

Council Meeting - 14 February 2024

PUBLISHED
5 July 2024

Council

Virtual, MS Teams

Agenda

Council meeting

Wednesday 14 February 2024 - 09:40 – 12:10

- | | | |
|---------------------------------|------------|--|
| 09:40 – 09:43
<i>3 mins</i> | M1 | Chair’s business |
| 09:43 – 09:45
<i>2 mins</i> | M2 | Minutes of the meeting on 13 December 2023 |
| 09:45 – 10:05
<i>20 mins</i> | M3 | Chief Executive’s report |
| 10:05 – 10:25
<i>20 mins</i> | M4 | Report of the Investment Committee 2023 |
| 10:25 – 10:55
<i>30 mins</i> | M5 | The Professional Standards Authority (PSA)’s annual review of our performance 2022/23 |
| 10:55 – 11:10
<i>15 mins</i> | | Break |
| 11:10 – 11:30
<i>20 mins</i> | M6 | Regulatory reform and MAPs update |
| 11:30 – 11:50
<i>20 mins</i> | M7 | Governance arrangements in 2024 |
| 11:50 – 12:00
<i>10 mins</i> | M8 | Council meetings in 2025 |
| 12:00 – 12:10
<i>10 mins</i> | M9 | Any other business |
| | | Below-the-line items* |
| | M10 | Council forward work programme |
| | M11 | Report of the Executive Board |

***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.**

Contents

Item	Page
M2 - Minutes of the meeting on 13 December 2023	5
M3 - Chief Executive's report	13
Annex A - Performance Annex	21
Annex B - CORR	37
M4 - Report of the Investment Committee 2023	40
Annex A - Statement of Purpose	46
Annex B - Current Investment Policy	49
M5 - The Professional Standards Authority (PSA)'s annual review of our performance 2022/23	54
Annex A - Performance Review report – GMC 2022/23	61
M6 - Regulatory reform and MAPs update	68
M7 - Governance arrangements in 2024	80
Annex A - Updated Governance Handbook	85
Annex B - Survey results	86
M8 - Council meetings in 2025	87
Annex A - Draft 2025 meetings schedule	89
Below-the-line Items	-
M10 - Council forward work programme	92
M11 - Report of the Executive Board	97

Draft as of: 18 December 2023

To approve

Minutes of the meeting on 13 December 2023

Members present

Carrie MacEwen, Chair

Steve Burnett

Vanessa Davies

Anthony Harnden

Philip Hunt

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

Una Lane, Director of Registration and Revalidation

Anthony Omo, Director of Fitness to Practise and General Counsel

Colin Melville, Medical Director and Director of Education and Standards

Paul Reynolds, Director of Strategic Communications and Engagement

Neil Roberts, Director of Resources

Melanie Wilson, Head of Corporate Governance and Council Secretary

Agenda item 2

Minutes of the meeting on 13 December 2023

Chair's business (item M1)

- 1 The Chair welcomed members, the Senior Management Team (SMT) and observers to the meeting.
- 2 There were no apologies for absence.

Minutes of the meeting on 2 November 2023 (item M2)

- 3 Council approved the minutes of the meeting on 2 November 2023 as a true record, noting that since the minutes had been circulated to Council paragraph 7c had been updated to: 'In the future the policy will remain that fees for all registrants will be cost reflective.'

Chief Executive's Report (item M3)

- 4 Council considered the Chief Executive's Report.
- 5 The Chief Executive gave an oral update. Council noted that:
 - a The Physician Associates (PA) and Anaesthesia Associates (AA) Order was due to be laid in Parliament that day, confirming that the professions would be regulated by the GMC. The staff involved were to be congratulated.
 - b The State of Medical Education and Practice (SOMEPE) 2023 had been published on 13 November 2023, with positive coverage in the media leading with our messaging.
 - c The GMC Symposium on 22 November 2023 had been a successful day, with stakeholders engaging on a range of issues, including the main focus of the day, the update of *Good Medical Practice*, which will come into effect from 30 January 2024.
- 6 Council received an oral update on finances, using data from the end of November 2023, noting that:
 - a Operational expenditure was £135 million.
 - b Income was forecast at £3.4 million ahead of budget, indicating an operational surplus of £500,000.
 - c Investment income was £59.7 million.
- 7 Council received an oral update on the Medical Licensing Assessment (MLA), noting that:
 - a The residual risk rating for the MLA in the Corporate Opportunities and Risk Register was amber, although the Applied Knowledge Test (AKT) element of it was red. Overall, the MLA project was in a good place.

Agenda item 2

Minutes of the meeting on 13 December 2023

- b** All but two medical schools had taken part in the pilot AKT and we have expressed concerns to those two medical schools about the readiness of their students.
 - c** The GMC will not be involved in any league tables arising from the MLA.
- 8** Council noted the Chief Executive’s report, performance annex and Corporate Opportunities and Risk Register.

Business plan and budget 2024 (item M4)

- 9** Council received a paper setting out the business plan and budget for 2024.
- 10** Council noted that:
- a** Following the decline in free reserves in recent years towards the lower end of the band of 20 to 35% of annual expenditure, the proposed business plan and budget plans for surpluses to increase the reserves to the middle of the range.
 - b** The key changes in the business plan for 2024 include work to monitor postgraduate curricula, a programme of work on education strategy, and bringing together the narrative on fairer regulatory outcomes.
 - c** The proposed 2024 budget included a pay budget increase of 7% and a fee increase of 5% both with effect from 1 April 2024, taking into account but not directly linking to the Consumer Prices Index (CPI) in September 2023 of 6.7%.
 - d** The 5% increase in fees would apply across the board, along with an increase in the income threshold for a discount to £36,000.
 - e** If register growth remains above 4% we should be able to constrain fee increases to CPI or below in the period to 2026.
 - f** The Planning Gateway process would continue to be used to decide on proposals for new or expanded activities during the year.
- 11** During the discussion, Council noted that:
- a** The impact of pay increases on the liabilities of the GMC Staff Superannuation Scheme will need to be taken into account.
 - b** There would be significant pressures on finances if the current strong growth in registration numbers were not to continue.
 - c** Registrants applying for the income discount were usually doing so for reasons relating to parental leave, caring responsibilities and career breaks. The reasons will continue to be looked at.

Agenda item 2

Minutes of the meeting on 13 December 2023

- d** Meeting the performance targets set by the Professional Standards Authority (PSA) each year did not mean their targets were not stretching, as evidenced by other regulators not meeting them all. The PSA were also testing some tighter targets and we will continue to set and review our own internal targets.
- e** The outcome of the Nursing and Midwifery Council's case relating to worker status for associates was awaited, however provision has been made to anticipate pension and holiday pay for GMC associates.
- f** An update on Planning Gateway approvals and any relevant return on investment would be reported to Council periodically.
- g** The business plan would be updated to reflect the programme of work on education strategy.
- h** The performance measures in relation to media sentiment about the GMC would be reviewed again.

12 Council approved:

- a** The draft Business plan and Budget for 2024, including a pay budget increase of 7% and a fee increase of 5% both with effect from 1 April 2024.
- b** The proposed changes to performance measures reported to Council for 2024.

Report of the MPTS Committee (item M5)

13 Council received an update on the work of the Medical Practitioners Tribunal Service (MPTS) since the last report to Council in June 2023.

14 Council noted that:

- a** The MPTS has now returned to pre-pandemic levels of hearings and staffing, having operated at a higher than usual capacity between late 2021 and mid-2023.
- b** From the end of October 2023, changes to the pre-hearing case management process have been implemented, including the introduction of listing questionnaires, application forms and certificates of readiness.
- c** Annual training for tribunal members took place in October 2023, covering effective hearing management, cultural competence and recent learning points from the MPTS Quality Assurance Group.

15 During the discussion, Council noted that:

- a** It would be difficult to draw conclusions about the reasons for hearings ending with a finding of 'not impaired', as there was no straightforward way to collate the data.

Agenda item 2

Minutes of the meeting on 13 December 2023

- b** The issue of unrepresented doctors continued to be of concern and the GMC had recently raised the point at a senior level with the medical defence organisations.
- c** The Chair of the MPTS has been talking to doctors to show that the proportion of cases relating to clinical issues was very low. The GMC would also be working with partners to get across the message.
- d** Consideration would be given to lessons learned identified by the Quality Assurance Group being set out in future reports.

16 Council noted the report of the MPTS Committee.

Report of the Audit and Risk Committee (item M6)

17 Council received the report of the Audit and Risk Committee.

18 Council noted that:

- a** The Committee's purpose is to provide Council with independent assurance on the effectiveness of arrangements in relation to integrity of the financial statements; effectiveness of internal control, governance and risk management systems; and adequacy of internal and external audit services.
- b** The Chair thanked Raj Patel for his contribution ahead of moving on from the Committee at the end of 2023. The Committee had welcomed three new members, Douglas Millican and Jeeves Wijesuriya from Council, and Aneen Blackmore as a co-opted member.
- c** The Chair also thanked the Assistant Director, Audit and Risk Assurance for her support to the Committee.
- d** Although the Committee now included six Council members, suggestions for the work programme and internal audit plan were welcome from all Council members.

19 Council noted the report of the Audit and Risk Committee.

Report of the Remuneration Committee (item M7)

20 Council received the report of the Remuneration Committee.

21 Council noted that:

- a** Vanessa Davies was stepping down from the Committee at the end of 2023. Raj Patel and Jeeves Wijesuriya would be joining the Committee from January 2024.
- b** A hugely competitive and high-calibre field for the two vacancies on Council had led to the appointment of Douglas Millican and Jeeves Wijesuriya as Council members earlier in 2023, a process overseen by the Committee.

Agenda item 2

Minutes of the meeting on 13 December 2023

- c** The Committee agreed to a proposal to amend the terms of office for the reappointment of Council members from a four-year term to a three-year term, leaving an option of a further one year. This would allow Council flexibility in its decisions about membership of a unitary board as part of regulatory reform.
- 22** During the discussion, Council noted that the Committee’s statement of purpose would be looked at to ensure that there was no inconsistency in relation to the Committee’s and Council’s roles on remuneration of members.
- 23** Council noted the report of the Remuneration Committee.

Update on the progress of the AA and PA Order and GMC rules consultation (item M8)

- 24** Council received an update on the progress been made around drafting the AA and PA Order (AAPAO) and getting the Order laid in legislatures.
- 25** Council noted that:
 - a** Following the laying of the AAPAO in legislatures, the focus would move to preparing material for consultation, including the consultation document, accompanying rules, and guidance and standards for AAs and PAs.
 - b** External research on patient and public views would be commissioned shortly.
 - c** Council members had taken part in a series of evening webinars, to understand how we will implement the regulatory framework, and how we have been developing policy and drafting rules.
 - d** Council will be asked to sign off the package of material related to the GMC consultation in early 2024 and will receive a further update at the meeting on 14 February 2024.
- 26** During the discussion, Council noted thanks to the Medical Associate Professions (MAPs) team for their work on the programme to date and dealing with some significant challenges.
- 27** Council noted:
 - a** DHSC’s progress in relation to laying the AAPAO in legislatures.
 - b** The work being undertaken to prepare for the GMC’s consultation ahead of AA and PA regulation and the steps that we will need to take after the consultation closes.

Agenda item 2

Minutes of the meeting on 13 December 2023

Fairer employer referrals (item M9)

- 28** Council received an update following a second year of work on progress against our commitment to eliminate disproportionate employer referral of ethnic minority doctors and non-UK graduates by 2026.
- 29** Council noted that:
- a** We committed to deliver the programme in phases, allowing us to learn as we progress and to take account of wider changes in the healthcare environment.
 - b** The key performance indicators (KPIs) agreed with Council at the outset of the programme are calculated using a five-year rolling period, because of the small volume of referrals per designated body. It may therefore take up to five years to show the progress against the KPIs.
 - c** Cultural change across the health service may make some of the changes difficult to attribute to individual measures.
 - d** Primary care tends to have disproportionate referrals more often than other types of designated body, complicated by the designated body not being the direct employer of the doctors concerned.
 - e** The situation also differs across the four countries of the UK. In England, we are working with NHS England and primary care Responsible Officers to rewrite their policies relating to local investigations.
- 30** Council noted performance against our commitments, our priorities and asks of others in relation to fairer employer referrals.

Any other business (item M10)

Appointments to committees and boards

- 31** Council noted that the Chair had agreed the timing of the following appointments to committees and boards, under delegated authority from Council:
- a** Douglas Millican and Jeeves Wijesuriya from November 2023 and Vanessa Davies from January 2024 to the Audit and Risk Committee.
 - b** Douglas Millican and Suzanne Shale to the Investment Committee from November 2023.
 - c** Jeeves Wijesuriya and Raj Patel to the Remuneration Committee from January 2024.
 - d** Deepa Mann-Kler to the Board of GMC Services International Ltd from November 2023.
 - e** Paul Knight to the Board of Trustees of the GMC Staff Superannuation Scheme from January 2024.

Agenda item 2

Minutes of the meeting on 13 December 2023

Date of next meeting

32 Council noted that its next meeting was scheduled for 14 February 2024 to be held virtually.

Council forward work programme (item M11)

33 Council noted its forward work programme.

Annual report of the Pension Plan Management Board (item M12)

34 Council noted the report.

Chief Executive’s report

Action	To note
Purpose	<p>This report outlines developments in our external environment and progress on our strategy since Council last met. Key points to note:</p> <ul style="list-style-type: none"> ● The anaesthesia associates and physician associates order (AAPAO) was laid in the Westminster and Edinburgh parliaments in December 2023. ● The updated <i>Good medical practice</i> came into effect on 31 January 2024. ● We continue to work on the implementation of the Medical Licensing Assessment (MLA) and are liaising closely with the Medical Schools Council (MSC).
Decision Trail	Council receives this report at each full meeting.
Recommendations	<p>a To consider the Chief Executive’s report.</p> <p>b To note the Performance Annex and the Corporate Opportunities and Risk Register.</p>
Annexes	<p>Annex A: Performance Annex</p> <p>Annex B: Corporate Opportunities and Risk Register</p>
Author contacts	<p>Katherine Ince, Head of OCCE, Corporate</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Charlie Massey , Chief Executive

Agenda item M3

Chief Executive's report

Regulatory reform

- 1** The anaesthesia associates and physician associates order (AAPAO) was laid in Westminster and Edinburgh parliaments in December. I wrote a [blog](#) welcoming this milestone in the progress towards PA and AA regulation.
- 2** Our engagement with the Department of Health and Social Care (DHSC) during the drafting of the AAPAO was successful, and we are broadly happy with the resulting legislation. However, both we and the DHSC recognise that there is additional work to do as part of updating the legislation to introduce future reforms for doctors. As part of this, officials have confirmed that they will again look at some of the issues we have raised previously, and we have started to plan our work on this.
- 3** Preparations for the consultation on the GMC rules, guidance and standards are on track for spring 2024. Following the consultation, we have a considerable amount of work to do to analyse the responses and make revisions to the rules, guidance and standards where required, before final approval by Council and implementation of AA and PA regulation by the end of 2024.
- 4** At the end of last year, I wrote to stakeholders to provide an update on our approach to the reference number for AAs and PAs. I indicated that once their regulation begins and PAs and AAs gain registration with the GMC, they will receive a seven-digit GMC reference number with a short alphabetical prefix. There will be no change to doctors' GMC reference numbers which will remain a seven-digit number without a prefix.
- 5** Work is ongoing to finalise the exact format of these reference numbers in discussion with stakeholders to identify and minimise any potential impact on others' systems and processes. We will make it as easy as possible for anyone to identify individual registrants, and to tell if they are a doctor, PA, or AA.

Good medical practice in effect

- 6** The updated version of *Good medical practice* came into effect on 30 January 2024 after a five-month familiarisation period, following its publication last August.
- 7** Updates have been made in five key areas: creating respectful, fair and compassionate workplaces; promoting patient centred care; helping to tackle discrimination; championing fair and inclusive leadership; and supporting continuity of care and safe delegation.
- 8** Since the publication last year, we have delivered nearly 200 promotional events and workshops, across all four countries of the UK, to thousands of doctors, as well as educators and medical students. Work to support the profession will continue over the coming months now the updated guidance is in effect.

Agenda item M3

Chief Executive's report

- 9 We have also refreshed and updated our [more detailed guidance](#), which provides further support for doctors on particular topics, such as using social media, maintaining professional and personal boundaries, and delegation and referral.
- 10 *Good medical practice* will, in future, apply to physician associates and anaesthesia associates when they become regulated professionals under the GMC.

The Medical Licensing Assessment

- 11 We continue to draft compliance reports for individual medical schools' clinical and professional skills assessments (CPSAs) to assess whether they meet our requirements. These reports are based on advice from GMC associates who have reviewed the evidence submitted by each school. We are progressing through the assistant registrars' decision-making processes. We ended 2023 very slightly ahead of the anticipated number of reports we needed to produce.
- 12 In relation to the medical school applied knowledge test (MS AKT), on 5 January 2024 the deadline passed for medical schools to integrate the information provided centrally by the Medical Schools Council (MSC) with schools' individual evidence about local delivery. The majority of schools have provided updated submissions within the timeframe. We are considering these individual submissions and have already prioritised those medical schools which assess students in the penultimate year of their programme (PY MSs). Those schools provided their updated submissions in October/November 2023 and we reviewed them by the end of 2023 in order to inform PY MSs that we will recommend to the GMC's assistant registrars that their AKTs are compliant.
- 13 We are also progressing: the compliance process for the PLAB test; engaging with medical schools; policy development work (including the review of the MLA content map, which was published in September 2019); plans for reporting on the MLA once it is live (including in relation to any award gap by protected characteristic); and finalising our approach to MLA evaluation. At the same time, planning is underway for the programme and team members' transition to cross-GMC delivery in business as usual.
- 14 Following further discussions between the GMC and MSC, we now have a data sharing agreement in connection with the MS AKT which has been signed by both parties.

Industrial action update

- 15 On 18 December, we published an updated statement on industrial action. This is highlighted on our [industrial action webpage](#), which has our existing position statement (first published in September 2022).

Agenda item M3

Chief Executive's report

- 16** We have ensured that doctors are aware of the information we have on our website, using our e-bulletin for all doctors, GMC news.
- 17** Doctors in training in England took part in strike action from 7am on Wednesday 3 January until 7am on Tuesday 9 January. Their mandate for striking runs until the end of February 2024.
- 18** BMA consultant members in England voted 51.1% against the offer in a referendum that took place between 14 December and 23 January. The BMA's consultants committee has therefore rejected the offer but is giving the Government an opportunity to improve it to a point that may be acceptable to members.
- 19** Voting on the pay offer for specialty and associate specialist (SAS) doctors in England will take place from 29 January to 28 February.
- 20** Doctors in training in Northern Ireland are being balloted for strike action. This closes on 19 February. If successful, they will strike on 6 March.
- 21** Doctors in training in Wales took part in strike action from 7am on 15 January until 7am on 18 January.
- 22** SAS doctors are being balloted for strike action from 22 January until 4 March.

Our net zero plan

- 23** We have an ambition to become a net zero organisation, which aligns with our corporate strategy and our commitment to being a socially responsible organisation. We added information about our plan to our website in December 2023, after a period of internal engagement. The aim of the plan is to reduce our emissions to as low a level as possible before offsetting any residual emissions. It sets out actions under eight different themes: estates and facilities, procurement and supply chain, waste management, culture and community, homeworking, travel and transport, adaptation, and food and nutrition.
- 24** The Climate Change Act 2008 sets a legal target for the UK to reach net zero by 2050. Like most organisations, we are aiming for more ambitious targets than the legal target to allow for a more substantial and quicker impact.
- 25** Our emissions are measured across three 'scopes'. Scopes 1 and 2 relate to emissions that are under our control i.e. from our gas and electricity consumption, and scope 3 are those emissions outside of our control such as travel, procurement and supply chain, commuting, waste management, and homeworking.
- 26** Our target years are net zero for scopes 1 and 2 by 2030, and for scope 3 by 2040.

Agenda item M3

Chief Executive's report

- 27** Work is taking place to reduce emissions in different areas. For example, installation of LED lighting and replacement of air conditioning units will help us to decrease emissions in scope 2 (electricity). We will be developing a green travel plan to help us reduce emissions related to business travel and commuting. We are also working with procurement to better understand our supply chain emissions.
- 28** The sustainability working group is responsible for delivery of the plan. The group is chaired by Neil Roberts, Director, Resources, and is attended by colleagues from facilities, the people team, communications, information services, and procurement. We collect data from various sources so that we can calculate our emissions annually. We will continue to measure our emissions and report to the Executive Board annually.

Updating our equality impact assessment templates and guidance

- 29** Our project and policy community have been seeking feedback from colleagues across the organisation about our equality impact assessments (EqIAs). We have also spoken with colleagues at the Care Quality Commission (CQC) and General Pharmaceutical Council (GPC) and shared our EqIA materials so they could use them to benchmark against their own work and identify best practice. The feedback we received was that our process is clear, and documents are simple and easy to use with comprehensive guidance in place to support the process.
- 30** We worked closely with the Welsh Language Standards project team to incorporate a section asking key questions to ensure the decisions made within that process do not treat Welsh language less favourably than the English language.
- 31** In November, we launched updated versions of our Equality Screening Assessment (EqSA) template, Equality Impact Assessment (EqIA) template and Equality Impact Assessment guidance. The updated templates are clear, concise and easy to use. They are supplemented with guidance that supports colleagues to complete them.

