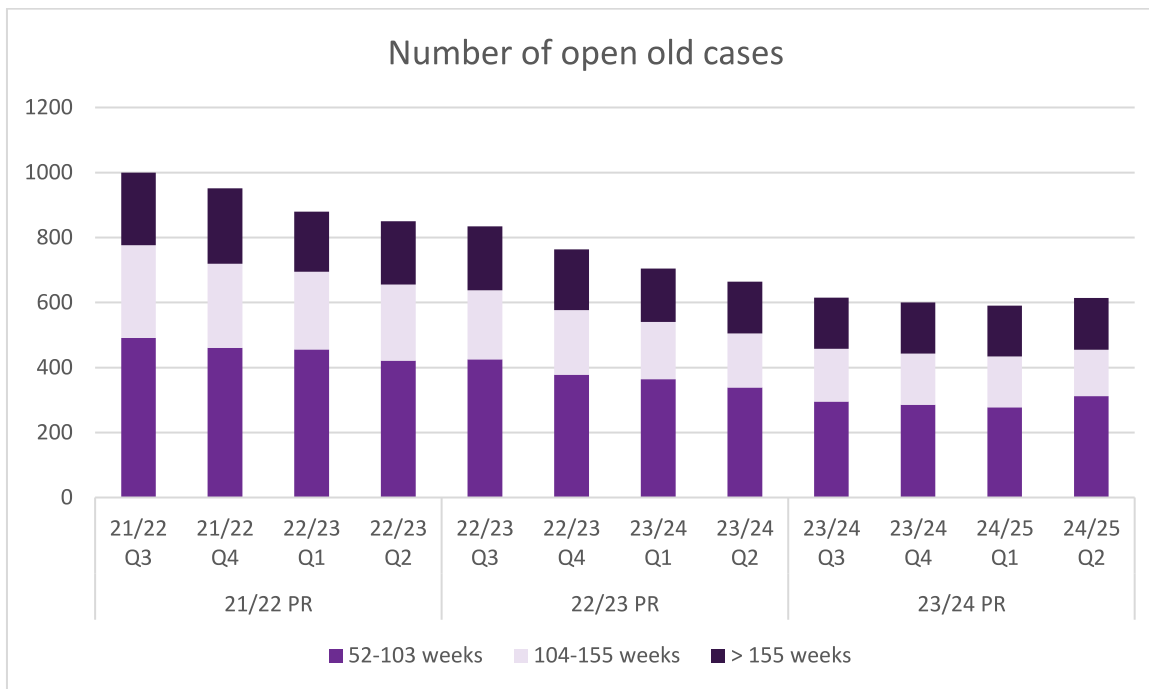
15.1 The GMC met this Standard last year. We said that we expected it to continue to improve its timeliness in fitness to practise.

## FTP timeliness

15.2 Our quarterly dataset captures the time it takes for FTP cases to reach key decision points. The chart below illustrates that the GMC has, on average, reached decisions faster this year than last year.



15.3 We also collect regular data on the number of open old cases, that is, cases more than a year old. The chart below shows that the GMC had fewer old cases open at the end of this review period than at its beginning, despite a slight increase in old cases in the most recent quarter.



15.4 The GMC has continued to improve its timeliness for fitness to practise in this review period. The overall time for cases that go to a final hearing remains high and it will be important for the GMC to continue to improve in this area. The data for the final quarter of this review period shows an increase in some of our timeliness measures, but it is too early to say whether this is a change in the overall trend of improving timeliness over recent years. We will continue to monitor this closely.

### Audit of FTP cases

15.5 We reviewed a sample of fitness to practise cases closed at the early stages of the GMC's process, to help us understand how fairly and effectively this is working to protect the public. We looked at cases closed at the following points:

- Triage: our sample included cases closed with a Rule 4 decision and cases closed without one.
- Provisional enquiry: the GMC's Rules allow it to carry out limited enquiries to assist its triage decision.
- Case examiner: cases that pass triage must be referred to a pair of case examiners to decide whether there is a real prospect of a hearing finding that the registrant's fitness to practise is impaired.

15.6 We also looked at a sample of cases the GMC had considered under Rule 12, which allows it to reconsider decisions to close cases where there has been a material error, or new information becomes available which might have affected the decision. In addition, our audit included cases to inform our consideration of the GMC's handling of allegations about sexual misconduct (see below).

15.7 Overall, we found high levels of compliance with the GMC's processes and decision-making guidance. In nearly all the cases where the GMC had made a

formal decision, we were assured that the decision was reasonable and protected the public. Where we gave the GMC feedback about individual cases, it shared more information with us, including about other action it was already taking to manage relevant risks.

- 15.8 We had concerns about four cases the GMC had closed without a Rule 4 decision. We considered that the GMC did not yet have enough information to be assured that it was appropriate to close these cases without further enquiries. All four of these cases were in our sexual misconduct sample and we were not assured that the decision to close these cases reflected the seriousness of the allegations. The GMC provided further information about action it had taken in these cases:
- In two cases, this included following up with the police under its third-party investigation process.
  - In one case, the GMC said it was considering further action based on our feedback, and it was already engaging with the registrant's Responsible Officer in relation to local concerns.
- 15.9 As noted above, the GMC's position is that closing cases without a Rule 4 decision means that they can be progressed once further information becomes available. We also note the steps it has taken in relation to the cases we raised, and the measures it has in place to monitor cases closed in this way.
- 15.10 In all the Rule 12 cases we reviewed in our audit, decision-makers applied the relevant test reasonably. This reflected that Rule 12 is a specific and relatively narrow decision about whether there is evidence of a material flaw or new information relevant to a previous decision.
- 15.11 The GMC provided data about its handling of Rule 12 cases. The data showed that most Rule 12 requests were closed at Rule 12(2).<sup>24</sup> The average time taken to make Rule 12(2) decisions in the period covered by the data was around six weeks. We considered this was a reasonable timescale for a process to review an initial decision.

### Handling of allegations about sexual misconduct

- 15.12 As part of our review of the GMC this year, we wanted to understand more about its handling of FTP referrals about sexual misconduct. As noted at Standard 6, the GMC updated *Good Medical Practice* so that it addresses sexual harassment in the medical profession more clearly. We have also seen relevant information through other areas of our work, such as our reviews of final FTP decisions and information people share with us about their experiences of raising concerns with regulators.

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<sup>24</sup> The Rule 12 process has two decision points: the first at Rule 12(2), a decision whether to undertake a review; then, if a review is undertaken, its outcome at Rule 12(8).

