General Medical Council

Council Meeting - 15 June 2023

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8 June 2023

Working with doctors Working for patients

Council

Virtual meeting via MS Teams

General Medical Council

Agenda

Council meeting

Thursday 15 June 2023 - 09:25 – 12:55

09:25 – 09:28 *3 mins*	**M1**	**Chair's business**
09:28 – 09:30 *2 mins*	**M2**	**Minutes of the meeting on 27 April 2023**
09:30 – 09:50 *20 mins*	**M3**	**Chief Executive's report**
09:50 – 10:20 *30 mins*	**M4**	**Financial update**
10:20 – 10:30 *10 mins*	**M5**	**Pensions scheme valuation**
10:30 – 10:45 *15 mins*		**Break**
10:45 – 11:10 *25 mins*	**M6**	**Report of the MPTS Committee**
11:10 – 11:25 *15 mins*	**M7**	**Audit and Risk Committee report to Council**
11:25 – 11:40 *15 mins*	**M8**	**Freedom to Speak Up Guardian annual report 2022**
11:40 – 11:55 *15 mins*	**M9**	**2022 Trustees' Annual Report and Accounts**
11:55 – 12:10 *15 mins*	**M10**	**Fitness to Practise statistics report 2022**
12:10 – 12:30 *20 mins*	**M11**	**Annual update on communications and engagement**

12:30 – 12:45 *15 mins*	**M12**	**Complaints and compliments report**
12:45 – 12:55 *10 mins*	**M13**	**Any other business**

Below-the-line items*

M14	**2023 Council forward work programme**

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

Contents

General Medical Council

Draft as of: 10 May 2023

To approve

Minutes of the meeting on 27 April 2023

Members present

Carrie MacEwen, Chair

Vanessa Davies
Anthony Harnden
Philip Hunt (Virtual)
Paul Knight
Deepa Mann-Kler
Raj Patel
Suzanne Shale
Alison Wright (Virtual)

Others present

Charlie Massey, Chief Executive and Registrar
Shaun Gallagher, Director of Strategy and Policy
Robert Khan, Assistant Director Public Affairs and National Offices
Una Lane, Director of Registration and Revalidation
Anthony Omo, Director of Fitness to Practise and General Council
Neil Roberts, Director of Resources
Colin Melville, Medical Director and Director of Education and Standards
Melanie Wilson, Head of Corporate Governance and Council Secretary

Agenda item M2
Minutes of the meeting on 27 April 2023

Chair's business (item M1)

1 The Chair welcomed members, the Senior Management Team (SMT) and observers to the meeting.

2 Council noted that apologies had been received from Steve Burnett and Paul Reynolds, Director, Strategic Communications and Engagement.

3 Council noted the following decisions approved by Council on circulation since the previous meeting:

a The reappointment of Andrew McCulloch as Chair of the GMCSI Board.

Minutes of the meeting on 1 March 2023 and actions log (item M2)

4 Council approved the minutes of the meeting on 1 March 2023 as a true record.

5 The action points from previous meetings were noted.

Chief Executive's Report (item M3)

6 Council considered the Chief Executive's Report.

7 The Chief Executive and other members of SMT gave oral updates. Council noted that:

a The first spring UK Advisory Forum meeting took place in Cardiff. The meeting focused on compassionate regulation, the review of GMP, and the regulation of AAs and PAs with some PAs in attendance.

b We are expecting a reduction in reserves due to additional payments to the defined benefit (DB) pension scheme, potential funding for the Clinical Assessment Centre (item M9) and higher associate costs.

8 During the discussion it was noted that:

a Providing context/proportion of cases when reporting on data such as the enhanced monitoring figures would be helpful.

b Following a challenging period of time, the Contact Centre had met its key performance indicator for six months running.

c The Gateway bid for the Welsh language standard implementation resources had been approved.

Agenda item M2
Minutes of the meeting on 27 April 2023

Education Quality assurance update (item M4)

9 Council was updated on Education Quality Assurance work during 2022.

10 Council noted that:

- **a** Proactive quality assurance (QA) of undergraduate and postgraduate medical education and training has now been running for more than 3 years. The approach as been aligned to the oversight of new medical schools and MAPs programmes.
- **b** Any challenges arising from the merger of Health Education England into NHS England are being considered.
- **c** Industrial action in the NHS and higher education has been having an impact on education quality assurance activities but mitigations are being put in place.

11 During the discussion, Council noted that:

- **a** The GMC education quality assurance activities are working independently from the Government, and we are communicating with the Office for Students.

Approval of Aston and Anglia Ruskin to award PMQ (item M5)

12 Council was asked to approve Aston University and Anglia Ruskin University being added to the list of bodies that can award a UK primary medical qualification. Colin Melville declared an interest, as he holds an honorary professorship at Anglia Ruskin University, and it was confirmed he made no contribution to the decision to make the recommendation to Council.

13 During the discussion, Council noted that:

- **a** Following the clinical incident at Aston University, which was in part due to sequential delegation, an amendment has been made to the practical skills list and some other medical schools have changed their procedures.

14 Council approved Aston University and Anglia Ruskin University being added to the list of bodies that can award a UK primary medical qualification.

Equality, Diversity & Inclusion annual report (item M6)

15 Council was asked to consider the Equality, Diversity & Inclusion (ED&I) annual report, progress against our ED&I ambitions, the extent of our asks of the system going forward, and levels of assurance in our future plans.

16 Council noted that:

a The report shows a positive picture with forecasts showing movement in the right direction and commitments delivered for all workstreams.

b Work on intersectionality has started but it is recognised there is more work to do.

c External measures are showing parties are willing to work with us and organisations are taking steps to improve with some citing the GMC as the reason for their ED&I work. The PSA has publicly praised GMC ED&I work and encouraged others to follow our example.

d Progress is still challenging but it is felt change is possible, and pressure should be maintained to ensure ED&I remains a priority.

e ED&I will continue to be reported to Council on a regular basis in line with the programme of work (which will not necessarily be at every meeting, but when milestones or decisions are required)

17 During the discussion, Council noted that:

a Work is still being undertaken with regards to multivariant analysis of data.

b Sustained progress has been made towards internal recruitment targets and ways to improve this further are continually being sought. It was noted that an outreach officer is in place and Council suggested further ways to collect unsuccessful candidate feedback be considered.

c Although good progress has been made it is important not to be complacent.

d There has been a slight change in retention, which is mainly due to a lack of opportunities for career progression, but it is not felt the change is significant.

e ED&I engagement continues to be strong, and work is being undertaken to ensure consistency and transparency.

f Progress is being made towards establishing targets for the regulatory fairness workstream.

Draft response to DHSC's consultation on the AAPA Order (item M7)

18 Council was asked to comment on, and approve, the GMC's draft response on the DHSC's consultation on the AAPA order.

19 Council noted that:

a Engagement with AAs, PAs and other regulators continues to be strong, as does engagement with the department.

b There is much to support but four areas have been highlighted for focused feedback: Fitness to Practise grounds for action, Fitness to practise Initial Assessment, Revisions and Appeals, and Fees and financial provisions.

c It is important to also consider the future doctors order as once the AAPA order is in place our ability to influence the doctor order will be limited.

d The GMC understands the department will need to take into account feedback from other organisations and stakeholders.

20 During the discussion, Council noted that:

a It is still anticipated the new legislation will be laid before Parliament later this year, subject to consultation responses. The GMC is prepared to progress as soon as the AAPA order has been through Parliament

b We are confident the drafting of the order will be revised in light of GMC feedback, as other regulators have provided similar feedback and the Department has demonstrated willingness to address feedback.

c The GMC should reflect on being firmer in our expectations from the Department on timings.

21 Council approved the GMC's draft response on the DHSC's consultation on the AAPA order.

HR Report 2022 (item M8)

22 Council received the 2022 Human Resources Report and Gender Pay Update.

23 Council noted that:

a Themes in 2022 have differed from previous years. Highlights included: Cost of living pressures resulting in more challenging employee relations; challenges with recruitment; turnover of staff up slightly but still within target range; absence rates slightly up; proportion of applicants over 50 has increased; and good progress is being made on equal pay.

24 During the discussion, Council noted that:

a More organisations are now offering a four-day working week however it was highlighted that the GMC does offer flexible working on a case-by-case basis which includes compressing hours.

b Figures within the report relating to turnover refer to external movement and does not include internal movement of staff.

c There are challenges for some managers in some areas of the GMC where turnover rates mean constant recruitment and training, which could increase the human error factor.

d Work is being undertaken to monitor workplace usage and understand how colleagues are working post Covid. It was highlighted colleagues may need to be aware of familiarity biases which can develop when some members of the team see each other in person regularly where other members work from home.

Clinical Assessment Centre expansion (item M9)

25 Council was asked to approve the use of £2.4m of reserve funds to allow the creation of a new PLAB 2 circuit at 3 Hardman Street.

26 Council noted that:

a There has been a sustained increase in demand for PLAB places over the last nine years.

b There is a risk that demand exceeds supply leading to reputational damage if international medical graduates are unable to take up roles in the UK due to delays in sitting PLAB.

c 23,000 PLAB 1 places were released in 2023 which have all been allocated. This is an increase of 9,000 on 2022. Based on these figures there will be insufficient PLAB 2 places to meet demand.

d A fourth circuit at 3HS, replacing the current 'socially distanced' circuit, will enable the release of office space and enable efficiencies of management and planning of examinations.

e There is a risk that waiting until the 2024 budget is set would be too late, so Council is being asked to approve the use of reserves over and above the 2023 budget. It is expected that funds invested would be recovered from PLAB 2 income within three years.

f There are small risks that PLAB 2 demand will taper but it is not expected in the short or medium term.

27 During the discussion, Council noted that:

a Introduction of the MLA will not significantly affect demand for the examinations.

b There is potential for leasing the space were demand to reduce.

c It is not anticipated there would be challenges in the recruitment of staff or examiners for the new circuit.

d The payback period takes into account outgoings such as examiner fees.

28 Council approved the use of £2.4m of reserve funds to allow the creation of a new PLAB 2 circuit at 3 Hardman Street.

Agenda item M2
Minutes of the meeting on 27 April 2023

National reports final sign off (item M10)

29 Council was asked to approve the National reports for Scotland, Northern Island, and Wales.

30 During the discussion, Council noted that:

- **a** There was positive feedback from members on the reports.
- **b** The reports will be submitted to the relevant assembly via the presiding officers.
- **c** It was suggested some graphics and statistics in the foreword should be reviewed before final publication.

31 Subject to a review of the foreword, Council approved the national annual reports.

Biannual section 40a report (item M11)

32 Council was presented with the latest Biannual section 40a report. The report covered new cases considered for appeal since the last update in September 2022.

33 Council noted that:

- **a** Of the 206 Tribunal outcomes during this period, 74 cases were considered for appeal, with four of those cases referred to the executive panel. The panel, after reviewing the four cases, decided not to appeal.

34 During the discussion, Council noted that:

- **a** It was highlighted that for one case considered for appeal, the panel noted that the Sanction Guidance may need updating. A question was raised about whether amendments to the Sanctions Guidance, which were postponed pending regulatory reform, could be accelerated ahead of its current timescale.

Any other business: (item 12)

Below-the-line items

35 Council noted two below the line items:

- **a** Council members' register of interests (item M13)
- **b** Council forward work programme (item M14).

Date of next meeting

36 Council noted that its next meeting is scheduled for 15 June 2023 and will be virtual.

General Medical Council

Chief Executive's report

Action	To note
Purpose	This report outlines developments in our external environment and progress on our strategy since Council last met. Key points to note: • We submitted our response to the DHSC's consultation 'Regulating anaesthesia associates (AAs) and physician associates (PAs)'. Our response was largely positive, although flagged some concerns around particular proposals where we thought drafting might not achieve the stated policy intent • We continue to raise concerns regarding the implementation of the EFTA Trade Agreement: as currently drafted we and other regulators believe that the agreement could significantly undermine regulator autonomy • We held our first 2023 UK Advisory Forum meetings in Belfast, Cardiff and Edinburgh, with discussions focusing on Good Medical Practice and the opportunities that AA and PA regulation will offer
Decision Trail	Council receives this report at each full meeting.
Recommendations	**a** To consider the Chief Executive's report. **b** To note the Performance Annex and the Corporate Opportunities and Risk Register.
Annexes	Annex A: Performance Annex Annex B: Corporate Opportunities and Risk Register
Author contacts	**Sophie Brookes**, Assistant Director, Corporate Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	**Charlie Massey**, Chief Executive

Agenda item M3
Chief Executive's report

Sexual Misconduct in Surgery

1 We hosted a round table on behalf of the Working Party on Sexual Misconduct in Surgery (WPSMS).

2 This was an invitation only event, with attendees including NHS England, Health Education England, the Royal College of Surgeons of England, British Medical Association, Surviving in Scrubs and Project S (a campaign to tackle racism and sexism and improve the personal safety of women working in the NHS).

3 Findings from the Sexual Harassment, Assault and Rape in the Surgical Workforce survey, which was commissioned by WPSMS, were shared on a confidential basis, as well as an exploration of the academic context around understanding the enablers and inhibitors of sexual violence in workplaces.

4 The outputs of the discussions will feed into a report that will be published later this year by the RCS.

5 We have committed to strengthening Good Medical Practice in this area with redrafted duties around maintaining professional boundaries and speaking up when misconduct is witnessed. The GMC will continue to support the WPSMS.

Regulatory reform

6 We submitted our response to the DHSC's consultation 'Regulating anaesthesia associates (AAs) and physician associates (PAs)'.

7 We responded positively to the majority of the proposals, recognising that by replacing outdated 40-year-old legislation the reforms will allow us greater flexibility to adapt processes and policies which can better support the system, practitioners and patients.

8 We flagged a number of concerns that will need to be addressed before the proposals are implemented, in particular the plan to reduce the grounds on which fitness to practise action can be taken from the current six to just two.

9 Following the consultation we will continue to engage with DHSC as they work through all the responses that they have received to the consultation, to understand any changes that will be implemented as a result of the consultation

10 We will also begin to prepare for the GMC consultation that will follow once the legislative changes have been made.

Regulatory Fairness

11 Following publication of our regulatory fairness report on 15 February 2023, we have set up an implementation board to oversee delivery of the recommendations.

12 We will provide an update to Council on the implementation of the recommendations at its meeting on 28 September.

Parliamentary and stakeholder updates

13 We have engaged closely with officials from DHSC and the Department for Business and Trade on the implementation of the EFTA trade agreement. The agreement covers the recognition of professional qualifications and needs to be implemented into UK law by 1 December. Having reviewed the latest draft we are concerned that the proposed Medical Act Amendments are overly prescriptive and may prevent EFTA applicants from accessing our existing pathways for internationally qualified professionals. This goes against the repeated assurances of regulator autonomy by both DBT and DHSC. This FTA marks a significant precedent in how the UK negotiates new trade deals. It is vitally important therefore that the drafting takes account of our views.These concerns are shared by the other regulators, and we have written jointly with the NMC to the Director of Workforce in DHSC to highlight them.

14 We have written to Will Quince, Minister of State for Health with responsibility for regulatory reform, pressing the need to maintain momentum on the MPO, and requesting a meeting.

15 We have submitted a high-level response to the House of Lord Integration of Primary and Social Care Committee, after being contacted by Committee members seeking our input.

16 We have written to the House of Lords Science and Technology committee, following the publication of their recommendations on clinical academia, highlighting our joint work with Conference of Postgraduate Medical Deans (COPMeD) in this area.

17 We hosted an all-day visit on 25 April from DHSC officials in the professional regulation and workforce teams to the Manchester offices, where they visited the Contact Centre, toured the CAC, and were updated on our work and priorities by colleagues from across the business.

18 We hosted a visit to our London office from the Japan Medical Association who wanted to learn from the process we undertook to develop the updated Good Medical Practice. They are looking to develop their own guidance and are seeking our support.

19 Our strategic engagement has focused on supporting the profession, encouraging stakeholders to respond to the DHSC AAPAO consultation, highlighting our upcoming SOMEP

report to stakeholders and collaborating with stakeholders ahead of the launch of GMP. Within this we have continued to demonstrate our work as a compassionate regulator and positioning ourselves as part of the solution to many problems the NHS is facing, such as workforce shortages.

20 We continue our engagement with senior leaders across the health service. Charlie and members of SMT met with Kevin Fong, Broadcaster, doctor and National Clinical Advisor in Emergency Preparedness Resilience and Response for the Covid-19 Incident. There was a productive conversation regarding supporting the profession's wellbeing and the links wellbeing has to patient safety. We have also had productive meetings with the BMA, DAUK and Royal Colleges.

21 We also continue our collaboration and joint working with other regulators. Charlie and Carrie have both met with HCPC Chair and Chief Executives, the NMC's Chair and Chief Executive and the PSA's Chair and Chief Executive. This has resulted in helpful conversations regarding patient safety, supporting the profession and regulatory reform.

22 We continue our work to engage patient groups and learn from other's work on patient partnership. In May, we hosted a roundtable with Dame Robina Shah, bringing together patient partnership leads from medical schools across England to discuss and share best practice. All attendees noted the session was engaging and we will feed the outcomes into our ongoing work on PPI.

UKAFs

23 We held our spring UK Advisory fora (UKAFs) in Belfast, Cardiff and Edinburgh.

24 All three meetings had a core focus on two key areas for the GMC and the wider system; the changes planned to Good Medical Practice with consideration of the importance of leadership and culture; and progress towards the regulation of Anaesthesia and Physician Associates, with a country specific focus on the training, support and use of AAs and PAs.

Enhanced monitoring

25 The volume of enhanced monitoring cases remains steady. There are currently 38 open cases, with conditions attached to GMC approval to deliver a programme of training at six sites. To put this into some context we have 480 trusts where training takes place and in previous years the number of open cases has been higher than this (50-60). The reduction reflects improved processes and speedy interventions

26 Acute Internal Medicine training across sites of Barking, Havering and Redbridge University Hospitals NHS Trust (QA11323) is deteriorating. Following a revisit in November 2022, significant ongoing concerns were identified. The risk rating for this has been raised to Level 4 due to these ongoing concerns and the removal of trainees, albeit temporary.