Enhanced monitoring

- 32** There are currently 31 open enhanced monitoring cases, with conditions attached to GMC approval to deliver a programme of training at four sites.
- 33** We recently opened three new cases. These are in general internal medicine at Daisy Hill Hospital, Southern Health and Social Care Trust (QA12734) and general surgery at Antrim Area Hospital, Northern Health and Social Care Trust (QA12735), on which we are working with Northern Ireland Medical and Dental Training Agency and Wessex NHS England

Agenda item M3

Chief Executive's report

Workforce, Training and Education (WTE) to monitor progress; and general surgery in University Hospital Southampton NHS Foundation Trust (QA12741).

- 34** The risks within obstetrics and gynaecology training in University Hospitals Birmingham NHS Foundation Trust (QA11968) remain high. There is also an open enhanced monitoring case in haematology (QA12251) at the Trust. We continue to work with West Midlands NHS England WTE team to monitor progress against the conditions we have set in obstetrics and gynaecology training and feed into the governance structure set by the Integrated Care Board (ICB) to monitor the departments.
- 35** We noted improvements in training in general psychiatry at Inverclyde Royal Hospital, Greater Glasgow and Clyde. This case has recently been de-escalated from our enhanced monitoring process.

Parliamentary and stakeholder updates

- 36** Our recent meetings with stakeholders have focused on regulatory reform, workforce pressures including industrial action, retention, and the AAPAO.
- 37** We continue to provide information to parliamentarians and key committees in Westminster and in the Scottish parliament in support of the AAPAO. This included the Joint Committee on Statutory Instruments, the House of Lords Secondary Legislation Scrutiny Committee and members of the House of Commons Sixth Delegated Legislation Committee ahead of their consideration of the Order on 17 January. The statutory instrument was approved by the Commons on 22 January.
- 38** Following the publication of the committee's scrutiny reports, we provided further briefing to peers. Two non-fatal motions objecting to the Order were tabled on 31 January, and a motion to stop the Order becoming law was tabled on 6 February. As a consequence, the Order will be debated by the whole house, rather than in Grand Committee, after the February recess.
- 39** The Order was considered in the Scottish Parliament by the Delegated Powers and Law Reform Committee on 9 January, and the Health, Social Care and Sport Committee on 16 January, before being approved by the whole parliament on 31 January.
- 40** Other Westminster parliamentary engagement focused on the Westminster Hall debate on the Sexual Harassment of Medical Professionals. On 13 December, during the debate, we secured acknowledgement from Rosie Duffield MP of our updated *Good medical practice* guidance which directly addresses this issue.
- 41** In December 2023, we chaired a meeting of our network of European medical regulators. We were joined by representatives from the European Commission as well as representatives from 22 European medical regulators. Discussion focused on the recognition of third country qualifications.

Agenda item M3

Chief Executive's report

- 42** We responded to a Department of Business and Trade consultation on the government's trade negotiations with Turkey. In our response we called for the negotiations to reflect the priorities of stakeholders in the health and care sector.

Inquiries and reviews

- 43** The terms of reference for Thirlwall Inquiry, looking into events at Countess of Chester Hospital surrounding the Lucy Letby case, were published in October 2023 (and updated in November 2023). In December 2023, as is routine with inquiries, we provided a witness statement covering a range of information concerning our regulatory functions and procedures, complaints received, and the culture of the NHS, and have finalised the supporting documentation requested. We anticipate that the inquiry may require further statements and evidence from us as its work proceeds.
- 44** During the summer we submitted a draft witness statement, supporting documentation and clarification and additional information to the UK Covid Inquiry.
- 45** The Independent Review of Greater Manchester Mental Health Trust is expected to report shortly. We anticipate that it may reference regulation, but we are not expecting this to be specific to the GMC.

Operational performance

- 46** The Regulatory Reform programme continues to report amber due to ongoing pressures on the timeline. The MLA programme continues to report amber due to stakeholder dependencies and a tight timeframe for delivery.
- 47** The target for 80% of calls to be answered in 20 seconds was missed in November (78%) because of an increase in volumes relating to PLAB and a reduction in resource and capacity across the team. The Contact Centre customer satisfaction target was missed in December when 78% of customers rated their overall experience as seven or above out of 10 against an 80% target as a result of slightly longer than usual to answer enquiries. Rolling staff turnover was outside of our target 8-12% range in both November (7.1%) and December (7.0%), with retention being stronger than experienced around the same time in 2022.
- 48** There has been one risk added to the annexed Corporate Opportunities and Risk Register (CORR) and one removal. The new threat relates to concerns over our ability to move to the cloud-based version of our people systems (Agresso) by the end of 2026 at which point vendor support will end. AA and PA regulation delays has now been closed on the CORR but continues to be monitored locally.

Agenda item M3

Chief Executive's report

Finance

- 49** In the year to December 2023, we achieved a surplus of £6.7m, compared to a budget in which we expected to break even. Council should note that there are still several adjustments to be made, so this is unlikely to be the final position.
- 50** The single largest driver of both the variance to budget and previously presented forecasts is a pronounced improvement in the performance of our investment. At December 2023 our investment gains were £5.2m compared to a budget of zero. Much of this improvement was seen in December with us recording investment income of £2.9m in the month.
- 51** Outside of this we saw increases in both income and expenditure compared to budget:
- a) Throughout the year all revenue streams consistently exceeded budget, with actuals ending some £3.5m ahead of budget. Most pronounced was the impact of Bank of England Base rate increases on our interest income generated. This upside was generated throughout the year and exceeded budget by 64% at £0.8m.
 - b) Expenditure increases of £2.0m compared to budget are driven by an increased pension top up of £2.0m as agreed by council in June. We can see the previously reported underspend on the gateway of £1.7m largely offsetting the spend on the fourth PLAB Circuit, approved in April 2023, which totalled £1.8m in 2023, with a further £0.8m anticipated to be spent in 2024.
- 52** These figures represent our management accounting position. Further adjustments are required to finalise the bottom line and free reserves position as reported in our 2023 financial statements. These adjustments can be significant and will largely cover statutory provisioning e.g. dilapidations and actuarial adjustments linked to our defined benefit scheme.

Executive Board

- 53** The Executive Board met on 29 January 2024 and considered the following:
- a) The organisation's performance, risks and opportunities since the last meeting.
 - b) Updates to HR and pay policies for 2024, including a proposal to enhance paternity pay.
 - c) An update on the MLA.

M3 – Annex A - Performance annex

Data presented as at 22 January 2024 (unless otherwise stated)

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

Indicator		Nov	Dec	Commentary
Operations	Decision on 95% of all registration applications within 3 months	97%	98%	People - The rolling 12-month staff turnover was outside of our 8-12% target range for both November (7.1%) and December (7.0%). Whilst there was a slight increase in leavers as expected in December, overall Q4 saw less than half the volume of leavers by comparison to Q4 2022. This is likely a result of strong retention that can be attributed to things like positive people survey results, appetite for job stability through cost of living and a reduction in vacancies in 2023.
	Decision on 95% of all revalidation recommendations within 5 working days	99%	99%	
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	96%	
	Conclude 90% of fitness to practise cases within 12 months	97%	95%	Contact Centre -The target to answer 80% of calls within 20 seconds was missed in November (78%) due to a number of factors. There was an increase in volumes, partly driven by the PLAB 1 release on 18 November and associated increased demand before and after the English language deadline given to candidates before they can book a PLAB test. During this time the Contact Centre have been operating at reduced capacity (10% below max headcount) partly due to short and long term absences, and also planned training for the new PLAB booking system and team away days. The customer service target for 80% of customers to rate their experience with the contact centre as 7 out of 10 or above was met in November (82%) but missed in December (78%). Whilst the overall feedback remained consistent, we saw a marginal drop relating to the speed in which enquiries were answered. This area often has the greatest impact on customer experience and has therefore as a result will have impacted the overall score.
	Conclude or refer 90% of cases at investigation stage within 6 months	97%	97%	
	Conclude or refer 95% of cases at the investigation stage within 12 months	98%	98%	
	Commence 100% of Investigation Committee hearings within 2 months of referral	100%	No Cases	
	Commence 100% of Interim Order Tribunal (IOT) hearings within 3 weeks of referral	100%	100%	
	Contact Centre sample survey - % of customers who rated their overall experience and satisfaction at 7 or above (out of 10) – target 80%*	82%	78%	
	Answer 80% of calls within 20 seconds	78%	84%	
Organisation	2023 Income and expenditure [% variance +/- 4%]**	-0.64%	+1.02%	
	Rolling twelve-month staff turnover within 8-12%***	7.1%	7.0%	
	IS system availability (%) – target 99.89%	100%	100%	

*Contact Centre customer satisfaction measure was approved for inclusion to corporate reporting by Council in December 2022 following an annual review of performance measures. A target of 80% has been applied from the June reporting period.

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

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

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

		2023											
Indicator		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Operations	Decision on 95% of all registration applications within 3 months	97%	98%	98%	99%	99%	98%	98%	97%	97%	97%	97%	98%
	Decision on 95% of all revalidation recommendations within 5 working days	96%	98%	98%	97%	98%	99%	99%	99%	99%	99%	99%	99%
	Respond to 90% of ethical/standards enquiries within 15 working days	96%	94%	96%	100%	100%	100%	93%	97%	98%	98%	100%	96%
	Conclude 90% of fitness to practise cases within 12 months	97%	94%	95%	93%	94%	92%	96%	96%	94%	96%	97%	95%
	Conclude or refer 90% of cases at investigation stage within 6 months	97%	97%	97%	97%	98%	98%	98%	97%	98%	97%	97%	97%
	Conclude or refer 95% of cases at the investigation stage within 12 months	98%	97%	98%	97%	97%	98%	98%	98%	98%	98%	98%	98%
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	No Cases	No Cases	No Cases	No Cases	100%	100%	No Cases	No Cases	No Cases	100%	No Cases
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	92%	100%	100%	100%	100%	92%	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%	79%	81%	82%	81%	78%	79%	81%	82%	83%	82%	78%
	Contact Centre - Answer 80% of calls within 20 seconds	92%	87%	87%	85%	83%	85%	90%	89%	89%	85%	78%	84%
Organisation	2023 Income and expenditure [% variance +/- 4%]**	+2.38%	+1.89%	0.43%	-0.47%	-0.05%	-2.79%	-2.65%	-2.01%	-1.46%	0.53%	-0.64%	+1.02%
	Rolling twelve-month staff turnover within 8-12%***	10.3%	10.4%	9.5%	9.1%	8.9%	9.2%	9.6%	9.3%	9.3%	7.7%	7.1%	7.0%
	IS system availability (%) – target 99.89%	100%	100%	100%	100%	99.99%	100%	100%	100%	100%	99.93%	100%	100%

*Contact Centre customer satisfaction measure was approved for inclusion to corporate reporting by Council in December 2022 following an annual review of performance measures. A target of 80% has been applied from the June reporting period.

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

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

Corporate Strategy Delivery: Priority activities forecast

February – December 2024 estimated investment (project team resource)

Our strategy 2021-25

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



Committed project resource for remainder of 2024 by Strategic Aim*



Themes	Project resource costs to deliver tier 1 priorities
Making every interaction matter	6,795,300
Developing a sustainable medical workforce	1,359,000
Enabling professionals to provide safe care	255,700
Total	8,410,000

*The majority of the benefits being delivered for the Investing in our people strategic theme are being delivered through operational work as opposed to change activity, and so resource investment does not feature in this graph.

Corporate Strategy Delivery: Priority activities forecast

February – December 2024 estimated investment (project team resource)



Cost for Regulatory Reform also includes estimated resource from enabling teams supporting the Project Management Office to deliver the programme
 Regulation of AAs and PAs resource is funded by DHSC and nil cost to the GMC
 Calculations will vary from previous reports as the method used for calculating resource has been amended to produce more accurate estimations (updated August 2023)



Enabling professionals to provide safe care

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

2023 Priority change activities		RAG	Status
Review of Good Medical Practice (GMP)	<p>Why: Want to make sure our standards for professions we regulate reflect current patient and public expectations – and that our approach to embedding those with the profession maximises their relevance and application to care. Our guidance will be publicly consulted on, and we will have launched an updated GMP.</p> <p>When: Complete by Q1 2024 Who: Colin Melville; Mark Swindells</p>		Seven pieces of more detailed guidance were published on 4 December 2023. The response has been largely positive. We continue planning and developing the digital presentation of our professional standards as well as our implementation work.
Fairer Employer Referrals (FER)	<p>Why? To eliminate differentials in employer fitness to practise referrals</p> <p>When: by 2026 Who: Anthony Omo</p>		<p>We presented a deep dive paper to Council on 13 December which was well received. The paper encompassed all work on FER, the next phase and progress against our targets. The phase 3 plan has been finalised following the Council presentation and is due to be presented to Executive Board in January 2024. We have drafted the content for the annual ED&I Targets paper for Council in April 2024.</p> <p>Following a meeting with the project sponsor and DRIH which explored the risk of having a list of disproportionate Designated Bodies (DBs), an agreement has been reached to conduct research into DBs and their best practices. The research aims to identify what is successful in different types of DBs and share this knowledge within the system. We are expecting to receive this research tender and publish in early 2024.</p>
Fair Training Cultures	<p>Why? To deliver on our commitment to eliminate discrimination, disadvantage and unfairness for all index measures of fair medical education and training pathways.</p> <p>When: September 2031 Who: Colin Melville</p>		<p>We attended the International Health Workforce Collaborative conference in Ottawa which explored how countries around the world were tackling inequality and disadvantage in training environments. This provided us with an opportunity to discuss topics of common challenge with our international peers, including how we measure differential attainment.</p> <p>We submitted an abstract for the NHS Education for Scotland (NES) conference 2024 on the topic of empowering Black African and Caribbean heritage trainees to transition into Foundation Year 1 with confidence. A key benefit of the work being presented is that it reduces isolation, which is an important factor for Scotland in particular. Our research tells us that isolation is a factor which can compound and amplify disadvantage.</p> <p>We also submitted our first draft to the annual ED&I Targets paper for Council.</p>



Developing a sustainable medical workforce

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

2023 Priority change activities		RAG	Status
Introducing the Medical Licensing Assessment (MLA)	<p>Why? 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>When: Q4 2025 Who: Colin Melville; Judith Chrystie</p>		<p>We are particularly focused on delivering initial MLA compliance decisions for all UK medical schools and the GMC's Professional and Linguistic Assessments Board (PLAB) test.</p> <p>On individual medical schools' clinical and professional skills assessments (CPSAs), we continue to draft compliance reports for each school on whether they meet our requirements. These reports are based on advice from GMC associates having reviewed the narrative and evidence submitted by each school. We are progressing through the assistant registrars' decision-making processes. In relation to the national medical school applied knowledge test ('MS AKT'), on 5 January 2024 the deadline passed for medical schools to integrate the information provided centrally by the Medical Schools Council (MSC) with schools' individual evidence about local delivery. We are considering these individual submissions and have already prioritised those medical schools which assess students in the penultimate year of their programme. Reports will be finalised before the end of the January. Completing the reports for the remaining schools (over 30 schools) will be a challenge within the current timetable.</p> <p>There is significant vulnerability in relation to the compliance work with no remaining slack and considerable pressure to manage. The MLA remains a high-profile change programme which is resource intensive in the near-term and is being delivered with, and in some respects through, external delivery partners. As such, the overall programme will remain at least at amber for the foreseeable future.</p>
Post-Brexit Registration Pathways	<p>Why? To ensure we have efficient and effective routes for skilled professionals to gain registration and maximise the number of skilled doctors available to the UK medical workforce. To start, we will expand our Clinical Assessment capacity for international medical graduates to respond to Covid and manage the UKs post-Brexit registration approach for EU professionals.</p> <p>When: Q3 2024 Who: Una Lane; Kirstyn Shaw</p>		<p>The Portfolio pathway launched on 30 November 2023 but there are still some Specialist Specific guidance (SSGs) documents to be received from the Royal Colleges. There are currently no open applications in specialties affected, and the Portfolio project team are working with the Royal Colleges to publish the outstanding SSGs as soon as possible, with a set deadline of the end of January 2024. The Recognised Specialist Qualification (RSQ) project is re-visiting the timeline and is factoring in delays to some key workstreams for the timeline in the RSQ pathway. Mitigating approaches are being developed.</p> <p>Several new registration fees covered by projects in the programme were included in the GMC-wide budget paper presented to Council back in December. This included fees for the RSQ, Relevant European Qualifications pathways (specialist and GP registration) and European Free Trade Association (EFTA) pathway. Amendments to the Fees regulations are being drafted. The EFTA pathway also launched and we have received one application in December. The EFTA project team are now completing post launch tasks, including making updates to the appeals documents and webpages, which are on track to be finalised in Q1 2024. The Qualifications Assessment Project (QAP) presented the qualifications framework to Education and Registration colleagues and recorded their feedback and proposed amendments.</p> <p>The programme completed its first tranche as of December. We are currently reviewing the next tranche and will consider the most appropriate structures to deliver the remaining work.</p>



Making every interaction matter

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

2023 Priority change activities		RAG	Status
Regulatory Reform	<p>Why? To improve the design and delivery of our functions so that we can be more responsive to the changing needs and expectations of patients, the health system, and the professions.</p> <p>When: Expected by Q4 2025 (dependent on when DHSC consult on the Medical Professions Order and lay this in parliament). Who: Shaun Gallagher; Tim Aldrich</p>		<p>On 13 December 2023, the Department of Health and Social Care (DHSC) laid the Anaesthesia Associates and Physician Associates (AAPA) Order in the Westminster and Edinburgh Parliaments. The DHSC have made several amendments to the AAPAO since we last reported on progress which have helped to reduce the concerns that we raised previously. However, we plan to continue engaging with DHSC to try and secure further changes when the legislation is reviewed again, ahead of reforms being implemented for doctors. We continue to report amber due to ongoing pressure around the timescales for getting the rules (and associated documents) finalised and signed-off ahead of the consultation that we plan to run next year.</p> <p>We are planning a lessons learned workshop with DHSC in January. This will help us to consider where both organisations should adapt the approach taken for the AAPAO ahead of beginning work on the MPO. The timetable for this is still to be confirmed by DHSC. We have now completed a series of Council webinars and aim to provide Council with the consultation package for final sign-off on 13 March. The Council seminar content will be re-purposed to deliver internal staff seminars during January and February.</p>
Regulation of Anaesthesia Associates (AAs) and Physician Associates (PAs)	<p>Why? 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>When: End of 2024 Who: Una Lane; Clare Barton</p>		<p>As noted above, the AAPA Order has now been laid in parliaments. This is a significant milestone for both this programme and Regulatory Reform and confirms our expected start date for regulation as December 2024. We are now therefore reporting as green and have de-escalated the corporate risk on delays to the Order, and the risk to regulation delay is being monitored by our programme team locally.</p> <p>Also in December 2023, we supported a range of meetings and communications with external stakeholders, helping to address questions being raised about PAs, AAs and the GMC's regulatory approach. Additionally, we issued further guidance to AA course providers on clinical assessment and managing student fitness to practise concerns.</p> <p>*This green rating currently is under review.*</p>



Making every interaction matter

2023 Priority change activities		RAG	Status
Transition to Welsh Language Standards	<p>Why? We are getting ready to comply with the incoming Welsh Language Standards for healthcare regulators, an important part of the Welsh Government's Cymraeg 2050 strategy. This is an opportunity to enhance our Welsh language offer to those accessing our services, and we're planning activities to implement the standards across all functions of the GMC.</p> <p>When: Q4 2023 Who: Neil Roberts</p>		<p>On 6 December we renewed our commitment to Welsh language speakers by launching our external compliance plan with the Welsh Language Standards. As part of this launch there was an intranet article for staff and web pages published on our external GMC website (including a web story) and MPTS website. Additionally, we created some social media posts on X/Twitter, Facebook, Instagram and LinkedIn.</p> <p>The project now moves into a new phase of embedding the internal compliance plan across the organisation and transitioning to BAU. A compliance readiness review is being undertaken by BDO in February 2024.</p>
Regulatory Fairness Implementation	<p>Why? We are focused on making fairness central to our work, and we are working on implementing all recommendations from the Regulatory Fairness Review published in February 2023.</p> <p>When: Q4 2024 Who: Shaun Gallagher, Claire Light</p>		<p>The programme is nearing completion of Phase 1 which included running workshops for the relevant GMC directorates. Some of the workshops covered how the directorates will be delivering against recommendations from the Regulatory Fairness Review. Others were to review the High Impact Regulatory Decisions (HIRDs) and to explore how to better mitigate against bias and provide assurance of fairness.</p> <p>A preparatory workshop was held in December 2023 with members of SMT to update on progress and we have begun drafting the Implementation Toolkit and the directorate template plans. The second workshop with all of SMT is taking place on 18 January on the appeals process and assurance measures. BDO concluded an internal audit around the governance of the programme and the recommendations have been provided to senior sponsors.</p> <p>Phase 2 of the programme is anticipated to begin in Q1 2024, and will cover the development of directorate level plans to support with implementing the actions identified during the Phase 1 workshops.</p>