- 15.13 For our audit, the GMC provided a list of cases where one or more of the recorded allegation types might indicate a referral about sexual misconduct.<sup>25</sup> It was acknowledged that this would result in a number of false positives within the sample. The GMC said that it uses a combination of search methods when it needs to be able to identify cases about sexual misconduct more specifically.<sup>26</sup> We recognise the difficulty of reliably identifying on receipt whether a referral might be about sexual misconduct, as there may be limited information available at that point. We consider that this might be an area for further reflection with regulators more generally.
- 15.14 In the cases in our audit sample, where the GMC had made a decision on cases including allegations of sexual misconduct, we were satisfied the outcomes were reasonable and sufficient for public protection. As noted above, we were less assured about four cases closed without a Rule 4 decision, though we agreed that the GMC did not have information to take those cases forward.
- 15.15 We also looked at the data the GMC had shared with us, though we acknowledge its limitations. This indicated that cases including a potential sexual misconduct allegation were, on average, more likely to be referred to the case examiners than cases not including such allegations. This is consistent with the GMC's guidance that such allegations are serious.
- 15.16 We also engaged with a stakeholder group to understand more about people's experiences of raising concerns with the GMC about sexual misconduct.<sup>27</sup> We are particularly grateful to two people who shared detailed feedback about their own experiences. The feedback highlighted themes including concerns about inconsistency in the advice given to complainants, and a perception that there was a lack of specific expertise in dealing with cases of this type.
- 15.17 We shared this anonymised, thematic feedback with the GMC. The GMC provided further information about the programme of work it began some years ago to embed learning from cases about sexual misconduct. The GMC has been working with stakeholder groups including people with specialist experience and/or lived experience of sexual misconduct and harassment to produce documentation for survivors of sexual misconduct explaining its fitness to practise processes. It has also worked with a specialist training provider to deliver targeted training for its staff who handle sexual misconduct and harassment concerns. It plans further work to build on this training.
- 15.18 The GMC has also produced further guidance for Responsible Officers and employers about the handling of concerns about sexual misconduct. The guidance emphasises the seriousness of this conduct and Responsible Officers' obligations

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<sup>25</sup> This included alleged conduct both within a doctor's clinical practice and in their private life.

<sup>26</sup> It has also introduced a new specific allegation type on its system for sexual harassment, in line with the updated *Good Medical Practice*.

<sup>27</sup> We spoke with a group that campaigns against sexism and sexual harassment in the healthcare workforce. It includes doctors who have made referrals to the GMC about sexual misconduct by colleagues.

under the updated version of Good Medical Practice, as well as signposting to other sources of advice and guidance.

## Conclusion

The GMC has continued to improve its fitness to practise timeliness. It will be important for it to continue to improve, particularly as the end-to-end time remains high. We audited a sample of GMC cases and found high levels of compliance with the relevant processes. We obtained more information about the GMC's use of Rule 12 and its handling of cases including allegations of sexual misconduct. Where we shared feedback with the GMC about themes or individual cases it has provided further information about work undertaken or in progress to address the issues raised. We will continue to monitor the progress of its work to embed learning about handling cases of sexual misconduct. The Standard is met.

**16** | **The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.**

## Audit findings

- 16.1 As explained above, our audit found that GMC decisions against its formal decision points were reasonable and sufficient to protect the public. We had concerns about four cases closed without a Rule 4 decision, and the GMC shared more information about how it monitors cases closed in this way.

## Reviews of final fitness to practise decisions

- 16.2 During this review period we have lodged appeals against two final decisions of the Medical Practitioners Tribunal Service (MPTS)<sup>28</sup> on the grounds that they were insufficient for public protection. We also joined the GMC's appeal against the outcome of another case, about sexual misconduct towards colleagues. This appeal was allowed both on the grounds put forward by the GMC and our additional grounds.
- 16.3 We have also shared learning points with the MPTS from our reviews of final fitness to practise hearings. We identified fewer learning points this year than last year. The MPTS said its Quality Assurance Group had discussed and noted the learning points we raised.

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<sup>28</sup> The MPTS is the GMC's hearings service.

- 16.4 We have been monitoring the effect of changes to the GMC's charging guidance, which was updated to include reference to charging sexual motivation in cases of sexual harassment. We did not see a pattern of learning points about this issue this year. We will continue to monitor it.

### Court judgments

- 16.5 We reported last year that an Employment Appeal Tribunal (EAT) upheld the GMC's appeal against a decision that it had discriminated against a doctor on the grounds of his race. The doctor appealed the EAT's decision, but in July 2024 the Court of Appeal dismissed his appeal. The case is to be heard by a new Employment Tribunal.
- 16.6 We also noted last year the outcome of a judicial review which overturned a decision to grant a doctor voluntary erasure from the register. At a hearing during this review period, the doctor was erased from the register for deficient professional performance.

### Conclusion

We have not seen significant concerns about the GMC's decision-making in fitness to practise. There have been small numbers of appeals and learning points from our reviews of final fitness to practise hearings. The Standard is met.

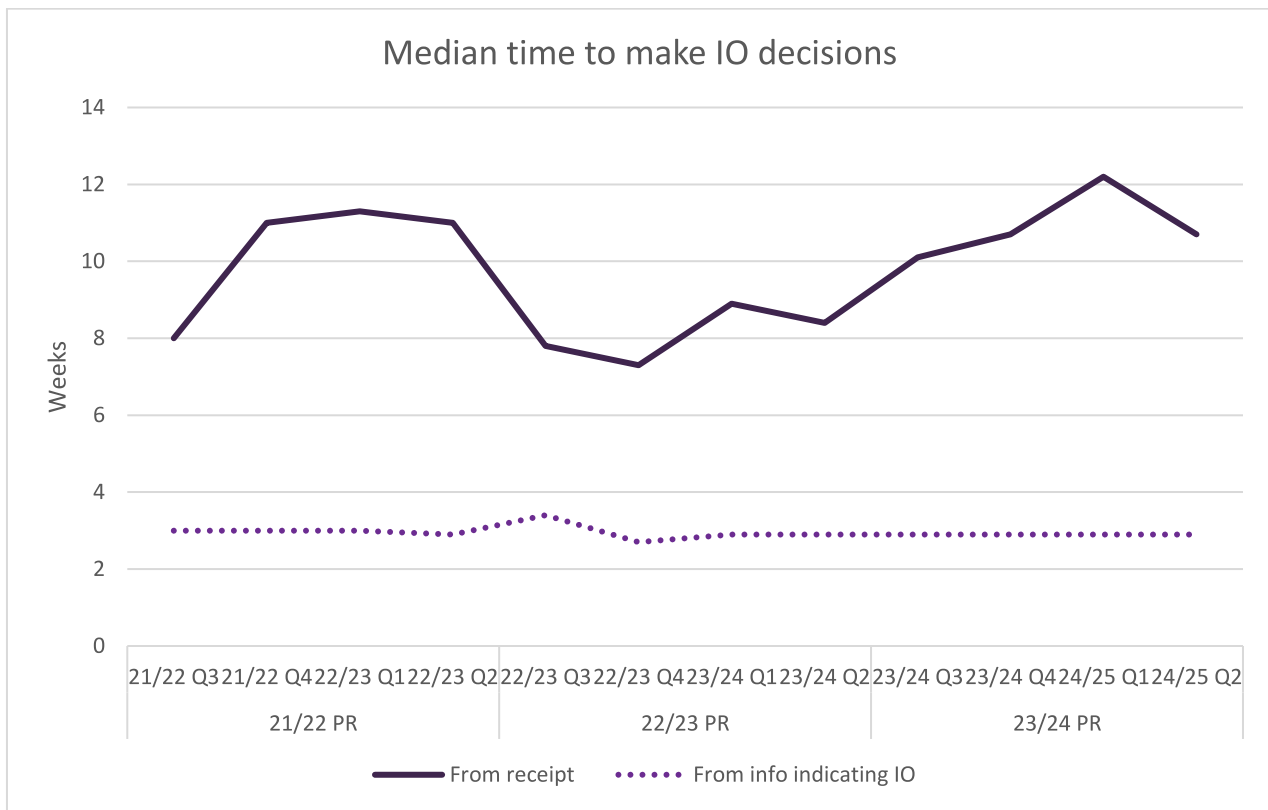
## 17 | The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

### Interim order timeliness

- 17.1 The chart below shows the time the GMC has taken to make decisions about interim orders. The time it takes to make interim order decisions once it has identified the need for one remains stable and low. The average time from receipt to interim order decision has increased slightly during this review period. However, the GMC remains at the faster end of the regulators we oversee, according to this measure.<sup>29</sup> We are not concerned about how long it is taking the GMC, on average, to make interim order decisions.