27 The risks within Obstetrics and Gynaecology training at University Hospitals Birmingham NHS Foundation Trust (QA11968) remain high. The Integrated Care Board has taken responsibility to develop a governance structure to monitor the department, which GMC colleagues feed into. The main output from this structure has been to agree a new model of training from August. This aims to prevent trainees from being moved at short notice and to better ensure curriculum coverage. It has been agreed that trainees would work in 'blocks'. Some trainees in this option would be confined to one site (GP and Foundation) during the block while other blocks would cover more than one site if there was a curriculum need only. Further work is required to develop this in time for the August rotation.

28 In addition, GMC Outreach colleagues continue to engage with the trust leadership team to ensure that appropriate systems for managing concerns about doctors, including their support of trainees, are addressed.

29 We noted improvements over a number of cases such as Cardio-thoracic surgery training at St George's University Hospitals NHS Foundation Trust (QA10910) has had its risk level downgraded from Level 5 (highest risk level) to Level 2.

30 Following a positive visit to Weston General Hospital on 29 March, we are supporting NHSE Education SW's decision to return trainees to the medicine departments for the August rotation. Medicine at Weston General Hospital will remain in our enhanced monitoring process. We will continue to review the extent to which education and training within departments in medicine at Weston is complying with our standards. We will check for sustainability through the next set of National Training Survey (NTS) results and a further visit to the Trust in October 2023 following NHSE Education SW's reallocation of doctors in training.

Inquiries and reviews

Inquiry publications

31 During May, the government published its response to the Investigation into the life and death of Elizabeth Dixon. There are three recommendations for the GMC, alongside others. The government response acknowledges that the GMC's updated education guidance and the proactive role we are taking in tackling blame culture addresses two of the recommendations. The third recommendation proposes that professional regulatory systems should contain a 'stop' mechanism to be activated when there is evidence of systematic or organisational failures, triggering an appropriate investigation into those wider failures. The government's response makes clear that, while professional regulators have a duty to investigate the conduct of individual practitioners where there are grounds for concern, the GMC has a formal mechanism in place to put cases on hold pending the outcomes of third-

party investigations where there are clear and compelling reasons, and it is in the public interest.

32 We are still awaiting the long-running Infected Blood Inquiry, which we have contributed to over the years, to report on its findings. We will continue to monitor any potential implications for us and will make Council aware of any key developments.

33 We continue to engage with the early stages of the Independent Thematic review into Nottingham University Hospitals maternity service. The review aims to ensure that family engagement is embedded within the review so that feedback from the families affected can be acknowledged and considered. As part of this, on 19 June Charlie Massey and Andrea Sutcliffe (CEO of the Nursing and Midwifery Council), together with Donna Ockenden (Chair of the review), will meet with families to listen to their concerns about the actions of the regulators in Nottingham and the handling of referrals.

Operational performance

34 The annexed report details performance against our KPIs and priorities agreed in the Business Plan signed off by Council in December 2022. We have submitted our consultation response to the DHSC on the Anaesthesia Associate and Physician Associate (AAPA) Order. While progress is being made, there is still a continued risk of delay which means both the Regulation of AAs and PAs and Regulatory Reform programmes report amber. The Medical Licencing Assessment programme also remains amber due to stakeholder dependencies and Investing in our People has stayed amber while we progress the Inclusive Careers programme and conduct a rescoping of the Learning Needs Analysis work. The Welsh Language Standards project has improved from amber to green after meeting a key milestone to submit a response to the Welsh Language Consultation.

35 We are pleased to be report that all KPIs are green for the March / April reporting period. The final figure for the ethical and standards enquiry KPI was not available at the time of drafting reports however data indicates that it is likely to be met. A target continues to be considered for the Contact Centre's customer satisfaction measure and will likely be applied in the next report to Council.

36 There has been one risk escalation to the annexed Corporate Opportunities and Risk Register (CORR). The new risk describes the threat of delay to delivering the much-needed reforms through the Medical Professions Order. The potential of this threat materialising has been discussed previously with Council members, and by providing regular corporate oversight through the CORR, this will support further risk discussions at future Council meetings.

Finance

37 The financial update shows that we were £0.7m behind budget YTD. Our operational surplus was £2.1m lower than budget, offset by income from investments of £1.4m reducing the total deficit. Given the volatility of investments in recent times, this compares to budget of zero and partially offsets losses made in the previous year on investments. Our overall finances remain in good shape, and we are confident our medium term financial forecasts are consistent with our reserves policy.

38 Factors that have affected our income and expenditure compared to budget this year include:

- **a** Income is expected to exceed budget, this is due to increased PLAB 1 & PLAB 2 activity vs budget, increased registration fees with digital ID checking increasing processing speed (timing), plus the additional interest anticipated on cash balances linked to increase in Bank of England base rate therefore increasing the predicted interest income achieved on cash balances.
- **b** Staff costs predicted to exceed budget by c. £0.4m. This is driven by a total pay award (February & April) which is 0.4% in excess of the budgeted levels. Historically this would have been offset by vacancies in excess of budget, but this year saw an increased churn rate applied to the budget (to counteract historic underspends). The April forecast is likely to reflect a prudent view and will be updated over the course of the year.
- **c** Costs in excess of budget for the PLAB 4th circuit build costs (£2.4m) and associate fee costs (£0.5m) to cover the incremental costs associated with this group of individuals being classified as "workers", have now been included in the forecast.

39 There are several risks which could impact our financial position moving into 2023. The most prominent risk is the continued volatility of our investments and the potential for further instability over the next few months. Further risks include the rise in inflation, which will increase our 3rd party costs and drive labour market pressure without being able to raise our fee levels to match.

40 A proposed pension top up payment plan totalling £5m over the next 3 years, of which £2.0m would impact 2023 will be presented to council as part of this June meeting. This is not included in the forecast, and this could have the effect of increasing the deficit presented above, to c. £2.7m.

41 We will continue to closely monitor our investment performance and the impact of inflation rises.

Executive Board

42 The Executive Board met on 24 April 2023 and considered:

a A final review of the Trustees' Report and Accounts for 2022, prior to them being presented to this Council meeting.

b The organisation's planned response to the COVID Inquiry which will outline the GMC's approach and learning during the pandemic.

General Medical Council

M3 – Annex A – Performance annex

Data presented as at 18 May 2023 (unless otherwise stated)

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

	Indicator	Mar	Apr	Commentary
Operations	Decision on 95% of all registration applications within 3 months	98%	99%	**All KPIs are reporting green for the March and April reporting period.** **Ethical / Standards enquiry** The final figure for April was not available at the time of drafting the report, however data suggests so far the KPI is on target to meet. **Contact Centre customer satisfaction update** This measure continues to report within a stable range of 78-85%, with 81% of customers rating their overall experience as positive in March and 82% in April. A target will be applied when we begin to report June data as we will have accumulated enough baseline data by this point. **Finance summary** The variance between income and expenditure was -0.47% in April. Additional PLAB places were released in 2022 increasing PLAB income vs budget with cost base year to date remaining broadly in line with budget. The forecast predicts we will achieve an operational deficit by the end of the year, driven by additional spend on PLAB fourth circuit.
	Decision on 95% of all revalidation recommendations within 5 working days	98%	97%	
	Respond to 90% of ethical/standards enquiries within 15 working days	96%	TBC - On target	
	Conclude 90% of fitness to practise cases within 12 months	95%	93%	
	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%	97%	
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	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)*	81%	82%	
	Answer 80% of calls within 20 seconds	87%	85%	
Organisation	2023 Income and expenditure [% variance +/- 4%]**	0.43%	-0.47%	
	Rolling twelve month staff turnover within 8-12%***	9.5%	9.1%	
	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 the 2022 annual performance measures review.
** 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

		2022								2023			
	Indicator	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Operations	Decision on 95% of all registration applications within 3 months	99%	99%	99%	98%	98%	98%	97%	98%	97%	98%	98%	99%
	Decision on 95% of all revalidation recommendations within 5 working days	96%	97%	98%	93%	94%	95%	96%	97%	96%	98%	98%	97%
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	100%	100%	100%	100%	93%	100%	100%	96%	94%	96%	TBC - On target
	Conclude 90% of fitness to practise cases within 12 months	95%	93%	95%	93%	93%	93%	94%	94%	97%	94%	95%	93%
	Conclude or refer 90% of cases at investigation stage within 6 months	97%	96%	97%	95%	96%	95%	95%	97%	97%	97%	97%	97%
	Conclude or refer 95% of cases at the investigation stage within 12 months	98%	96%	97%	98%	97%	96%	97%	97%	98%	97%	98%	97%
	Commence 100% of Investigation Committee hearings within 2 months of referral	100%	No Cases	100%	No Cases	No Cases	100%	0%	No Cases	No Cases	No Cases	No Cases	No Cases
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	100%	100%	100%	100%	100%	100%	100%	100%	92%	100%	100%	100%
	Contact Centre - % of customers who rated their overall experience and satisfaction at 7 or above (out of 10)*						79%	83%	78%	85%	79%	81%	82%
	Contact Centre - Answer 80% of calls within 20 seconds	23%	9%	20%	71%	81%	85%	82%	81%	92%	87%	87%	85%
Organisation	2023 Income and expenditure [% variance +/- 4%]**	+2.93%	+2.67%	+2.88%	+3.16%	+3.31%	+3.29%	+2.52%	+2.57%	+2.38%	+1.89%	0.43%	-0.47%
	Rolling twelve month staff turnover within 8-12%***	9.6%	9.5%	9%	8.9%	9.7%	10.1%	10.3%	10%	10.3%	10.4%	9.5%	9.1%
	IS system availability (%) – target 99.89%	99.9%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

*Contact Centre customer satisfaction measure was approved for inclusion to corporate reporting by Council in December 2022 following the 2022 annual performance measures review. Figures are reported in grey as a target is not yet confirmed, however will likely be applied from the June reporting period after 9 months of data has been collated.

**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

May – December 2023 estimated investment (project team resource)

Our strategy 2021-25

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

Committed project resource for remainder of 2023 by Strategic Aim

Themes	Project resource costs to deliver tier 1 priorities
Making every interaction matter	2,897,800
Developing a sustainable medical workforce	1,291,200
Enabling professionals to provide safe care	411,000
Investing in our people to deliver our ambitions	121,500
Total	4,721,500

Corporate Strategy Delivery: Priority activities forecast

May – December 2023 estimated investment (project team resource)

*Cost for Regulatory reform includes resource from enabling teams to deliver programme
**Regulation of AAs and PAs resource is funded by DHSC and nil cost to the GMC

Enabling professionals to provide safe care

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

2023 Priority change activities		RAG	Status
Review of Good Medical Practice (GMP)	**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. **When:** Complete by Q3 2023 **Who:** Colin Melville; Mark Swindells		In April we presented to SMT and Council our final policy decisions and on both occasions we received very helpful and positive feedback. The team is currently finalising the guidance which will be shared with Executive Board on the 30th May. SMT was supportive of our launch strategy and plans following our presentation on the 9 of May. We continue planning and developing the digital presentation of our professional standards as well as our implementation work.
Fairer Employer Referrals	**Why?** To eliminate differentials in employer fitness to practise referrals **When:** by 2026 **Who:** Anthony Omo		Work to develop the plan for phase 3 is underway with a view to seeking sign off from Executive Board by September. We are also considering our approach to addressing disproportionality in primary care. A survey has been issued to colleagues internally across all directorates (Assistant Directors & Heads of Sections) to assess the existing relationships the GMC has that may be useful levers for addressing disproportionality. We intend to use the findings of this to prepare workshops to explore opportunities further. The outputs of these workshops will support us in developing our plan for phase 3.
Fairer Training Cultures	**Why?** To deliver on our commitment to eliminate discrimination, disadvantage and unfairness for all index measures of fair medical education and training pathways. **When:** September 2031 **Who:** Colin Melville		We hosted a seminar at NHS Education for Scotland in collaboration with Health Education England north west and Edge Hill University on the interventions we have been piloting which was received positively. Our Outreach team have now secured resource needed to start developing our own Train the Trainer materials and workshops. These are designed to build on the evidence emerging from our pilots, regarding pre-empting cross-cultural barriers and overcoming these. We submitted a Planning Gateway bid for an additional 3 FTE to support the project, of which 2 FTE was approved. We are assessing our longer term options in light of this decision. We are also currently experiencing reduced resource with existing headcount although we have mitigations in place which mean the project is not immediately impacted. We are actively managing this as a risk in case of any further resourcing issues. Over the next period we intent to publish our second evaluation paper which is slightly delayed due to final revisions with stakeholders. The evaluation paper will be on the impact of the Royal College of Psychiatrists Clinical Assessment of Skill and Applied Knowledge Masterclass on reducing the attainment gap.

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)	**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. **When:** Q4 2025 **Who:** Colin Melville; Judith Chrystie		Our main operational focus is now on assessing the evidence submitted by all Medical Schools for compliance with our Clinical and Professional Skills Assessment (CPSA) and Applied Knowledge Test (AKT) requirements before the MLA is set to go live in January 2024. Work also continues on planning for the transition from PLAB to the MLA for international candidates (including assessing the PLAB exam's compliance with the MLA requirements); implementing arrangements to maintain the MLA content map's currency; establishing processes and structures for data gathering, analysis and reporting; planning for MLA go live and transition to business as usual across the GMC; and scoping research and evaluation projects. The overall MLA programme remains on track. However, the MLA is a high-profile change programme which is resource-intensive in the near-term and is being delivered with, and in some aspects through, external delivery partners. As such, the overall programme is likely to remain at amber for the foreseeable future.
Post-Brexit Registration Pathways	**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. **When:** Q3 2024 **Who:** Una Lane; Kirstyn Shaw		The Department for Business and Trade (DBT) have shared proposed amendments to healthcare legislation for the European Free Trade Association (EFTA) trade deal, and re-opened the consultation with a deadline to respond by 2 May 2023. We have now provided our response to the consultation and have outlined a number of concerns with the current drafting which we hope can be addressed, we have also shared these concerns with Department of Health and Social Care (DHSC). The EFTA project will engage with the other regulators affected by the healthcare amendments over the next period. Additionally we continue to seek clarification on whether any standstill arrangements are in scope of the Retained EU Law bill. Separately the programme board has approved closure of the Sponsorship expansion project. The Postgraduate qualification (PGQ) expansion project has also begun preparation for closure including drafting the closure report and the lessons learnt survey. The Cross border working project was shared with other regulators and DHSC to support the development of the pathway. The Portfolio assessment pathways project has continued to engage Royal Colleges and Faculties and has begun to research and scope additional policy work. The Direct assessment pathways project has concluded their initial round of engagements for the RSQ pathway and conducted a workshop to review the communications plan. They have also drafted papers on the policy model underpinning the pathway and the fees approach. The programme will continue high level scoping for the possibility of continuing the standstill arrangements.

Making every interaction matter

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

2023 Priority change activities		RAG	Status
Regulation of Anaesthesia Associates (AAs) and Physician Associates (PAs)	**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. **When:** End of 2024 **Who:** Una Lane; Clare Barton		The DHSC's consultation on the draft Anaesthesia Associates and Physician Associates Order remains open until mid May. Our own response was discussed at both SMT and Council prior to being submitted by the 16 May deadline. We believe rapid legislative progress will be needed if we are to commence regulation before the end of 2024, therefore the programme grading remains Amber as there remains a risk that anticipated timescales may not be met. During April, we explored aspects of our revalidation proposal for PAs and AAs at the GMC's Responsible Officer Reference Groups. We also spoke about AAPA regulation at external events in Scotland and Wales.
Regulatory Reform	**Why?** To improve the design and delivery of our functions so that we can be more responsive to the changing needs and expectations of patients, the health system, and the professions. **When:** Expected by Q4 2025 (dependent on when DHSC consult on the Medical Professions Order and lay this in parliament)**. Who:** Shaun Gallagher; Tim Aldrich		The overall rating for the programme is amber. We are working together with the Regulation of AAPA programme to finalise our consultation response as this will have implications for wider reforms. The DHSC have also given written confirmation that they intend to address some of the feedback we previously provided on the AAPA Order, particularly around the areas of the drafting relating to; Fees, Initial Assessment, Case Management, Restoration, Appeals and revisions and Revalidation. However, we are yet to see any updated drafting that illustrates how the Order has been revised. Similar to the AAPA programme, our timeframes are dependent on DHSC meeting their milestones, therefore we continue to keep our plans under review. We continue to meet with stakeholders to discuss regulatory reform and to encourage them to respond to the DHSC's consultation.
Transition to Welsh Language Standards	**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. **When:** Q1 2024 **Who:** Neil Roberts; Tista Chakravarty-Gannon:		Following the submission of our Welsh Language Consultation response we are now moving into the implementation planning phase. We are working with teams from across the organisation to plan delivery activities in order to comply with the Standards by the imposition date/s.

Investing in our people to deliver our ambitions

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

2023 Priority change activities		RAG	Status
Investing In Our People	**Why?** To ensure our approach as an organisation to leadership, support and ongoing improvement attracts and retains the right people to meet our ambitions - we're expanding the diversity of our people and targeting the barriers some colleagues experience so we can become a more inclusive work environment. We're also working to achieve Gold accreditation under Investors in People (IiP). **When:** Q3 2023 (IiP), 2026 for wider diversity. **Who:** Neil Roberts; Andrew Bratt		In relation to the Learning Needs Analysis work, we continue to conduct a scoping exercise with oversight from a group of Assistant Directors from across the business (as agreed by SMT in February). We have completed the tender exercise for the Inclusive careers programmes, subject to contract sign-off. We will begin working with new supplier from May 2023. Our Leadership everywhere part two session continue to be rolled out to staff. Evaluation of the Professional behaviours training impact is underway to help inform our plans for 2024. The Feedback for success programme which allows colleagues to give and receive feedback to one another is complete for Q1 2023, with 344 colleagues engaged in this cohort. Our new apprentices have continued to settle into their roles and have all begun their official training programmes. We are currently identifying apprenticeship roles to recruit for our September 2023 cohort. The Planning Gateway bid for intern funding was approved for the 2023 programme and recruitment for this is underway. All graduates are now in post and are being fully supported through their induction programme. In 12-18 months, graduates will be ready to progress from level 5 to level 4 and at this point we will ask managers to consider funding arrangements from existing headcount.