Investing in our people to deliver our ambitions

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

Underlying measures and targets		Actual				Target		
		2022 (%)	2022 (Vol)	2023 ¹ (%)	2023 ¹ (Vol)	End of 2023	% points off 2023 target	2026
Increase the level of minority ethnic representation at Level 3 and above	Applications	34.9%	236	34.9%	419	27%	+7.9%	30%
	Interviews	23.1%	42	20.1%	45	22%	-1.9%	25%
	Offers	12.1%	^	14.8%	6	17%	-2.2%	20%
	Workforce	14.0%	88	13.9%	91	16%	-2.1%	20%
level of minority ethnic representation at Level 2+		12.7%	27	12.6%	27	14%	-1.4%	20%
level of minority ethnic representation at level 3		14.7%	61	14.6%	64	16%	-1.4%	20%
Increase the level of minority ethnic representation at all levels	Applications	44.4%	1,697	45.3%	2,314	37%	+8.3%	40%
	Interviews	28.1%	260	30.7%	320	32%	-1.3%	35%
	Offers	24.3%	61	23.2%	68	27%	-3.8%	30%
	Workforce	17.3%	278	18.7%	317	17%	+1.7%	20%
Reduce differential turnover rates for minority ethnic staff compared to the average to improve retention and for rates to be within 1-2% of each other by end of 2023		3.7%	-	Minority Ethnic (%)	Non-Minority Ethnic (%)	1-2%	% points between groups	1.0%
				8.9%	6.7%		2.2%	
Proportion of minority ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level*		-1.77%	-	BME (%)	Non-BME (%)	18%	% points between groups	18%
				8.6%	11.5%		2.9%	
Pay differentials within a confined band limited to 2% by 2023 ² <i>(table shows the proportion of bands that are outside of the +/-2% tolerance)</i>		58.3%	7/12	83.3%	10/12	2.0%	N/A	2.0%

¹ Rolling 12 month period used to the end of the reporting month (October 2023)

² Specialist bands are not included

^ Volumes fewer than 5 have been redacted to preserve anonymity

*Difference is not set against the 2023 figure, the target is that the proportion of staff will be equal across minority ethnic and non-minority ethnic

Financial summary (December)

Financial summary for 2023	Budget 2023	Actual 2023	Variance	
	£000	£000	£000	%
Operational expenditure	134,835	134,859	(24)	(0)%
Capital expenditure	9,491	11,428	(1,937)	(20)%
Total expenditure	144,326	146,287	(1,961)	(1)%
Operational income	144,483	147,965	3,482	2%
Operational surplus/(deficit)	157	1,678	1,521	

Financial summary for 2023	Budget 2023	Actual 2023	Variance	
	£000	£000	£000	%
Investment income / (loss)	0	5,239	5,239	0%
Investment management fees	194	244	(50)	(26)%
Net investment return	(194)	4,995	5,189	
Total surplus/(deficit)	(37)	6,673	6,710	

The value of our holdings with CCLA at the end of 2022 were £56.6m, the value at the end of December is £61.1m.

Financial detail (December)

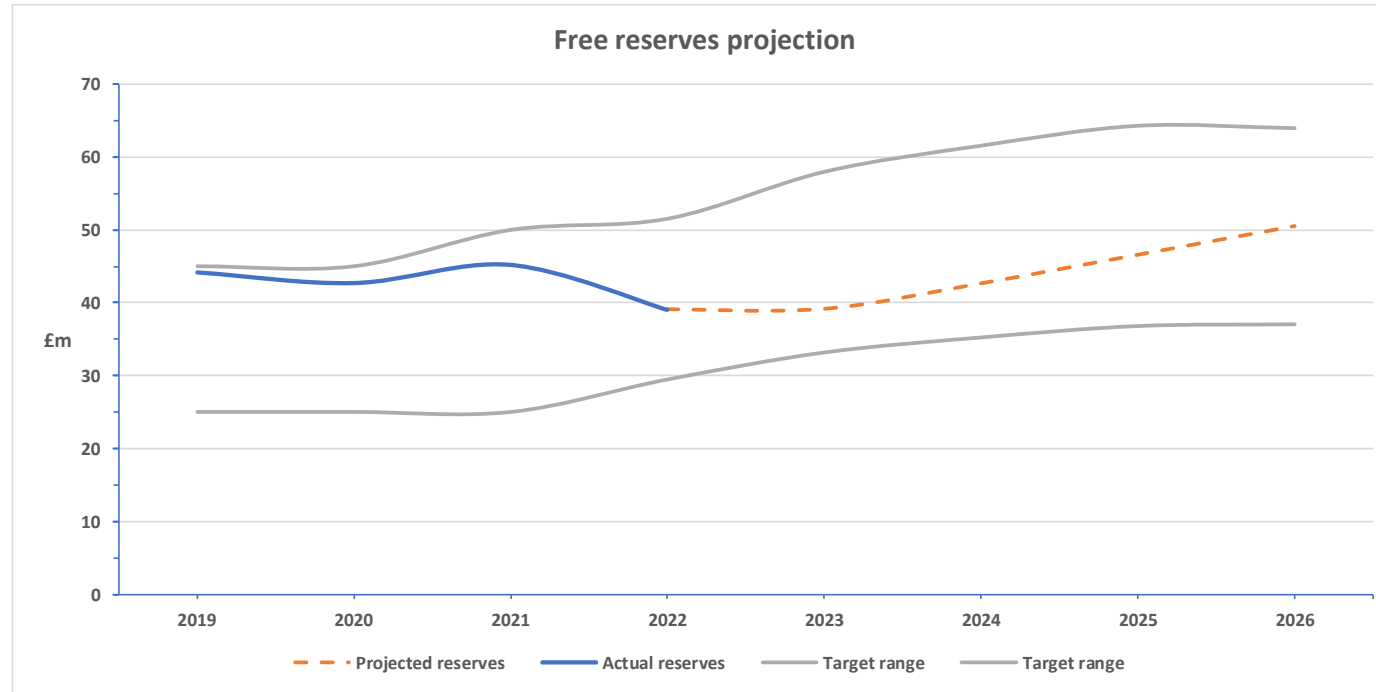
Expenditure for 2023	Budget 2023	Actual 2023	Variance	
	£000	£000	£000	%
Staff costs	84,507	85,633	(1,126)	(1)%
Staff support costs	3,490	3,571	(81)	(2)%
Office supplies	1,229	1,179	50	4%
IT & telecoms costs	5,658	5,571	87	2%
Accommodation costs	8,726	7,769	957	11%
Legal costs	3,960	4,529	(569)	(14)%
Professional fees	3,052	2,833	219	7%
Council & members costs	365	395	(30)	(8)%
Panel & assessment costs	18,310	18,027	283	2%
Associate fee changes	468	960	(492)	(105)%
PSA Levy	895	892	3	0%
Contingency fund	1,000	0	1,000	0%
Gateway fund	1,675	0	1,675	0%
Pension top up payment	1,500	3,500	(2,000)	(133)%
Total operational expenditure	134,835	134,859	(24)	(0)%

Income for 2023	Budget 2023	Actual 2023	Variance	
	£000	£000	£000	%
Annual retention fees	112,193	112,358	165	0%
Registration fees	6,262	6,984	722	12%
PLAB fees	19,569	20,392	823	4%
Specialist application CCT fees	3,138	3,583	445	14%
Specialist application CESR/CEGPR fees	1,518	2,240	722	48%
Interest income	1,259	2,065	806	64%
Other income	544	343	(201)	(37)%
Total Operational Income	144,483	147,965	3,482	2%

Finance - GMCSI summary (December)

GMCSI summary as at October 2023	Budget	Forecast	Variance	
	2023	2023	£000	%
	£000	£000		
GMCSI income	408	442	34	8%
GMCSI expenditure	393	365	28	7%
Profit/(loss)	15	77	62	

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 continuing to rise significantly	PLAB 1 volumes dropping by 30% or amendment to skilled worker VISA rules	PLAB 1 volumes dropping by 10%
Register growth	4.5% per year	5.9%	Reduction to 1.5%	Reduction to 3.5%
Investments	£1m benefit per year	£5.2m gain to December	Reduction of £9m	Reduction of £3m
3rd party cost increases	4.0% per year	CPI rate - November 2023 - 3.9%	10% per year	6% per year
Staff vacancy rate	5.0% per year - based on budget values	4.5%	Reduction to 2% per year	Reduction to 4% per year
Staff pay increases	Agreed at budget setting	No increase in average salaries since annual pay award	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 25% Global Equities/65% Gilts/10% property
- * Ethical exclusions where companies are excluded if greater than 10% of Turnover for Tobacco/Alcohol/Gambling/Pornography/High Interest rate lending/Cluster munitions and landmines/Extraction of thermal coal

Performance Overall

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

As at 30 Nov 2023	Performance Period			
	3 Months	12 Months	3 Years (p.a)	5 Years (p.a)
Our Actual Portfolio	2.3%	2.2%	1.8%	3.5%
Target: CPI + 2%	0.8%	5.9%	8.4%	6.2%
Benchmark	1.4%	(2.9)%	(4.8)%	(0.3)%
Actual minus Target	1.5%	(3.7)%	(6.6)%	(2.7)%
Actual minus Benchmark	0.9%	5.1%	6.6%	3.8%

As the table shows over the 12 months to 30/11/2023 the portfolio has delivered a return of 2.2% and an average of 1.8% p.a. over the 3 years, which is below target. However, when compared to the benchmark performance, which we also monitor against, the outcome is a positive one, with outperformance of 5.1% and 6.6% 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 3.8% p.a.

We await the quarterly report from CCLA to be able to report December position but as noted in the asset breakdowns in December and early January, we saw a significant uptick in performance in December, so we expect to make gains against target as a result of the significant improvement in our investment value.

Holdings as at 12 January 2024 (reflected in the graph below)

	£millions	%
Total Equities	15.9	26.2%
Fixed Interest	25.9	42.7%
Property	3.8	6.2%
Infrastructure	5.7	9.5%
Other Income	1.2	2.0%
Private Equity	2.1	3.4%
Cash	6.1	10.1%
Total	60.7	100.0%



Litigation overview for Q4 2023

The graph on incoming litigation shows all new litigation records opened between 01 October and 31 December 2023.

Total Open Litigation: 35 - as at 2 January 2024.

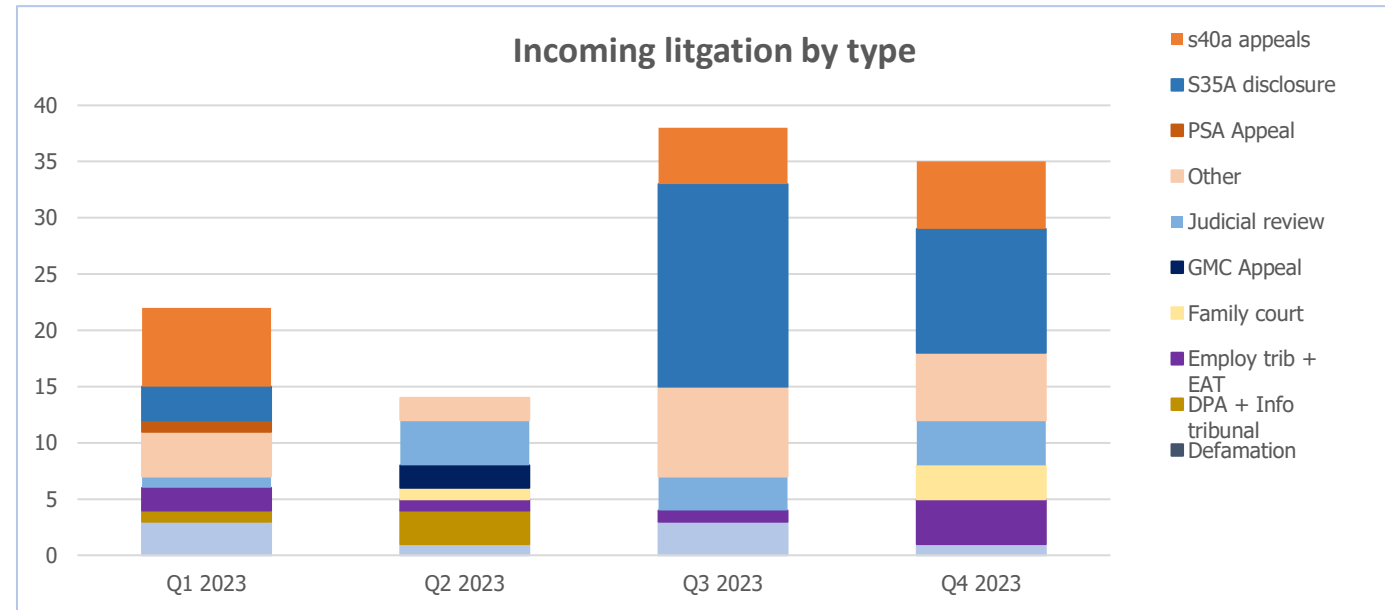
Concluded litigation: 15

14= GMC Successful

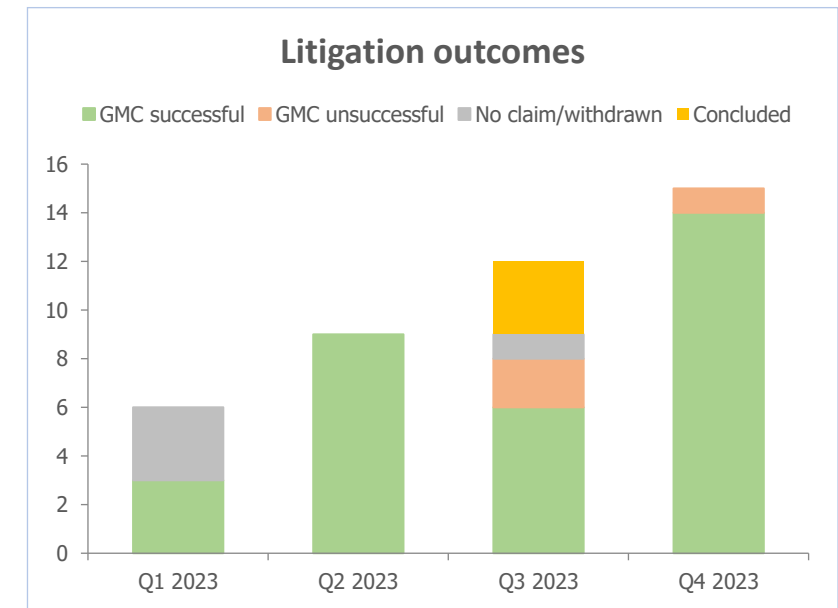
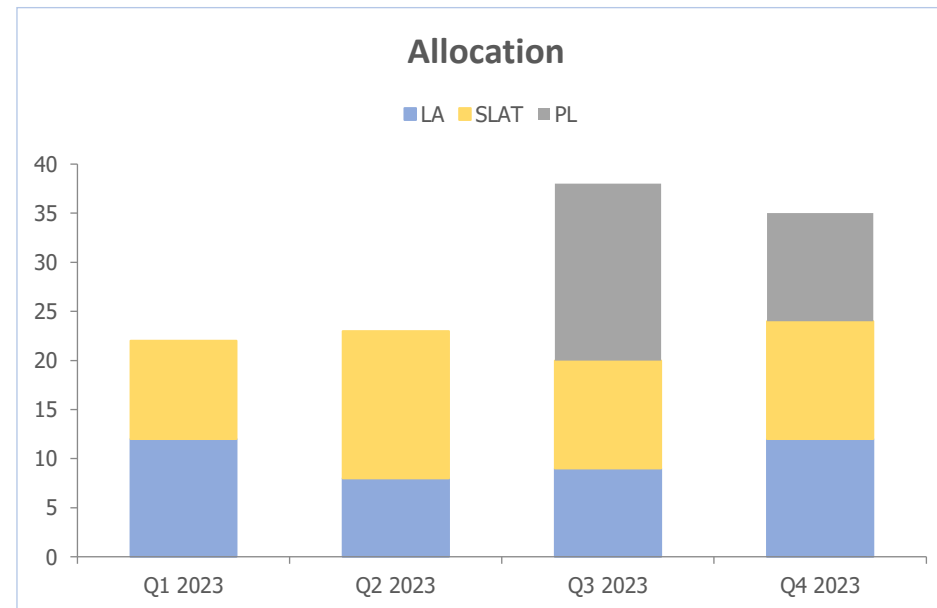
- X7 = s40 (doctor) Appeals
- X1 = Judicial Review
- X1 = Civil compensation claim
- X1 = RAP Appeal
- X1 = COA Appeal
- X1 = S.41A – 10 IOT Challenge
- X2 = Other