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<sup>29</sup> Different regulators' data may not be directly comparable, due to differences in processes, operating context and powers.



## Audit findings

- 17.2 We considered the GMC’s management of risk in FTP cases in our audit. The GMC does not require risk assessments to be separately documented as other regulators we oversee do. It was often not clear from our initial file reviews how or when the GMC had considered the risks arising from information received. The GMC provided further information, including: notes of relevant FTP history; additional records of consideration of possible interim orders; notes of staff discussions about case progression. This provided some further assurance that there was regular consideration of risk, though there remained gaps in the evidence.
- 17.3 We did not see in our audit any cases where we considered the GMC had failed to seek an interim order when one was needed. We saw cases where the GMC appropriately sought interim orders.
- 17.4 We were not assured about how risk had been taken into account in decisions to close potentially serious cases without a Rule 4 decision. A clearer record of how and when the risks on a case were considered would have helped the GMC demonstrate that all relevant risks were being promptly considered. The GMC said it was confident that risks were being actively considered throughout the life of a case, but acknowledged that this was not easy to evidence from the records. It said it would reflect on our feedback and consider whether there were proportionate improvements it could make to recording.
- 17.5 In our view, improved recording of risk assessments could add significantly to the assurance the GMC can provide itself and us about how it is identifying and

managing the risks arising from FTP cases. Limited record-keeping could also increase the risk of human error, for example when cases are transferred between stages or case holders. There is an opportunity for the GMC to improve the controls it has in place, by being clearer about how and when staff are identifying, considering and responding to evidence of risk in cases. We will closely monitor how it considers our feedback and any action it takes as a result.

## Conclusion

We do not have concerns about how long it takes the GMC to make interim order decisions. Our audit found room for improvement in how the GMC records consideration of risk arising from information it receives, but we did not find evidence that it had failed to take action when this was necessary. This Standard is met. We will closely monitor how it considers our feedback any action it takes as a result.

## 18 | All parties to a complaint are supported to participate effectively in the process.

- 18.1 The GMC continues to provide support to people involved in the fitness to practise process, both complainants and registrants. As mentioned at Standard 14, it offers an Independent Support Service to help people who are involved in fitness to practise referrals. We received a small number of concerns this year about the customer service provided by the GMC.
- 18.2 We looked in our audit at how the GMC supported people to participate in the process. The correspondence we saw was generally empathetic and appropriate in tone. We saw that referrers and registrants were routinely signposted to sources of further support. We identified examples of good practice and shared these with the GMC, for example:
- In a case where concerns had been raised about the registrant's health, the GMC contacted them regularly to explain the process and signpost to sources of support; the case had to be transferred between staff, and this was managed well.
  - In a case where the referrer was deaf, the GMC offered extra provision to ensure the process was accessible, and its communication was empathetic and clear.
- 18.3 As noted in Standard 15, the GMC has been working with stakeholder organisations to develop the support it offers to people making referrals about sexual misconduct. It is also providing targeted training for its staff who deal with sensitive cases. The training has been developed in collaboration with charities who support victims of sexual misconduct.
- 18.4 We did not see in our audit any cases where we had concerns about how the GMC communicated with people making referrals about sexual misconduct. Our sample was relatively small, and we acknowledge that cases of this nature are

likely to be especially difficult for those affected. It is appropriate for the GMC to work with relevant stakeholders to support continuous improvement in this area.

## **Conclusion**

The GMC continues to offer support to people involved in its fitness to practise process. In our audit, we found that the GMC was communicating appropriately and empathetically with people. We agree it is appropriate for the GMC to work with relevant stakeholders to support continuous improvement in this area. This Standard is met.

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December 2024



## Annex B - FtP timeliness annual figures

Measure No.	Measure		17/18	18/19	19/20	20/21	21/22	22/23	23/24	Q1 of 24/25	Q2 of 24/25
15	Time from receipt of referral to final IC/CE decision (weeks)	Median	29	30	34	42	45	40	33	26	28
16	Time taken from final IC/CE decision to final FtP Committee decision or other final disposal of the case (weeks)	Median	27	33	35	63	67	53	42	40	43
17	Time from receipt of referral to final FTP Committee determination/or other final disposal of the case (weeks)	Median	104	80	89	104	118	135	119	109	106
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	278	312
		104 weeks – 155 weeks	131	145	176	303	258	199	158	156	143
		156 weeks and above	99	103	111	203	232	186	157	156	159

Longest / highest figures flagged in red.

## Report of the Investment Committee 2024

<b>Action</b>	To note
<b>Purpose</b>	The Investment Committee is required by its Statement of Purpose to report annually to Council on its activities. This report outlines the Investment Committee's work since its last report to Council in February 2024.
<b>Decision Trail</b>	This report has been considered and approved by the Investment Committee at its December 2024 meeting.
<b>Recommendation</b>	<ul style="list-style-type: none"> <li><b>a</b> To note the Report of the Investment Committee for 2024.</li> <li><b>b</b> To approve one amendment to the Investment Policy to reduce the counterparty limit for cash deposits to £20 million.</li> </ul>
<b>Annexes</b>	<p>Annex A: Statement of Purpose</p> <p>Annex B: Revised Investment Policy (tracked changes)</p>
<b>Author contacts</b>	<p><b>Ian Sexton</b>, Corporate Governance Manager</p> <p>Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a></p>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Douglas Millican</b> , Chair of the Investment Committee

## Agenda item M8

### Report of the Investment Committee 2024

## Background

- 1 The Investment Committee is required by its Statement of Purpose to report annually to Council on its activities. Since its last report to Council on 14 February 2024, the Committee has met four times in 2024: February, May, September, and November.
- 2 The Committee has undertaken several pieces of work in the last 12 months including updates to the investment policy, and a review of treasury management.
- 3 Compared to 2023 the investment market has been relatively static and although CCLA has not met the target return (CPI+2%) in the long term, they have been exceeding benchmark comparators over 1,3 and 5yrs.

## Investment Policy

- 4 Although reviewed annually by Council, there had been no significant changes made to the investment policy since 2019. At a Council seminar on the Investment policy in February 2023 it was acknowledged our risk environment, the economic environment, and the approach to ethical, social and governance considerations had changed.
- 5 Council asked the Committee to review the Investment policy in relation to risk appetite, return objectives and incorporation of ethical and ESG factors into the policy.
- 6 During 2024 the Committee undertook a review of the investment policy with advice from the Investment Managers and Investment Manager monitors. As a result of the review a number of changes were recommended to Council. These included:
  - Ethical and ESG considerations: The Committee undertook to understand CCLAs ethical approach to investments, hearing from their Stewardship Lead. While the Committee were assured by CCLAs progressive approach to ethical and ESG considerations they recommended to Council the following changes: reduced the 10% threshold for our exposure to cluster munitions and landmines to zero exposure; reduced the revenue limit from 10% to 5% applied to all other ethical exclusions; included revenue linked to vaping in our ethical exclusions; strengthening our policy in relation to ESG considerations, including setting out our aim to generate investment returns within a 'sustainable improver' approach; and added a requirement that fund managers representing us must have a credible net zero policy.
  - Strategic asset allocation, investment returns and risk appetite: With advice from the Committee's professional advisors, Mercer, the Committee reviewed the strategic asset allocation to reduce risk and still achieve target returns. As part of this work Council agreed to use the Value at Risk measure. The result of this work was to change the strategic asset allocation to allow a value at risk of 10% while retaining our ability to generate CPI plus 2% returns.