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	36.1%	454	27%	+9.1%	30%
	Interviews	23.1%	42	22.7%	63	22%	+0.7%	25%
	Offers	12.1%	^	14.3%	6	17%	-2.7%	20%
	Workforce	14.0%	86	13.6%	85	16%	- 2.4%	20%
level of Minority Ethnic representation at Level 2+ (workforce)		12.7%	27	11.7%	25	14%	-2.3%	20%
level of Minority Ethnic representation at level 3 (workforce)		14.7%	61	14.5%	60	16%	- 1.5%	20%
Increase the level of Minority Ethnic representation at all levels	Applications	44.4%	1,697	44.5%	2,317	37%	+7.5%	40%
	Interviews	28.1%	260	27.9%	297	32%	-4.1%	35%
	Offers	24.3%	61	25.9%	69	27%	- 1.1%	30%
	Workforce	17.3%	278	17.9%	295	17%	+0.9%	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 (%): 11.2%	Non-minority Ethnic (%): 8.3%	1-2%	% points between groups: 2.9%	1.0%
Proportion of Minority Ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level**		-1.8%	-	Minority Ethnic (%): 8.7%	Non-minority Ethnic (%): 10.9%	18%	% points between groups: 2.2%	18%
Pay differentials within a confined band limited to 2% from 2023[2] *(table shows the proportion of bands that are outside of the tolerance)*		58.3%	7/12	50.0%	6/12	2.0%	N/A	2.0%

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

2 Specialist bands are not included

* 2020 is an unrealistic baseline year given the pandemic. Retention rates for Minority Ethnic staff have historically been outside of this range – in 2019 the difference in retention rates against the average for Minority Ethnic staff was 3.9%.
** Difference is not set against the 2023 figure, the target is that the proportion of staff will be equal across Minority Ethnic and Non-Minority Ethnic.
^ All volumes fewer than five are redacted to preserve anonymity.

Financial summary (April)

Financial summary as at Apr 2023	Budget Apr £000	Actual Apr £000	Variance £000	Variance %	Budget 2023 £000	Forecast 2023 £000	Variance £000	Variance %
Operational expenditure	43,538	43,904	(366)	(1)%	135,199	136,333	(1,134)	(1)%
Capital expenditure	2,804	2,804	0	0%	9,127	11,481	(2,354)	(26)%
Total expenditure	**46,342**	**46,708**	**(366)**	**(1)%**	**144,326**	**147,814**	**(3,488)**	**(2)%**
Operational income	45,906	46,058	152	0%	144,483	145,848	1,365	1%
Operational surplus/(deficit)	**(436)**	**(650)**	**(214)**		**157**	**(1,966)**	**(2,123)**	

Financial summary as at Apr 2023	Budget Apr £000	Actual Apr £000	Variance £000	Variance %	Budget 2023 £000	Forecast 2023 £000	Variance £000	Variance %
Investment income	0	1,438	1,438	0%	0	1,438	1,438	0%
Investment management fees	49	53	(4)	(8)%	194	194	0	0%
Net investment return	**(49)**	**1,385**	**1,434**		**(194)**	**1,244**	**1,438**	
Total surplus/(deficit)	**(485)**	**735**	**1,220**		**(37)**	**(722)**	**(685)**	

Financial detail (April)

Expenditure as at Apr 2023	Budget Apr £000	Actual Apr £000	Variance £000	Variance %	Budget 2023 £000	Forecast 2023 £000	Variance £000	Variance %
Staff costs	27,335	27,631	(296)	(1)%	84,596	85,016	(420)	(0)%
Staff support costs	1,011	876	135	13%	3,481	3,348	133	4%
Office supplies	430	428	2	0%	1,229	1,153	76	6%
IT & telecoms costs	1,808	1,761	47	3%	5,647	5,703	(56)	(1)%
Accommodation costs	2,964	3,013	(49)	(2)%	8,726	9,367	(641)	(7)%
Legal costs	1,451	1,489	(38)	(3)%	3,960	4,006	(46)	(1)%
Professional fees	788	771	17	2%	3,052	3,144	(92)	(3)%
Council & members costs	116	118	(2)	(2)%	365	379	(14)	(4)%
Panel & assessment costs	5,890	5,909	(19)	(0)%	18,310	18,394	(84)	(0)%
Associate fee changes	156	320	(164)	0%	467	960	(493)	(106)%
PSA Levy	289	288	1	0%	895	892	3	0%
Contingency fund	0	0	0	0%	1,000	500	500	0%
Gateway fund	0	0	0	0%	1,971	1,971	0	0%
Pension top up payment	1,300	1,300	0	0%	1,500	1,500	0	0%
Total operational expenditure	**43,538**	**43,904**	**(366)**	**(1)%**	**135,199**	**136,333**	**(1,134)**	**(1)%**

Income as at Apr 2023	Budget Apr £000	Actual Apr £000	Variance £000	Variance %	Budget 2023 £000	Forecast 2023 £000	Variance £000	Variance %
Annual retention fees	36,484	36,355	(129)	(0)%	112,193	112,064	(129)	(0)%
Registration fees	1,597	1,559	(38)	(2)%	6,262	6,584	322	5%
PLAB fees	6,074	6,174	100	2%	19,569	20,007	438	2%
Specialist application CCT fees	736	883	147	20%	3,138	3,538	400	13%
Specialist application CESR/CEGPR fees	498	480	(18)	(4)%	1,518	1,618	100	7%
Interest income	395	479	84	21%	1,259	1,488	229	18%
Other income	122	128	6	5%	544	549	5	1%
Total Operational Income	**45,906**	**46,058**	**152**	**0%**	**144,483**	**145,848**	**1,365**	**1%**

Finance - GMCSI summary (April)

GMCSI summary as at Apr 2023	Budget Apr £000	Actual Apr £000	Variance £000	Variance %	Budget 2023 £000	Forecast 2023 £000	Variance £000	Variance %
GMCSI income	119	85	(34)	(29)%	408	408	0	0%
GMCSI expenditure	118	90	28	24%	393	393	0	0%
Profit/(loss)	**1**	**(5)**	**(6)**		**15**	**15**	**0**	

Finance - Investment Committee Update (April)

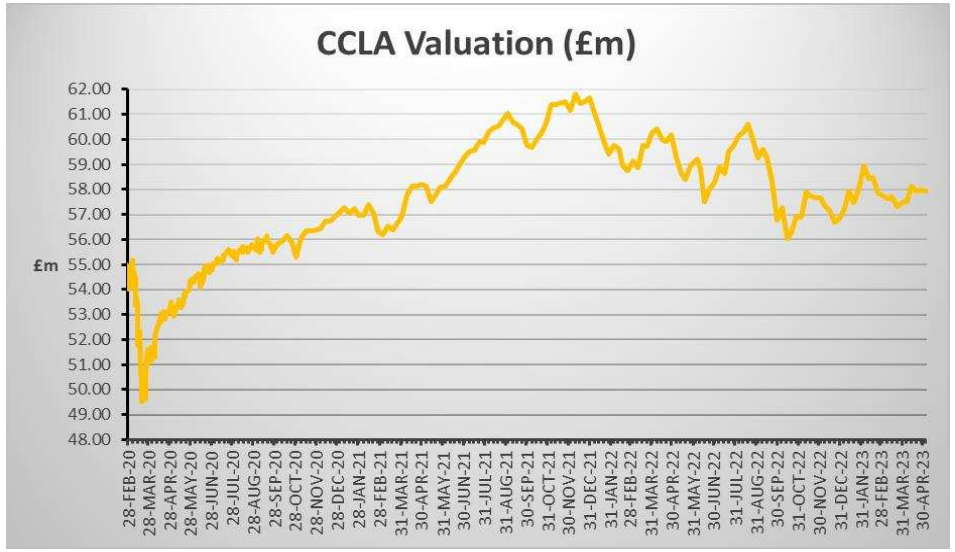
1) The Investment mandate, approved by Council, given to our Investment managers CCLA

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

2) Holdings as at 30 April 2023

	£millions	%
Total Equities	17.4	30.0%
Fixed Interest	17.5	30.1%
Property	2.4	4.2%
Infrastructure	3.9	6.7%
Other Income	1.8	3.0%
Private Equity	1.4	2.4%
Cash	13.7	23.6%
Total	58.0	100.0%

3) History of portfolio valuation - as at 5 May 2023



4) Performance Overall

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

	Performance Period		
As at 31 Mar 2023	3 Months	12 Months	3 Years (p.a)
Our Actual Portfolio	1.80%	(3.98)%	4.17%
Target: CPI + 2%	1.83%	12.08%	7.88%
Actual minus Target Performance	(0.03)%	(16.06)%	(3.71)%

Litigation summary – Q1 2023

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

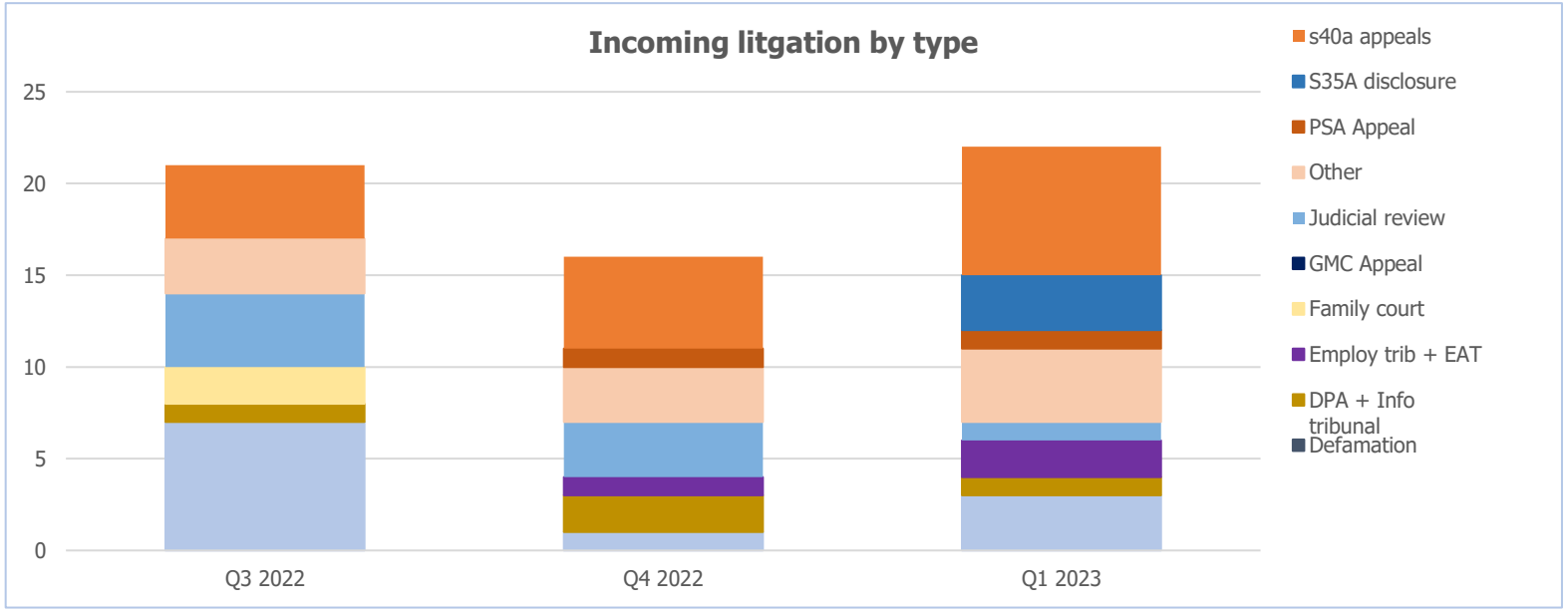
Total Open Litigation: 53 - as at 9 May 2023.

Concluded litigation: 9

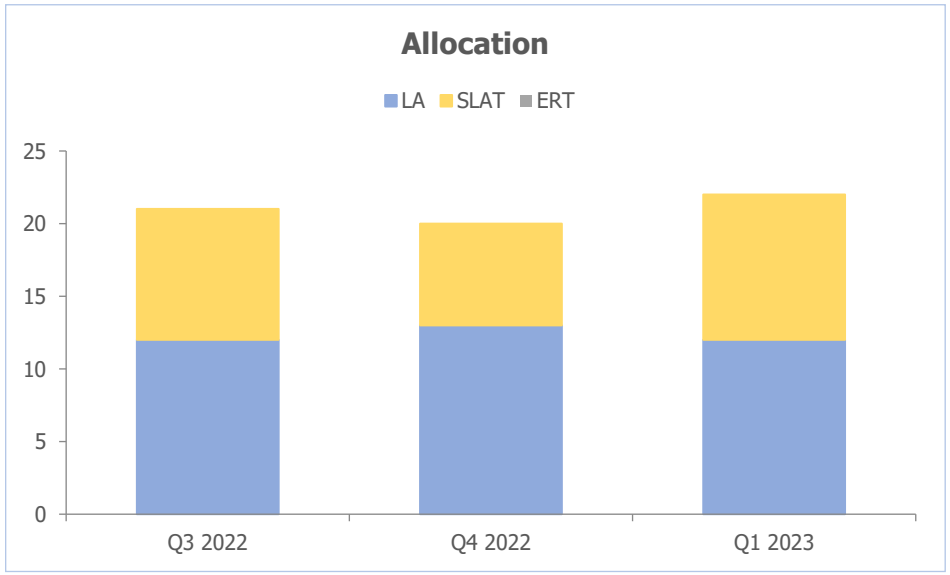
5 = GMC Successful
- x2 = s40 (doctor) Appeals
- x1 = Employment Tribunal
- x1 s41A – 10 IOT Challenge
- x1 Court of Appeal

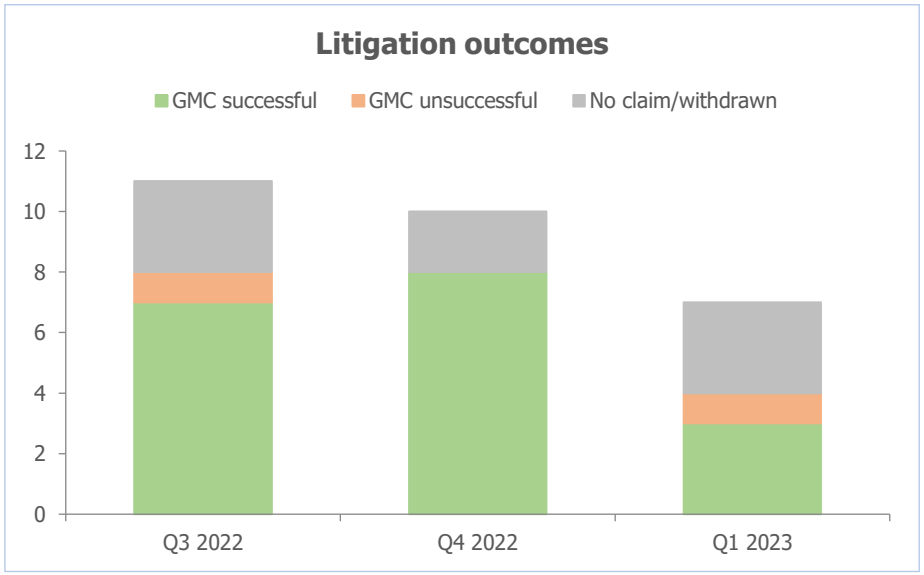
3 = Claim withdrawn
- x1 Employment Tribunal
- x1 COA Appeal
- x1 Other

1 = GMC unsuccessful
- x1 s40 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