1 = GMC unsuccessful

- x1 = PSA Appeal



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



Corporate Opportunities and Risk Register - January 2024

Risk ID	Title	Category	Detail	Owner	Likelihood - Inherent	Impact - Inherent	Rating - Inherent	Mitigation/Enhancement	Likelihood - Residual	Impact - Residual	Rating - Residual	Council and/or Board Assurance	Assurance	Further Action Detail	Risk Appetite
544	Unable to move to Cloud version of Agresso 28/11/2023	Technical	There is a risk that we are unable to complete the significant and complex work needed to enable moving to the cloud version of Agresso by the end of 2026 when vendor support will end. This would leave us unable to receive product updates from 2027, such as new annual tax rules to apply to payroll.	Neil Roberts	HIGHLY LIKELY	MAJOR	CRITICAL		HIGHLY LIKELY	MAJOR	CRITICAL			<ul style="list-style-type: none"> Immediate prioritisation of the work as a project led from within Enterprise Systems with scope, top level plan and significant risks being identified. Project streams will be prioritised and resourced within IS, HR and Finance with a gateway bid for resources if required. Consider work arounds and alternative approaches to migrating to Agresso cloud. 	Medium
537	MLA Timescales 05/10/2023	Timescales	The unexpected complexity of checking the compliance of the MLA Applied Knowledge Test (AKT) for students in UK medical schools (MS) with GMC requirements has led to repeated pressures on GMC resources, prolonged GMC communications with MS staff and delayed other aspects of the MLA programme. As a result, it could delay the timeline for implementing the MLA in UK MSs. Currently there is a requirement that a medical degree should be awarded by a UK university on the GMC's list of awarding bodies, which must include a pass in the MLA from the academic year 2024/25 in order to be recognised as a UK Primary Medical Qualification.	Colin Melville	QUITE LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> Regular reviews and revisions of project and resource plans, including review of the compliance process, within the team and through the programme's Operational Monitoring Group. Ongoing dialogue with the MSC – as the co-ordinating body of the MS AKT and as the representative body for the MSs we regulate – including at senior level, to build a shared understanding of MSs', MSC's and GMC's respective roles and responsibilities regarding the MS AKT and the broader MLA. Accelerated communications with assessment teams in MSs. Offering bespoke support to MSs who will be holding live MLA assessments in the penultimate year of their programmes (AY 2023-24) and thus have the most pressing need for compliance to be confirmed. 	QUITE LIKELY	MAJOR	CRITICAL			<ul style="list-style-type: none"> Currently exploring whether any realistic options have emerged for accessing additional short-term resources for the programme. 	Medium
512	Uncertainty around our touchpoints and engagement with NHS England 31/07/2023	Operational	Due to the NHS England merger and planned workforce reductions, there may be a loss of relied upon resources, which could impact the GMC's ability to fulfil some operational processes in relation to a number of statutory functions in Education. This could increase our resource requirements, and necessitate exerting our regulatory influence more assertively and independently in cases where trainees need to be removed from training environments.	Colin Melville	HIGHLY LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> Ongoing engagement with NHSE stakeholders, including at leadership level New approach to proactive quality assurance, reduces regulatory burden and is designed to be flexible and future proofed. It could withstand a lot of change, but not a complete withdrawal of resources from partner organisations. 	HIGHLY LIKELY	MAJOR	CRITICAL				Medium
538	PA/AA regulation – external environment challenges 30/10/2023	Customer	If there continues to be significant opposition from doctors to increasing numbers of PA/AAs in the workplace and the expanded role of the GMC, it becomes more difficult to engage constructively with stakeholders in the run up to regulation.	Una Lane	QUITE LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> Regular liaison with the British Medical Association, Royal College of Physicians and Royal College of Anaesthetists Use of MAPs Community of Interest to engage and involve doctors in regulatory development. Communication strategy and OCCE/SMT approach to stakeholder engagement in place. Published updated FAQs and blog for doctors in June 22 Published Anaesthesia associates registration assessment content map in June 23 Published further materials about PA/AAs in October 23 Chief Executive wrote to health service leaders in England, Northern Ireland, Scotland and Wales (cc'd to all college presidents) in October 23 to ask them to make specific commitments to protect postgraduate training, including by growing training opportunities and capacity, protecting time for training and expanding the trainer workforce. AAPAO laid in Parliaments in Westminster and Edinburgh in December 2023. Chief Executive blog published on 19 December 2023, marking this significant milestone and updating on our approach to reference number. 	QUITE LIKELY	MODERATE	SIGNIFICANT			<ul style="list-style-type: none"> MAPs programme manager and MAPs Communications manager to liaise with SRU and strategic comms to ensure all external messaging (eg, timeline changes) is doctor-sensitive. Rules-specific engagement with BMA in 4 countries. Policy managers to consider implications for doctors in all MAPs workstream decisions (eg, List of Registered Medical Practitioners, revalidation, FFP rules). 	Medium
207	Pension Deficit 21/08/2020	Financial	Due to economic instability, both asset and liability value of the pension scheme have reduced (assets to a greater extent). This could lead to continued funding of the deficit from the employer. The funding position remains under review and Trustees will continue to liaise with the employer.	Neil Roberts	HIGHLY LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> Trustees meet regularly and continue to take professional advice in relation to the existing deficit. The employer and trustees work together to ensure suitable funding arrangements are in place to address the deficit. The employer factors annual payments into the budget to cover the agreed funding arrangements. 	QUITE LIKELY	MODERATE	SIGNIFICANT			<ul style="list-style-type: none"> Strategy now set as part of triennial valuation – Trustees have received a report on fiduciary manager's performance, and will work on this over the next 6 months. 	Medium
452	Regulatory reform potential delays introducing reform for doctors 04/05/2023	Strategic / Policy	There is a risk that external factors such as limited DHSC legal resources and the threat of an early general election will cause delays to the development of the Medical Professions Order, which in turn will affect the timing for the implementation of reforms for doctors. This will lead to us needing to run two systems (one for doctors and one for AAs and PAs) and using workarounds for a longer period of time.	Shaun Gallagher	HIGHLY LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> Included content in our response to the DHSC's consultation on the AAPA order that reinforces the importance of DHSC prioritising the Medical Professions Order (MPO) as soon as possible, as well as maintaining an influencing strategy that keeps pressure up on this issue. Meeting held with the current Health Minister, to discuss and escalate our concerns. Two GMC lawyers recruited to assist with consequential amendments to help speed up the progress of the development of the MPO. 	QUITE LIKELY	MODERATE	SIGNIFICANT	Council This threat has been verbally discussed at various points over the past 12 months at Council meetings, making Council aware of the threat.		<ul style="list-style-type: none"> Planning session being held with DHSC on 22 Jan 2024 to discuss timetable for introducing reforms for doctors. 	Low
120	ED&I compliance 17/02/2020	Strategic / Policy	The assurance we can evidence that our regulatory decision-making is fair, is not persuasive to key stakeholders and weakens confidence in regulation.	Shaun Gallagher	QUITE LIKELY	MAJOR	CRITICAL	<ul style="list-style-type: none"> Equality, Diversity and Inclusion (ED&I) objectives published within the corporate strategy and supported by focused targets based on evidence and routine monitoring and reporting of progress. Supporting governance including the Strategic EDI Advisory Forum (external) and ED&I Steering Group (internal) provides senior oversight and guidance to inform action and priorities. Skilled ED&I team provide strategic advice across the GMC. Mandatory training for all staff and associates. Regulatory fairness review now complete and implementation board established. Leads across the directorates appointed and first phase of corporate deliverables underway. Approach to a regulatory new Equal Opportunities Policy has been reviewed and published in April 2022. 	UNLIKELY	MAJOR	SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Reporting to Council on Fairer training cultures, Fairer referrals and the inclusion programme, deep dive reporting annual cycle in place. Regulatory fairness now included in annual reporting cycle. Reg Fairness Council report - September 2023. <p>Executive Board</p> <ul style="list-style-type: none"> ED&I steering group has forward plan for reporting and will report to Executive Board annually on progress the Steering Group has made. <p>Programme Board</p> <ul style="list-style-type: none"> Regulatory fairness review is now in implementation phase. A new regulatory fairness board has been established to govern the implementation of all of the recommendations. 	<p>Internal Audit</p> <ul style="list-style-type: none"> Arrangements to operationalise delivery of external facing targets (2022, no rating). Efficacy of ED&I reporting (2023, green-amber for design, green for effectiveness). <p>Other assurances</p> <ul style="list-style-type: none"> Strategy and policy ED&I compliance and governance review - Campbell Tickell (2020). Engagement, not personal characteristics, was associated with the seriousness of regulatory adjudication decisions about physicians: a cross-sectional study, Javier A Caballero, Steve P Brown, British Medical Journal (2019). Fairness of decisions to refer doctors to the MPTS interim orders tribunal (2018). Plymouth University Review of decision-making in the GMC's FTP procedures (2014). 	<ul style="list-style-type: none"> Develop new decision making principles and consider key decision-points in our operations for process controls to mitigate the risk of bias or unfairness (such as separated decision making) and our quality assurance regime for decisions (this is already in progress as part of the regulatory fairness work). Decision principles complete, pending timescales for launch and publication. Assurance measures will be finalised in directorate action plans by Q1 2024. Assess staff learning and training needs from first principles through a Learning Needs Analysis (LNA) and the most current evidence base on learning approaches with the greatest impact. Tender complete, supplier appointed, design to commence Q1 2024 and delivery from Q3 2024. Consider the adequacy of how we report the timeliness of our regulatory processes to better understand the characteristics of the individual in that process, and possible real-time interventions required to address risks of unfairness - this exercise has been completed for fitness to practice and has not identified differentials. Consider the coverage and credibility of past independence assurance on the fairness of our processes in design and operation to identify gaps or required change in approach - this is integrated into the audit programme considerations and will be considered by the Regulatory Fairness board in 2024 following agreement on the final list of decisions in scope of this work - due to be reported to SMT in Q1. Reviewing the impact of launching new templates and guidance on equality impact assessment and strengthen the tracking and oversight (through ED&I SG) throughout 2024 and managing phased introduction of the use of the new template. Regulatory fairness implementation programme considering future assurance measures across specific high impact regulatory decisions. Future assurance measures will form part of directorate action plans and progress reported to council in Q3 2024. 	Low

148	Delivery of statutory functions 31/03/2020	Operational	If we fail to deliver our core statutory functions, there is a potential impact on patient safety, public confidence, and the GMC's reputation as a leading regulator.	Charlie Massey	QUITE LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> Monitoring and reporting against statutory delivery to Executive Board and Council. Forecasting of operational demand is built into budget planning. Active engagement with doctors about potential situations which may put patients at risk. Outreach structure in place (ensures statutory process for responsible officers to continue effectively) to help identify and manage concerns (pre-investigation). Available staff with relevant training and skills. Information exchange with competent authorities informs our processes. Documented operational process and procedures, that are subject to regular review and continuous improvement by specialist staff. Auditing our decisions on a regular basis. 'Yellow' PLAB 2 circuit behind reception in Manchester's 3 Hardman Street reopened in September 2023 to further increase PLAB 2 capacity. Digital ID checking in place to verify new registrants' identities accurately and efficiently. 	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> Council Review of performance metrics through the quarterly CEO report. Executive Board Review of performance metrics through the bi-monthly Performance and Risk Report. Risk deep dive (Nov 2020, Feb 2022, Nov 2022, March 2023, May 2023). 	<ul style="list-style-type: none"> Internal Audit Legal Services (May 2022, green/amber). Clinical Assessment Centre, (2022, green/amber). Post COVID renewal FTP and MPTS (2022, green/amber). MPTS Continuous Improvement and learning (2022, green). Good Medical Practice (2022, green/amber). Safeguarding arrangements (2022, not rated). Registration services (2023, green/amber control design, green/amber control effectiveness). Hearing listings and cancellations (2023, green/amber control design, green/amber control effectiveness). Expanding registration pathways (2023, green/amber control design, green/amber control effectiveness) PIP triage arrangements (2023, green control design, green control effectiveness). <p>Other assurances</p> <ul style="list-style-type: none"> Covid learning reviews (GMC Case Studies): How the regulator responded to emerging evidence of higher prevalence of Covid-19 infection in BAME people; Temporary registration implementation; The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response (December 2020). The MPTS continues to meet our service level agreement to commence 100% of new interim referrals within 21 days. The MPTS continues to hear reviews of all MPT sanctions and IOT orders within statutory deadlines. Passed all PSA standards of good medical regulation in 2023. 	<ul style="list-style-type: none"> We are in the build stage of a fourth PLAB 2 circuit to help manage demand from IMGs seeking registration. 	Low
149	Availability of resources 31/03/2020	Resource	If we don't secure and retain: an appropriately skilled and experienced workforce; a resilient and secure IT and facilities infrastructure, and maintain a sound financial position, it will threaten the delivery of our statutory functions, change and development programmes and capacity to deal with unplanned events.	Neil Roberts	HIGHLY LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> Our People practices and leadership strategy is aimed towards attracting and retaining a high calibre workforce. We have processes in place to identify and manage key staff risks. We consider recruitment market surveys and data to identify potential skills shortages. Our Health and safety policies and procedures are robust in regards to our workforce. Clear Financial management practice and controls and safeguards including around investment (GMCSI), fraud policies and pensions. New activity, including Gateway Fund initiatives and existing project work routinely considered by Planning Gateway process to form a cross organisational recommendation on the priority and deliverability of proposals for SMT to consider collectively. Routine monitoring and reporting of operational performance and the volume and complexity of our work. Process for regularly mapping workload pressures across teams to help focus resourcing and prioritisation decisions. We work closely with the Pension Trustees to address the increased scheme liability arising from the Govt decision to align RPI and CPI and other factors affecting the valuation. We undertake financial stress testing to ensure we have the capacity to withstand financial shocks within our reserve levels. We continually invest in our IT infrastructure and systems to ensure availability and protect against cyber-security threats and maintain ISO 27001 accreditation. We have business continuity champions and robust business continuity plans in place that are tested regularly. We provide mandatory e-learning for GMC colleagues and have support in place from business continuity consultants Annual training and exercise sessions are delivered for all incident responders. We have health and safety policies and risk assessments in place to ensure review and maintenance of office facilities. We have redundancy and backup systems in place for critical IT infrastructure. This includes resilient data centres, backup power supplies, backup and recovery plans, and failover mechanisms to ensure continuity of operations in case of failure. Industry standard security benchmarks are used at development phase of projects ensuring our systems are secure by design and regular Security assessments take place to validate our position. 	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> Council Review of annual budget and Annual Accounts. Executive Board Executive Board regular review of finance, HR, project and operational performance and risks. 	<ul style="list-style-type: none"> Internal Audit Social engineering; (Nov 2021 green/amber). Recovery and renewal; (Nov 2021 green/amber). Payroll (May 2021, green-amber). Procurement (March 2021, green-amber). Fraud arrangements (March 2021, green). Raising concerns arrangements (March 2021, green). Recruitment (2022, green/amber). ED&I internal target progression (2022, green/amber control design, green/amber control effectiveness). Cyber testing (2023, amber). Values and behaviours (2023, green/amber control design, green/amber control effectiveness). Aligning culture with strategy and behaviours (2023, green/amber control design, green/amber control effectiveness). 		Medium
150	Ability to work with others 31/03/2020	Strategic/Policy	If we are unable to work collaboratively with our external partners, we may not be able to achieve the ambitions of the corporate strategy and change priorities, reducing our potential impact on patient safety and doctors' practice.	Paul Reynolds	QUITE LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> Engagement with other regulatory bodies to identify opportunities for collaboration and alignment (such as through the Chief Executive Officer Regulatory Body (CEORB) Group). Proactive engagement on all major policies and issues, including active engagement with the four UK Governments over the future of our legislation, co-ordinated through use of Engage system by external affairs, policy and operational teams. Development and management of stakeholder relationships of strategic importance at national and regional levels of the UK, supported by relationship plans delivered by our external affairs teams and sponsorship of key relationships by SMT. Regular evaluation of relationships with key partners, using insights from our internal systems and periodic surveys of stakeholders' perceptions, to identify opportunities for improvement. Relationship stocktakes on annual basis with Chief Executive and directors. Relationship plans with external stakeholders are mapped and refreshed annually. 	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> Council Seminar: Findings of our 2022 perceptions survey (December 2022). Annual update on communications and engagement (including four country update) (June 2023). Audit and Risk Committee Regular evaluation of the trust and confidence of our audiences and stakeholders (Jan 2022). Executive Board Four country public affairs update (March 2021). 	<ul style="list-style-type: none"> Internal Audit Managing UK-wide stakeholder relationships (March 2022, Control design - Green; Control effectiveness - Green/Amber). Review of progress in implementing Outreach (May 2021, Green-amber). <p>Other assurance</p> <ul style="list-style-type: none"> Bi-annual health assessments by our external relations teams of GMC's major relationships (next assessment due Q3 2023). 	<ul style="list-style-type: none"> Review of relationship health assessments due in Q1 2024 with external relations team. SMT stock-take of four country strategic relationships (22 January 2024). 	Medium
152	Unplanned event 31/03/2020	Reputational	The impact of an event in the external or internal environment causes our systems to be compromised or our activities to be publicly challenged, potentially leaving us vulnerable to delivery of key functions central to patient safety and reputational damage.	Neil Roberts	QUITE LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> Crisis management policies (including crisis communications plan) & procedures; pandemic response plan. Business continuity champions and emergency response plans in place with regular testing. Mandatory e-learning for GMC staff and support from business continuity consultants. Continuous proactive monitoring of external environment with processes and products in place to share and escalate emerging issues likely to affect our regulatory operations and external confidence in the organisation. Arrangements in place between regulatory operations and communications teams to identify and plan for events which could negatively impact on our functions and external confidence in the organisation. Analysis of range of qualitative and quantitative information about the external environment through the Patient Safety Intelligence Forum. Regular engagement with the Professional Standards Authority to assure them on the exercise of our statutory powers – including emergency powers under section 18A of the Medical Act 1983 (Covid-19). Health and Safety (H&S) management system (ie framework of policies and guidance) in place outlining a coordinated and systematic approach to managing H&S risk. Quality assurance of H&S management system provided through H&S audit process. 	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> 'Deep Dive' Executive Board (June 2021). 	<ul style="list-style-type: none"> Internal Audit Cyber security (July 2021, green-amber). Cyber security (2023, amber). <p>Audit and Risk Committee</p> <ul style="list-style-type: none"> Significant Event Review: Fraudulent registration application, Teodora Crisovan (March 2021). Report on Significant Event Review follow-ups (March 2021). Significant Event Review: Fraudulent registration application, Teodora Crisovan (March 2021). 		Medium
200	Regulatory Reform 06/08/2020	Strategic/Policy	There is a risk that we do not secure and deliver the full range of benefits that the reforms present.	Shaun Gallagher	HIGHLY LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> Governance and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. Stakeholder influencing plan developed to ensure we secure external support for changes. Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and manage potential implementation risks associated with drafting of the legislation. Routes for escalation identified (and have been used) for raising concerns with senior officials at DHSC, where required. Cross-directorate working built into programme approach, to ensure that policy is developed in conjunction with operational teams, encouraging a 'one GMC' approach and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). Use existing structures/communication channels internally as a way of reinforcing messaging and maintain momentum and morale. 	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> Council Provided an update on progress and programme timelines, an overview of our initial feedback on draft AAPO Order and plans for responding to DHSC's consultation when this goes live - 3 Nov 2022. Provided an overview of the legislation and our provisional view of the key themes we anticipate raising in our consultation response - 14 Dec 2022. Provided an update on the key issues we intend to highlight in our response, and further detail on our approach to engaging key stakeholders during the consultation - 1 Mar 2023. Council meeting to discuss final consultation response, ahead of this being signed off by the Chair on behalf of Council - 27 April 2023. Delivered several Council webinars setting out our proposed approach to Education and Training, Registration and setting Fees for AAs and PAs, based on provisions in the updated AAPO (further sessions planned on FP and Revisions and Appeals during Nov 2023) – Oct 2023. SMT Provided SMT with an update on the re-drafted AAPO (received from DHSC on 29 Sep 2023), including an overview of our key concerns and points that we wish to escalate – 9 Oct 2023. Delivered several Council webinars setting out our proposed approach to Education and Training, Registration and setting Fees for AAs and PAs, based on provisions in the updated AAPO. Further sessions delivered on FP, Revision and Appeals - November 2023. 	<ul style="list-style-type: none"> Internal Audit BDO spot checks completed in Sep 2022, June 2022, March 2022, Nov 2021 and Sep 2023. 	<ul style="list-style-type: none"> Lessons learnt workshop planned with DHSC on 22nd Jan 2024, regarding takeaways from AAPO that can be implemented for legislation to introduce doctor reforms. 	Medium
234	ED&I Strategic Ambition 02/03/2021	Strategic/Policy	The actions we take to influence change across the health and education system, and within the GMC, do not deliver progress at a pace to meet our strategic ED&I targets, sustaining known areas of inequality.	Shaun Gallagher	HIGHLY LIKELY MODERATE CRITICAL	<ul style="list-style-type: none"> Clear timebound targets to focus system-wide efforts. Nominated Executive leads for each of our strategic commitments. Skilled and resourced teams designing interventions to deliver against the targets. Established plans of action to deliver against the targets both internally and externally. Annual and bi-annual progress reporting. Scrutiny and monitoring and reporting from the ED&I Steering Group, Executive and Council to allow refinement of plans in response to progress. Established Outreach and engagement functions to understand and influence the system with broader calls for action and support to facilitate system-wide change. Supporting and aligned commitments of others (ie reducing differentials in disciplinary processes). Research and data assets including our surveys and insights to highlight relevant issues and support calls for action. Annual reports published 2022 and June 2023. 	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> Council Regular agenda item on ED&I and ED&I annual progress update reported to council in April and published. Executive Board Twice yearly review by Executive Board and performance against internal targets embedded in Performance and Risk Reporting. 	<ul style="list-style-type: none"> Internal Audit ED&I internal facing targets reporting (2023, green control design, green/amber control effectiveness). ED&I external facing targets reporting (2023, green/amber control design, green control effectiveness). Regulatory Fairness governance arrangements, (2023, green control design, green/amber control effectiveness). <p>Other assurances</p> <ul style="list-style-type: none"> Strategy and policy ED&I compliance and governance review - Campbell Tickell (2020). 	<ul style="list-style-type: none"> Council directed the need to extend our understanding of inequalities impacting on other projected groups, specific disaggregated groups and also intersectional groups. The 2023 ED&I annual progress update (already published) contained some intersectional information and some evidence on the wider work we are doing for other protected groups. We will build on this in the ED&I annual report for 2024 (reporting to council in April 2024) and also through the regulatory fairness work. Within the scope of the regulatory fairness work, we will be considering developing inclusive assurance measures at High Impact Regulatory Decision points, this work is ongoing - majority of workshops completed in 2023 and residual ones planned in Jan/Feb 2024. Internal audit report completed in Dec 2023 and workstream to work on recommendations agreed from the audit - recent audit made recommendations for consistent approach to reviewing the aspirations in the run up to the existing milestones. 	Medium
309	Safeguarding at the GMC 12/01/2022	Reputational	Failure to meet our safeguarding obligations by having insufficient policies and guidance in place, staff members who are unclear about their roles and responsibilities due to lack of training and awareness; and insufficient collation of information and data to provide assurance that appropriate steps are taken to protect and safeguard adults and children with whom we have contact. We must be alive to the risk to both the individual and to the reputation of the organisation if we encounter a safeguarding issue which results in harm to a vulnerable person.	Neil Roberts	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> Safeguarding Working Group in place since 2019 chaired by Director of Resources. Action plan in place – Project team assembled to take forward recommendations Designated Safeguarding Manager in post and is providing safeguarding advice and support to staff. A new reporting system for staff to use to refer safeguarding to the Designated Safeguarding Manager. Comms strategy in place Pilot completed - 90 referrals made to the safeguarding manager. Analysis has taken place on results along with capacity modelling for gateway. Gateway and SMT approved our bid for additional resources which includes one permanent Safeguarding Officer and the extension to the secondment of the Safeguarding Project Manager to Dec 2024. Safeguarding Policy was approved at Exec Board on 30th May 2023. A phased program of training has commenced starting with Resources Directorate. Information on our policy and processes is available for colleagues on our Intranet via a new Safeguarding Hub which helps to raise awareness and knowledge about safeguarding and roles and responsibilities. The risk will remain significant until the policy, process and training has been implemented across all directorates. Guidance documents for staff and the DSM have been drafted, digital training materials will go live in July 2023. Digital training has been rolled out in Resources, Corporate and FTP Directorates, a two day training for colleagues in these directorates who deal with safeguarding on a regular basis is taking place. 	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> Audit and Risk Committee Advisory report – Safeguarding, (September 2020). Presentation given to SMT and Council (Feb 2022) on direction of project 	<ul style="list-style-type: none"> Internal Audit Safeguarding progress green, (November 2020). BDO audit - Safeguarding Learning Review (November 2022, Green with advisory recommendations). <p>Other assurances</p> <ul style="list-style-type: none"> Advisory Review conducted by BDO using a specialist social worker to review our practices and recommend action plan. Identified measures to support the aspirations and governance structures in place to develop strategic direction of work programmes within directorates. Regular internal audit planned to provide assurance - for example on the efficacy of the measures. 	<ul style="list-style-type: none"> Team are working with Safeguarding Alliance to develop further SMT training content. Training to be delivered in February 2024. BDO audit to take place Q2 2024. Training for colleagues in MPTS and Resources will commence in Q2 2024 in line with our release plan. 	Low