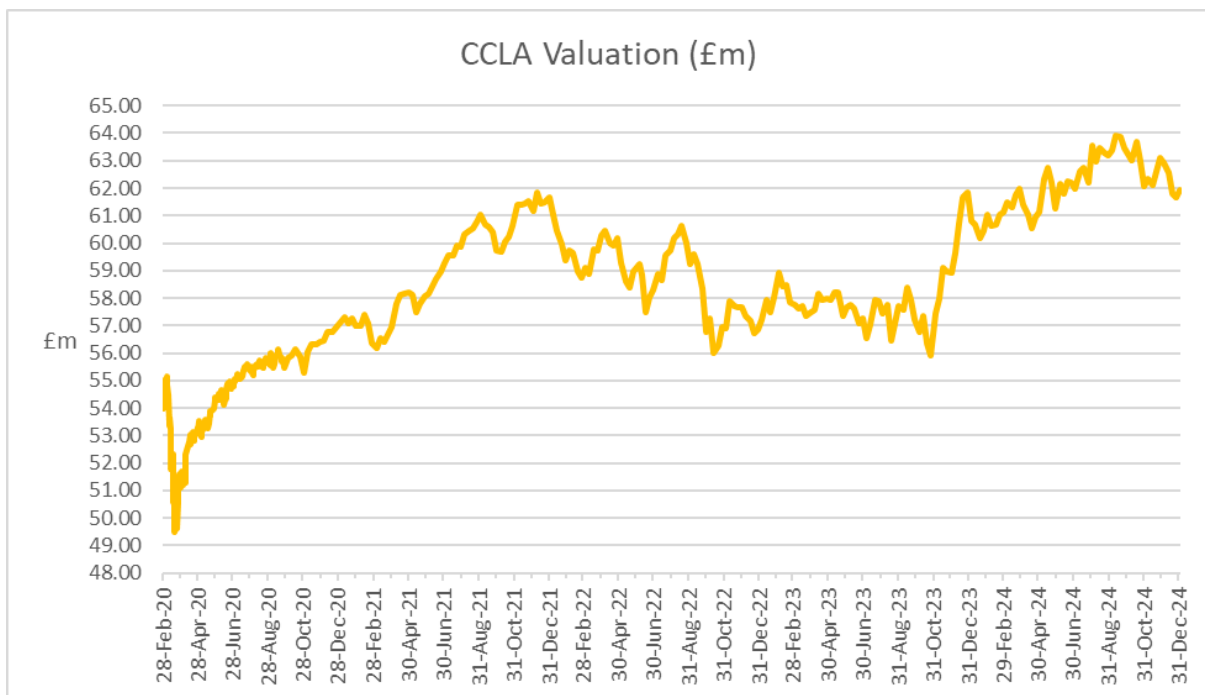
**Agenda item M8**

**Report of the Investment Committee 2024**

- 7 The revised investment policy was proposed to Council at its 18 April 2024 meeting and approved. The current investment policy is attached at annex B.

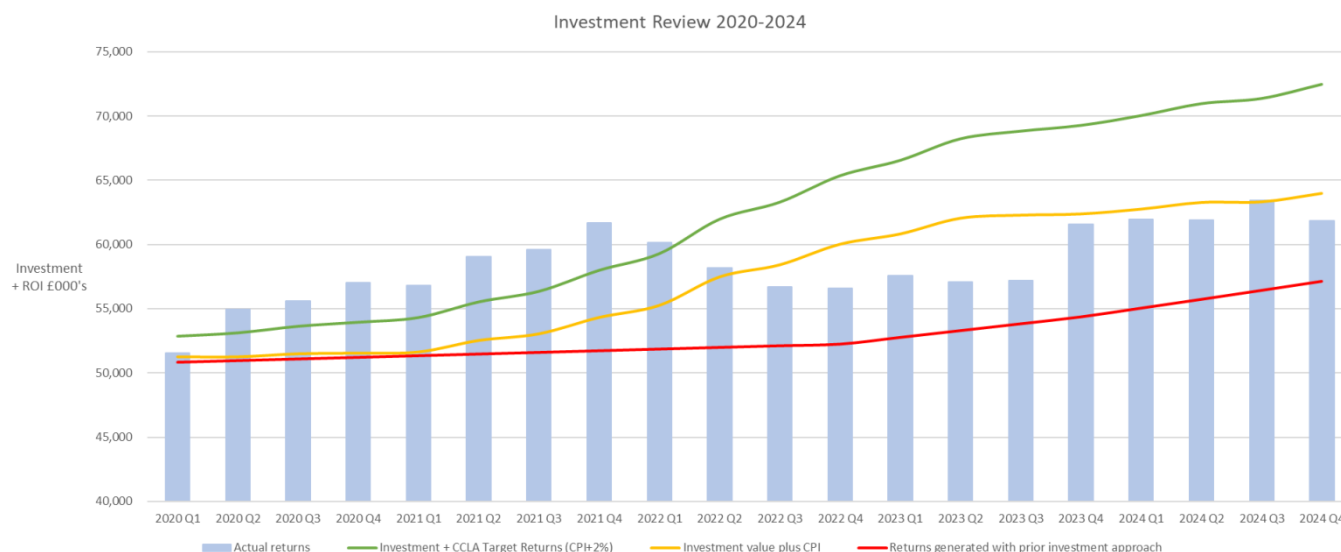
**GMC funds under management**

- 8 In November 2015, the GMC placed £10 million under investment through its external fund manager CCLA, increasing this amount to £50 million by 2019. No further investments have been made.
- 9 Returns varied throughout 2024 and the value of the portfolio at the end of 2024 was £61.8 million.
- 10 The funds have been managed within the agreed ethical criteria set out in our investment policy and the recent updates to the Investment Policy agreed by Council have now been implemented by CCLA.



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**Report of the Investment Committee 2024**



- 11** Although the long-term objective of CPI + 2% on a 5yr rolling basis has not been met during 2024, all other investment objectives have been met and performance verses the benchmark comparator, and the ARC index, remains strong. Mercer, the investment manager monitors, undertook a health check at the end of 2023 which raised some underperformance concerns, but CCLA have showed positive improvement since, and Mercer have not raised any significant concerns with CCLAs performance during 2024.
- 12** The Committee remain satisfied with the performance of CCLA which has seen the portfolio rise from £50 million to £62 million.

**Independent professional advisors**

- 13** The Committee use the services of a third party, Mercer, to provide independent professional advice which includes the fund manager, CCLA’s, performance, and provide the Committee with expert advice.
- 14** The contract for this service with Mercer ends in April 2025 with an option to extend the contract to April 2026. Following recent changes to the GMC’s investment approach and changes to the Committee membership from January 2025, the Committee decided to extend the contract by 12 months to April 2026. A tendering process will be initiated in late 2025.

**GMC Services International (GMCSI)**

- 15** The Committee has been updated on GMCSI’s activities throughout the year. The Committee have been assured by the progress made by GMCSI and will continue to monitor the activities in 2025.

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**Report of the Investment Committee 2024**

- 16** The Committee discussed whether the current reporting arrangements set out in the Committee's statement of purpose are still proportionate, and if Council would approve a reduction in GMCSI's reporting arrangements to the Investment Committee.