Annex B

Corporate Opportunities and Risk Register - May 2023

Risk ID	Title Date Raised	Category	Detail	Owner	Likelihood - Inherent	Impact - Inherent	Rating - Inherent	Mitigation/Enhancement	Likelihood - Residual	Impact - Residual	Rating - Residual	Council and/or Board Assurance	Assurance	Further Action Detail	Risk Appetite
207	**Pension Deficit** 21/08/2020	Financial	Due to the impact of economic instability in the final quarter of 2022, both asset and liability value of the pension scheme have reduced, with assets reducing to a greater extent. This has led to an increased size of the pension deficit, which could result in the need for additional financial support from the employer.	Neil Roberts	HIGHLY LIKELY	MAJOR	CRITICAL	• 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. • Trustees are reviewing current investment strategy.	HIGHLY LIKELY	MAJOR	CRITICAL			• At the time of reporting - the employer is continuing to discuss funding arrangements with trustees, Council will be updated on the outcomes of discussions.	Medium
303	**Welsh Language Standards** 03/10/2022	Legal	We were issued with the draft Welsh Language Standards in December 2022 and are expected to be legally compliant by autumn 2023. If all directorates do not fully engage with, prepare for and then comply with the new Standards, we risk legal, reputational and financial damage.	Neil Roberts	QUITE LIKELY	MAJOR	CRITICAL	• Senior Sponsor in place. Consultation response (in Welsh and English) submitted to Commissioner 22 March 2023. • 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. • Gateway funding received for support from Welsh Language consultancy firm for priority activities [Dec 2022]. • 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. • Sign off of the consultation response including the standards we plan to challenge - March 2023.	QUITE LIKELY	MAJOR	CRITICAL	• Presentation to SMT on 8 August. We plan to return to SMT in Q1 2023 before submitting our consultation response. • SMT received a project update and signed off the Consultation response to the Welsh Language Commissioner 13 March 2023.		• GMC Wales to convene group of regulators to align and share information [Complete - regular Joint Regulatory Forum meetings in place]. • GMC Wales liaise with the Commissioner's office, negotiating on draft compliance notice [December 2022 onwards]. • Translation service in place to carry out translation of relevant documents – QA review required. • Compliance implementation planning - began in April 2023. • Await the response and final compliance notice from the Welsh Language Commissioner and enter into further negotiations • Gateway bid submitted 21 March 2023 to request necessary funds to support Stage 2 - implementation planning and delivery - including a request for funding for a Welsh Language Standards Manager role to be piloted for a year.	Low
315	**MAPs regulation delay** 10/03/2022	Reputational	If there are further delays to the timescale for commencing regulation of PAs and AAs, we could lose the confidence of stakeholders, and numbers of PA/AAs in education and employment may fail to increase as expected. As well as adversely affecting workforce objectives, this would delay the increase in fee income and further increase our funding requirement from DHSC, which is subject to approval annually. The workforce impact of delay is magnified by the fact that extension of prescribing responsibilities to PAs and AAs is subject to a separate legal process that cannot start until these professions are regulated.	Una Lane	HIGHLY LIKELY	MAJOR	CRITICAL	• Regular communication with key stakeholders, including promoting achievements from the programme so far and upcoming activity. • We will maintain some dedicated staffing resource on each workstream until regulation starts, in order to retain expertise and ensure readiness for implementation. • Programme cost projections updated quarterly and reported to DHSC/GMC Financial Accountability Group, providing advance notice of funding needs. • Principle clearly established that costs of MAPs regulation will not be met from doctor fees.	HIGHLY LIKELY	MODERATE	CRITICAL		DHSC opened the AAPAO consultation in February 2023.	• Continue liaison with DHSC to ensure they understand our relationships with key PA/AA stakeholders and the importance of maintaining trust for our continuing progress on regulatory development. • Use our influence with Governments, SEBs and other stakeholders to press for actions that would help mitigate the workforce impact of continuing delay to regulation.	Low
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.	Shaun Gallagher	HIGHLY LIKELY	MAJOR	CRITICAL	• 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.	QUITE LIKELY	MODERATE	SIGNIFICANT	This threat has been verbally discussed at various points over the past 12 months at Council meetings, making Council aware of the threat.		• Write to the current Health Minister, to request a meeting to discuss and escalate our concerns. • Consider options to second a GMC lawyer into DHSC to assist with consequential amendments to help speed up the progress of the development of the MPO.	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	• 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. • Guidance and tools for equality impact assessment as a requirement of project and policy activity to consider fairness impacts of approach (being reviewed and revised). • Regulatory fairness review now complete and actions will be taken forward.	UNLIKELY	MAJOR	SIGNIFICANT	• Reporting to council on Fairer training cultures, Fairer referrals and the inclusion programme, deep dive reporting annual cycle in place. • 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. • ED&I steering group has forward plan for reporting and will report to Executive Board annually on progress the Steering Group has made.	• Howlett Brown project considering future approach to fairness assurance. 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).	• Consider key decision-points in our operations for process controls to mitigate the risk of bias or unfairness (such as separated decision making) and our quality assurance regime for decisions (part of reg fairness). • Assess staff learning and training needs from first principles through a Learning Needs Analysis (LNA) and the most current evidence base on learning approaches with the greatest impact (part of reg fairness). • 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. • Review our approach to a regulatory Equal Opportunities Policy (new policy launched). • 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. • Launch new templates and guidance on equality impact assessment and strengthen the tracking and oversight (through ED&I SG).	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	• 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. • GMC SMT oversight of pandemic response and recovery planning. • Assessments teams running three PLAB 2 circuits concurrently through 2023 in order to accommodate as many candidates as possible. • Digital ID checking solution implemented on 18 April 2023.	QUITE LIKELY	MODERATE	SIGNIFICANT	Council • Review of performance metrics through the quarterly CEO report. Executive Board • Review of performance metrics through the bi-monthly Performance and Risk Report. • Risk deep dive (Nov 2020, Feb 2022, Nov 2022, March 2023).	Internal Audit • Legal Services (May 2022, green-amber). • Recovery and renewal (November 2021, green-amber). • FTP Covid-19 Response (Aug 2021, green-amber). • Quality Control Audit CE IOT decisions (Aug 2021). • Quality Control Audit CE Rule 8 decisions (July 2021). • Review of progress in implementing Outreach (May 2021, green-amber). • Quality Control Audit Triage decisions (April 2021). • Education Quality Assurance (February 2021, green). • Curricula approvals (January 2021 green-amber). • Virtual hearings (September 2020, green). • Temporary registration (September 2020, green). • Interim Order Tribunals (January 2020, green-amber). • Standards and Ethics (September 2021, green-amber). Other Assurance: • 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 2022.	• Continue to engage with the Professional Standards Authority and other regulatory partners, coordinating the Covid-19 response and reviewing our approach as the situation evolves. •We'll consider and triage all new concerns, progressing those requiring investigation. • We have identified a new supplier for digital identity checking software for managing doctors' ID checks and are making good progress towards implementing the new system in the first half of this year. • We are in the planning stage of the creation 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	• 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. • Reactivated Recovery and Renewal Taskforce to coordinate our transition to resuming paused activities and use of office space. • We are working closely with the Pension Trustees to address the increased scheme liability arising from the Govt decision to align RPI and CPI. • 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.	QUITE LIKELY	MODERATE	SIGNIFICANT	Council • Review of annual budget and Annual Accounts. Executive Board. • Executive Board regular review of finance, HR, project and operational performance and risks. • Risk deep dive (June 2020).	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). • Risk Management (October 2020, green). • Covid learning review (August, 2020). • Assurance Spot-check - Business Planning & Budgeting changes (May 2020 green-amber). Other assurance • Covid learning reviews (GMC Case Studies): The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response (December 2020).		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	• 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 our relationships with key partners, using insights from our internal systems and periodic surveys of our 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	Council • Seminar: Findings of our 2022 perceptions survey (December 2022). • Annual update on communications and engagement (including four country update) (April 2022). Audit and Risk Committee • Seminar: building the trust and confidence of our audiences and stakeholders (Jan 2022). Executive Board • Four country public affairs update (March 2021). SMT • Stocktake of four country strategic relationships (December 2022).	Internal audit • 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). Other assurance • Bi-annual health assessments by our external relations teams of GMC's major relationships (next assessment due Q2 2023).	• Relationship health assessments to be conducted twice a year (Q1 and Q3) in the future, with the Q3 assessment informing annual relationship stocktake with Directors. • External relations and Outreach teams in England carefully monitoring impact of Health Education England's merger with NHS England on 1 April 2023. Changes are causing uncertainty in our local relationships and key programmes (such as ED&I).	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	•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 our 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 our 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).	QUITE LIKELY	MODERATE	SIGNIFICANT	• 'Deep Dive' Executive Board (June 2021).	Internal audit • Cyber security (July 2021, green-amber). • Cyber security (November 2020, green-amber). Audit and Risk Committee • Significant Event Review: Fraudulent registration application, Teodora Crisovan (March 2021). • Report on Significant Event Review follow-ups (March 2021). • Significant Event Review: Fraudulent doctor Zholia Alemi (November 2019). • Significant Event Review: Fraudulent registration application, Teodora Crisovan (March 2021). Other assurance • Covid learning reviews (GMC Case Studies): How the regulator responded to emerging evidence of higher prevalence of Covid-19 infection in BAME people; Temporary registration implementation; The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response; Approach to producing Covid specific guidance (December 2020).	• Annual training and exercise sessions for all incident responders.	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	• 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.	QUITE LIKELY	MODERATE	SIGNIFICANT	• Council meeting (3 Nov 2022) to provide 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. • Council meeting (14 Dec 2022) to provide an overview of the legislation and our provisional view of the key themes we anticipate raising in our consultation response. • Council meeting (1 Mar 2023) to provide 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. • Council meeting (27 April 2023) to discuss final consultation response, ahead of this being signed off by the Chair on behalf of Council.	• Next BDO spot check planned for June/July 2023 - final report will be shared at ARC at meeting on 12 Sep 2023. • Previous spot checks completed in Sep 2022, June 2022, March 2022 and Nov 2021.	• 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. • Continue to use internal audit assurance to provide ongoing scrutiny and give assurance that the programme is being run appropriately. • Be prepared to continue to escalate concerns to senior DHSC officials as appropriate.	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	• 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 (i.e. reducing differentials in disciplinary processes). • Research and data assets including our surveys and insights to highlight relevant issues and support calls for action.	QUITE LIKELY	MODERATE	SIGNIFICANT	Council • Regular agenda item on ED&I. Executive Board • Twice yearly review by Executive Board and performance against internal targets embedded in Performance and Risk Reporting. • Risk 'deep dives' embedded throughout the year.	• Strategy and policy ED&I compliance and governance review - Campbell Tickell (2020).	• Annual report has been published in 2022 and further annual report due in May 2023. • Council directed the need to extend our understanding of inequalities impacting on other projected groups, specific disaggregated groups and also intersectional groups – work ongoing.	Medium
309	**Safeguarding at the GMC** 12/01/2022	Reputational	If there isn't sufficient corporate understanding and visibility of our safeguarding activities, we may not meet our safeguarding obligations as a regulator and as an employer.	Neil Roberts	QUITE LIKELY	MODERATE	SIGNIFICANT	• Safeguarding Working Group in place since 2019 and Neil Roberts chairs. • Advisory Review conducted by BDO using a specialist social worker to review our practices and recommend Action plan. • Action plan in place – Project team assembled to take forward recommendations. • Presentation given to SMT and Council (Feb 2022) on direction of project. • Designated Safeguarding Manager in post and is providing safeguarding advice and support to staff. • Presentation to Council and SMT in October2022 on progress of project and the plans for a Pilot - to start November 2022. • SCIE appointed as specialist consultants. • Comms strategy drafted. • Pilot completed - 90 referrals made to the safeguarding manager. Analysis taking place on results along with capacity modelling. • Draft policy presented to the Policy Leadership Group on 1 March and engagement with external stakeholders (BMA, MDU etc) is currently taking place. • Safeguarding Project Manager joined the project on 12 month secondment in January 2023.	QUITE LIKELY	MODERATE	SIGNIFICANT	Audit and Risk Committee: • Advisory report – Safeguarding, (September 2020).	Internal Audit: • Safeguarding progress green, (November 2020). • BDO audit - November 2022 Green with advisory recommendations.	•Policy and process has been developed along with supporting guidance documents to ensure we have corporate approach and consistency in decision making. These will be evaluated in our pilot and refreshed if appropriate. •Development of training package for pilot and implementation – level one for all staff to be delivered by e-learning and level two for specialist colleagues. •Work started on developing a new reporting system for staff to use to refer safeguarding to the Designated Safeguarding Manager. •The internal audit findings and pilot will be used to evaluate our proposed policy, process and training to ensure its fit for purpose prior to implementation across directorates in Q2 of 2023. • External consultant procured to support the design and delivery of safeguarding training. • The policy and process will go to Exec board for sign off before GMC wide release. The release dates will be subject to available resources in the safeguarding team to review and refer concerns and support policy/process implementation. • The availability of resources will be subject to a successful gateway bid in May 2023 - and then recruitment timescales. • Team are working with Safeguarding Alliance to develop training content. • Draft policy and processes to be presented to Exec Board for sign off on 30 May along with implementation plan - to start June 2023. • Guidance documents for staff and the DSM have been drafted, digital training materials have also been drafted and are currently being reviewed ready for implementation.	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	• 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.	UNLIKELY	MODERATE	LOW	Council: • Seminar: Findings of our 2022 perceptions survey (December 2022). • Annual update on communications and engagement (incorporating extensive four country update) (April 2022). Audit and Risk Committee: • Seminar: building the trust and confidence of our audiences and stakeholders (January 2022). SMT: • Discussion about health service winter pressures and GMC response (January 2023).	• Internal audit: 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.	Preparing annual update to Council about the work of the SC&E directorate for members' meeting in June 2023. Paper will include four country update and reflections on our current external environment.	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	• 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	Executive Board • Risk 'deep dive' (March 2021).	Internal audit • Arrangements for assessing progress in the delivery of the Corporate Strategy (July 2021, green-amber). Other assurance • 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.	• Enhancing and providing substantial EDI&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 and are planning to develop during 2023 a GMC data hub bringing together all our data into a single entry point on the GMC web site.	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 as an effective and transparent regulator.	Paul Reynolds	QUITE LIKELY	MODERATE	SILVER	• 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 agreed (by Executive Board in November 2020). • 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. • 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 (such as through our bi-annual roundtable, our 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 their work.	QUITE LIKELY	MODERATE	SILVER	Council • Seminar: Findings of our 2022 perceptions survey (December 2022). • Annual update on patient and public involvement (November 2022). • Annual update on communications and engagement (April 2022). Executive Board: • Opportunity deep dive planned for Autumn 2023. • Opportunity deep dive (February 2021) Audit and Risk Committee: • Update on how we involve patients and the public in our work (March 2023). • Review of arrangements for patient and public engagement (November 2022).	• 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. • Review of arrangements for patient and public engagement (November 2022). Control design: Amber; Control effectiveness: Amber.	• Our next roundtable with patient bodies will be on 23 May 2023. Agreed agenda items on: collecting diversity data from patients; and exploring patient perspectives about research and leadership. • UKEB&I team organising workshop with PPI leads from medical schools. • UKEB&I team progressing review of other organisations' approaches to PPI. External survey. was developed and shared with key stakeholder organisations in April. We'll report the results of this review in our next annual update to Council (in autumn 2023). • Strategy team developing support and materials for GMC's policy profession during 2023. • Deep dive discussion about this corporate opportunity scheduled for Executive Board meeting in autumn 2023. • Next annual update for Council will be due end of 2023. Drafting of paper to commence in the summer.	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	• Our Corporate Strategy 2021-26 includes clear commitments to be a more responsible organisation both socially and environmentally. Every Annual Report includes a CSR round-up of the previous year. • We have improved external visibility of our CSR work on the GMC website and internally on the GMC intranet. .We have used blogs to promote our support for widening participation (in medical training) initiatives and new CSR related partnerships e.g. our combined presentation with the Greener NHS Programme at IAMRA. • The GMC established the Cross Regulator CSR Group early in 2022 after the proposal (by the GMC) was agreed by the CEORB group. • 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.	QUITE LIKELY	MAJOR	GOLD	• Annual update on progress for Council given in March 2023		• Corporate Volunteering evaluation underway. • CSR Policy under development.	High

General Medical Council

Pension scheme valuation

Action	To approve
Purpose	The 2021 triennial valuation of the GMC pension scheme has been undertaken by scheme trustees in consultation with the employer. This paper seeks Council's approval of the assumptions, funding position, recovery plan and additional contributions agreed with Scheme Trustees.
Decision Trail	Council considered the 2018 triennial valuation results at its meeting in September 2019.
Recommendation(s)	Council is asked to approve the 2021 valuation and recovery plan. Council is asked to approve the contributions to the Scheme which are in addition to the recovery plan.
Annexes	Annex A: 2021 valuation results Annex B: Summary of post valuation economic events Annex C: Letter from the Pensions Regulator
Author contacts	**David Donnelly** – Assistant Director, Finance Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	**Neil Roberts** – Director, Resources

Agenda item M5
Pension scheme valuation

Background

1 The GMC has a defined benefit (DB) pension scheme that closed to the future accrual of benefits in April 2018. The scheme is managed by a Board of Trustees independently of Council.

2 Under the current framework, schemes are required to have sufficient assets to meet their obligations to pay benefits to members. Pension trustees must carry out a valuation at least every three years to assess whether they have sufficient funds to meet members' benefits.

3 The funding position of a scheme compares the market value of assets with its liabilities at the valuation date. It can be expressed as a ratio of the scheme's assets and liabilities, known as the funding level, or as the difference between the assets and liabilities, referred to as a surplus or deficit.

4 If the scheme is in deficit, trustees must put in place a plan to repair it, known as a recovery plan. Pension trustees must agree the valuation and any recovery plan with the Employer, who effectively underwrites the scheme, within 15 months of the valuation date. The date of this triennial valuation is 31 December 2021, which gave a deadline of 31 March 2023.

5 The 2018 actuarial valuation revealed a deficit of £11.6m. The Trustees and Council agreed a 7-year Recovery Plan, with an initial contribution of £1.9m in 2019 and six further contributions of £1.3m in 2020-2025.

6 It was also agreed that the Scheme would target achieving full funding on a self-sufficiency basis (e.g. a low risk funding and investment approach with little reliance on Council support) by the end of 2028. The actuarial basis used for the valuation reflected this long-term target, effectively assuming lower investment returns from 2029 onwards.

7 As part of the valuation process Trustees must assess the financial strength of the employer, in particular its ability to meet future funding requirements and respond to any changes in circumstances, which in turn influences the proposed recovery plan. In 2018 Ernst and Young undertook an employer covenant review for the Trustees which rated the GMC as 'tending to strong'. As part of the 2021 valuation Ernst and Young undertook a further review which reported no change from the 2018 assessment. The rating is the second highest of the four assessment levels.

2021 valuation results and recovery plan

8 The initial valuation presented by the trustee board revealed a deficit of around £40m.

9 The main driver for the increase in deficit between 2018 and 2021 valuations was due to the Government decision to align the calculation of RPI with CPI from 2030, which reduces the value of the assets held by the scheme. This risk was flagged to Council in September 2019.

The valuation also incorporated assumptions covering the discount rate, salary increases and the proportion of members opting to take a cash lump sum.

10 To manage the deficit position Trustees have agreed to push back the date that they are targeting self-sufficiency by three years from 2028 to 2031. This has the effect of increasing the level of investment returns that the Scheme's assets are expected to generate, meaning less money is needed now to cover future benefit payments. This, along with some other less material changes to actuarial assumptions, has led to a revised deficit figure of £18.5 million, from £40 million.

11 To remove this deficit, following discussions with the employer, the Trustees had proposed a 10-year Recovery Plan, at annex A, comprising an additional one-off contribution of £2m in 2023 and a further 9 contributions of £1.5m in 2023-2031. This supersedes the previous Recovery Plan agreed as part of the 2018 valuation.

12 Consistent with the 2018 valuation, the proposal includes a salary increase mechanism. This provides for further funding if salary increases are granted in excess of the valuation assumption. If there is a funding strain, then the Employer would pay this cost spread over a period of 3 years, over the calendar years 2025, 2026, and 2027.

Post valuation events

13 The market turmoil in September/October 2022 brought about significant challenges for many pension schemes. Unprecedented levels of volatility in government bond markets meant the Scheme became partially exposed to movements in government bond yields, having previously been fully hedged against movements in these yields. Annex B sets out further analysis of the changes.

14 Using current Scheme data with previously agreed scheme assumptions our advisers have estimated the Scheme deficit to have increased from £18.5 million to £33.2 million at 31 December 2022.

15 We have held constructive discussions with Trustees to ensure the increase in the scheme deficit is managed appropriately. Consequently, following those discussions the employer has agreed with trustees in principle (and subject to Council agreement) that we contribute a further £3 million to the scheme, £2 million in 2024 and £1 million in 2025, in addition to the funding plan above. It is important to note the annual contributions will revert to those agreed in the recovery plan from 2026, subject to discussion at the next valuation (due to take place as at 31 December 2024).

16 While the contributions to manage the increased deficit, agreed in principle with the Trustees, are additional draws on our reserves, we have modelled the financial impact in combination with our latest forecasts and are confident we will continue to operate within our stated reserves policy in the short and medium term.