151	Responding to a changing environment 31/03/2020	Strategic / Policy	Inability to respond effectively to changes in the external environment, including legislation, healthcare and wider social impact changes, could lessen our influence and relevance and reduce public, profession and political confidence in our role.	Paul Reynolds	QUITE LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> Proactive, senior-level engagement with stakeholders to understand their agendas. Outreach teams structures in place, aligned to UK countries and regions of England, to help us understand and have influence within national and local systems. Contribution to government and system initiatives across four nations. Continuous monitoring of our external environment, including longer term horizon scanning and research (e.g. barometer and perception surveys with the medical profession). Contributing to meetings and networks across the UK and Europe. Internal governance in place to process, consider and make decisions on the intelligence we receive about the quality and safety of local practice and training environments (JWIG and PSIF meetings). Systems and products in place to share insights and intelligence from external environment with organisation's leadership community to aid them with planning and decision-making. 	QUITE LIKELY MODERATE SIGNIFICANT	<p>Council</p> <ul style="list-style-type: none"> Seminar: Findings of our 2022 perceptions survey (December 2022). Annual update on communications and engagement (incorporating extensive four country update) (April 2022). Council seminar on result of interim perception survey in December 2023. <p>Audit and Risk Committee</p> <ul style="list-style-type: none"> Seminar: building the trust and confidence of our audiences and stakeholders (January 2022). <p>SMT</p> <ul style="list-style-type: none"> Discussion about health service winter pressures and GMC response (January 2023). 	<p>Internal Audit</p> <ul style="list-style-type: none"> Managing UK-wide stakeholder relationships (March 2022) (Outcome: Control design - Green; Control effectiveness - Green/Amber). Review of progress in implementing Outreach (May 2021) (Outcome: Green-Amber). IA horizon scanning rated green for both control design and control effectiveness. 	<ul style="list-style-type: none"> Detailed planning is underway for a campaign to improve perception of FP following the results of the interim perceptions survey (2023). Update to be provided to Council as part of SC&E's annual update to Council in mid-2024. Our external relations teams are planning to hold a seminar with Council about our public affairs work (including our preparations for the next UK General Election) in April 2024 (TBC subject to confirmation from Governance). 	Low
303	Welsh Language Standards 03/10/2022	Legal	We were issued with the draft Welsh Language Standards in December 2022 and were expected to be legally compliant by 6 December 2023. If all directorates do not fully engage with, prepare for and then comply with the new Standards, we risk legal, reputational and financial damage.	Paul Reynolds	QUITE LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> Senior Sponsor in place. Senior Project Manager appointed (from 24 October 2022 until May 2024). Ongoing engagement with the Welsh Language Commissioner's office on readiness. Welsh Language Consultants retained to support negotiations with the WL Commissioner. Project Governance established (November 2022) with representation from all Directorates. Project escalated to Corporate Priority number 5, which has helped increase prioritisation of this work amongst other directorate priorities. Project Manager has coordinated compliance mapping by each Directorate and workshops to agree which standards we need to challenge. Project Board considered impact of final compliance notice (received on 6 June), with insight from WLS Commissioner meetings and the board also conducted a risk assessment against standards we didn't receive our desired outcome. It was agreed not to pursue a further formal challenge. SMT endorsed this recommendation on 21 Aug 2023. Regular Joint Regulatory Forum meetings in place to align and share information. WLS manager appointed, taking up post in late October 2023. Senior PM maternity cover now in place, handed over on 12 Oct 2023. On the 6th December we renewed our commitment to Welsh language speakers by launching our external compliance plan with the Welsh Language Standards. 	UNLIKELY MODERATE Low	<p>SMT</p> <ul style="list-style-type: none"> SMT received a project update and signed off the Consultation response to the Welsh Language Commissioner 13 March 2023. <p>Project Board</p> <ul style="list-style-type: none"> We have worked with colleagues to understand the impact of the final compliance notice, gained insight from the Commissioner and her officers and agreed an approach with Project Board. Project Board's recommendation not to pursue a further challenge was agreed at SMT on 21 Aug 2023. 	<p>Internal Audit</p> <ul style="list-style-type: none"> BDO audit, Welsh Language Standards Implementation (June 2023, green-amber). 	<ul style="list-style-type: none"> Further work to be undertaken in Q1 2024 with the automated telephone system and chat bot. Following advice from the WLC's office we paused the development of our processes to comply with standards 5 and 6, until we could offer better customer service in this area, which will likely be to employ Welsh speakers in the contact centre. Compliance readiness review being undertaken by BDO in Q1 2024. 	Low
27	Deriving more insight from our data capability 31/03/2020	Strategic / Policy	Developing, sharing and working with others using our insight capability provides an opportunity to shape public debate, influence the external environment and deliver more proactive regulation.	Shaun Gallagher	QUITE LIKELY MAJOR GOLD	<ul style="list-style-type: none"> Use of our research and insight activity to highlight key issues facing the medical profession, suggesting courses of action which healthcare systems can take to tackle workforce and workplace issues that might directly or indirectly impact on patient safety. Take every opportunity for it to contribute to mailouts, briefings and other external engagement. Leverage our communications channels (such as media and social media) and engagement opportunities to raise awareness of our research and insights and secure external support for the issues and recommendations we are highlighting. Use new data and research insights as a 'peg' for bringing together regulatory partners and key stakeholders together to drive positive changes in policy and practice. Provide data support to the rest of the GMC to inform our response external developments such as the Covid-19 pandemic. Provide data to support the development of policy and process plans for MAPs and regulatory reform. 	HIGHLY LIKELY MAJOR GOLD	<p>Executive Board</p> <ul style="list-style-type: none"> Risk 'deep dive' (July 2023). 	<p>Internal Audit</p> <ul style="list-style-type: none"> Arrangements for assessing progress in the delivery of the Corporate Strategy (July 2021, green-amber). <p>Other assurances</p> <ul style="list-style-type: none"> Corporate strategy and stakeholder perceptions baseline survey (published March 2019). Corporate strategy and stakeholder perceptions baseline survey (published March 2021), provides data for our assessment on progress on the corporate strategy. Tracking survey, undertaken every two years. 	<ul style="list-style-type: none"> Enhancing and providing substantial ED&I data for EQIAs and to identify inequalities in referrals to us; we are also commissioning as part of the research programme a sequence of independent audits on the fairness of our regulatory processes. Development of a new platform for our data that will allow more interactivity and self-service. As well as developing a GMC data hub bringing together all our data into a single entry point on the GMC web site, with further development through 2024. 	High
28	Working with patients and public 31/03/2020	Operational	Understanding and improving the experiences which patients and the public have of our regulatory services and involving them effectively in our work (such as strategy and policy development) will help us gain their trust and confidence and make us a better regulator.	Paul Reynolds	QUITE LIKELY MODERATE SILVER	<ul style="list-style-type: none"> Champion for patients established at SMT level to ensure senior-level overview of our engagement and signal importance of this to organisation. Strategic ambition to improve patient and public involvement and long-term outcomes agreed. Clear information easily accessible for patients and public about how we work and can support them (such as on our website). Involvement of patients and the public in our policy development activity in a variety of ways including public consultations and the commissioning of independent research, supported by information and guidance for policy and operational teams to aid their work in this area. Regular assessment of patients and the public's perceptions of the GMC and experiences of our work through regular evaluation and research (such as our perceptions survey). Regular engagement with patient leaders in all four countries of the UK (by our senior leadership team as well as our bi-annual roundtable, UKAF meetings in the devolved nations and other activities). Accessing stakeholder networks to learn how other organisations engage meaningfully and well with patients and public. Insights and perspectives from patients regularly shared with the organisation to inform its work. 	QUITE LIKELY MODERATE SILVER	<p>Council</p> <ul style="list-style-type: none"> Annual update on patient and public involvement (November 2022). Annual update on communications and engagement (June 2023). Annual update on patient and public involvement (November 2023). <p>Executive Board</p> <ul style="list-style-type: none"> Opportunity deep dive complete in December 2023. <p>Audit and Risk Committee</p> <ul style="list-style-type: none"> Update on how we involve patients and the public in our work (March 2023). Review of arrangements for patient and public engagement (November 2022). 	<p>Internal Audit</p> <ul style="list-style-type: none"> Review of arrangements for patient and public engagement (November 2022, Control design: Amber; Control effectiveness: Amber). <p>Other assurances</p> <ul style="list-style-type: none"> Annual perceptions survey showing the public's confidence in how doctors are regulated and feedback on our working relationships with patient and public bodies. Insights and perspectives from patients and their organisations shared in weekly external update for GMC leadership community. 	<ul style="list-style-type: none"> Following Council update in November 2023, we are exploring levels of public confidence in other regulators and national bodies. This will help us understand whether the public's confidence in the GMC is relatively positive. Our next roundtable with patient bodies is scheduled to take place on 30 April 2024. Agenda items TBC closer to the time. Our regulatory reform programme is out to tender for a provider that can facilitate our engagement with patients and our other audiences in the development of our policies, processes and communications. This will include the establishment of an audience panel and independent research that will support our public consultation in 2024. Our Contact Centre is in the process of procuring new technology that will enable it to seek feedback from all users of its services (including patients and the public) from the end of 2024 onwards. 	Medium
59	Corporate Social Responsibility 30/11/2022	Reputational	There is a potential opportunity for the GMC to lead the health regulatory sector in identifying, delivering and sharing how to be a more responsible regulator and demonstrating the positive impact this can have on those we regulate, our colleagues, suppliers, communities and patients. This could have multiple benefits, including the GMC becoming an employer of choice; increased diversity in our recruitment campaigns; new organisational partnerships; a positive impact on the environment; an increased regulatory reputation; and increased engagement and satisfaction with medical professionals.	Jane Durkin	QUITE LIKELY MODERATE SILVER	<ul style="list-style-type: none"> Our Corporate Strategy 2021-26 includes clear commitments to be a more responsible organisation both socially and environmentally. Every GMC Annual Report includes a CSR round-up of the previous year. We have improved external visibility of our CSR website and internally on the GMC intranet. We have used blogs to promote our support for widening participation (in medical training) initiatives and consideration of the regulatory challenges posed by 'sustainable healthcare'. The GMC established the Cross Regulator CSR Group early in 2022 after the proposal (by the GMC) was agreed by the CEORB group. This meets quarterly and from mid-2023 includes representatives from the Greener NHS Team. External recruitment campaigns now include reference to our CSR initiatives with the intention that this will be a 'pull' factor for potential candidates. The GMC is increasingly engaged with new stakeholders, such as KPMG, on regional and national CSR bodies. These are new relationships which are increasing the profile of the GMC beyond the regulatory, health and education sectors. CSR project closed in June 2023; project closure report completed with most initiatives now embedded as BAU. Sustainability Working Group, sponsored by Director of Resources, established at end of 2022. Whilst this has a broader remit than the CSR project, it will also support achievement of this opportunity. 	QUITE LIKELY MAJOR GOLD	<ul style="list-style-type: none"> Annual update on progress for Council given in March 2023. 	<p>Internal Audit</p> <ul style="list-style-type: none"> Review of ESG, (March 2022, amber). 	<ul style="list-style-type: none"> CSR Community of Interest created in August 2023 to maintain oversight of CSR activity across GMC. Work is ongoing to help identify further opportunities, risks and dependencies. 	High

Report of the Investment Committee 2023

Action	To note
Purpose	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 for 2023.
Decision Trail	This report has been considered and approved by the Investment Committee
Recommendations	<ul style="list-style-type: none"> a To note the Report of the Investment Committee for 2023 b To approve the extension of Keith McKay’s term as outlined in paragraph 25. c To approve the Investment Committee’s Statement of Purpose d To reconfirm the current investment policy
Annexes	<p>Annex A: Statement of Purpose</p> <p>Annex B: Current Investment Policy</p>
Author contacts	<p>Samuel Curtis, Corporate Governance Manager</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Steve Burnett , Chair of the Investment Committee

Agenda item M4

Report of the Investment Committee 2023

Background

- 1** The Investment Committee is required by its Statement of Purpose to report annually to Council on its activities. The Committee met four times in 2023: February, May, September and November, there have also been a series of sub-group meetings pre and post Committee meetings.
- 2** The focus for the Committee in 2023 was to onboard Mercer as the investment adviser and to explore the options around fund management and ethical investments following the Council seminar in February 2023. The Committee continues to have the expertise of two co-opted members.
- 3** 2023 has been a turbulent year for the investment markets across the globe with substantial interest rate movement and inflation significantly impacting on valuations of different asset classes.
- 4** The Committee set the fund managers, CCLA, an investment target of CPI+2% on appointment in 2015 with the aim that this be achieved over any rolling five-year period. We also set limits on the level of inherent risk that CCLA can accept in seeking to achieve the target. CCLA has, like most fund managers, fallen behind its CPI target in 2023.
- 5** In assessing performance, the Investment Committee has, in conjunction with Mercer, considered how CCLA has performed against other measures and continue to have confidence that CCLA are the right choice for the GMC at this point. In concluding this we continue to challenge CCLA on their strategy for different asset classes and we are content that they are sufficiently agile to take advantage of the opportunities created by the current investment conditions.

Independent Investment Advice

- 6** Mercer were appointed in 2022 to provide independent advice on all elements within the Committee's remit (excluding GMCSI). In addition to this, a review session is led by Mercer during each meeting examining the fund manager's quarterly report providing expertise on the technical elements of the report.

Investment Policy

- 7** The current investment policy (attached at annex B) includes a number of ethical restrictions on our investments. Council has not made any changes to the policy since 2019. The Committee has continued to progressed work to develop a more comprehensive approach to ethical, social and governance issues.
- 8** The Committee has undertaken a project with our independent investment adviser (Mercer) and our external fund manager (CCLA) to use the data to inform the choices the Committee

Agenda item M4

Report of the Investment Committee 2023

makes in regard to ethical data on the aggregate portfolio. Council contributed to this at the seminars in February 2022 and December 2023. We continue to lean heavily on CCLA to play an active role in maximising the impact we can have on the activities in companies in which we invest.

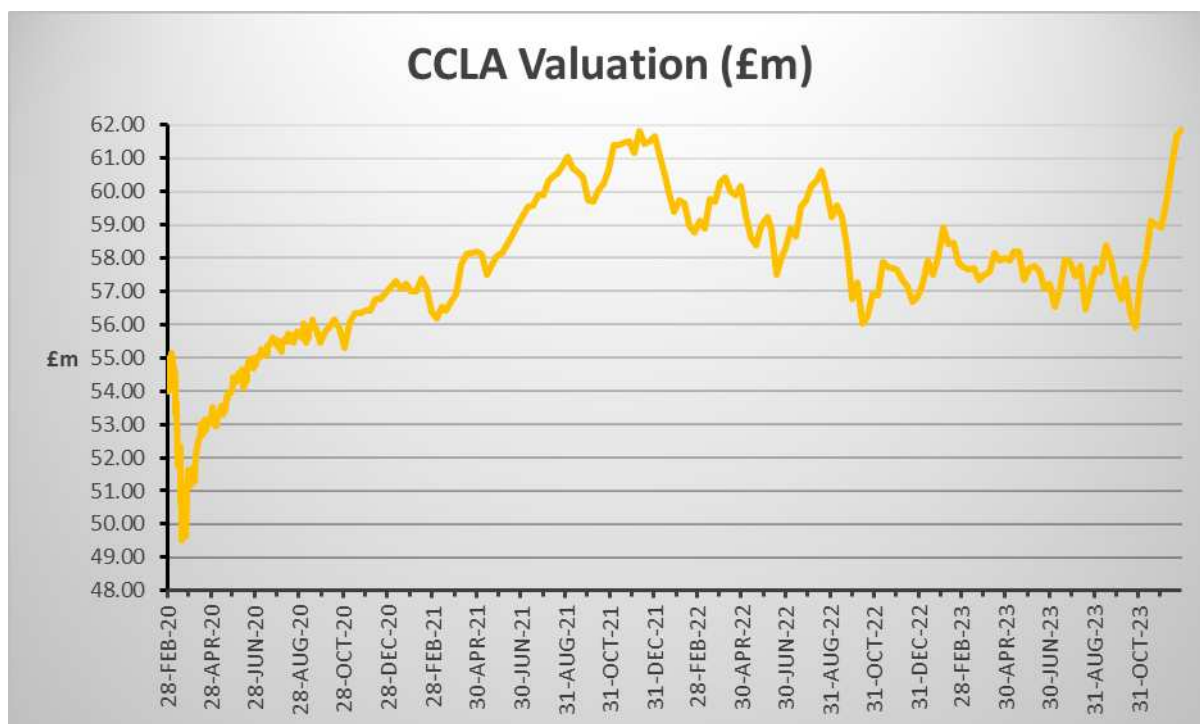
- 9** The Committee split into two sub-groups in 2023; one focusing on risk and reward and the other focusing on ESG and ethical investment. Both CCLA and Mercer were involved in these groups. The groups met over the summer months and have fully contributed to the seminar Council considered in December and Investment Policy in February.
- 10** Council must approve the investment policy on an annual basis, so it is provided as part of this report, however there will be an updated policy which Council will be asked to review and approve in April 2024, following the Committee's consideration at its February 2024 meeting.
- 11** We have also sought independent validation of our adherence to the Charity Commission guidance for Investment Activities (CC14). The audit report concluded that the GMC was fully compliant with the guidance and provided several recommendations for the Committee to consider as part of its long-term reporting aims. The report was presented to the Investment Committee and will be reported to the Audit and Risk Committee.

GMC funds under management

- 12** The GMC placed an initial £10m with CCLA in 2016, then between 2018 - 2019 increased the investment to £50m, through £5m monthly tranches, at which point the Committee made a decision to move to a segregated portfolio, as it was previously invested in CCLA's charity fund. Returns varied throughout 2023 due to the ongoing impact on financial markets of the cost-of-living crisis, the changes of Government leadership and the war in Ukraine. The value of the portfolio at the end of 2023 was £61.8 million.
- 13** The funds have all been managed within the agreed ethical criteria set out in our investment policy.

Agenda item M4

Report of the Investment Committee 2023



- 14 Despite not meeting the CPI target, CCLA’s performance continues to do well when compared with the comparator benchmark portfolio and the ARC Cautious Charity Portfolio. This outperformance rewards the stance taken by CCLA to avoid exposure to UK Government Bonds (Gilts) which meant they were not hit by the Gilts yield rises (and the resultant drop in value) that has resulted from recent interest rate shocks. As yields reached high levels relative to recent years CCLA has now taken steps to add exposure to future movement as yields hopefully normalise and settle at lower levels in the medium term which offers the opportunity for value gains.
- 15 The Committee remains satisfied with the performance of CCLA which has seen the portfolio rise from £50 million to £62 million.

GMC Services International (GMCSI)

- 16 The Committee has been updated on GMCSI’s activities throughout the year. However due to the world events many of GMCSI projects in the pipeline have been delayed. The Committee is assured by the progress of GMCSI and will continue to monitor the activities in 2024.
- 17 The Committee would like to specifically thank Helen Featherstone for her contribution and dedication to making GMCSI a success.

Treasury Management Update

- 18 The Committee considers a report on the GMC’s in-house management of its cash balances at each meeting.

Agenda item M4

Report of the Investment Committee 2023

- 19 Cash balances vary significantly during the year as a result of the GMC receiving a large proportion of cash in the summer months, linked to doctor's registration dates, and expenditure being broadly linear throughout the year.
- 20 Peak cash balances during the year were £60.6m in September, and the minimum we held was £28.9m in June. The investment policy includes parameters for depositing our cash and the team managing the funds have adhered to these policy requirements throughout 2023.
- 21 2023 saw significant interest rate rises, in response to the high inflationary environment. As a result interest income has increased. In 2023 our total interest received on treasury cash balances was £2.07 million, which was a blended interest rate on holdings of 4.2%. Interest received in 2022 was £0.52m and the blended interest rate was 1.2%.
- 22 It is important to note that the Bank of England is expected to begin reducing the base rate at some point in 2024, and in turn this will be passed on by our counterparties. Therefore we are taking account of this in our financial planning and are forecasting a lower level of interest income over the next few years.

Investment Risk Register

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

Co-opted membership

- 25 Keith MacKay has had his contract renewed once and is due to step down in April 2024. The GMC's Governance handbook* states *"The terms of office of co-opted members may be renewed for any further period of up to four years, provided that no co-opted member will serve for more than a total of eight years in any period of twenty years"*. The Committee is progressing through a complex workstream updating its Investment Policy, ESG considerations and risk and return, of which Keith has been heavily involved. Given the timing of this work, the Committee is requesting that Council approves a resolution to disapply the maximum term rule in this case and extend Keith's contract by a further year, ending in April 2025.
- 26 In the meantime, the Committee will begin the process to appoint another co-opted member to begin their first four-year term in 2024.