## Treasury Management Update

- 17** The Committee considers a report on the GMC's in-house management of its cash balances at each meeting.
- 18** The value of our investments, plus any cash balances we hold, are typically higher than the level of our free reserves, largely because many doctors pay their annual fees in advance.
- 19** With c£15 million held as working capital in interest bearing instant access accounts, any cash held over this amount is placed in interest bearing instant access accounts, medium-term deposits or notice accounts.
- 20** During 2024, the GMC finance team undertook a review of treasury management activities. The review focused on: the amount of cash held in deposit accounts and our counterparty limits (the amount of cash held in any one bank), and if this strategy is offering the best returns and managing risk appropriately.
- 21 Counterparty limits:** With free reserves of £45million and a counterparty limit of £40 million, this posed a material risk to the organisation if a bank failed while it held the maximum of £40m. Following work quantifying the impact on interest returns of reducing the counterparty limit, the Committee agreed a reduction of the limit to £20 million should be recommended to Council in the first instance. While the Committee consider £20 million exposure to any one bank is still a substantial risk to funds, reducing the counterparty limit to £10 million would reduce the availability of competitive interest rates. The Committee agreed that, in 2025, it will explore alternatives to deposit accounts as a potential way to reduce risk and retain a higher level of income.
- 22 Reviewing value of funds held with CCLA:** At its meeting in September 2024, it was agreed the Committee would review the cash forecasts at each meeting, and following the December meeting, consider whether to recommend any change to the value of funds held with CCLA.
- 23** At its meeting in December 2024, the Committee discussed the cash forecast for 2025 but decided it would be prudent to arrange a training session on products such as Money Market funds before considering whether to recommend to Council any change to the value of funds held with CCLA.
- 24** The GMC's cash holdings at 31 December 2024 were £58.6 million with a blended interest rate of 4.17%.

**Agenda item M8**

**Report of the Investment Committee 2024**

## **Investment Risk Register**

- 25** The Committee reviewed and updated the Investment Risk Register at each of its meetings.
- 26** The Committee's external adviser, Mercer, provide an external perspective on the risk register and have advised that it adequately addresses the risks and mitigations relating to its investments.

## **Co-opted membership**

- 27** Having had his contract renewed twice, Keith MacKay is due to step down in April 2025. The Committee has begun the process to appoint a new external coopted member to begin their first term in 2025.

## **Committee Effectiveness Review**

- 28** The Committee undertook an effectiveness review in Autumn 2024. This concluded that overall Committee members felt the Committee operated effectively. The main areas identified for improvement were around learning and development. Though it felt there could be improvements in the presentation of information to the Committee, and the diversity of the Committee in terms of experience and background could be improved.
- 29** In the survey responses received from council members, the majority of Council members felt they receive sufficient assurance that the Committee is performing its duties and responsibilities as delegated by Council, though some members felt communication between Council and the Committee could be improved.

## Annex A

### Statement of Purpose – Investment Committee

#### Purpose

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

#### Duties and activities

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

**Agenda item M8, Annex A**

**Report of the Investment Committee 2024**

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

## **Working Arrangements**

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

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**Report of the Investment Committee 2024**

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

*[This version of the Investment Committee's Statement of purpose was approved by Council on 01 March 2023]*

*Reviewed by the Committee at its 13 December 2024 meeting – No changes recommended.*

## Annex B

### Investment Policy

#### Introduction

- 1 This policy sets out the approach we will take with all the funds that we hold. It supports our charitable aims and our statutory purpose as set out in the Medical Act 1983 and is in line with Charity Commission guidance on investments.
- 2 Our funds can be separated into four categories: those which are required as working capital for the normal day to day operation of the business; those which we may invest under management; those which we may invest in a trading subsidiary; and any residual cash balance.

#### Working capital

- 3 Council is responsible for determining the appropriate minimum level of working capital. The investment Committee is responsible for monitoring compliance with the policy and ensuring the level of working capital agreed by Council is maintained.
- 4 Working capital will be held in cash in instant access interest-bearing accounts in UK banks which are subject to regulation by the Financial Conduct Authority.
- 5 As a minimum, the bank must hold at least two out of three of the following short term credit ratings:

● Moody's	P-2
● Fitch	F1
● Standard and Poor's	A-2
- 6 Working capital will be managed by the Director of Resources who will seek to secure the most advantageous interest rates available, within the constraints of the policy. Funds may be moved between banks during the year to achieve this, but the primary requirements for working capital funds are security and liquidity.

#### Funds invested under management

- 7 Council determines the level of capital that is available for long-term investment.

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***Risk appetite***

- 8 Council is responsible for determining the level of risk for funds invested under management. We have a low-risk appetite with the aim of generating returns while protecting against volatility and capital loss.
- 9 The target maximum value at risk (VAR) is 10% on a forward-looking basis. The Investment Committee will determine the asset allocation ranges that are consistent with the current VAR policy limit, based on advice from professional advisers. The asset allocation ranges are the risk constraint that fund managers are required to work within.
- 10 The Investment Committee will monitor compliance with parameters and will review asset allocation ranges to ensure they remain consistent with our risk appetite.
- 11 It is accepted that for short periods of time, during exceptional economic circumstances, the expected VAR of the portfolio may move above 10%. In those circumstances the Committee, in conjunction with fund managers and advisers, will discuss and consider the steps required to reduce the level of risk in the portfolio in an acceptable timeframe.

***Investment Objective***

- 12 Within our risk constraint the objectives of investing funds under management are to provide protection against inflation; to generate a modest level of return; and to diversify our funds to reduce the risk of capital and/or revenue loss.
- 13 Our target rate of return on funds invested under management is inflation (CPI) plus 2% over a rolling five-year period.
- 14 The Investment Committee is responsible for monitoring performance against the target.
- 15 In addition to the level of VAR and performance objectives the investment Committee may establish other volatility and performance thresholds to ensure activity remains in line with investment aims.
- 16 Funds under management will be invested in a broad range of quoted investments, bonds and other debt securities issued by public and corporate bodies, third party regulated funds, regulated and unregulated in-house funds, money market instruments, foreign exchange, private equity and cash (including deposits in pooled cash funds).

***GMC sustainable investment policy***

- 17 We have adopted a comprehensive ethical investment approach. We believe that investing in certain companies or sectors would conflict with our charitable aims, or may create reputational damage. We do not wish to profit directly from, or provide capital to, activities that are materially inconsistent with our charitable aims and so we specifically exclude investment in companies which derive more than 5% of revenues from tobacco (including vaping), alcohol, adult entertainment, gambling, high interest lending, and thermal coal & oil sands. We also exclude all companies with any exposure to cluster munitions and

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landmines. Within our portfolios we also aim to promote good or improving environmental or social characteristics, provided that the companies in which the investments are made follow good governance practices. In acknowledgement of the climate crisis, asset managers representing the GMC must have a credible Net Zero policy and report progress against that policy to the Investment Committee on an annual basis.

- 18** We recognise that when fund managers invest through a third party or pooled funds, we cannot directly influence the selection of individual investments.
- 19** Any third-party managed product should be assessed against the areas that the GMC wishes to avoid. Through this assessment, third-party managed funds are ineligible for inclusion in the portfolio if:
  - any of the underlying holdings are identified as being exposed to companies involved in the manufacture of weapons that are banned by international treaties.
  - 10% or more of the underlying capital value of the fund is exposed to tobacco (including vaping), alcohol, adult entertainment, gambling, high interest lending, thermal coal, and oil sands.
- 20** We will invest only through fund managers who demonstrate the strongest environmental, social and governance (ESG) credentials and can report their ESG monitoring activities and approach.
- 21** Our approach to investing aims to deliver positive impact by changing company behaviours for the better through active ownership. We expect companies in which we invest to demonstrate responsible employment and corporate governance practices, to be conscientious with regard to environmental and social issues, and to deal fairly with customers and the communities in which they operate. When appointing fund managers, we will take into consideration how they incorporate an assessment of company's performance on ESG issues into their stock selection in addition to how they engage and influence the companies they invest in to improve their sustainability over time.
- 22** We will also ensure their monitoring arrangements highlight companies that are under investigation for, or have been found guilty of, tax evasion or money laundering.
- 23** We may allocate a portion of our investments to positive or impact investments, where they directly support our charitable aims.