17 Council is asked to approve the funding position, key assumptions, recovery plan and additional contributions proposed by Trustees. Total proposed contributions to approve are £18.5 million, scheduled as follows:

- 2023 - £3.5 million in total (£1.3 million already paid in line with existing recovery plan)
- 2024 - £3.5 million in total (£1.5 million as per recovery plan and an additional £2 million contribution)
- 2025 - £2.5 million in total (1.5 million as per recovery plan and an additional £1 million contribution)
- 2026 – 2031 – £9 million in total through 6 annual £1.5 million contributions

Timescales and next steps

18 Scheme assumptions, triennial valuation results and the funding plan should be agreed between Trustees and the employer within 15 months of the date of the valuation. This gave a deadline of 31 March 2023. We are already past the deadline however we informed the pensions regulator of our intention to have agreement by the end of June 2023. The regulator has written to us stating they may intervene if we fail to agree with Trustees the valuation position and funding plan by that point (letter is at Annex C).

19 If Council approve the assumptions, funding level, recovery plan and additional contributions set out above the Chief Executive will sign the necessary documentation and Trustees will submit the Scheme's actuarial funding documentation to The Pensions Regulator no later than 30 June 2023. We will make the agreed contributions for 2023 to the scheme as soon as practicable.

Annex A

Actuarial valuation at 31 December 2021 - Results summary

GMC Staff Superannuation Scheme

Prepared for: GMC
Prepared by: Aon
Date: 10 May 2023

QAS Institute and Faculty of Actuaries Quality Assurance Scheme

AON

Summary of 2021 valuation results

Valuation results

£M	Previous (2018) valuation	Previous valuation updated for 2021 market conditions and 2021 membership data	2021 Valuation
Employed deferreds	121.6	185.0	179.2
Deferreds	86.8	128.6	122.8
Pensioners and Dependants	33.4	48.4	46.1
Value of liabilities	241.8	362.1	348.1
Value of assets	230.2	329.5	329.5
Past service surplus / (deficit)	**(11.6)**	**(32.6)**	**(18.5)**
Funding level	**95.2%**	**91.0%**	**94.7%**

Technical Provisions - key assumptions

- Discount rate of Gilts plus 2% p.a. to end of December 2028, reducing in 4 even annual steps to Gilts plus 0.25% p.a. by 31 December 2031
- CPI set as RPI curve less 0.6% p.a. up to 2030 and RPI curve less 0.1% p.a. from 2030
- Salary increases in line with CPI+1% p.a. (plus promotional increases)
- 75% of members assumed to take the pension-only option and 25% of members assumed to take the highest lump sum option

Recovery plan

The 18.5M deficit would be removed over a 9-year and 3-month recovery plan (ending 31 March 2031) with assumed returns of Gilts+2.4% p.a. in 2022, Gilts+2.15% p.a. from 2023 – 2028 inclusive and in line with the discount rate thereafter, together with additional lump sum contributions as follows:

- £1.3M (already paid in 2022);
- £1.3M (already paid in 2023)
- £2.2M paid by 30 June 2023; plus
- £1.5M payable by 31 March each year of 2024, 2025, 2026, 2027, 2028, 2029, 2030 and 2031

Other contributions

In addition to the recovery plan contributions, the Employer will pay the following:

- £2M in 2024 and £1M in 2025
- The expenses of administering the Scheme
- Levy payments to the Pension Protection Fund and other regulatory bodies
- The cost of any augmentations to benefits

Following the 2024 valuation the Employer will also pay contributions to the Scheme equal to the size of any funding strain arising from salary increases being greater than the agreed assumptions (subject to a maximum of the 2024 technical provisions deficit)

Reasons for change since the previous (2018) valuation

- Changes in financial conditions increasing the value of the technical provisions
- Impact of RPI reform announced in November 2020 increasing the deficit by c.£28.5M
- These have been mostly offset by
  - positive asset returns;
  - the agreed changes to the financial and demographic assumptions; and
  - the lump sum deficit contributions that have been paid

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Liability Driven Investment

Impact for GMC

Annex B

At a glance…

Following the significant market tests Liability Driven Investment ("LDI") strategies faced in 2022, there is an increased focus on the management and oversight of LDI portfolios.

In this paper we outline the recent market challenges that LDI investors have been exposed to, and the impact on the GMC Staff Superannuation Scheme ("scheme").

Challenges faced by LDI clients in volatile markets

Long dated bond yields have risen significantly over the past 6-12 months, driven up by increasing inflationary pressures and the Bank of England shifting to a programme of Quantitative Tightening.

In particular, yields rose in excess of 2.6% over 2022, resulting in long bonds returning a negative return of around -50%. As a reminder, as bond yields rise, pension liabilities generally fall and therefore the fall in bond values is being matched (or exceeded) by a decline in liabilities. LDI strategies aim to match liability and asset movements and therefore move in the same direction.

During late September and early October 2022, the movement in bond markets was both rapid and unprecedented in its magnitude, placing a significant strain on the operation of many LDI strategies.

The other significant market change over 2022 has been inflation. We have seen material changes in both realised inflation ("headline inflation") and long-dated inflation used to value your scheme's liabilities.

The impact on LDI strategies

Many LDI solutions use leveraged government bonds to match liabilities and a significant fall in the value of the underlying bonds meant that significant additional collateral was required by LDI managers to maintain the level of hedging. Many trustees had to react quickly, in some cases needing to sign instructions which transferred large amounts of money at very short notice. In some instances, at the peak of the gilt market crisis, yields rose so quickly that LDI managers were forced to take pre-emptive action and reduce exposure to reduce the risk of not having monies

Prepared for:	GMC
Prepared by:	Aon
Date:	10 February 2023

available to post as collateral for future market moves.

The events of 2022 have highlighted the importance of several factors that are critical to LDI being able to effectively manage pension schemes' interest rate and inflation risk. In particular:

- Collateral plans, stress testing (collateral and liquidity) and operational controls are critical; and
- LDI benchmarks should be kept up-to-date and reviewed regularly to ensure effective match with liabilities; and
- Governance structures need to be effective and able to respond at short notice.
- The Pensions Regulator has issued guidance for Trustees to consider in the structure and oversight of their LDI portfolio.

Impact on the GMC

The table below shows the latest estimated funding position from the Scheme Actuary, along with the results at the valuation date.

	31 December 2021	31 December 2022
Assets (£M)	329.5	157.0
Liabilities (£M)	348.1	190.2
Deficit (£M)	**18.5**	**33.2**

In summary, both the assets and liabilities have fallen materially due to the rise in gilt yields. However, while the smaller scheme poses less of a risk for the Council going forward, the deficit has also increased in absolute terms. This increases stems in particular from the hedging ratio falling in the immediate aftermath of the gilt market turmoil, with assets then underperforming liabilities when the yields reduced again.

We understand that the trustees are in the process of increasing the hedge ratio back to 100% this year. With the new requirements for more collateral, this has led to the target investment return falling from Gilts+2.8% p.a. to Gilts+2% p.a.

All in all, the higher deficit (and lower target investment return) will mean that correcting the updated deficit will take a combination of a) higher contributions (than those committed for the 2021 valuation); b) more time. The increased deficit is sufficiently large that the pension trustees wish to take actions ahead of the next scheduled actuarial valuation (due at 31 December 2024) to help improve the funding level. This is subject to further discussion with the pension trustees, with the idea of presenting a proposal to Council thereafter for additional contributions ahead of the next scheduled actuarial valuation (at 31 December 2024).

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Annex C

The Pensions Regulator
Making workplace pensions work

Napier House
Trafalgar Place
Brighton
BN1 4DW

www.tpr.gov.uk
www.trusteetoolkit.com

The Trustees of General Medical Council Staff Superannuation Scheme
3 Hardman Street
Manchester
M3 3AW

Our ref: E198460271

13 April 2023

Dear Trustees

Scheme name: General Medical Council Staff Superannuation Scheme (the Scheme)
PSR: 10176900
Trustees: Danny Dubois, John Foley, Martin Hart, Paula Robblee, Raj Patel, Vanessa Davies, Steve Burnett and Deirdre Kelly (the Trustees)

Actuarial valuation as at 31 December 2021 - (the 2021 Valuation)

We were notified on 30 March 2023 by Deirdre Kelly that the Scheme's 2021 Valuation will not be agreed by the statutory deadline of 31 March 2023 as required by Part 3 of the Pensions Act 2004 ('Part 3').

We are pleased that you have already agreed the technical provisions and expect to have finalised the 2021 Valuation by 30 June 2023.

As we have communicated to the market, we will be quicker to consider a tougher approach when trustees and employers fail to agree an appropriate scheme funding valuation and recovery plan (if the scheme is in deficit) within the statutory timeframes.

Therefore, if we do not receive your 2021 Valuation by **30 June 2023**, we may consider taking action in relation to the breach of law. Failure to agree an appropriate valuation presents potential risks to member benefits and indicates possible governance and administrative failings. In addition to issuing penalties, the exercise of a range of enforcement powers may be appropriate including issuing notices requiring a person to improve their behaviour and appointing independent trustees.

Please note that we expect that trustees will make every effort to ensure that they agree an **appropriate** scheme funding valuation and we do not expect trustees to agree a valuation at any cost.

Please submit the Scheme's actuarial funding documentation concerning the 2021 Valuation to us via Exchange by **30 June 2023** at:

https://exchange.thepensionsregulator.gov.uk

If you need help submitting the valuation documents, contact us by:

- phone on 0345 600 5666, Monday to Friday 9am to 5pm
- email at exchange@tpr.gov.uk

Alternatively, if the 2021 Valuation has been completed but does not disclose a deficit please confirm this by 30 June 2023 and notify us formally of this in the next scheme return.

Further information

Our guidance in relation to the requirements of Part 3 can be found at:

https://www.thepensionsregulator.gov.uk/-/media/thepensionsregulator/files/import/pdf/code-03-funding-defined-benefits.ashx

Yours sincerely

Nicola Parish
Executive Director of Frontline Regulation

CC: James Miller (Scheme actuary) & General Medical Council (Scheme employer)

MPTS Medical Practitioners Tribunal Service

Agenda item:	**M6**
Report title:	**Report of the MPTS Committee to GMC Council**
Report by:	**Her Honour Deborah Taylor, Chair of the MPTS, MPTSChair@mpts-uk.org**
Considered by:	**MPTS Committee, GMC/MPTS Liaison Group**
Action:	**To consider**

Executive summary

This report gives an update on the work of the Medical Practitioners Tribunal Service (MPTS) since the last report to Council in December 2022.

Key points to note:

- Her Honour Deborah Taylor became the new Chair of the MPTS on 1 March 2023. Professor Jacky Hayden was acting Chair from 1 January to 28 February 2023.
- We have appointed 90 new tribunal members, who will begin sitting later this year.
- The MPTS is on track to return to its pre-pandemic hearing volumes and staffing levels by June 2023.

Recommendation

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

Governance

1 The Medical Practitioners Tribunal Service (MPTS) reports twice a year to Council on how we are fulfilling the statutory duties for which we are accountable to the UK Parliament. This paper is the MPTS Committee's first report of 2023.

2 Professor Jacky Hayden became Interim MPTS Chair on 1 January 2023, following Dame Caroline Swift's retirement on 31 December 2022.

3 The MPTS Committee met in Manchester on 11 February and considered the role of responsible officers and the GMC's employer liaison advisers, the work of the quality assurance group and tribunal member training.

4 On 1 March, Her Honour Deborah Taylor joined us as our new MPTS Chair.

5 The Committee met in Manchester on 11 May and considered this report, adjournments and the MPTS's annual report for 2022.

6 The annual report will be laid before the UK Parliament later this year. A copy of the text is attached (annex B) for Council's information.

Operational update

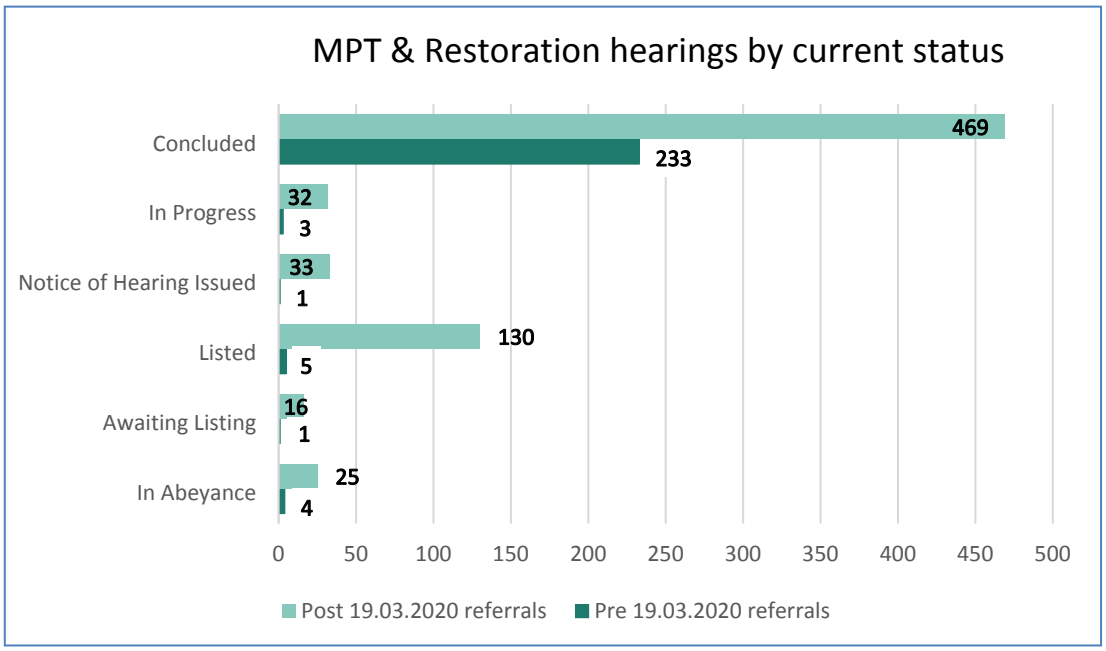
7 The MPTS has continued to hold a mix of in-person, hybrid (where parties attend in person and/or virtually) and virtual hearings.

8 On 6 January 2023 we wrote to members of our User Group (medical defence organisations, solicitor's firms and GMC Legal) to confirm that our approach to hearing venues in the last couple of years will remain in place:

- All IOT hearings will be held virtually, due to their nature and length. An IOT hearing could be held in-person in exceptional circumstances.
- The appropriate venue for all MPT hearings will be decided during the case management process, which takes into account a range of factors set out in our updated guidance.

9 Our initial research comparing the outcomes of virtual and in-person hearings did not indicate that the venue had any impact on outcomes. We will continue to monitor this as more data becomes available.

10 At the beginning of April 2023, the MPT total live hearing workload stood at 250. By way of comparison, it was 339 at this point in 2022.



11 In the early months of 2023, we have also seen a slight decrease in referrals from the GMC in comparison to previous years. The hard work of all those involved in the hearing process, plus the slight decrease in referrals from the GMC, means that:

- All new GMC referrals can comfortably be accommodated within our 9-month service target.
- We remain on track to return to pre-pandemic hearing volumes by the middle of this year.

12 Given the above, along with our continued use of virtual hearings, we have concluded that we can reduce the number of hearing and associated rooms that we currently lease at our Manchester hearing centre. We are working with our GMC Facilities colleagues to make this change from January 2024.

Tribunal members

13 In October 2022 we launched a medical and lay tribunal member appointment campaign. 90 new tribunal members were appointed.

14 These appointments will enable us to have a transition period with the medical and lay members who are scheduled to end their contracts in 2023 and 2024.

15 We appoint tribunal members for an initial four-year period, with the possibility of an extension for a further four-year period.

16 As of May 2023, we had 363 tribunal members, of whom 154 were medical members, 92 lay members and 117 legally qualified chairs.

17 As of May 2023, 49.5% of our 363 tribunal members were women and 23.1% were from an ethnic minority.

18 We empanel each three-person tribunal according to the availability of tribunal members. We monitor how often this produces a diverse tribunal, but do not empanel based on protected characteristics.

19 In 2022, our tribunals had ethnicity diversity on 43.1% of hearings and sex diversity on 72.6% of hearings. 32.8% of tribunals had both ethnicity and sex diversity. A single sex tribunal with no ethnic minority members sat on 17.1% of hearings.

Support for doctors

20 We continue to do what we can to support doctors attending their hearings without legal representation. We know from academic research that both non-attendance and self-representation at our hearings often leads to more serious outcomes for doctors.

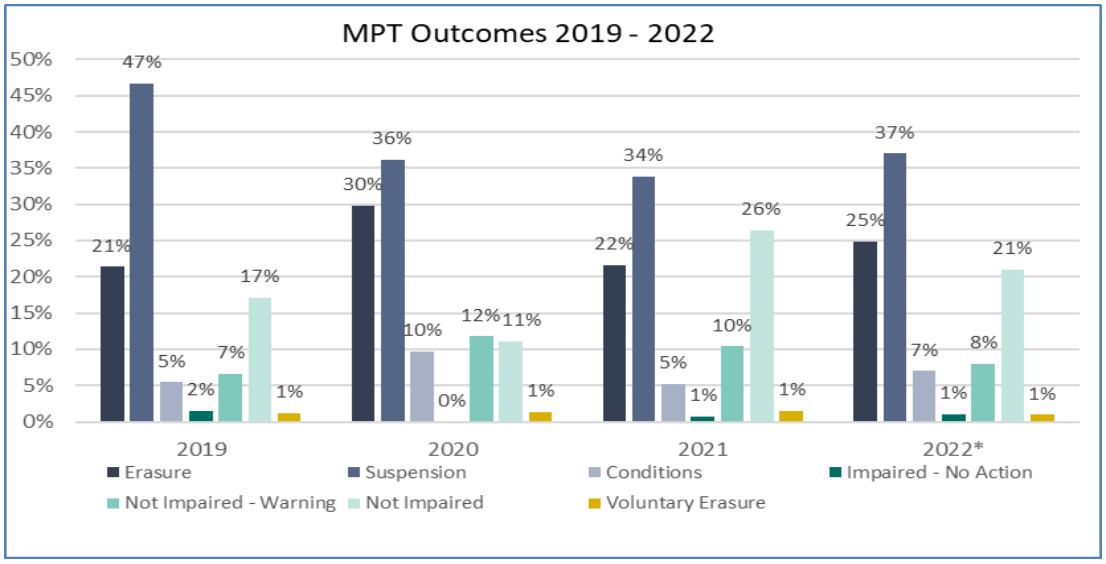
21 Our *Resources for doctors* guides are available on our website and around our hearing centre. They explain the hearing process step by step, making clear the practical steps a doctor should take. They are written specifically for doctors without legal representation, but can be of use to any doctor wanting to better understand how a hearing works.