* Annex B1: Arrangements for the appointment of Council and external members to Committees
gmc-uk.org

Agenda item M4

Report of the Investment Committee 2023

Committee Effectiveness Review

- 27** The Committee intended to hold an effectiveness review in 2023, however due to the changes within the Committee and of the external adviser focus has been on induction and onboarding to ensure the Committee has a solid foundation and support network for financial processes.
- 28** The Committee still has governance support in the form of a committee secretary and training support in the form of CCLA and Mercer providing sessions on specific financial topics at each meeting.
- 29** A review has been scheduled for 2024.

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.
 - 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.
- 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 14 February 2024]

Investment Policy

Introduction

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

Working Capital

- 6** The Investment Committee will ensure that we hold sufficient working capital for normal cash-flow purposes. The Committee will determine an appropriate amount from time to time which provides sufficient flexibility to avoid temporary borrowing and/or the need to liquidate investments to deal with short term variations in operational income and expenditure. Any changes to the actual amount of working capital held will be notified to Council through the report of the Chief Executive Officer to the Council.
- 7** Working capital will be held as cash in instant access interest-bearing accounts in UK banks which are subject to regulation by the Financial Conduct Authority.

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

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

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

Funds invested under management

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

Attitude to risk

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

Objectives

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

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

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

15 Asset allocation parameters will be determined by the Investment Committee, based on advice from fund managers and/or external advisers, to ensure that funds are diversified to reduce the risk of capital and/or revenue loss. The Investment Committee will monitor compliance with those parameters. The parameters will be reviewed periodically to ensure that they remain consistent with our low risk appetite. If more than one fund manager is used, the Investment Committee will monitor the aggregate asset allocation to ensure it provides sufficient diversification.

Ethical considerations

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

Funds invested through a trading subsidiary

- 21** Where we have the power to do so we may invest funds in a trading subsidiary of the GMC.
- 22** Investments in a trading subsidiary may take the form of loan capital and/or share capital.
- 23** Any funding provided to a trading subsidiary must be justifiable as an appropriate investment of the GMC's resources, e.g. by means of specific investment advice and may take the form of:

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

Residual cash balance

- 26** Any residual cash not held as working capital or invested will be held in medium term deposits and/or interest-bearing accounts.
- 27** Medium term deposits and interest-bearing accounts will be held in UK banks which are subject to regulation by the Financial Conduct Authority. As a minimum, the bank must hold at least two out of three of the following short term credit ratings:
- Moody's P-2
 - Fitch F1
 - Standard and Poor's A-2
- 28** No single deposit should exceed £5 million, with a maximum exposure of £40 million per bank (including any funds held as working capital in instant access interest-bearing accounts).
- 29** Term deposits should be spread on a rolling maturity basis, and maturity dates for deposits should be no longer than 18 months.

Management, reporting and monitoring

- 30** Council is responsible for determining and reviewing the overall investment policy, objectives, risk appetite and target returns.
- 31** Council has delegated to the Investment Committee responsibility for implementing the investment policy, appointing and managing fund managers, monitoring performance and

reporting to Council. Full responsibilities are set out in the Investment Committee's statement of purpose.

- 32** Day to day investment decisions are delegated to investment fund managers in line with this policy and are accountable to the Investment Committee for performance. The Investment Committee may determine benchmarks against which to measure performance.
- 33** Investment fund managers are required to provide quarterly valuation and performance data.

Approval and review

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

[This version of the Investment Policy was approved by Council on 14 February 2024]

The Professional Standards Authority (PSA)'s annual review of our performance 2022/23

Action	To note
Purpose	<p>The PSA's 2022/23 annual review of our performance (published in December 2023) confirms that we have met all the Standards of Good Regulation for 2022/23, building on our track record of having met the Standards every year since their introduction in 2012. 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>
Decision Trail	The PSA reached their decision in October 2023, and a note was shared with Council members to communicate the outcome ahead of the report's publication.
Recommendations	Council is recommended to consider and note the report.
Annexes	Annex A: Performance Review report – GMC 2022/23
Author contacts	<p>Anisah Chowdhury, Head of Business Planning & Reporting</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	<p>Shaun Gallagher, Director of Strategy and Policy</p> <p>Kuljit Dhillon, Assistant Director of Strategy, Planning and Inclusion</p>

Agenda item M5

The Professional Standards Authority's annual review of our performance 2022/23

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 Regulation¹. The PSA apply an evidence framework² 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 reviews³, carrying out a more intensive 'periodic review' every three years, with continued monitoring of performance in the other two years of the reporting cycle. 2022/23 was the GMC's second 'monitoring' year, intended to be lighter touch, and taking a more risk-based approach to reviewing performance. We are scheduled to have our first substantive periodic review this year (covering 2023/24) which will also involve an audit of our Fitness to Practise function and assessment against the PSA's revised evidence matrix on ED&I (more information provided in this paper). Overall, we expect much more in-depth scrutiny.
- 5** We meet with the PSA's Scrutiny team on a monthly basis to discuss our performance, with more concentrated engagement from July to September involving further discussions on specific areas under scrutiny. These are often followed up with more detailed formal written updates which the PSA will usually include for their decision-making panel. Where possible we take a proactive approach to updating the PSA on our work, helping us to maintain a good working relationship.

¹Professional Standards Authority. (2018) *The Standards of Good Regulation*
(<https://www.professionalstandards.org.uk/publications/detail/psa-standards-of-good-regulation>)

² Professional Standards Authority. (2018) *Evidence Framework*
([https://www.professionalstandards.org.uk/docs/default-source/publications/standards/proposed-new-standards-of-good-regulation---evidence-framework-\(june-2018\).pdf?sfvrsn=270c7220_6](https://www.professionalstandards.org.uk/docs/default-source/publications/standards/proposed-new-standards-of-good-regulation---evidence-framework-(june-2018).pdf?sfvrsn=270c7220_6))

³ 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 M5

The Professional Standards Authority's annual review of our performance 2022/23

Report findings

- 6 Following the 2022/23 annual review, the PSA concluded that we had continued to meet all 18 Standards of Good Regulation. The report recognises:
 - a our continued progress towards our external Equality, Diversity and Inclusion (ED&I) targets;
 - b the publication of our updated version of Good Medical Practice in August 2023 and our review of several pieces of more detailed guidance;
 - c our preparation for regulation of Physician Associates (PAs) and Anaesthesia Associates (AAs), including work on revalidation and development of a pre-registration assessment for AAs;
 - d our introduction of a new digital ID check system to make the process of registration more efficient and accessible for registration applicants;
 - e our improvements in fitness to practise (FtP) timeliness and reduction in older cases.
- 7 In addition to our ED&I targets, last year the PSA was particularly interested in seeing the outcome and recommendations arising from the Singh/Forde review (published in February 2023) and they intend to monitor how we are responding to the recommendations as they feel it has relevance to their ED&I Standard. Similarly, the PSA continues to monitor our progress against recommendations from the Regulatory Fairness review.
- 8 In our performance report for 2021/22 the PSA stated that as part of our review of guidance, they think it is important that we include incorporating recommendations for doctors using social media into formal guidance. At the beginning of the 2022/23 review period, we confirmed social media guidance was already in scope as part of the suite of supplementary guidance for doctors and proactively engaged the PSA for their feedback to ensure any concerns they had were addressed.

Fitness to practise timeliness (Standard 15)

- 9 In July 2023, the PSA held their month-10 panel where they came to a preliminary decision on our performance. They adjourned on Standard 15⁴ around FtP timeliness with all other Standards likely to meet by month-12 of the process.
- 10 In order to make a final decision on Standard 15 the PSA assessed data on our performance during the last quarter of 2022/23 against our main fitness to practise timeliness measures to

⁴ 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.*

Agenda item M5

The Professional Standards Authority’s annual review of our performance 2022/23

see if median timeframes for handling cases have further reduced. These measures can be found in the below table.

Fitness to practise – Annual data											
Measure No.	Measure		16/17	17/18	18/19	19/20	20/21	21/22	22/23	Q1 of 23/24	Q2 of 23/24
15	Time from receipt of referral to final IC/CE decision (weeks)	Median	37	29	30	34	42	45	40	38	34
16	Time taken from final IC/CE decision to final FtP Committee decision or other final disposal of the case (weeks)	Median	36	27	33	35	63	67	53	43	41
17	Time from receipt of referral to final FTP Committee determination/or other final disposal of the case (weeks)	Median	107	104	80	89	104	118	135	125	102
18	Number of open referrals and cases (at the end of the quarter) which are older than:	52 weeks – 103 weeks	337	324	458	513	642	461	378	364	339
		104 weeks – 155 weeks	150	131	145	176	303	258	199	176	166
		156 weeks and above	149	99	103	111	203	232	186	164	159

Longest / highest figures flagged in red. The figures show an overall improvement in 2022/23 continuing into Q1/2 of 2023/24

11 The figures in the table continue to show gradual improvement on our timeliness, and as a result, the PSA confirmed that Standard 15 was met, following the month-12 panel in early October 2023.

12 So far 6 of the 10 regulators have completed their performance reviews for 2022/23. Of those, four⁵ regulators failed at least one FtP Standard, with all four failing Standard 15. On 29 August and 18 September, the PSA Chair wrote to the Secretary of State at the

⁵ General Dental Council (GDC), Nursing and Midwifery Council (NMC), Health and Care Professionals Council (HCPC), General Pharmaceutical Council (GPhC) failed Standard 15 during the 2022/23 annual review (as of 20 December 2023).

Agenda item M5

The Professional Standards Authority's annual review of our performance 2022/23

Department of Health and Social Care regarding concerns over the performance of two of these regulators against this Standard.

- 13** In January 2024 the PSA held their 6-monthly Chairs' meeting with regulators, where backlogs for some regulators remain a concern. Also raised was the apparent increase in FtP referrals and the impact this has had on existing backlogs. PSA recognise the rise in referrals and will look to analyse for significant themes later in the year when there is enough data to do so.
- 14** The GMC have not had a backlog of FtP cases at any point during triage. Following the pausing of cases at the beginning of the Covid-19 pandemic, the GMC took the approach of resuming all cases and have since been working to reduce the total caseload with a focus on older cases. The GMC's caseload is now back at pre-pandemic levels. In terms of timeliness, we are still working hard to reduce the time it takes to conclude on cases.

Preparing for our next performance review

- 15** We continue to meet with the PSA on a regular basis to learn what areas they will focus on during the 2023/24 periodic review. We anticipate this to be a more significant and in-depth process as it will be our first periodic review under the PSA's new 3-year cycle.

Fitness to practise audit

- 16** In addition to information they seek during monitoring years, the PSA will be conducting an audit of our FtP function. This will be our first FtP audit since 2018.
- 17** The PSA have shared a high-level scope for the planned audit:
- decision-making at the early stages of fitness to practise;
 - information on the Rule 12 process and people's experiences of it;
 - further information about our handling of allegations about sexual misconduct;
 - our corporate reporting on FtP timeliness.
- 18** The audit will be conducted remotely and will likely take place over the spring so that it can conclude ahead of the month-10 panel due to be held sometime in July 2024. We hope to see more detailed plans in our next monthly meeting with the PSA.
- 19** As well as the audit, PSA have highlighted further areas in FtP they are likely to consider as part of the periodic review:
- impact of our new guidance relating to third party investigations that we introduced in 2023;
 - implications of our drafting allegations guidance, which we have recently refreshed in respect of sexual motivation and harassment;

Agenda item M5

The Professional Standards Authority's annual review of our performance 2022/23

- outcome of the Watt case which resumed in October 2023 (now concluded with Dr Watt found to be impaired and erased from the medical register by the MPT), and any action taken by us as a result.

20 It is also important to highlight that at the beginning of 2023, the PSA increased reporting requirements on regulators around fitness to practise timeliness. These measures have been developed and provided to the PSA for information but will likely be included in their assessment of our performance from this year.

Assessment against new EDI matrix

21 During the first half of 2023, the PSA reviewed their criteria for meeting Standard 3⁶ on ED&I. After gathering views from stakeholders and consulting regulators, they published a revised evidence matrix⁷ with increased expectation on several measures relating to ED&I. This year (2023/24) will be the first year for all regulators to go through the new assessment, however the scheduling of performance reviews will mean that some will have concluded before ours.

22 The matrix looks at four 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.

23 As part of our regular monthly engagement, we will be meeting with the PSA Scrutiny team in February to discuss the evidence framework and gain an understanding of what information will be required between now and the month-10 panel.

Other areas of interest

24 The PSA will continue to monitor our work around regulatory reform (including any consultations), and we are proactively engaging with them for support in advocating for reforms and to ensure this remains a priority.

25 With the Medical Licensing Assessment (MLA) due to go live in early 2024, the PSA are keen to monitor the transition to BAU. We will share with the PSA in early February how this work is progressing.

26 Lastly, the PSA intends to monitor the backlog of doctors waiting for an in-person ID check after gaining temporary emergency registration during the Covid-19 pandemic. As we have now rolled out the option for digital ID checks, we aim to invite all temporary registered

⁶ 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.*

⁷ [Professional Standards Authority Standard 3 evidence matrix](#) (May 2023)

Agenda item M5

The Professional Standards Authority's annual review of our performance 2022/23

doctors to complete one of these by April 2024. However, we do still retain the option for an in-person ID check for those that prefer it.

- 27** Although this is already a comprehensive 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'll ensure we are kept abreast of any emerging areas of interest through our regular meetings with the PSA.

Conclusion

- 28** We are pleased with the outcome of our most recent performance review and that we have been able to continue maintaining all 18 Standards of Good Regulation. However now that we are entering our first periodic review under the PSA's updated process, we can expect this will be more resource intensive than the two previous monitoring years. To manage this we will continue to provide the PSA with performance updates throughout the year in the lead up to our month-10 panel in July.
- 29** We ask that Council note the published report for 2022/23, and our preparations for the periodic review for 2023/24.

Annex A

Our performance review process

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

This monitoring report covers the period 1 October 2022 to 30 September 2023.

Key findings

- This year the GMC has continued to work towards its Equality, Diversity and Inclusion fairness targets and it has reported progress in most areas. It also published its *Regulatory Fairness Review* in February 2023, which contained 23 recommendations for the GMC. It reported its progress against these recommendations in September 2023.
- The GMC published a revised version of *Good Medical Practice* in August 2023, which comes into effect on 30 January 2024. It has also reviewed and updated several pieces of associated guidance, also now known as more detailed guidance.
- In preparation for regulation of Physician Associates (PAs) and Anaesthesia Associates (AAs), this year the GMC has worked on areas including what revalidation will look like for both professions, and development of a pre-registration assessment for AAs.
- This year the GMC has introduced a new digital ID check system to make its process of registration more efficient and more accessible for applicants, who previously were required to attend an in-person check.
- In fitness to practise, there have been improvements across the main timeliness measures the GMC reports to us. The number of open old cases has also reduced since last year.

Standards met 2022/23



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
Total	18 out of 18

GMC standards met 2020-22

2021/22	18
2020/21	18



375,344

**professionals on the register
(as at 30 September 2023)**

General Standards

The GMC met all five General Standards this year.

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

GMC performance measures

This year the GMC has considered ways to improve its performance measures. This included introducing a qualitative customer service measure for its contact centre to accompany the timeliness ones and introducing consistent measures for each 'major end-to-end interaction.' The GMC also introduced an annual review process of the performance measures.

Working with others

The GMC has set up an internal group to improve how it involves patients and the public in its work. This year the GMC has worked with the Royal College of Surgeons of England to develop shared decision-making materials and with the Nursing and Midwifery Council and Care Quality Commission to develop a shared data platform to perform risk analyses of maternity services.

The feedback we received from stakeholders, including professional bodies and representative organisations, was generally positive. We heard that the GMC is responsive, professional, and supportive. However, we also heard some concerns about distrust in the fitness to practise and Medical Practitioners Tribunals Service processes.

Equality, diversity and inclusion

The GMC's fairness targets

The GMC published its second annual report about progress against its fairness targets in June 2023. Measures¹ for the target relating to disproportionate referrals from employers¹ have moved in a positive direction and the GMC says there is activity across the system to address disproportionality in disciplinary proceedings. This year the GMC has reviewed, and is assessing the impact of, the changes it made to the employer referral form and has created a process to feed back to employers about cases that did not meet the threshold for investigation. The GMC has also extended its anti-bias training related to employer referrals to key decision makers in fitness to practise.

Four out of the five measures for the target about creating fairer training cultures² show a narrowing of the gap. These include measures for postgraduate education performance and inclusive environments. We have previously highlighted the importance of regular reporting on this work, so we welcome the GMC's update and the evidence of progress, as well as the clear outline of work planned for next year.

Regulatory Fairness Review

The GMC published its Regulatory Fairness Review in February 2023. This work will lead to a new approach to commissioning audits of decision-making and a consistent set of good practice decision-making checks. There were 23 recommendations for the GMC in total and it gave the first substantial update on progress against these to Council in September 2023. The GMC reported that it has refined a single set of corporate decision-making principles which are related to proportionality, transparency, objectivity, fairness and ensuring decisions are taken by appropriate decision makers. It also reported that each directorate has identified potential 'high impact regulatory decisions' and the GMC has started to identify mitigation and assurance measures around these.

Singh/Forde review

Last year the GMC published its independent review of the Dr Arora case to establish what lessons could be learnt. The GMC accepted all the recommendations and this year provided us with an update on their implementation. The recommendations for the legal team are complete and these include instructing counsel to consider the overall merits of each case prior to a hearing and reviewing guidance on drafting sanction submissions. One of the recommendations was that the GMC should do more to embed a culture of professional curiosity; the GMC told us it has done this through messaging to its fitness to practise teams. It is working with employers and responsible officers to implement recommendations that relate to fairer referrals being made to the GMC.

We concluded that Standard 3 was met based on the work the GMC continues to do in this area, and the progress it has made since last year in implementing actions and recommendations from reviews it carried out. However, it will be important for the GMC to continue to demonstrate progress in its work to assure the fairness of its processes, and we will continue to closely monitor this.

Employment Appeal Tribunal

In June 2023, the tribunal allowed the GMC's appeal against a decision in 2021 that it had discriminated against a doctor on the grounds of his race. The case will be considered by a new tribunal. As we have previously reported, it was appropriate for the GMC to take action regardless of the outcome of its appeal.

Guidance and Standards

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

Review of Good Medical Practice

Last year the GMC consulted on a revised version of *Good Medical Practice* and engaged a range of stakeholders. The GMC published the new version in August 2023, with it due to come into effect on 30 January 2024. There are new duties around creating fair workplace cultures and sexual harassment, and the guidance has been strengthened around professional boundaries and speaking up when misconduct is witnessed.

Supplementary guidance for registrants

Alongside the review of *Good Medical Practice*, the GMC also reviewed and updated several pieces of its more detailed guidance including its social media and maintaining personal and professional boundaries guidance. Last year we said we thought the GMC should review its social media guidance because it was important for the GMC to have clear guidance about doctors expressing their views on social media after we had seen some cases where this had been problematic. We welcome the work the GMC is doing to address this.

This year the GMC also updated the advice it provides about trans healthcare and launched a new resource to provide support for doctors who experience racism in the workplace.

Education and Training

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

The GMC is working towards the introduction of the Medical Licensing Assessment (MLA)³ in 2024. The GMC is checking whether the exams at UK medical schools and its own PLAB⁴ test meet the requirements set out in the GMC's framework for the MLA⁵.

This year, the GMC has fully approved the curriculum for three early adopter credentials: mechanical thrombectomy, pain medicine, and rural and remote medicine. These will allow the GMC to recognise expertise in a particular area.

The GMC also approved two new medical schools this year: Anglia Ruskin University's School of Medicine and Aston Medical School.

Physician Associates and Anaesthesia Associates

This year the GMC has carried out quality assurance checks for PAs and AAs. Overall, it had no major concerns about the compliance of PA courses with its standards. It identified some gaps in compliance with the standards for AA courses and said it would adjust its processes so it could better ensure employer-led AA courses meet its standards.

Registration

The GMC met all four Standards for Registration this year.

Physician Associates and Anaesthesia Associates

This year the GMC published guidance about registration for PAs and AAs who have a non-UK qualification. Between November 2022 and January 2023, the GMC asked for feedback on a draft of the pre-

registration assessment for AAs from 2025, which it had worked with the Royal College of Anaesthetists to develop.

In March 2023 the GMC published an outline of what revalidation will look like for PAs and AAs. It will also update its clinical governance guidance for employers so that it will also apply to PAs and AAs.

Registration applications

There has been a significant increase in the number of applications for registration from international medical graduates, but this has not impacted the time it takes the GMC to process them. The GMC has reported that the demand for PLAB 2 places has continued to grow this year and in April 2023 Council gave approval to create an additional assessment circuit.

This year, the GMC carried out reviews to learn from incidents of fraudulent registration applications. We thought the measures the GMC consequently took were reasonable.