### **Funds invested through a trading subsidiary**

- 24** Where we have the power to do so we may invest funds in a trading subsidiary of the GMC.
- 25** Investments in a trading subsidiary may take the form of loan capital and/or share capital.

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**Report of the Investment Committee 2024**

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

## Residual cash balance

- 29** Any residual cash not held as working capital or invested will be held in medium term deposits and/or interest-bearing accounts.
- 30** Medium term deposits and interest-bearing accounts will be held in UK banks which are subject to regulation by the Financial Conduct Authority. As a minimum, the bank must hold at least two out of three of the following short term credit ratings:
- Moody's P-2
  - Fitch F1
  - Standard and Poor's A-2
- 31** No single deposit should exceed £5 million, with a maximum exposure of £4020 million per bank (including any funds held as working capital in instant access interest-bearing accounts). Term deposits should be spread on a rolling maturity basis, and maturity dates for deposits should be no longer than 24 months.
- 32** Funds will be managed by the Director of Resources who will seek to secure the most advantageous interest rates available, within the constraints of the policy.

## Management, reporting and monitoring

- 33** Council is responsible for determining and reviewing the overall investment policy, objectives, risk appetite and target returns.
- 34** Whilst retaining accountability, Council has delegated to the Investment Committee responsibility for implementing the investment policy, appointing, and managing fund

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**Report of the Investment Committee 2024**

managers, monitoring performance, and reporting to Council. Full responsibilities are set out in the Investment Committee's statement of purpose.

- 35** Day to day decisions on placement of residual cash balances are delegated to the Director of Resources, with support from the Assistant Director – Finance, who will report to the Investment Committee at each meeting.
- 36** Day to day investment decisions are delegated to investment fund managers in line with this policy and are accountable to the Investment Committee for performance. The Investment Committee determine benchmarks against which to measure performance.
- 37** Investment fund managers are required to provide quarterly valuation and performance data.

### **Approval and review**

- 38** The Investment Policy will be reviewed by Council annually, on the advice of the Investment Committee.

*This version was approved by Council on the 18 April 2024*

## Council meetings in 2026

<b>Action</b>	To approve
<b>Purpose</b>	This paper sets out the proposed dates of Council and Board/Committee meetings in 2026.
<b>Decision Trail</b>	Council notes the dates for the following year’s meetings in February each year.
<b>Recommendation</b>	To agree the 2026 schedule of meetings.
<b>Annexes</b>	Annex A: Draft 2026 meetings schedule
<b>Author contacts</b>	<b>Melanie Wilson</b> , Head of Corporate Governance and Council Secretary  Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Sophie Brookes</b> , Assistant Director Corporate Directorate

## Agenda item M9

### Council meetings in 2026

## Background

- 1** In preparing the schedule of dates for 2026, 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 2026 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 2024.
- 7** Of the six meetings, three will be held in London, two in Manchester, and one in one of the devolved nations – Northern Ireland in 2026.

## Committees and boards

- 8** 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.
- 9** 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

### 2026 Council and Committee dates

#### Council

The proposed meeting schedule for Council is as follows:

Tuesday 10 February 2026, 16:30-19:00 (Evening seminar)

Wednesday 11 February 2026, 09:00-15:00

Wednesday 4 and Thursday 5 March 2026 - Council away day – Residential/overnight

Wednesday 22 April 2026, 16:30-19:00 (Evening seminar)

Thursday 23 April 2026, 09:00-15:00

Tuesday 9 June 2026, 16:30-19:00 (Evening seminar)

Wednesday 10 June 2026, 09:00-15:00

Wednesday 22 July 2026, 16:30-19:00 (Evening seminar)

Thursday 23 July 2026, 09:00-15:00

Wednesday 30 September 2026, 16:30-19:00 (Evening seminar)

Thursday 1 October 2026, 09:00-15:00

Tuesday 8 December 2026, 16:30-19:00 (Evening seminar)

Wednesday 9 December 2026, 09:00-15:00

## **2026 Committee and other group meetings**

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

Wednesday 21 January 2026

Thursday 12 March 2026

Thursday 14 May 2026

Thursday 10 September 2026

Tuesday 10 November 2026

### **Investment Committee**

Monday 2 March 2026

Thursday 4 June 2026

Wednesday 23 September 2026

Wednesday 16 December 2026

### **Remuneration Committee**

Tuesday 17 March 2026

Thursday 22 October 2026

### **Board of Pension Trustees (with a seminar the evening before)**

Tuesday 24 March 2026

Wednesday 20 May 2026

Thursday 16 July 2026

Tuesday 22 September 2026

Wednesday 25 November 2026

**Agenda item M9, Annex A**  
**Council meetings in 2026**

**GMCSI Board**

Wednesday 11 March 2026

Thursday 18 June 2026

Thursday 24 September 2026

Thursday 26 November 2026

## Council forward work programme

- 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 2025 Away Day – Manchester

Item	Sponsor
<ul style="list-style-type: none"> <li>• Corporate Strategy</li> </ul>	Shaun Gallagher

### 8/9 April 2025 – Manchester

	Item	Sponsor
<b>Seminar</b>	<ul style="list-style-type: none"> <li>• SoMEP Workplace &amp; Experiences report – key findings/messages</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>• Personal Beliefs and Medical Practice Guidance Review</li> </ul>	Colin Melville
<b>Confidential session</b>	<ul style="list-style-type: none"> <li>• Report from GMCSI</li> </ul>	Paul Reynolds
	<ul style="list-style-type: none"> <li>• Annual Review of Governance Framework: GMC/GMCSI</li> </ul>	Sophie Brookes
	<ul style="list-style-type: none"> <li>• Associate worker status</li> </ul>	Neil Roberts
<b>Public session</b>	<ul style="list-style-type: none"> <li>• Chief Executive’s report</li> </ul>	Charlie Massey
	<ul style="list-style-type: none"> <li>• People Report (including Inclusion workstream)</li> </ul>	Neil Roberts
	<ul style="list-style-type: none"> <li>• 2024 national reports</li> </ul>	Paul Reynolds
	<ul style="list-style-type: none"> <li>• Annual QA update</li> </ul>	Colin Melville
	<ul style="list-style-type: none"> <li>• Regulatory reform update [placeholder]</li> </ul>	
	<ul style="list-style-type: none"> <li>• 6 Monthly SC&amp;E Impact report</li> </ul>	Paul Reynolds

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**Council forward work programme**

	<ul style="list-style-type: none"> <li>Amending the list of bodies entitled to award a UK primary medical qualification</li> </ul>	Colin Melville
	<ul style="list-style-type: none"> <li>Approving PA/AA Courses</li> </ul>	Colin Melville
	<ul style="list-style-type: none"> <li>Financial regulations</li> </ul>	Neil Roberts
<b>Below the line</b>	<ul style="list-style-type: none"> <li>Council forward work programme</li> </ul>	Carrie MacEwen
	<ul style="list-style-type: none"> <li>Council members' register of interest</li> </ul>	Carrie MacEwen