22 Our Doctor Contact Service is available to all doctors, both before and on the day of a hearing and is particularly aimed at those attending alone or without legal representation. A member of our staff unconnected to the doctor's case can be available to talk at any time. In 2022 the service was accessed by 84 doctors on 324 occasions.

Hearing outcomes

23 Medical practitioners tribunals made decisions in 273 doctors' cases in 2022, a similar number to the previous year. Details of the outcomes of those hearings, and others, are included at Annex A.

24 Outcomes in 2022 were broadly consistent with the previous year, though notably the number of 'not impaired' findings are now closer to pre-pandemic levels, as demonstrated in the graph below.



25 Also included at Annex A is data on the protected characteristics of the 273 doctors appearing at new MPT hearings last year.

26 In 2022, of the 273 doctors attending a new MPT hearing, 41% identified as Asian or Asian British, compared to only 29.4% of the UK register. 32.2% of doctors at new MPT hearings were white, compared to 52.6% of the register.

27 Doctors from ethnic minorities are more likely to be referred to the GMC by their employers for fitness to practise concerns than white doctors. Doctors who received their primary medical qualification (PMQ) outside of the UK are also more likely to be referred than UK-trained doctors.

28 This disproportionality can then be seen at all stages of the fitness to practise process, including at MPTS hearings.

29 The GMC has set a target to eliminate the disproportionality in fitness to practise referrals from employers by 2026.

30 We will continue to monitor the protected characteristics of doctors referred to us for hearings and keep update Council updated.

31 In 2019, the GMC's Chief Statistician published peer-reviewed research on MPTS hearing outcomes. This concluded that doctors who tended to receive more serious outcomes were those who did not attend their hearing or were not legally represented. There was no association between serious outcomes and any protected characteristics.

32 We are working with GMC colleagues to update this research. To date, the data confirms the initial findings, and also indicates that the use of virtual hearings has not had an impact on outcomes.

MPTS Medical Practitioners Tribunal Service

Annex A
Hearing outcomes 2020– 2022

Interim orders tribunals

New IOT hearing outcomes	2020		2021		2022	
	Cases	%	Cases	%	Cases	%
Suspension	40	11.4%	35	11.4%	34	12.5%
Conditions	234	66.5%	217	70.5%	184	67.6%
No order	78	22.2%	56	18.2%	54	19.9%
Total	**352**	**100%**	**308**	**100%**	**272**	**100%**

Medical practitioners tribunals

New MPT hearing outcomes	2020		2021		2022	
	Cases	%	Cases	%	Cases	%
Impaired: Erasure	43	30.1%	58	21.6%	68	24.9%
Impaired: Suspension	52	36.4%	91	33.8%	101	37.0%
Impaired: Conditions	14	9.8%	14	5.2%	18	6.6%
Impaired: No action	0	0%	2	0.7%	4	1.5%
Not impaired: Warning	17	11.9%	28	10.4%	21	7.7%
Not impaired	15	10.5%	71	26.4%	58	21.2%
Voluntary erasure	2	1.4%	4	1.5%	2	0.7%
Undertakings	0	0%	1	0.4%	1	0.4%
Total	**143**	**100%**	**269**	**100%**	**273**	**100%**

About the doctors attending new MPT hearings in 2022

Country	2022		UK register
England	230	84.2%	78%
Northern Ireland	7	2.6%	2.6%
Scotland	15	5.5%	8.5%
Wales	10	3.7%	4%
Outside UK	11	4.0%	7%
Total	**273**		

Sex	2022		UK register
Male	214	78.4%	52.6%
Female	59	21.6%	47.4%
Total	**273**		

PMQ	2022		UK register
UK	121	44.3%	58.5%
EEA	27	9.9%	10.1%
IMG	125	45.8%	31.4%
Total	**273**		

Ethnicity	2022		UK register
Asian/Asian British	112	41.0%	29.4%
Black/Black British	19	7.0%	5.9%
Mixed	5	1.8%	2.6%
Other ethnic groups	13	4.8%	5.4%
White	88	32.2%	52.6%
Unspecified	36	13.2%	4.2%
Total	**273**		

Other hearing types

Non-compliance outcomes	2020	2021	2022
Suspension	4	8	3
Conditions	0	1	1
Non-compliance not found	2	0	0
Total	**6**	**9**	**4**

Restoration outcomes	2020	2021	2022
Application granted	8	6	6
Application refused	10	15	17
Total	**18**	**21**	**23**

Number of review hearings

Review hearing types	2020	2021	2022
Medical practitioners tribunal review hearing	130	96	94
Medical practitioners tribunal review on the papers	26	14	16
Non-compliance review hearings	11	8	13
Non-compliance review hearings on the papers	0	1	0
Interim orders tribunal review hearing	428	422	397
Interim orders tribunal review on the papers	626	762	819

General Medical Council

Report of the MPTS Committee

Annex B

MPTS Report to Parliament 2022

Paper withheld from publication	This confidential paper is withheld from publication. For further information, please contact the Corporate Governance team via email, GovernanceTeamMailbox@gmc-uk.org.

General Medical Council

Audit and Risk Committee report to Council

Action	To note
Purpose	To detail the work of the Audit and Risk Committee since January 2023 and provide Council with assurance in respect to the annual report and accounts, governance, risk management and systems of internal control.
Decision Trail	The report was considered by the Committee at its meeting on 25 May and also draws from papers and discussions at meetings on 26 January and 29 March 2023.
Recommendation	To note the report
Annexes	Annex A: Head of Internal Audit Annual Report 2022
Author contacts	**Lindsey Mallors**, Assistant Director Audit and Risk Assurance Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director	**Charlie Massey**, Chief Executive

Agenda item M7
Audit and Risk Committee report to Council

Background

1 The Audit and Risk Committee's purpose is to provide Council with independent assurance on the effectiveness of arrangements established by the Executive to ensure the:

- integrity of the financial statements
- effectiveness of the systems of internal control, governance and risk management
- adequacy of both the internal and external audit services.

2 This is achieved primarily by seeking the information it requires through regular risk dialogue with the Chief Executive and Director Resources, overseeing an annual programme of internal and external audit activity, scrutiny of significant events and learning opportunities and calling on other members of the Executive for further information as required.

3 The purpose of this report is to provide a comprehensive update of the Committee's activities to date this year, supplementing the summary notes provided to Council after each Committee meeting. There are no issues included in the report which we consider require reporting to the Charity Commission.

Key activities

4 The Committee has met three times - one hybrid meeting, one in Manchester Hardman Street and one in the London office. It has held two evening seminar sessions – covering financial stress testing using a model created by BDO's expert financial modelling team, an MLA risk deep dive exploring the current and longer term risks in delivery of the MLA model, and a session led by BDO sharing their insight on changes to work culture post the pandemic.

5 A further day has been spent in Manchester with two extended seminar sessions. The first focused on understanding the history of fitness to practise legislation and the differences between GMC's regulatory processes with the criminal justice system, the current decision-points from receipt of a complaint at triage through to hearing referral, and the impact of the potential changes with regulatory reform. The Committee would suggest that the standards to which the GMC holds doctors to account in relation to promoting public confidence would form a useful strategic conversation at a Council seminar.

6 The second seminar session was a deep dive in to enhanced monitoring in Education, exploring the risk thresholds for escalation and the limitations and practicalities of the supportive approach we can adopt, including in conjunction with other organisations. We also explored the four-year proactive quality assurance process for medical schools and postgraduate training organisations.

7 We have met individually with the external and internal auditors (Crowe and BDO) without management present and had one discussion with BDO without the Assistant Director Audit

and Risk Assurance. From these private meetings we are confident in the independence of all audit parties.

8 Our main activities are outlined below.

Key activities

- Scrutinised the draft Trustees' Annual Report and Accounts 2022 and the draft National reports for Scotland, Wales and Northern Ireland, including reviewing the trustees' risk statement
- Considered the external auditor's management report in relation to the financial statements 2022
- Accepted the Head of Internal Audit's Annual Opinion for 2022 with a substantial assurance rating (the full opinion is at Annex A)
- Reviewed the performance of Internal Audit in 2022
- Approved the internal audit programme for 2023
- Reviewed and re-signed the Internal Audit Charter
- Scrutinised 6 internal audit reports
- Considered the learning from two significant event reviews – the first relating to a doctor leaving the Clinical Assessment Centre with the wrong passport, and the second, the death of a doctor whilst in GMC processes

In additional to these activities in each meeting we have scrutinised the Corporate Opportunities and Risk Register as well as holding an open discussion with the Executive on hot topics in the external environment which impact GMC activities. Through this we continue to be able to assure Council that risk management arrangements are in place and operating effectively.

We also received progress updates on the implementation of previous audit recommendations and note the continued Executive focus on this.

9 At the end of March, co-opted member, Ken Gill, demitted office. Ken has been a valuable addition to the Committee, and we are extremely grateful for his contributions over the last three years. An initial recruitment exercise to replace him, chaired by the ARC Chair, was not successful and we are currently planning a second recruitment round with interviews in September.

Key observations

Trustees' Annual Report and Accounts 2022

10 The Committee has scrutinised the Annual Report and Accounts 2022. Prior to the May meeting both co-opted members had undergone a detailed review of the financial

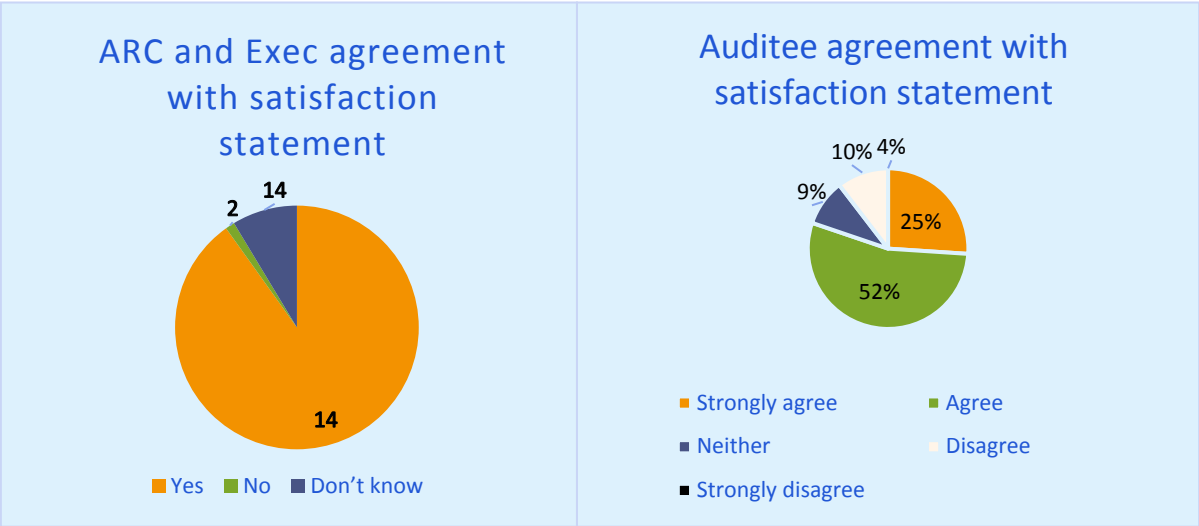
statements. We also received Crowe's external auditor's report and noted there were no significant risks or findings to bring to our attention. We were pleased to see the comfort taken by the auditor from the financial model developed earlier this year and the scenarios to support the judgement of the GMC remaining a going concern.

11 This is the third and final year of the GMC's contract with Crowe. In January we explored whether to run a competitive process to test the market or to extend the agreement for 12 months, which is within the current contract options. Having recommended an extension, we will need to plan a full market procurement exercise in 2024.

Internal audit performance 2022

12 The Committee's approach to the review of internal audit performance draws from four sources of information – individual satisfaction surveys for Committee members, survey, the Executive, and auditees – and an analysis of key performance indicators.

13 As in previous years, 2022 continued a pattern of consistent strong performance in all forms of stakeholder satisfaction, as shown in the figures below. In part, this reflects the value and commitment the GMC demonstrates to audit and the audit team's continuous efforts to work in a collaborative way with a focus on adding value.



14 Overall performance against key performance indicators for audit delivery also remains good as indicated in the following table.

Performance indicator	2022 performance *(2021 and 2020 in italics)*
Scoping meeting held two-four weeks in advance	**100%** *(100%, 100%)*
Scope approved by sponsor five days in advance	**100%** *(100%, 93%)*
Close meeting held	**95%** *(100%, 100%)*
First report draft within ten days	**84%** *(85%, 93%)*
Management responses within ten days	**89%** *(85%, 71%)*
Final report within five days	**94%** *(95%, 71%)*

15 The new contract arrangements with BDO came into force at the start of the year and we have taken the opportunity to include additional performance measures identified from the wider internal audit procurement process:

- proactively highlighting best practice identified in wider BDO clients and not necessarily aligned to current audit work
- telling us something we didn't know in reviews and providing deeper insight
- horizon scanning and alerting GMC to emerging risks and trends in the regulatory industry
- bringing hot topics to ARC meetings for discussion.

Delivery of 2023 internal audit programme

16 The following table summarises the internal audit reports we have scrutinised to date and their ratings. The assurance ratings can range from red to green with red/amber, amber ad green/amber in between. The ratings now incorporate two categories:

- control design – there is a sound system of internal control designed to achieve system objectives
- control effectiveness – the controls in place are being consistently applied.

Audit review	Assurance ratings		Number of recommendations (high priority)
Embedding values and behaviours	Green	amber	3
	Green	amber	
Arrangements and progress in delivery of the internal facing ED&I targets	Green		1
	Green	amber	
Registration Services arrangements	Green	amber	3
	Green	amber	
MPTS listings and hearings	Green	amber	2
MLA implementation progress	Green	amber	8(1)
Total			**17 (1)**

17 The Committee was particularly pleased to note the reviews on values and behaviours, and the internal ED&I targets. Both provide assurance that there is appropriate focus within the organisation on the cultural aspects of inclusion and leadership. We are also able to provide assurance that the GMC has made a number of key interventions and initiated positive action steps including development programmes for BME colleagues, mentoring support, CV development and writing support.

18 The high priority recommendation in relation to the MLA report is to ensure there continues to be a focus on working jointly with the MSC on their coordination of the medical schools' applied knowledge test (AKT) to support successful implementation of the MLA as part of the broader relationship management.

Financial modelling

19 Financial resilience has been a key feature of our discussions this year. The independent modelling work by BDO and the opportunity to test the model with varying scenarios at the seminar in January has improved our understanding of the key risks that can materially affect our financial position. We are able to provide Council with assurance on the robustness of the model and confidence that financial stress testing and scenario planning are being embedded into the work of the Finance Team. In particular, they will be developing a list of data points to identify when the GMC is at heightened risk which will trigger a discussion and

contingency plans. Use of the model and scenario planning are also being incorporated into the annual planning and budgeting cycle. This will add to the strength of the financial updates to Council throughout the year.

Review of gifts and hospitality, procurement policy exceptions and fraud register

20 In January we undertook an annual review of gifts and hospitality, procurement policy exceptions and the fraud register. We are able to provide assurance that the arrangements in place to manage these areas are appropriate, including the relevant oversight of senior executives, and there are no issues of concern to report to Council.

Raising concerns

21 Throughout the year we have been kept updated on the concerns raised by colleagues through the freedom to speak up initiative and in May received the Freedom to Speak Up Guardian's 2022 Annual Report. We heard from one of the champions which gave an insight into some of the concerns raised in 2022, how they were handled and how learning can feed into wider organisational development. The Committee was pleased to hear from the Chief Executive that the initiative makes a significant contribution to the GMC's wider cultural understanding and is valued by both colleagues and the Senior Management Team.

22 The Annual Report is being presented to Council at this meeting. It provides continuing assurance of the organisation's commitment to supporting colleagues who raise concerns and learning from the issues raised to support a safe, inclusive and transparent working environment.

Closing remarks

23 As a Committee, we continue to learn and improve our knowledge of the business to enable effective challenge of management for continuous improvement. We have regular dialogue with external and internal audit both in private discussions and in separate meetings with the Chair. There is also regular dialogue with the Assistant Director Audit and Risk Assurance and the Chair meets separately periodically with individual Executive member and the Council Chair.

24 We believe the above enables us to carry out our assurance role to Council, efficiently and effectively. The briefing notes circulated directly after each Committee meeting ensure non-ARC members are kept up-to-date with discussions and any areas we consider require their attention. Any feedback from members on enhancing our activities and role further would be welcomed.

General Medical Council

Annex A

Head of Internal Audit annual opinion for 2022

Executive summary and opinion

Introduction

The delivery of internal audit services and basis for opinion

1 The GMC's internal audit service continues to be delivered through a co-sourcing model. Internal audit work is planned and conducted in accordance with the International Standards for the Professional Practice of Internal Auditing and reflects the ethos of the Public Sector Internal Audit Standards**.**

2 The Standards include a requirement for the Head of Internal Audit to provide a summary of internal audit work undertaken to formulate an annual opinion (Standard 2450) on the overall adequacy and effectiveness of an organisation's framework of governance, risk management and system of internal control based on the work performed. Whilst this is not a mandatory requirement for the GMC (it is not designated a 'public sector' body), we recognise the value of adhering to the Standard and the example it sets in being open and transparent about our assurance activities and findings.

3 The opinion is a professional judgement at a strategic level rather than a summary of the individual opinions for each piece of work conducted. As in previous years, it is based on the internal audit engagements in late 2021 (reported in 2022) and work conducted and reported in 2022, other reliable assurance information (such as accreditation to recognised international or UK standards), the GMC's ability to respond to emerging risks and, to some degree, evidence of the organisation's attitude and response to audit findings. Using this basis for assessment reduces subjectivity and allows those charged with governance to see year-on-year consistency. An external quality assessment conducted by the Institute of Internal Auditors in late 2019 evidenced that the GMC internal audit conforms to the Standards.