Year	Number of GMC registrants
2020/21	348,787 professionals
2021/22	355,060 professionals
2022/23	375,344 professionals

Digital identity checks

In April 2023 the GMC launched a digital ID check system which should make the process of registration more efficient and less expensive for applicants who, until now, were required to attend an in-person ID check. It should also help to clear a backlog of 30,000

doctors who registered during the pandemic but did not have an in-person ID check at the time, although alternative provisions were put in place to check their identities. Following a pilot, the GMC was assured that the digital checks were effective in preventing fraud and that there were no adverse equality, diversity and inclusion consequences. The GMC told us that those doctors will be invited to complete a digital ID check by April 2024, and we intend to monitor this backlog.

Fitness to Practise

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

New referrals and third-party investigations

This year the GMC introduced new guidance about opening an investigation when a third-party investigation is underway. Unless it identifies a risk to patient safety requiring an interim order, it will not always open an investigation in these circumstances, but may wait for further information from the third-party investigation. It is too early for us to assess the impact of this guidance, but we will continue to monitor its impact on the progression of cases.

Timeliness

Figure 1 shows that the time taken to investigate cases has improved this year. The data is based on closed cases. It shows that there have been improvements in timeliness across all three measures.

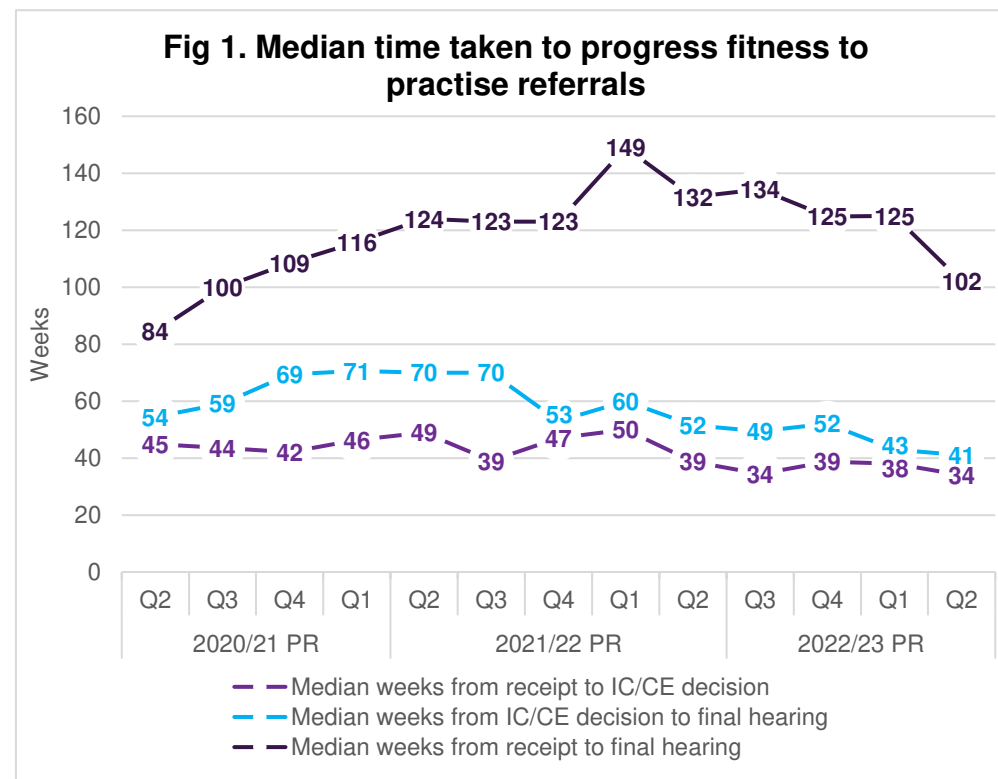
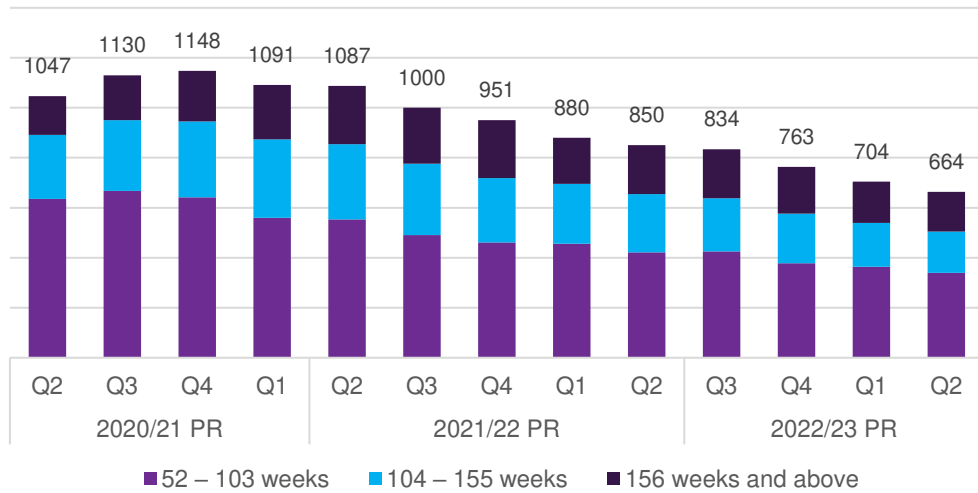


Figure 2 shows the total number of open cases over a year old. There has been a reduction of 186 (22%) old cases since the start of this review period. The changes in end-to-end time correspond with the change in the number of old cases, and both figures have been improving quarter by quarter since the start of this review period. The GMC's overall caseload has reduced to below the rate before the pandemic.

Fig. 2: Number of open cases more than a year old



Last year we noted that the GMC appeared to be recovering from the disruption associated with the pandemic, but that we expected to see further improvements this year. We are satisfied that improvements have been made - though the end-to-end measure is high, it is starting to come down and the number of older cases is continuing to decrease. We will expect the improvement to continue next year.

Rule 12 process

We received several concerns this year about the GMC’s Rule 12⁶ process, which related to the length of time it was taking the GMC to consider these requests. From the concerns we received, it appeared that the quality of patient engagement in relation to those decisions was inconsistent. We plan to look at this area in more detail in our periodic review next year.

Decision-making and guidance

This year the GMC updated its charging guidance to include sexual harassment type misconduct. The GMC is also reviewing its guidance on low level dishonesty for case examiners and guidance about low level violence and dishonesty used in triage. This was in response to a recommendation from the Singh/Forde review. We will monitor implications of these updated pieces of guidance.

We note the judgment in the case of Dr Watt, where an MPTS decision to grant voluntary erasure was overturned because the tribunal did not have jurisdiction to make the decision. We will observe the GMC’s actions to ensure that similar issues do not happen again.

Interim orders

We do not have concerns about the time it takes the GMC to identify the need for, and schedule, an interim order hearing. Its performance in this area remains among the fastest of the regulators we oversee.

Contact with doctors under investigation

In December 2022, the GMC announced that it will make initial contact with a doctor by telephone if it receives a concern that needs to be investigated. The GMC said this was part of improvements to take a more compassionate approach and reduce the impact of investigations, and that it had received positive feedback from defence organisations.

¹ To eliminate disproportionate complaints from employers about ethnic minority doctors, by 2026

² To eradicate disadvantage and discrimination in medical education and training, by 2031

³ All students at UK medical schools will have to take MLA-compliant tests as part of their medical degree. For international doctors, PLAB (see footnote 4) will become compliant with the MLA

⁴ The Professional and Linguistic Assessments Board (PLAB) is a two-part test for doctors who qualified abroad. PLAB 1 is a written test run four times a year and can be taken at a number of locations in the UK and overseas. PLAB 2 is an objective structured clinical examination which takes place at the GMC's assessment centre sites

⁵ The MLA will be comprised of two parts: The applied knowledge test (a written assessment of clinical knowledge) and the clinical and professional skills assessment (a performance-based assessment)

⁶ The mechanism to request a review of a GMC decision not to investigate, not to refer the case to a Tribunal or to issue the doctor with a warning or undertakings



Quick links/find out more

- ▶ Find out more about our performance review process
- ▶ Read the GMC's [2021/22 performance review](#)
- ▶ Read our Standards of Good Regulation

Professional Standards Authority for Health and Social Care

Telephone: **020 7389 8030**

Email: info@professionalstandards.org.uk

Web: www.professionalstandards.org.uk

© Professional Standards Authority for Health and Social Care
December 2023

Regulatory reform and MAPs update

Council – 14 Feb 2024

Summary

Action	To note	Recommendation	Council are asked to note the update.
Date	14 Feb 2024	Annexes	N/A
Purpose	<ul style="list-style-type: none">• To bring Council up to speed on the key activities across the programme since we last provided an update in Dec 2023.• To provide Council with an overview of what it will be asked to review and approve as part of the consultation package.• To share our plans for pre-consultation stakeholder engagement.	Engagement and review	<ul style="list-style-type: none">• Engagement with SMT and members of the Regulatory reform programme board.
Decision trail	<ul style="list-style-type: none">• N/A		

Programme update

Programme update

- DHSC laid the AAPA Order in legislatures on 13 Dec 2023.
- We've seen high levels of interest in the legislation from organisations and individuals across a range of channels.
- Once the AAPA Order is approved in Parliaments, that settles in law that AAs and PAs are to be brought into regulation, that the GMC will be the regulator, and sets out at a high level our powers and duties in respect of regulation of AAs and PAs.
- Our next significant milestone will be a public consultation on the procedural Rules and processes that will apply to AAs and PAs, once regulation begins.
- We're currently on track to bring AAs and PAs into regulation in Dec 2024.
- Planning has started with DHSC for work on introducing the legislation to bring in reforms for doctors, in line with previous public commitments.

An update on the parliamentary process

● Westminster:

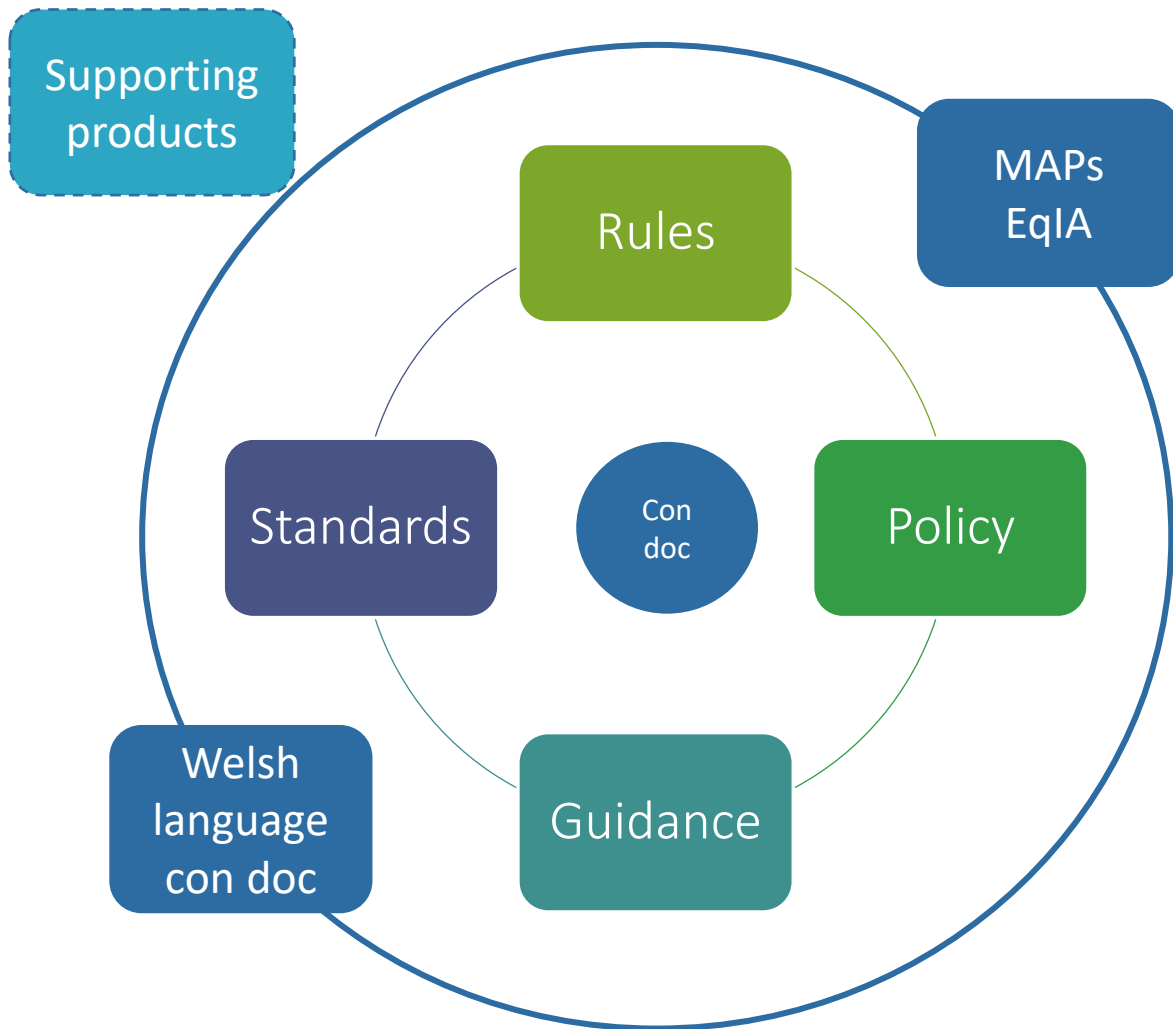
- The Joint Committee on Statutory Instruments (JCSI), which meets in private, have checked the AAPA Order.
- **House of Commons:** On 17 January 2024, the Delegated Legislation Committee (DLC), debated and approved the draft AAPA Order 2024 (with no votes against). Ahead of the vote:
 - Engagement with DHSC ahead of the debate
 - We briefed Committee members.
- **House of Lords:** The Secondary Legislation Scrutiny Committee (SLSC) discussed the AAPA Order on 16 January 2024 ahead of the House of Lords debate.

● Scottish Parliament:

- The AAPA Order passed through the first stage of scrutiny, the Delegated Powers and Law Reform Committee without question or comment on 9 January 2024.
- It was then considered and approved by a vote of 8-2 by the Health, Social Care and Sport Committee. The Committee will now formally make a recommendation to the Scottish Parliament to adopt the order and has until 6 February 2024 to report.
- The Scottish Parliament approved the AAPA Order on 1 Feb 2024.

The consultation package

The consultation package



Consultation document (Con doc) - Sets out our proposed approach to implementing the requirements of the AAPAO through a combination of rules, guidance and standards.

Rules - Describe the processes and procedures that will deliver the legislative duties and powers set out in the AAPAO.

Policy, guidance and standards - Policy and guidance explains how we will implement processes and procedures. Guidance is used to support decision makers to make fair, proportionate and transparent decisions. Standards set out the professional values, knowledge, skills and behaviours that we expect those we regulate to know, deliver or demonstrate under our framework.

MAPs EqIA – Considers the potential impact of the policies/processes we’re looking to introduce on groups who share protected characteristics and to consider where there are opportunities to do more to achieve the aims of the equality duties.

Welsh language con doc – Will be produced after the consultation package has been approved.

Supporting products – Developed to support colleagues with external engagement before and during the consultation.

The Rules

Council will be asked to **review and approve** the *draft* rules that we're developing. The rules relate to five areas of the GMC's work and cover the topics set out in the table.

These rules will have been through several stages of review and quality assurance ahead of being shared.

These are *draft* rules at this stage and may be subject to further amendment after the consultation closes in the light of the feedback we receive.

Council will be asked to **review and approve** the *final* set of rules later this year before we commence regulation of AAs and PAs.

Area	Rules
Fitness to practise	Initial assessment
	Accepted outcomes
	Interim measures
	Adjudication
	Reviews
Registration	Form and keeping of the register
	Registration and re-entry procedure and evidence
	Procedural rules for removing entries from the register
Education and training	Education approvals, QA and sanction rules
Finance	Fees
Cross cutting	Revisions
	Appeals

The consultation package governance process

- Council meeting to review and approve consultation package - March 2024.

The role of Council:

- To approve the draft rules that we will be consulting on
- To confirm that the information in our consultation package is sufficiently clear and detailed to enable individuals to effectively engage with our consultation questions.
- To note the different approach we are taking to structuring and presenting principles for FTP decision makers and tribunals.

Preparing for the consultation

Engaging key stakeholders

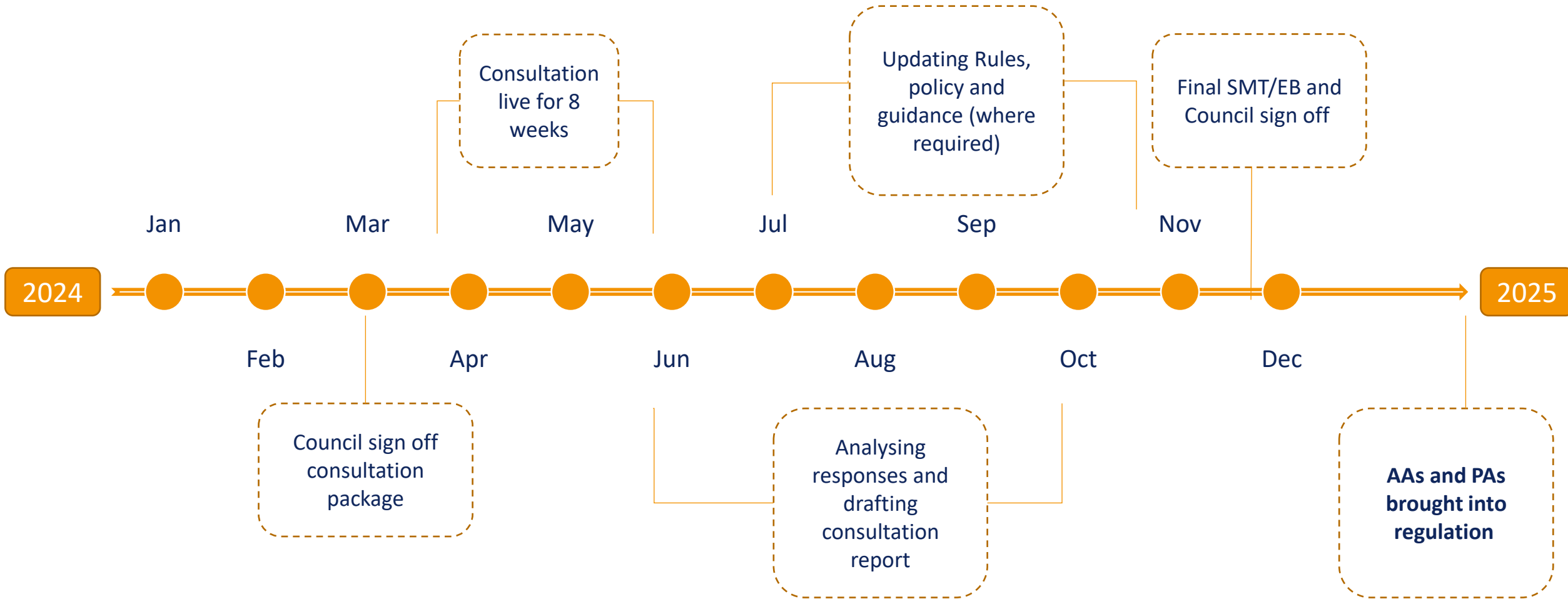
External communications and engagement– we'll continue to use a range of fora and channels to seek views from individuals and organisations across the four countries, in advance of and during the consultation.

Ongoing working with medical defence organisations – collaborating on the detail around accepted outcomes

In depth sessions at GMC events – tailored discussions with our Strategic ED&I forum, doctors in training and ROs will help audiences understand what our consultation covers and what it does not.

Research – independent research with members of the public to capture views on our policy proposals and co-production workshops.

Key milestones - 2024



(Current estimates)

Governance Arrangements in 2024

Action	To discuss
Purpose	<p>Following an audit in 2022, a recommendation was made that Council receives the Governance Handbook on an annual basis, whether or not updates are required. Last year’s review focused on the updates needed to the schedule of authority. Only one change has been made this year to the Investment Committee’s statement of purpose.</p> <p>A full review of the Handbook is underway in the light of new legislation which comes into force later in 2024.</p> <p>However, given the meeting arrangements (dealt with in annex A1 – Working Arrangements) have been under consideration recently, this paper focuses in the main on these logistical matters.</p>
Decision Trail	n/a
Recommendations	<ul style="list-style-type: none"> a To discuss and decide upon the options for in person or virtual meetings, b To note the minor updates to the Governance Handbook since Council last noted this document and c To note the work planned to overhaul the schedule of authority in the light of new legislation.
Annexes	<p>Annex A: Updated Governance Handbook</p> <p>Annex B: Survey results</p>
Author contacts	<p>Sophie Brookes, Assistant Director, Corporate</p> <p>Melanie Wilson, Council Secretary/Head of Corporate Governance</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Charlie Massey , Chief Executive

Agenda item M7

Governance Arrangements in 2024

Background

- 2 Following an audit in 2022, a recommendation was made that Council receives the Governance Handbook on an annual basis, whether or not updates are required. Last year's review focused on the updates needed to the schedule of authority. Only one change has been made this year to the Investment Committee's statement of purpose.
- 3 A full review of the Handbook is underway in the light of new legislation which comes into force later in 2024 to ensure the Handbook properly reflects that we will be a multi-professional regulator.
- 4 However, given the meeting arrangements (dealt with in annex A1 – Working Arrangements) have been under consideration recently, this paper focuses in the main on these logistical matters.