### 3/4 June 2025 – London

	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	<ul style="list-style-type: none"> <li>External speaker [placeholder]</li> </ul>	
	<ul style="list-style-type: none"> <li>To be confirmed</li> </ul>	
<b>Confidential session</b>	<ul style="list-style-type: none"> <li>Communications and engagement update</li> </ul>	Paul Reynolds
	<ul style="list-style-type: none"> <li>Risk appetite statement</li> </ul>	Neil Roberts
<b>Public session</b>	<ul style="list-style-type: none"> <li>Chief Executive's report</li> </ul>	Charlie Massey
	<ul style="list-style-type: none"> <li>Report of the MPTS Committee</li> </ul>	Deborah Taylor
	<ul style="list-style-type: none"> <li>Trustees' Annual report and accounts</li> </ul>	Paul Reynolds / Neil Roberts
	<ul style="list-style-type: none"> <li>Fitness to practise statistics report</li> </ul>	Anthony Omo
	<ul style="list-style-type: none"> <li>Update on public confidence and guidance on violence and dishonesty</li> </ul>	Anthony Omo
	<ul style="list-style-type: none"> <li>Biannual section 40a report</li> </ul>	Charlie Massey
	<ul style="list-style-type: none"> <li>Freedom to Speak Up Guardian annual report</li> </ul>	Neil Roberts
	<ul style="list-style-type: none"> <li>Update on regulation of AAs and PAs</li> </ul>	Una Lane
	<ul style="list-style-type: none"> <li>Regulatory reform update [placeholder]</li> </ul>	Shaun Gallagher
<b>Below the line</b>	<ul style="list-style-type: none"> <li>Council forward work programme</li> </ul>	Carrie MacEwen

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**Council forward work programme**

<b>22/23 July 2025 – Manchester</b>		
	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	<ul style="list-style-type: none"> <li>External speaker [placeholder]</li> </ul>	
	<ul style="list-style-type: none"> <li>Managing stakeholder relationships</li> </ul>	Paul Reynolds
<b>Confidential session</b>	<ul style="list-style-type: none"> <li></li> </ul>	
<b>Public session</b>	<ul style="list-style-type: none"> <li>Chief Executive’s report</li> </ul>	Charlie Massey
	<ul style="list-style-type: none"> <li>Report of the Audit and Risk committee</li> </ul>	Paul Knight/ Neil Roberts
	<ul style="list-style-type: none"> <li>2025 Financial update</li> </ul>	Neil Roberts
	<ul style="list-style-type: none"> <li>ED&amp;I Annual report</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>Safeguarding annual report</li> </ul>	Neil Roberts
	<ul style="list-style-type: none"> <li>Regulatory reform update [placeholder]</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>Corporate Strategy update</li> </ul>	Shaun Gallagher
<b>Below the line</b>	<ul style="list-style-type: none"> <li>Council forward work programme</li> </ul>	Carrie MacEwen

<b>30 September/1 October 2025 – Edinburgh</b>		
	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	<ul style="list-style-type: none"> <li>Scotland Focus</li> </ul>	Paul Reynolds
<b>Confidential session</b>	<ul style="list-style-type: none"> <li>Report from GMC Services International Ltd</li> </ul>	Paul Reynolds
	<ul style="list-style-type: none"> <li>SC&amp;E Impact report</li> </ul>	Paul Reynolds
	<ul style="list-style-type: none"> <li>2026 Budget Assumptions and Approach</li> </ul>	Neil Roberts / Shaun Gallagher
	<ul style="list-style-type: none"> <li>GMC Superannuation scheme valuation update</li> </ul>	Neil Roberts
<b>Public session</b>	<ul style="list-style-type: none"> <li>Chief Executive’s report</li> </ul>	Charlie Massey
	<ul style="list-style-type: none"> <li>Regulatory reform update [placeholder]</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>Regulatory Fairness Review</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>People Report</li> </ul>	Neil Roberts

**Agenda item M11**

**Council forward work programme**

	<ul style="list-style-type: none"> <li>• SoMEP workforce report</li> </ul>	Shaun Gallagher
<b>Below the line</b>	<ul style="list-style-type: none"> <li>• Council forward work programme</li> </ul>	Carrie MacEwen
	<ul style="list-style-type: none"> <li>• Council members' register of interest</li> </ul>	Carrie MacEwen

### 3 December/4 December 2025 – London

	Item	Sponsor
<b>Seminar</b>	<ul style="list-style-type: none"> <li>• External speaker [placeholder]</li> </ul>	
	<ul style="list-style-type: none"> <li>• To be confirmed</li> </ul>	
<b>Confidential session</b>	<ul style="list-style-type: none"> <li>• To be confirmed</li> </ul>	
<b>Public session</b>	<ul style="list-style-type: none"> <li>• Chief Executive's report</li> </ul>	Charlie Massey
	<ul style="list-style-type: none"> <li>• Fairer Employer Referrals and Fairer Training Cultures</li> </ul>	Anthony Omo / Push Mangat
	<ul style="list-style-type: none"> <li>• 2026 Budget and Business Plan</li> </ul>	Neil Roberts / Shaun Gallagher
	<ul style="list-style-type: none"> <li>• Corporate Strategy</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>• Update on Future Education</li> </ul>	Push Mangat
	<ul style="list-style-type: none"> <li>• Report of the MPTS committee</li> </ul>	Deborah Taylor
	<ul style="list-style-type: none"> <li>• Report of the Audit and Risk Committee</li> </ul>	Vanessa Davies
	<ul style="list-style-type: none"> <li>• Report of the Remuneration Committee</li> </ul>	Alison Wright
	<ul style="list-style-type: none"> <li>• Public Patient Involvement (PPI) update</li> </ul>	Paul Reynolds
	<ul style="list-style-type: none"> <li>• Reg Reform update</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>• Compliments and Complaints report</li> </ul>	Sophie Brookes
<b>Below the line</b>	<ul style="list-style-type: none"> <li>• Council forward work programme</li> </ul>	Carrie MacEwen
	<ul style="list-style-type: none"> <li>• Council members' register of interest</li> </ul>	Carrie MacEwen

### February 2026

	Item	Sponsor
<b>Seminar</b>	<ul style="list-style-type: none"> <li>• To be confirmed</li> </ul>	

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**Council forward work programme**

<b>Confidential session</b>	<ul style="list-style-type: none"> <li>Annual Review of Governance Framework: GMC/GMCSI</li> </ul>	Sophie Brookes
<b>Public session</b>	<ul style="list-style-type: none"> <li>Chief Executive’s report (include use of corporate seal)</li> </ul>	Charlie Massey
	<ul style="list-style-type: none"> <li>Report of the Investment Committee</li> </ul>	Neil Roberts
	<ul style="list-style-type: none"> <li>Annual update of Governance Handbook</li> </ul>	Sophie Brookes
	<ul style="list-style-type: none"> <li>PSA Annual review of our performance</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>Regulatory reform update [placeholder]</li> </ul>	
	<ul style="list-style-type: none"> <li>People Survey report</li> </ul>	Neil Roberts
	<ul style="list-style-type: none"> <li>2026 Council meeting schedule</li> </ul>	
	<b>Below the line</b>	<ul style="list-style-type: none"> <li>Council forward work programme</li> </ul>
<ul style="list-style-type: none"> <li>Report of the Executive Board</li> </ul>		Charlie Massey