4 This report:

- provides assurance to the Chief Executive, ARC and Council on the areas reviewed and supports their relevant governance statements which will be included in the Annual Report and Accounts 2022
- briefly summarises internal audit activity for 2022 – all of which has been reported to the ARC in full, and in summary to Council through the Committee's regular reporting
- highlights observations and assurance ratings from individual pieces of work, any key issues, and high priority recommendations arising.

Criteria when expressing an annual opinion

5 Last year I reported that the Chartered Institute of Internal Auditors was developing criteria that would enable calibration of opinions between organisations. This work is still underway. In the meantime, their guidance continues to include an illustrative framework which the GMC has again adopted. This provides five levels of assurance:

Level of assurance	Brief description
Substantial	a sound control framework is operating effectively which is contributing to the achievement of business objectives
Reasonable	control framework is adequate, and controls are generally operating effectively, although a number need to improve
Limited	the control framework is not operating effectively
No assurance	there is no control framework in place to mitigate key risks
No opinion	insufficient audit work has been carried out in the period

Head of Internal Audit opinion

Approach

6 Audit activity delivered a flexible programme which included some focus on assurance activity relating to the backlog of work accumulated in response to the pandemic. Individual assignments have taken account of new ways of working where appropriate and audit has also continued to provide advisory assurance support to the development of the GMC's major regulatory reform programme through two further spot checks reported in January and September.

7 The opinion takes together:

- assurance ratings and recommendations of individual reviews
- management responsiveness to recommendations
- the strength of risk management arrangements and direction of travel with regard to systems of internal control, governance and responsiveness to emerging risks
- information from other independent external assessments.

8 Each internal audit review took an individual approach and was commissioned using the audit team's knowledge of the business, risks and management information. Scoping activity involved senior management and auditees in the preparatory stages whilst maintaining independence and control of all audit activity and reporting. There has been no restriction placed on the work of the team or access to relevant information.

9 The opinion recognises that the external backdrop has again been challenging. The increasing pressure on health services has implications for the GMC as a regulator, and the global economic pressures and financial uncertainties on the way it manages its business. Audit has observed the organisation responding to these, for example, considering the impact of its demands on stakeholders, making plans for potential winter energy blackouts, commissioning an independent financial stress testing exercise, and an increasingly rigorous budget setting exercise for 2023.

10 We have also noted the organisation's response to employees, including additional financial support to all staff below head of section level, and increased numbers of trained mental health first aiders.

11 The opinion is therefore given in the context of an organisation testing and adapting its resilience in the face of major uncertainty.

Annual opinion

12 Having adopted the approach outlined above, and reflecting the maturity of the GMC's risk management, ability to adapt systems of governance and operational processes at speed, overall substantial assurance can be given that the systems of governance, risk management and internal control in operation during 2022 were generally well designed and working effectively to ensure the achievement of the GMC's objectives.

13 This opinion is based on:

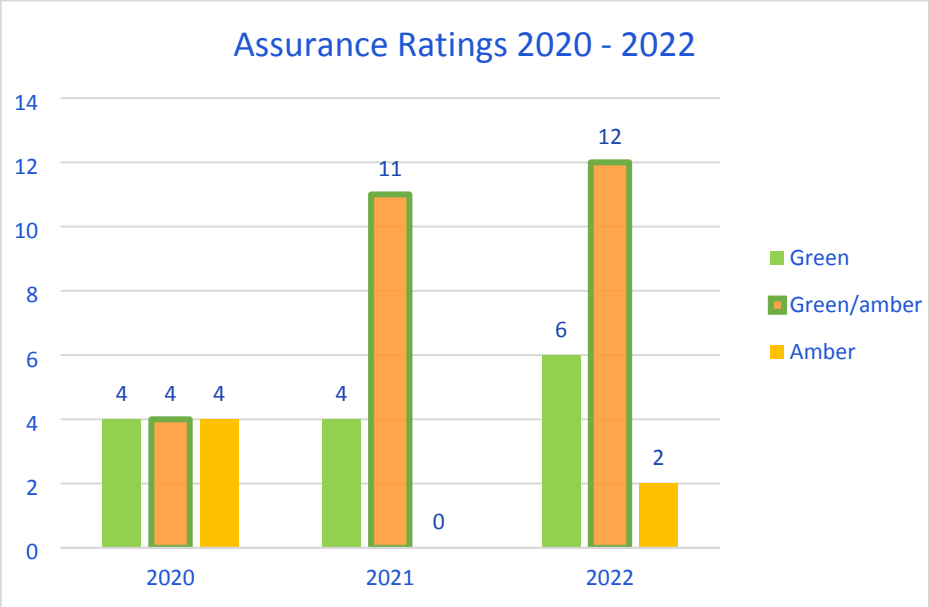
- outcomes of audit work and learning reviews for 2022
- management's approach to implementation of the recommendations raised in audit reports
- outcome and analysis of significant event reviews undertaken in 2022

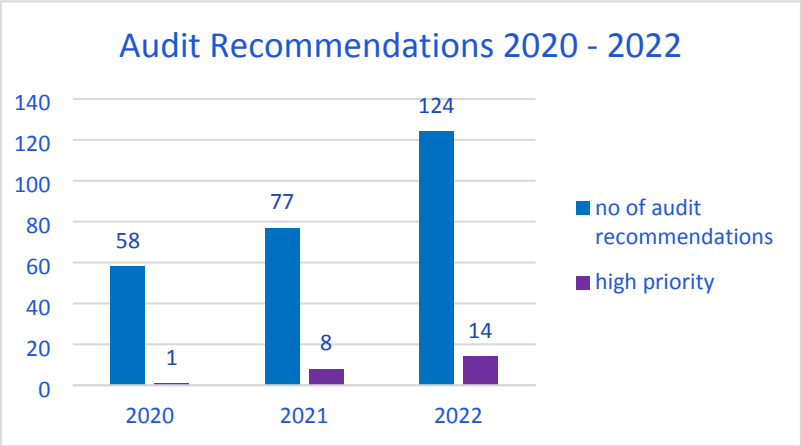
- insight into the control environment through:
  - arrangements for setting and monitoring business objectives
  - risk management
  - information for decision-making
  - performance reporting
  - financial management and reporting.

14 There have been no significant changes in organisational objectives or systems during 2022 and no specific matters arising from previous audit activities that impact on this year's opinion. The GMC has a history of management responsiveness to the implementation of audit recommendations and follow up of actions in relation to significant event and learning reviews. This has continued in 2022.

15 I would particularly draw attention to reporting on arrangements for handling tribunal cases in relation to the GMC being a qualifications body under section 54 of the Equality Act. A significant event review in 2021 noted a number of improvements which were required for there to be more than reasonable assurance that controls in this area were well designed and working effectively. There has been good progress in implementing the recommendations from this review.

16 The following graphs summarise rated audit outcomes and recommendations for the last three years. The increase in the number and priority of recommendations in 2022 is considered to be Internal Audit undertaking more value adding reviews of 'in-flight' projects and new processes (MLA, regulatory reform and safeguarding) and is not indicative of a general decline in the GMC's control environment.





Delivery costs

17 The full year audit and risk assurance costs are £383k (£433k in 2021) in the draft accounts against a budget of £395k (£389k). This includes audit supplier costs of £210k for the audit plan delivery (budget £205k). A further £15k was paid to BDO for a significant event review, a learning review and an additional piece of review work, commissioned by the Executive.

Basis for the annual opinion

Introduction

18 The Council is responsible for the GMC's system of internal control, governance and risk management in delivering the organisation's strategic aims. It has put in place arrangements

to provide assurance on the overall effectiveness of delivery of the corporate objectives and the internal audit function supports the assessment and understanding of how well those arrangements are working in practice. Individual audit engagements provide specific targeted assurance, the annual opinion provides macro assurance over a defined period of time, January – December 2022.

19 Internal audit also aims to be a stimulant for positive change, supporting continuous improvement across the organisation. This independent opinion contributes to the assurance available to the Chief Executive, Executive, Audit and Risk Committee and Council in making their own assessment of the effectiveness of arrangements in place and their governance and risk statements made within the Annual Report and Accounts.

Completing the audit plan 2022

20 The opinion is primarily based on work reported to the Committee in 2022 and work completed to the end of December 2022. It is drawn from delivering a risk-based, balanced audit plan, approved by the Committee in January 2022. In total, internal audit has reported 21 audits (cross directorate service requests and the third regulatory reform spot check reported in January 2022 were from the 2021 audit plan), completed 21 audit reviews (including values and behaviours and the ED&I internal targets review reported in March 2023) one spot check, undertaken one significant event review and scrutinised a further six, and conducted a learning review.

21 The GMC's assurance framework provides a summary representation of the organisation's activities and control framework illustrating the sources from which assurance is documented, including internal audit at the third line of defence. The HoIA opinion also takes account of assurance from other providers, including the work for example, of assessment such as external audit, or accreditation with ISO or BSI which are standards agreed by experts in a particular field internationally.

Audit activity detail

Analysis of 2022 programmed reviews

22 Individual reviews are noted in the following table with audit ratings, where given, based on a five-point scale of green through to red. All have been scrutinised by the Audit and Risk Committee.

	Audit review	Rating		Recommendations (high priority)
1	Cross directorate service requests (2021 review)	Green	amber	6
2	Regulatory reform spot check 3 (2021 review)	Not rated		9 (4)
3	MLA arrangements	Amber		7 (3)
4	ED&I external targets	Not rated		0
5	Managing stakeholder relationships	Green	amber	5
6	Corporate social responsibility	Green	amber	7
7	Legal Team working arrangements	Green	amber	9
8	Horizon scanning	Green		1
9	IA recommendations follow up	Green		0
10	Review of Schedule of Authority and Financial Regulations delegations	Green	amber	10
11	Health and safety compliance	Green	amber	6
12	Patient and public involvement	Amber		8
13	Clinical assessment centre arrangements	Green		11
14	Regulatory reform progress spot check 4	Not rated		2 (2)
15	Good medical practice arrangements	Green	amber	4
16	Recruitment and retention arrangements	Green	amber	4
17	Recovery and renewal in FTP and MPTS	Green	amber	4
18	Schedule of authority follow up	Green		0
19	Cyber security	Green	amber	3
20	Safeguarding arrangements	Green		25 (5)
21	MPTS learning and continuous improvement	Green		3
	Total			**124 (14)**

23 The work undertaken in 2022 raised 124 recommendations, a significant increase compared to the previous three years. In part this is a reflection of undertaking more reviews in 2022 on corporate priority projects mid-flight. For example, when compared to 2021, with the exception of regulatory reform spot checks, audit activity was more backward-looking assurance based. In 2022 the audit programme has considered the Medical Licensing Assessment at the point of transition from policy and development to implementation and operationalisation (amber assurance rated making seven recommendations), the development of safeguarding arrangements (green rated, 25 recommendations) and

development of corporate social responsibility (green/amber rated, seven recommendations).

24 I have also considered the higher number of recommendations in relation to the clinical assessment centre (green, 11 recommendations) and review of the Schedule of Authority and Financial Regulations (green/amber, 10 recommendations). The majority of these were 'housekeeping' in nature and not indicative of a poor control environment.

25 Of the recommendations made, 14 were high priority. Six of these were in relation to the two spot checks on regulatory reform, which continues to be a key corporate priority and major programme of work. Four recommendations from the first spot check covering drafting of legislation, clarity of roles and responsibilities of PMO processes, and communication across the programme had been addressed when the second spot check took place. Two further high priority recommendations were raised which continued to encourage management to stay agile and responsive when plans have to change, maintaining open communications from the PMO and senior management to those directly involved in the programme activities and prioritise activities which have a greater degree of certainty.

26 With respect to the Medical Licensing Assessment programme, three high priority recommendations related to refreshing the programme arrangements and governance as it transitioned to the implementation and operationalisation phase.

27 A further five high priority recommendations related to the review of safeguarding and pilot of the new arrangements/processes which is currently taking place. The Safeguarding Team were fully aware of the matters identified and all the recommendations were in hand at the time of the review but won't be completed until the pilot concludes and is fully evaluated in March/April.

28 Cyber security penetration testing forms an annual part of the assurance programme. The focus in 2022 was testing the GMC's perimeter controls. As in previous tests, BDO security experts continue to consider the GMC's controls strong. However, the Information Security Team who implement, support, maintain and monitor the controls' are not being complacent. Colleagues remain vigilant in horizon scanning for emerging security risks and market products and tools to enhance security features and controls. The Information Security Working Group continues to meet bi-monthly, chaired by the Director Resources.

Other external assurance

29 In addition to the work of internal audit, I have taken account of other independent sources of assurance.

30 The GMC continues to meet all the Standards of Good Regulation set by the Professional Standards Authority for Health and Social Care, (the regulator responsible for overseeing the

work of the GMC and nine other statutory health and social care regulators), the only regulator to do so consistently. There are 18 Standards. Thirteen of these cover statutory functions and five are general standards which include understanding the diversity of registrants, patients, service users and others who interact with the GMC, performance reporting, addressing concerns, learning and continuous improvement, and working with stakeholders to manage risks to the public in respect of registrants.

31 The GMC also continues to be certified to ISO27001:2013, the international information security management standard, which covers how organisations should manage risk associated with information threats, including policies, procedures and staff training. In 2022, external assessors visited the GMC's Cardiff, Manchester and London offices and concluded that the GMC meets the standards and the systems and processes at the GMC continue to achieve their intended outcomes to protect the GMC's information.

32 In September assessors undertook a re-certification assessment for BS10008:2014 and the GMC's transition to the new version of the standard BS10008:2020 and recommended that the GMC be re-certified. This standard outlines best practice for the implementation and operation of electronic information management systems, including the security, integrity and authenticity of electronic versions of the paper documents (such as post that is scanned to our systems). This in turn provides assurance around the legal admissibility and evidential weight of these records.

33 The GMC has been accredited against the We Invest in People Standard since 2018 and achieved the silver award level. The assessors revisited in 2021, reporting their findings in 2022. The report commended the GMC for continuing to perform at the silver level despite a very challenging period of time. It noted that many of the themes within the reporting indicators had increased to an advanced level and that, from a strategic perspective, the organisation was operating at an advanced level as it continued to implement and embed organisational change. The GMC's ambition is to achieve the gold award level in 2024.

34 The GMC was also successful in its recertification reassessment for the requirements of the standard ISO10002:2018 which is the quality management standard for complaints handling and customer satisfaction management systems and processes.

Significant event reviews

35 A significant event is where an incident did or could have had the potential for a material adverse effect on the organisation. Carrying out a review allows identification of how the incident occurred and the learning from this to strengthen controls for the future where appropriate. The Audit and Risk Assurance function provides guidance, support, challenge and independent quality assurance over significant event reviews (SERs), their findings and action plans.

36 There have been six SERs reported since the last HOIA opinion in March 2022. One related to a delay between referral of a case for legal preparation and listing for a tribunal hearing, and one was in relation to the lapse of the sponsorship licence granted by the Home Office which enables the GMC to sponsor skilled workers from overseas to work in the UK. Three concerned doctors. One did not appear to have a genuine primary medical qualification, and two did not declare prior fitness to practise issues in other jurisdictions when applying for registration. The individuals are no longer on the register. The final SER related to a delay in applying processes to remove one of them from the register.

37 Each of these was reviewed in line with the policy for reporting to the Charity Commission. Trustees determined they did not reach the threshold for serious incident reporting.

Risk management

38 Risk thinking continues to be inherent in discussions and operations at all levels of the business, including the management of corporate projects, as evidenced in audit reviews. There is a mature set of risk management arrangements embedded in day-to-day activities and risk registers are used as a tool for identifying, articulating, monitoring and managing operational and project risks.

39 The Corporate Opportunities and Risk Register is reviewed at each Council and Audit and Risk Committee meeting, and the Executive Board conducts a specific risk deep dive six times a year. This process was evaluated at the end of 2022 with the Board confirming the value of these exercises.

40 Risk thinking also continues to be integral to the work of the Audit and Risk Committee. Open risk discussion at the start of every meeting provides the opportunity to consider both current risks the GMC is facing and emerging areas in the wider external environment which may impact on its activities and whether these are appropriately captured in the Corporate Opportunities and Risk Register.

41 During 2022, the wider context has continued to be turbulent. More recent economic and energy crises risks were promptly considered by the business and Committee through the lens of organisational resilience. This included considering the reputational, political, financial and operational risks it might face in the future if the business was ill prepared to manage the challenges ahead. The theme of resilience is woven into the Committee' work programme for 2023.

42 Management of risks in relation to other key areas of activity have included:

- requirements and implications of regulatory reform
- managing preparations for the impact of Brexit

- preparing for introduction of the Medical Licensing Assessment in 2024
- a programme of work in relation to regulatory fairness
- responding to a range of important public investigations and inquiries.

43 The organisation has also demonstrated its ability to manage and respond to significant issues as they arise as evidenced in relation to the case of Dr Arora. Dr Arora's tribunal hearing outcome generated concerns among some of the medical profession about the GMC's processes and decision making, including whether bias played any part.

44 An independent learning review, co-chaired by Professor Iqbal Singh CBE and Martin Forde KC, was commissioned by the GMC to help identify whether there were lessons to be learnt from the case that could be applied to future cases. The report found no clear or conclusive evidence to suggest that biased thinking affected Dr Arora's case but emphasised the vitality of the GMC continuing to proactively seek out bias. This aligns with the organisation's ED&I ambitions and the setting of three a new ED&I targets Council set in February 2021. These provide a way of holding the organisation to account for playing a part in effecting change and a willingness to engage in influencing others in the system who have different powers and abilities to make a difference.

45 Demonstrating a willingness to learn and continually scanning the wider external horizon for emerging threats and opportunities illustrates the maturity of the GMC's risk handling and its resilience.

General Medical Council

Freedom to Speak Up Guardian Annual Report 2022

Action	To note
Purpose	To update Council on the work of the Freedom to Speak Up (FtSU) Guardian and champions in 2022
Decision Trail	The Audit and Risk Committee receive regular updates on the FtSU initiative and activity. They considered the annual report on 25 May 2023
Recommendation	To note
Annexes	Annex A: Freedom to Speak Up Guardian Annual Report 2022
Author contacts	**Lindsey Mallors**, Assistant Director Audit and Risk Assurance, Freedom to Speak Up Guardian Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director	**Neil Roberts,** Director Resources

Agenda item M8
Freedom to Speak Up Guardian Annual Report 2022

Background

1 The GMC freedom to speak up initiative has now been in place for four years. It provides a safe place for colleagues to raise any concern they may have about our working environment. This includes the behaviours of colleagues who may fall below our expectations of professional behaviours in the workplace.