The Governance Handbook in 2024

- 5 In 2024, the introduction of legislative reform requires a full overhaul of the Governance Handbook, notably to update the schedule of authority to include the Anaesthesia Associates and Physicians' Associate Order and associated Rules as the underpinning legislation as well as the Medical Act 1983. The update will also ensure that throughout, the Handbook reflects that we become a multi-professional regulator at the end of 2024.
- 6 For this reason, the review at this point of the year has been a 'light touch' to ensure that any proposed changes made to Committee statements of purpose at the end of 2023 can be incorporated, alongside any other minor updates.
- 7 Since Council last approved an update to the handbook, a change was approved by Council to the Investment Committee's Statement of Purpose to change its membership, incorporating the Director of Resources as a 'full' member. A note has been added to the Board of Pension Trustees' Statement of purpose to indicate its status as a separate entity to the GMC, along with minor clarifications to the board's purposes and working arrangements. These are the only changes to note, made to the handbook at this point.
- 8 Work is underway on the revisions required in the light of the Anaesthesia Associates and Physicians' Associates Order. This work is primarily to ensure that powers under the new order can be delegated appropriately and safely, and so a new scheme of delegation will be developed that reflects the powers that remain under the Medical Act 1983 AND the powers that are exercised under the new Order.
- 9 The Corporate Governance Team is leading this work, and will be working closely with colleagues, including legal advisors, throughout the organisation over the course of 2024 to ensure that every part of the handbook reflects how our duties under the two key pieces of legislation are enacted.

Agenda item M7

Governance Arrangements in 2024

- 10 Council will be asked to approve the new Handbook before the AAPAO takes effect in December.

Balance of in-person and virtual Council and Committee meetings

- 11 The pandemic altered the ways in which many organisations operated their day-to-day business and the GMC has proved to be no different, adopting a hybrid way of working across all our offices as restrictions were lifted. This has to date included our governance meetings, where we have moved from all virtual meetings during lockdown to a ‘mixed economy’ of virtual and in-person meetings.
- 12 Annex A1 of the Governance Handbook, paragraph 4 states: *‘Meetings of Council may be held either in person, virtually using online meeting software or a hybrid version of the two. Members may exceptionally join meetings by telephone if necessary.’*
- 13 During 2023 the meeting pattern was per the table below:

Meeting name	In-person meetings	Virtual meetings
Council	5	2
Audit & Risk Committee	3	2
Remuneration Committee	1	1
Board of Pension Trustees	3	2
Investment Committee	2	2
GMCSI Board	2	1
MPTS/GMC Liaison Group	2	0
Totals	17	11

- 14 This mixed economy reflects the wider practices of the organisation, for example meetings of Executive Board, and SMT, use a mix of virtual and in-person arrangements for their meetings.
- 15 To inform a discussion on the approach that should be adopted for the coming calendar year we thought that there were three key factors that you would want sight of:
- Views of Council and SMT via a qualitative survey
 - Costs of meetings
 - GMC net zero commitments

Agenda item M7

Governance Arrangements in 2024

Survey

- 16** During January 2024 we undertook a brief survey so that Council members and SMT could share their views on the advantages and disadvantages of in person and virtual governance meetings. A full set of the comments provided are attached at annex B.
- 17** As we would expect there are a variety of views expressed with most recognising the various pros and cons to the different meeting formats. The opportunity provided by in person meetings to have informal discussions and develop relationships is clearly valued by everyone who attends Council and is seen as particularly important for new members.
- 18** While some do argue that in person meetings lead to better discussions and debates that is not referenced by all. To date we have not found, either internally or more broadly in governance circles, that discussions and (crucially) decisions taken in a virtual meeting are less effective than those that take place at meetings held in person. Slightly fewer of those replying identified the positives of virtual meetings but those who did were clear that this created more efficient use of their time as well as the impact on budgets and carbon footprint.
- 19** It was clear that while council and SMT recognise that having presenters attend virtually for individual agenda items makes a great deal of sense, in-person meetings where members join virtually, (for example as a result of unforeseen circumstances) should be the exception rather than the rule. Those who join virtually are generally seen to be at a disadvantage when the Chair and remaining members are in person.
- 20** Although not explicitly raised in the survey, it is important to reassert the commitment that those who frequently have to join on-line for whatever reason, (now or in the future) are not inadvertently excluded. Similarly it is important that those who do not wish/are unable to join in post meeting socialising do not miss key discussions or opportunities.

Costs

- 21** Taking into account the costs of travel, subsistence and accommodation, conducting a Council meeting in-person costs in the region of £4000 per meeting. Committees of course vary in membership size with average cost of each in-person meetings as follows, ARC £2500, Board Pension Trustees £1850, Remuneration Committee £1500, Investment Committee £1000.

Net zero

- 22** The GMC launched its net zero plan in 2023. That plan outlines our aim to be a fully net zero organisation by 2040. To achieve this we will focus on eight areas where we can reduce our environmental footprint: waste management, travel and transport, supply chain and procurement, estates and facilities, food and nutrition, homeworking, culture and

Agenda item M7

Governance Arrangements in 2024

community and adaptation. For net zero emissions to reduce, we will have to make changes and take action in various areas.

- 23** As part of this work we will launch a green travel plan during 2024. This will look at how we can reduce our environmental impact in relation to meetings and business travel. It is likely that staff will be asked to think about frequency of in-person meetings and we will be looking to discuss with senior leaders how they can role-model a new approach to the mix of in-person and virtual meetings to encourage a positive response from the wider staff group.

Conclusions

- 24** It is clear that many members find in-person meetings to be very beneficial and enjoy the opportunity to engage in person. Equally we are aware that there can be a considerable time saving for those who have significant commitments and there is a recognition that role-modelling a flexible approach to the staff of the GMC is important for others. There are no right or wrong answers in this debate; and so we have chosen not to make a single recommendation as any final decision is informed by the relative weight placed on the benefits, of virtual and-in person meetings, alongside the economic and green perspectives. Whichever option we take can be reviewed at any point, probably most sensibly following the next wave of member recruitment.

- a** Maintain the current approach, mirroring the planned pattern for 2024 (recognising that we may need to hold additional virtual meetings due to weather, train strikes or other unforeseen events)
- b** Maintain the current approach to Committee meetings and revert to all Council meetings in person (Please note this means for 2024 the July meeting that is currently planned as virtual will need to be held in Manchester due to the lack of affordable hotel accommodation available in London at this point)
- c** Revert to all meetings being attended in person by members and lead members of the executive, retaining remote option for those presenting individual items.

Annex A

Governance handbook

The governance handbook can be found on the GMC website and will be updated following the 14 February 2024 Council meeting.

<https://www.gmc-uk.org/about/how-we-work/governance/our-governance-model>

Governance arrangements 2024

Annex B

**Paper withheld from
publication**

This annexe is being withheld from publication.

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

Council meetings in 2025

Action	To approve
Purpose	This paper sets out the proposed dates of Council and Board/Committee meetings in 2025.
Decision Trail	Council notes the dates for the following year’s meetings in February each year.
Recommendation	To agree the 2025 schedule of meetings.
Annexes	Annex A: Draft 2025 meetings schedule
Author contacts	Melanie Wilson , Head of Corporate Governance and Council Secretary Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Sophie Brookes , Assistant Director Corporate Directorate

Agenda item M8

Council meetings in 2025

Background

- 1** In preparing the schedule of dates for 2025, 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 2025 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, two will be held in London, one in Manchester, one in one of the national offices – Cardiff in 2024 – and the remaining two will be virtual. Though this is subject to the discussion on virtual vs in-person meetings being had at this Council meeting.

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

2025 Council and Committee dates

Council

The proposed meeting schedule for Council is as follows:

Tuesday 11 February 2025, 16:30-19:00 (Evening seminar)

Wednesday 12 February 2025, 09:00-13:00

Tuesday 4 and Wednesday 5 March 2025, Council away day – Residential/overnight

Wednesday 9 April 2025, 16:30-19:00 (Evening seminar)

Thursday 10 April 2025, 09:00-13:00

Wednesday 4 June 2025, 16:30-19:00 (Evening seminar)

Thursday 5 June 2025, 09:00-13:00

Tuesday 22 July 2025, 16:30-19:00 (Evening seminar)

Wednesday 23 July 2025, 09:00-13:00

Tuesday 30 September 2025, 16:30-19:00 (Evening seminar)

Wednesday 1 October 2025, 09:00-13:00

Wednesday 3 December 2025, 16:30-19:00 (Evening seminar)

Thursday 4 December 2025, 09:00-13:00

2025 Committee and other group meetings

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

Wednesday 22 January 2025

Thursday 13 March 2025

Thursday 22 May 2025

Wednesday 10 September 2025

Wednesday 12 November 2025

Investment Committee

Thursday 20 February 2025

Thursday 29 May 2025

Thursday 18 September 2025

Tuesday 9 December 2025

Remuneration Committee

Tuesday 25 March 2025

Thursday 23 October 2025

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

Tuesday 11 March 2025

Tuesday 20 May 2025

Wednesday 16 July 2025

Tuesday 16 September 2025

Thursday 27 November 2025

Agenda item M7
Council meetings in 2025

GMCSI Board

Wednesday 12 March 2025

Wednesday 18 June 2025

Wednesday 24 September 2025

Wednesday 3 December 2025

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

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

12/13 March 2024 Away Day – Manchester		
	Item	Sponsor
	<ul style="list-style-type: none"> • Key external drivers and GMC priorities • Education reform • Outreach • Public confidence 	Shaun Gallagher Colin Melville Paul Reynolds Anthony Omo
Confidential session	<ul style="list-style-type: none"> • AAPAO rules consultation 	Shaun Gallagher

17/18 April 2024 – London		
	Item	Sponsor
Seminar	<ul style="list-style-type: none"> • Specialist registration 	Una Lane
	<ul style="list-style-type: none"> • Our public affairs work 	Paul Reynolds
	<ul style="list-style-type: none"> • Perspectives on Fitness to practise 	Anthony Omo
Confidential session	<ul style="list-style-type: none"> • Report from GMCSI 	Paul Reynolds
Public session	<ul style="list-style-type: none"> • Chief Executive’s report 	Charlie Massey
	<ul style="list-style-type: none"> • People Report 	Neil Roberts
	<ul style="list-style-type: none"> • ED&I Annual report 	Shaun Gallagher
	<ul style="list-style-type: none"> • 2023 national reports 	Paul Reynolds
	<ul style="list-style-type: none"> • Annual QA update 	Colin Melville
	<ul style="list-style-type: none"> • Adding to the list of bodies able to award a PMQ 	Colin Melville
	<ul style="list-style-type: none"> • Biannual section 40a report 	Charlie Massey

Agenda item M10

Council forward work programme

	• Unitary boards – decision	Charlie Massey
	• Regulatory reform & MAPS update	Shaun Gallagher
	• SoMEP Workplace & Experiences report – key findings/messages	Shaun Gallagher
	• Compliments and Complaints report	Charlie Massey
	• Investment policy	Neil Roberts
Below the line	• Council forward work programme	Carrie MacEwen
	• Council members’ register of interest	Carrie MacEwen

5/6 June 2024 – Manchester

	Item	Sponsor
Seminar	• Our data capabilities	Shaun Gallagher
Confidential session	• Space for external speaker	
Public session	• Chief Executive’s report	Charlie Massey
	• Report of the MPTS Committee	Deborah Taylor
	• Trustees’ Annual report and accounts	Paul Reynolds / Neil Roberts
	• Fitness to practise statistics report	Anthony Omo
	• Communications and engagement update	Paul Reynolds
	• Freedom to Speak Up Guardian annual report	Neil Roberts
	• Regulatory Reform & MAPS update	Shaun Gallagher
Below the line	• Council forward work programme	Carrie MacEwen

23/24 July 2024 – tbc

	Item	Sponsor
Seminar	• Embedding decision making principles in Council decision making	Shaun Gallagher
	• Education	Colin Melville
	• Safeguarding for Trustees	Neil Roberts

Agenda item M10

Council forward work programme

Confidential session	<ul style="list-style-type: none"> • Space for an external speaker 	
Public session	<ul style="list-style-type: none"> • Chief Executive’s report 	Charlie Massey
	<ul style="list-style-type: none"> • Report of the Audit and Risk committee 	Paul Knight/ Neil Roberts
	<ul style="list-style-type: none"> • Regulatory Reform & MAPS update 	Shaun Gallagher
	<ul style="list-style-type: none"> • Financial update 	Neil Roberts
Below the line	<ul style="list-style-type: none"> • Council forward work programme 	Carrie MacEwen

5 September 2024 – private meeting – Virtual

	Item	Sponsor
	<ul style="list-style-type: none"> • TBC 	Carrie MacEwen

1/2 October 2024 – Cardiff

	Item	Sponsor
Seminar	<ul style="list-style-type: none"> • Wales focus 	Paul Reynolds
	<ul style="list-style-type: none"> • Space for an external speaker 	
Confidential session	<ul style="list-style-type: none"> • Report from GMC Services International Ltd 	Paul Reynolds
Public session	<ul style="list-style-type: none"> • Chief Executive’s report 	Charlie Massey
	<ul style="list-style-type: none"> • Regulatory reform & MAPS update 	Shaun Gallagher
	<ul style="list-style-type: none"> • SoMEP Workforce report – launch & impact 	Shaun Gallagher
	<ul style="list-style-type: none"> • Reg fairness implementation update 	Shaun Gallagher
	<ul style="list-style-type: none"> • Regulatory Reform Consultation update 	Shaun Gallagher
	<ul style="list-style-type: none"> • Compliments and Complaints report 	Charlie Massey
	<ul style="list-style-type: none"> • Patient and public involvement in our work (annual update) 	Paul Reynolds
Below the line	<ul style="list-style-type: none"> • Council forward work programme 	Carrie MacEwen
	<ul style="list-style-type: none"> • Council members’ register of interest 	Carrie MacEwen

Agenda item M10

Council forward work programme

4/5 December 2024 – London		
	Item	Sponsor
Seminar	• 2024 perceptions survey	Paul Reynolds
	• Perspectives on Fitness to Practise	Anthony Omo
Confidential session	• Space for an external speaker	
	• 2025 Budget and Business Plan	Neil Roberts
Public session	• Chief Executive’s report	Charlie Massey
	• 2025 Budget and Business Plan	Neil Roberts
	• Report of the MPTS Committee 2024	MPTS Chair
	• Report of the Audit and Risk Committee 2024	Paul Knight
	• Report of the Remuneration Committee 2024	Anthony Harnden
	• Patient and Public Involvement update	Paul Reynolds
	• Regulatory Reform & MAPS	Shaun Gallagher
	• Compliments and Complaints report (new model full year report)	Charlie Massey
	• 2024 perceptions survey	Paul Reynolds
Below the line	• Council forward work programme	Carrie MacEwen
	• Annual report on DC pension scheme	Neil Roberts

11/12 February 2025 (TBC)		
	Item	Sponsor
Seminar	• TBC	
	• Space for external speaker	
Confidential session	• Annual Review of Governance Framework: GMC/GMCSI	Sophie Brookes
Public session	• Chief Executive’s report (including update on use of Corporate Seal)	Charlie Massey
	• Report of the Investment Committee	Neil Roberts

Agenda item M10

Council forward work programme

	<ul style="list-style-type: none">• Update of Governance Handbook	Sophie Brookes
	<ul style="list-style-type: none">• PSA Annual report	Shaun Gallagher
	<ul style="list-style-type: none">• 2026 Council meeting schedule	Carrie MacEwen
Below the line	<ul style="list-style-type: none">• Council forward work programme	Carrie MacEwen
	<ul style="list-style-type: none">• Report of the Executive Board	Charlie Massey

Report of the Executive Board 2023

Action	To note
Purpose	This report summarises the work undertaken by the Executive Board during 2023, setting out the decisions taken, policies and guidance agreed and reports noted across a range of strategic issues.
Decision Trail	Council receives a report on the work of the Executive Board annually, in addition to the updates included in the Chief Executive’s report at each meeting. This paper has been agreed by the Executive Board.
Recommendation	To note the report of the Executive Board 2023.
Annexes	None
Author contacts	Samuel Curtis , Corporate Governance Manager Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Charlie Massey , Chief Executive

Agenda item M11

Report of the Executive Board 2023

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 eleven times during 2023, on the following dates:

30 January 2023	31 July 2023
27 February 2023	2 October 2023
27 March 2023	30 October 2023
24 April 2023	27 November 2023
30 May 2023	18 December 2023
26 June 2023	

Key matters considered by the Executive Board in 2023

Operational performance and risk

- 5 In alternate months, the Board considered the Performance and Risk Report, providing high level reports on performance, including finance and people, customer service and learning, and updates on the key risks to achieving our strategic aims. Council receives performance and risk annexes as part of the Chief Executive's report at each meeting.
- 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 The Board also conducted a series of risk deep dives. The aim of these discussions is to focus on a single corporate risk and consider the extent to which individual board members are

Agenda item M11

Report of the Executive Board 2023

confident that the directorate level risks that underpin it provide sufficient assurance to the Board collectively that the corporate risk is being managed. This approach has been developed and will now include operational highlights of the organisation.

- 8** Risk deep dives during 2023 covered the following risks and opportunities: *Open Risk Discussion* (30 January 2023), *Delivery of statutory functions - Registration & Revalidation* (27 March 2023), *Delivery of statutory functions - Fitness to Practise* (30 May 2023) and an *MLA deep dive* (26 June 2023). The Board then decided to have these discussions at SMT meetings to allow for a more in-depth discussion. The outcomes of these discussions will be noted at the Executive Board on a regular basis.

Policy

- 9** The Board approved a change to the organisation's policy on notifying doctors of their referral to the Disclosure and Barring Service (DBS) or Disclosure Scotland (DS) following an extensive engagement exercise with Medical Defence organisations and the BMA. (18 December 2023).
- 10** The Board considered moving to a single Case Examiner Decision Making Model (January 2023) which was approved on 30 October 2023.
- 11** The recent changes in case law regarding the definition of a 'worker' changed the GMC's relationship with associates and this was carefully considered in March (27 March 2023)
- 12** In addition to regular MLA updates throughout the year, the MLA transitional arrangements for out of programme medical students was considered (January 2023)
- 13** The Board approved more detailed guidance as part of the *Good Medical Practice* review. (27 November 2023).
- 14** The recent spike in *Freedom of Information* and *Subject Access Requests* meant that the Board reconsidered and approved new Service Level Agreements (SLAs) for the team. (27 November 2023).
- 15** The Board considered the 'digital first' approach and approved the policy to remove issuing registration certificates and instead opting for a digital link to the Medical Register. (October 2023)
- 16** Regulatory Reform featured heavily in the Board's agenda with updates to various workstreams being considered at meetings on 27 February 2023

Business Plan and Budget

- 17** The Board reflected on the budget scrutiny process for the 2023 budget, agreeing changes to the 2024 process and the implementation of a half-yearly review of our financial position (27 November 2023).

Agenda item M11

Report of the Executive Board 2023

- 18** At the meetings on 31 July 2023 and 27 November 2023, the Board considered the draft Business Plan and Budget, ahead of consideration by Council.
- 19** The Board approved the provisional plan for the PLAB circuit expansion prior to it being considered and approved by Council. (27 February 2023)

Equality, diversity and inclusion (ED&I)

- 20** The Board considered proposals in relation to the collection of data on sex, gender and gender identity, ahead of consideration by Council (May 2023).
- 21** The Board discussed an update on the governance arrangements for our ED&I priorities and received the Annual Report of the ED&I Steering Group, plus a review of diversity memberships, benchmarks and awards (30 October 2023)

Other regular reports

- 22** The Board received the following reports:
- a** The draft Executive Board report to Council for 2022 (30 January 2023), ahead of consideration by Council on 1 March 2023.
 - b** Plans for the staff survey (27 February 2023) the results of which were reported to Council on 2 November 2023.
 - c** An update on when the Department of Health & Social Care intended to close the temporary emergency registration (30 October 2023)
 - d** The annual report of the Data Protection Officer, providing an overview of our information governance activities in 2022 (27 March 2023).
 - e** Update on GMC Services International Ltd (30 January 2023 and 31 July 2023).
 - f** The draft 2022 Trustees' Annual report and accounts and the annual fitness to practise statistics, for submission to Council (24 April 2023).
 - g** Updates on corporate complaints and compliments received, ahead of Council's consideration of the complaints and compliments reports. (27 November 2023)
 - h** The annual business continuity report, summarising the work undertaken by the Business Continuity Working Group and Compliance Team during 2022/23 (31 July 2023).
 - i** The annual health and safety report, providing an overview of health and safety activities and accident/incident information for 2022 (24 April 2023).
 - j** The annual report of the GMC Group Personal Pension Plan Management Board (30 October 2023), on which Council also received an update on 13 December 2023.

Agenda item M11

Report of the Executive Board 2023

- k** The draft Annual Responsible Officer Board Report and Statement of Compliance for submission to NHS England (30 October 2023).