## Report of the Executive Board 2024

<b>Action</b>	To note
<b>Purpose</b>	This report summarises the work undertaken by the Executive Board during 2024, setting out the decisions taken, policies and guidance agreed, and reports noted across a range of strategic issues.
<b>Decision Trail</b>	<p>Council receives a report on the work of the Executive Board annually, in addition to the updates included in the Chief Executive's report at each meeting.</p> <p>This paper has been agreed by the Executive Board.</p>
<b>Recommendation</b>	To note the report of the Executive Board 2024.
<b>Annexes</b>	None
<b>Author contacts</b>	<p><b>Helen Davies</b>, Corporate Governance Manager</p> <p><b>Nathan Fountain-Tucker</b>, Corporate Governance Manager</p> <p>Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a></p>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Charlie Massey</b> , Chief Executive

## Agenda item 12

### Report of the Executive Board 2024

## Background

- 1 The Executive Board was established in 2017 as a decision-making forum and to promote collective executive decision-making by the senior management team (SMT). The Board is required by its statement of purpose to submit an annual report to Council, as well as regularly reporting to Council via the Chief Executive's report.
- 2 Although the Executive Board is the decision-making forum of many of the organisation's sub-committees, programme boards and advisory fora, the SMT also meet on a weekly basis.
- 3 In addition to this there is a gateway committee 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 SMT will consider for a final decision.
- 4 The Executive Board met 11 times during 2024, on the following dates:
  - 29 January
  - 26 February
  - 25 March
  - 29 April
  - 28 May
  - 24 June
  - 29 July
  - 30 September
  - 28 October
  - 25 November
  - 16 December

## Key matters considered by the Executive Board in 2024

### Operational performance and risk

- 5 In alternate months, the Board considered the Performance and Risk Report, a total of six reports 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.
- 6 The Board continued to consider options on how to improve the consistency of the GMC's performance measures refining a routine annual review and a common set of parameters for performance measures.
- 7 During the year, the Executive Board considered a proposal to amend our risk assessment matrix. The Board noted that the resource required to change our risk assessments, both

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from a system and people perspective, did not at the stage outweigh the benefits the matrix would bring. The Board agreed to revisit this as relevant systems (in particular new project management software) were revised.

**Policy**

- 8** The Board approved an enhancement to paid paternity leave from two to four weeks (29 January 2024).
- 9** The Board discussed actions to take in response to an issue that has arose in relation to plans for reporting on the medical school applied knowledge test (MS AKT). The Board approved a proposal to set up a working group with the MSC to understand the magnitude of dataset differences and related risks (29 January 2024).
- 10** Ahead of the Physician Associates and Anaesthesia Associates Order coming into force in December 2024 the GMC's charitable purpose and objects needed to reflect the statutory responsibilities as a multi-professional regulator for doctors, PAs and PAs. The changes needed to the governing document, charitable purpose and objects required approval by the Charity Commission; the Board approved the process and timetable (29 January 2024).
- 11** The Board discussed the GMC's compliance with the UK GDPR and information security certification policies, noting that: the external environment remained challenging from an information security perspective, Artificial Intelligence (AI) is being considered by the team as this is emerging at pace, there was more reliance on digital documentation which is reducing the number of physical letters coming into the organisation. To address some of the cyber security concerns, a cloud governance board was set up to monitor and progress the new web-based programmes being considered by the GMC (25 March 2024).
- 12** The Board received an update on the recommendations for the handling of proposals considered by the May Planning Gateway and approved the Planning Gateway's recommended handling of the 8 funding bids and 4 closure reports, noting the financial position and funding levels for 2024-2026 (28 May 2024).
- 13** The Board received a paper outlining changes required to the Procurement Policy and Contract Management Policy as a result of recent legislation. The changes were required to comply with new rules resulting from the Procurement Act 2023, taking effect on 28 October 2024. The Procurement Policy and Contract Management Policy were approved, and delegation was given to the Director of Resources to sign off future minor amendments to the Procurement Policy and Contract Management Policy (24 June 2024).
- 14** The Board received a paper to consider and approve the Employee Information Disclosure Policy, the policy explained when we may share information externally about our employees and others who work for us. The Board noted that the Policy had remained unchanged since 2005, and that there had been significant changes within the compliance landscape such as: the impact of social media and staff expectations on personal privacy, the rise in public

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inquires, often multiple and complex in nature at the same time. Transparency had been embedded within the policy, in line with the commitment by the GMC in respect of disclosure. The Board approved the Employee Information Disclosure Policy (28 October 2024).

- 15** During 2024, the Board considered Phase three (26 February 2024) and four (25 November 2024) of the Fairer Employer Referrals. Both phases were approved by the Board.

### **Business Plan and Budget**

- 16** The Board considered the Trustee's Report and Accounts and national reports for 2023 and agreed for them to be submitted to the Audit and Risk Committee ahead of consideration by Council (29 April 2024).
- 17** The Board received a paper setting out the 2025 business plan and associated budget required to deliver it. The Board noted that whilst there were requirements to invest in ERP, in addition to a reduction in PLAB tests and the need to accommodate the cost of National Insurance increases, the GMC continued to retain a strong financial position. The Board Recommended the draft Business Plan and Budget for 2025 to Council (25 November 2024).

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

- 18** The Board approved the recommended approach to establishing a new race equality forum and requested that the Terms of Reference to be updated to reflect that we will be a multi-professional regulator and that we provide regulatory functions (29 July 2024).
- 19** The Board considered how the Equality, Diversity, and Inclusion Steering Group are progressing the recommendations from the BDO audit of the ED&I SG which took place in early 2024. BDO had concluded there were strong and robust controls in place and had suggested that the Executive Board to receive further assurance on the roles and purpose of the group, operational processes be implemented such as changing the rhythm and routine of reporting cycles (28 October 2024).

### **Enterprise Resource Planning (ERP) programme updates**

- 20** The Board received substantive updates at the below meetings, with overviews of the programme to select and implement the new ERP system, replacing the existing Finance, People and Payroll system:
- 29 April
  - 29 July
  - 30 September

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**Other regular reports**

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

- a** The draft Annual Report of the Executive Board to Council for 2023 (29 January 2024), ahead of consideration by Council on 14 February 2024.
- b** A six-monthly update from GMC Services International (26 February 2024).
- c** The Annual Report of the Data Protection Officer, providing an overview of our information governance activities in 2023 (25 March 2024).
- d** The Annual Safeguarding Report for 2023 identifying safeguarding activity, raising awareness of key issues affecting practice and service delivery, and identifying key priorities for 2024 (25 March 2024).
- e** The Trustees' Report and Accounts and national reports for 2023, for submission to Council, along with the Fitness to Practise Annual Statistics Report 2023 (29 April 2024).
- f** The Annual Health and Safety Report 2023, providing an overview of health and safety activities and accident/incident information for the year (29 April 2024).
- g** The Annual Business Continuity Report, summarising the work undertaken by the Business Continuity Working Group and Compliance Team, since the last report to the Executive Board in July 2023, identifying key activities planned in the 2024/2025 work programme (29 July 2024).
- h** A six-monthly update from GMC Services International (30 September 2024).
- i** The Designated Body Annual Board Report and Statement of Compliance 2024, for submission to NHS England (30 September 2024).
- j** The Annual Report of the ED&I Steering Group, noting activities and an update on recommendations from a BDO audit of the Group (28 October 2024).
- k** The Net Zero Report for 2024, providing an overview on net zero progress (28 October 2024).
- l** The Annual Report of the GMC Group Personal Pension Plan Management Board, which Council also received an update on at the 5 December 2024 meeting (25 November 2024).
- m** An update on corporate complaints and compliments received, ahead of Council's consideration of the Report (25 November 2024).