2 FtSU is not the only route for raising issues. It complements the opportunities to raise matters with line managers (or someone more senior in the management structure) and the People Team. Our Raising Concerns policy, which explains how to raise a concern and what to expect when you do, also includes details for independent advice from Protect and the Human Rights Commission Advisory and Support Service.

3 The work of the Guardian is supported by 13 FtSU champions, a diverse network of colleagues drawn from across functions and grades to reflect our wider employee profile. It also relies on the support of those to whom concerns are signposted for action.

The Guardian's report 2022

4 The Guardian's report is attached at Annex A. The key highlights are:

- fewer concerns were raised in 2022 – 100 compared to 107 the previous year. This continues the downward trend from 2020
- 35% of colleagues felt empowered to take action themselves after contacting FtSU. This is a continuing positive trend from 28% in 2021 and 14% in 2020
- 37 concerns were raised through champions compared to 19 in 2021 indicating increased confidence and trust in the wider FtSU network
- the main themes continue to be unprofessional/inappropriate behaviour and content, fairness and application of GMC policies.

5 There is no overriding theme within the content, fairness and application of GMC policies. In 2022 the concerns included issues relating to managing absence, probation, reasonable adjustment requests, access to overtime and recruitment.

6 We have continued to build on the 'You said…we did..' section of the report which aims to evidence to colleagues that senior management take seriously the concerns and issues that are raised not only through FtSU but also the People Survey, alongside our wider ED&I ambitions. Updated grievance and disciplinary data has also been included to provide confidence that action is taken when expected standards of conduct, performance and behaviour are not met.

Additional points of interest

7 During 2022, champions and the Guardian participated in the pilot training on safeguarding. This was with a focus on raising awareness in recognising and responding to safeguarding issues if they were to arise when a colleague raised a concern with us. Only one concern received in 2022 had a safeguarding dimension. This was from a member of the public/patient who had contacted the GMC via the Freedomtospeakup.lindseymallors@gmc-uk.org email address. Working closely with the Safeguarding Project Manager, a referral was made to the relevant Local Authority Designated Officer.

8 In 2021, 20% of the concerns raised included a COVID related element, primarily reflecting the different ways of working and the impact on working relationships. In 2022, this fell to 7% with concerns primarily relating to anxiousness with arrangements to come into the office.

9 In previous years, the perceived fairness of recruitment has been a specific theme within issues raised and has contributed to the activities of People Team colleagues on refreshing training and communication with recruiting managers. In 2022, this did not feature as a major theme with only four concerns related to some aspect of recruitment being raised.

10 In October we participated in the National Guardian's Office Speak Up month and created a focus on trying to better understand the barriers colleagues face when considering whether to raise a concern. They identified:

- the process appears too daunting
- it might set in motion something I'm not comfortable with
- I won't be believed or taken seriously
- it won't make a difference – nothing will change
- there will be a repercussion somewhere of I'll be seen as a troublemaker.

11 We are now using opportunities, for example in presentations to teams, to actively talk about these barriers and understand what more FtSU and other organisational channels can do proactively to reduce the fear of the issues highlighted.

Looking ahead

12 During 2022, champions and the Guardian continued to raise the profile of speaking up, providing input to additional questions in the People Survey, placing focus in FtSU month on understanding the barriers to raising concerns, providing follow up support to the professional behaviours mandatory training which was rolled out in the first quarter of the year, and producing a separate voluntary training package on being an active bystander.

13 However, we know from the People Survey results that not all colleagues experience the GMC in the same positive and inclusive way that the majority of colleagues do. This is more prevalent for some groups of colleagues with particular characteristics and a reporting gap clearly exists between what is raised through any of the routes outlined in paragraph 2 and the People Survey results.

14 In one effort to address this proactively, People, ED&I and FtSU colleagues have collectively triangulated data and information to identify areas of the business where People Survey results were comparatively low around the bullying, harassment and discrimination questions, concerns have been raised through FtSU and issues have been raised and handled in the People's Team caseload. Proposals to provide external support are being considered with SMT.

15 Other activities for 2023 include:

- publication of a refreshed raising concerns policy, along with bite size guidance and flow charts
- continued refinement of FtSU data collection
- supporting material and tools to help managers
- external speaker and activities for the National October Speak Up Month.

Next steps

16 As in previous years, the Guardian's report will be emailed directly to all GMC colleagues and shared with the National Guardian's Office. It is published on the website through the Council papers and will be presented to the Audit and Risk Committee in May. We continue to support other regulators and non-provider bodies when approached and contribute to the National Guardian's work centrally.

17 Finally, after four years as Guardian, I will be stepping back into a champion role shortly and we will be welcoming Jane Durkin to the Guardian role. Jane has been appointed after a recruitment exercise. She is currently Assistant Director of Corporate Social Responsibility, understands our organisation well and is an experienced operational leader as well as being a qualified coach and mediator. Handover and transition arrangements are underway.

Annex A

Freedom to speak up guardian annual report 2022

General Medical Council

Guardian foreword

Welcome to the 2022 Freedom to Speak Up Guardian report. It is over four years since we launched FtSU at the GMC and since then we have heard 379 concerns from across the business. That's 379 times a colleague has had the courage to say something about our working environment, values and behaviours. It's 379 times we have listened to a colleague, provided support, perhaps nipped something in the bud, and 379 times we've been given the chance to learn and improve. This annual report shares what we learnt in 2022.

Last year was a year of settling into new routines. Business as usual reached a steady state again, with established patterns of office or remote/home working. These new ways of working reflect our resilience as individuals and as an organisation, and I'm pleased to note that the FtSU data for 2022 shows only seven concerns raised in relation to returning to the office and post-Covid working arrangements.

Overall, there were slightly fewer concerns in 2022, 100 compared to 115 in 2021. It's too early to say if this is a downward trend but I don't think it is too early to say that more colleagues, after sharing a concern with FtSU and talking about what they would like to happen next, have had the confidence to take the issue forward themselves.

But there are still some persistent messages in the People Survey that tell us that not everyone has the same positive experience of their working environment. Clearly, we are not making sufficient progress in eliminating bullying, harassment and discrimination and we know that there is a 'reporting gap' in relation to these concerns. To understand that gap better, the focus in October's FtSU month was to try to learn why people don't feel they can raise their voice and speak up.

Here's some of the barriers colleagues shared:

- the process appears too daunting
- it might set in motion something I'm not comfortable with
- I won't be believed or taken seriously
- it won't make a difference – nothing will change
- there will be a repercussion somewhere of I'll be seen as a troublemaker.

I'd like to share some thoughts on each of these. First the process. It really couldn't be more simple: just get in touch with a Champion, or the Guardian, and share what's on your mind. I know that even that might feel like a huge step, but our Champions know how to have those conversations sensitively and constructively and will help you to feel at ease. All their contact details can be found here Freedom to speak up - Intranet (gmc-uk.org)

As for it leading on to action that you might be uncomfortable with, FtSU is built on a premise of trust. Let me emphasise that nothing happens from that conversation unless you want it to. So, *you* stay in control of what happens next. If you read nothing else in this year's report, please do look at the comments from colleagues who have chosen to speak up – their experiences are really far more compelling than anything I can say.

FtSU is a safe space and we are here to listen. We do believe and take seriously anything colleagues share, because that is their experience and the impact it has upon them is real. Our Dignity at Work policy makes clear that our colleagues' words and actions can have a very real and negative effect on us, regardless of whether that was the intention. What matters most is how it felt for the person on the receiving end, or for others who witnessed the encounter and felt uncomfortable.

I'm sad to hear that colleagues think speaking up won't make a difference but recognise it can be hard to trust a process that is seeking to deliver change. The evidence we have through FtSU shows the opposite - every voice is heard, every voice counts and individually and collectively those voices do make a difference. Sometimes it can be change at local level, sometimes it can be through contributions to wider policies, sometimes it can just be getting something off your chest. It is true that action taken might not always be exactly the action desired by the person raising the concern, but I can say that in every case where a colleague gave permission for a concern to be signposted on for action, there was follow-up of some kind. I do wonder if colleagues who have raised concerns through other routes and haven't seen any evidence of them being addressed might assume that their experience with FtSU would be the same. So, my challenge is this: if you haven't tried speaking to FtSU, give us the benefit of the doubt – you might find that things work differently from your other experiences.

As for repercussions, albeit a small sample, we have three years of data which suggest that the fear of some form of negative impact is greater than the reality. I recognise that this can be very nuanced and microaggressions, for example, hard to explain or evidence. But again, FtSU provides a safe place to talk through your experiences. A relationship with FtSU does not have to be a one-off event. It can carry on for a period or even across years if something happens a long way down the line which a colleague feels is related to having spoken up. And in the event of some form of 'comeback', our policies make clear that such behaviour will not be tolerated.

Looking forward, whilst the major effects of COVID may be behind us, there are new and different pressures for the GMC, colleagues and the doctors and patients we are here for. In addition to the challenges of working with a health service under strain, global events in 2022 have had a significant impact on the wider economic outlook, and that affects everyone.

Being under pressure, impacts us in different ways, regardless of our role and place in the organisation. We can become more frustrated, irritable, find work or home more stressful. As a consequence, our behaviours may change which in turn can affect our colleagues. We need to be kind to ourselves and remember that it isn't possible to be perfect all the time. We need to show

empathy, compassion and understanding for each other. We need to have the confidence to speak up if we feel something isn't right and we need to apologise if we get it wrong sometimes.

On the subject of looking forward, after four years as your FtSU Guardian, I am stepping back into a champion role. It's a personal decision, allowing a little more time to be kind to myself. Being the Guardian has been a huge privilege and thanks to all those who have had the courage to raise a concern, and all those who have acted to get concerns resolved and given colleagues a response and feedback on what they were doing when a concern was signposted to them, I believe we have made progress in influencing change – change of behaviours, change in understanding what is and isn't acceptable, and influencing amendments in some of our key policies.

Of course, there is always more to do and I'm absolutely delighted to be handing the reins to Jane Durkin, a super experienced operational and people manager. Bringing fresh eyes and ideas, I know Jane will build on FtSU so that it continues to contribute to improving all our working lives and ultimately supporting the doctors and patients we are here to serve.

With best wishes,

Lindsey

Chief Executive foreword

This is our fourth Freedom to Speak Up report, and I am pleased by the progress we have made in recent years in firmly embedding speaking up within our culture.

Our Freedom to Speak Up Guardian and Champions provide a safe, trusted route for raising concerns in confidence, and without fear of reprisals. That's something I believe is fundamental to being a fair, inclusive and caring employer: it benefits individuals by giving them an outlet for concerns they might not be comfortable sharing with their line manager or senior colleagues, and it also helps us to learn and improve as an organisation. And I would like to put on record my thanks to our Guardian and all of our Champions for the important work they do.

You may have heard me speak about how compassionate, inclusive working environments can help support doctors and improve patient safety, and about the importance of learning from mistakes when they occur.

That doesn't just apply to healthcare: it applies to us as a regulator too, and it's vital that we lead by example.

Freedom to Speak Up helps us do that, by giving you a voice for those times when you think something isn't right. And I want to make sure that you know that your voice matters and will make a difference.

It also gives us a framework for handling such issues, whether that's by signposting to someone in the organisation who can take action, or by individuals themselves who, after a confidential conversation in a safe space, are empowered to act on their own behalf. This year's data tell us that this sense of empowerment continues to grow, and I see that as a really important success measure for our Freedom to Speak Up initiative.

Every time a colleague shares something that doesn't feel right they are contributing to making a difference to the working environment for everybody. The Senior Management Team and I take issues raised through Freedom to Speak Up very seriously. Our annual Freedom to Speak Up report helps us see where there are organisation-wide patterns in the issues being raised and we aim to act on what we learn. For example, after seeing that Freedom to Speak Up concerns often related to personal interactions between colleagues at work, and difficulties with team cultures and behaviours, last year we clearly outlined the professional behaviours we expect of each other.

However there is always more that we can do. Our annual People Survey tells us that some colleagues still feel bullying and harassment are an issue for us at the GMC, and we need to do more to understand that.

Most colleagues are aware of the Freedom to Speak Up programme and know how to contact one of our Champions – again, the People Survey results bear this out. But for some, there are clearly still barriers to be overcome before they feel confident about raising a concern. That is something I hope we can address in the period ahead. In particular, we need to understand the inter-relationship between protected characteristics and how comfortable colleagues feel about raising concerns, and what action may need to follow that.

I would like to thank Lindsey Mallors for all the work she has done to establish and lead Freedom to Speak Up over last four years. I know I speak for many in paying tribute to her for the energy and commitment she has brought to the role. She has made a real difference, and I am delighted that she will remain part of the programme as a Champion after stepping down from her role as Guardian.

As you may know, we have already appointed a new Freedom to Speak Up Guardian, and I am sure you will join in me in congratulating Jane Durkin on her appointment to the role. I am delighted to be working with her as she takes Freedom to Speak Up forward in 2023.

Best wishes

Charlie Massey

Chief Executive & Registrar

'When I started at the GMC, I was adapting to a new environment and a new team. The work I was hired to undertake wasn't properly set up and I wasn't clear on my role or what was expected of me. In short, it was chaotic and unfulfilling (which was a shame as I'd been excited about joining a new organisation). After a few months of unsuccessful attempts to improve it, a colleague suggested speaking with the FTSU Guardian.

After the first contact with Lindsey, I felt much happier, having taken some control over the situation; she treated my concerns with respect and opened up communication with the management team to try to solve the issue. As a result, we talked about our experiences, understanding that we were all feeling similarly, bringing us together as a team. We started an induction project, created an induction buddy system and are working on a team charter

A year on, I understand my role, I'm feeling more confident and chose to remain working here at the GMC due in part to the support provided by the FTSU process. I'd recommend it to anyone struggling, it starts with a chat with someone who cares, and you choose what happens next.'

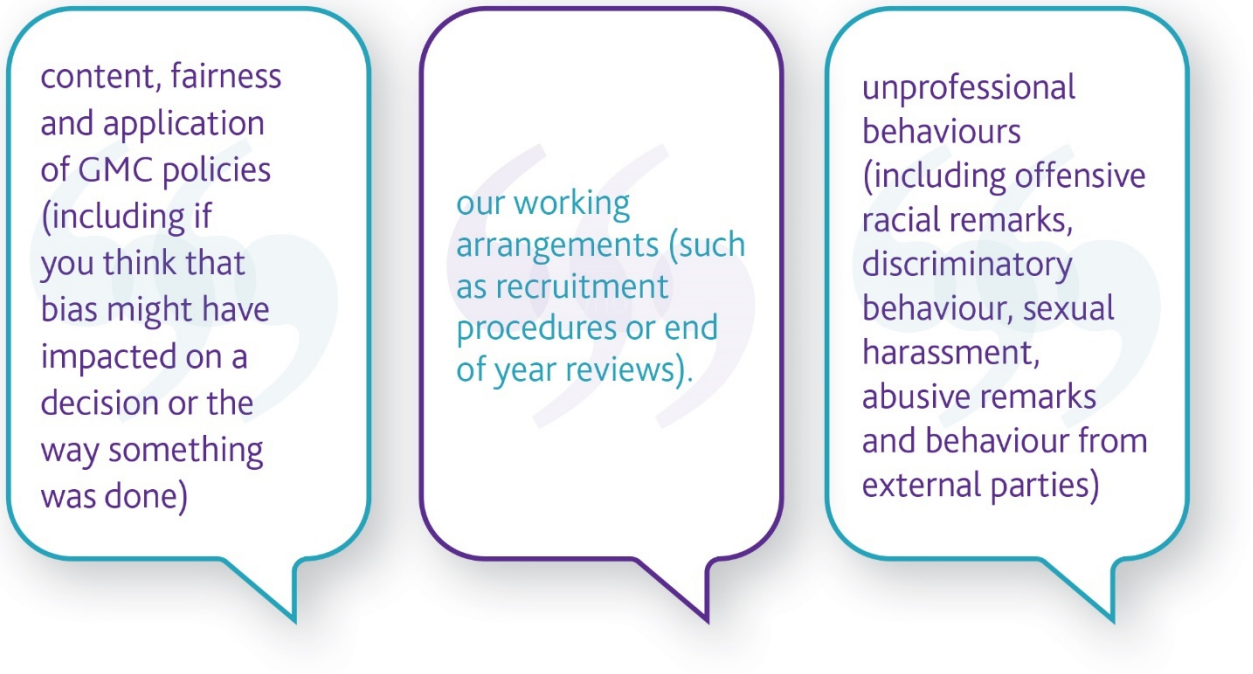
Colleague from SC&E

What is FtSU at the GMC?

Freedom to Speak Up has its origins in patient safety and learning lessons when things go wrong. It was a key recommendation from Sir Robert Francis in his inquiry report on mid Staffordshire Foundation Trust in 2013 – providing a safe place where people could raise concerns in confidence, to drive improvement.

At the GMC, having a safe place to speak up encourages a positive culture where we can raise concerns and be listened to. FtSU complements our other routes for raising concerns, through your line manager or management chain, or via the People Team.

Speaking up has no 'threshold', it's a space you can raise anything which doesn't feel right. For example:



What happens if I do raise a concern with the Guardian or a Champion?

If you approach a Champion or the Guardian they will:

- listen to the concern you want to raise
- ask what you would like to happen next in relation to the issue raised
- when needed, and with your permission, signpost the concern to facilitate action via the appropriate channel (for example, via a manager/head of section/ assistant director or director, or the People Team)
- stay in touch with you to provide updates on progress from the individual the concern was signposted to and follow up with you when any actions are completed to make sure you are satisfied with the steps taken.

'I wanted to share my experience with FTSU because I know that for some people there can be a fear around speaking up. I found myself in a totally unexpected situation at work and it was a situation that I felt was unfair. I spent some time ruminating on the situation, going around and around in circles in my head and becoming more and more angry. The people that I could speak to at work were supportive but also upset and angry on my behalf which only added fuel to the fire. I felt like going to the Dr's and getting signed off because I wasn't much use at work and was unable to concentrate or sleep at night.

I decided to contact Lindsey, not knowing what to expect but also thinking that I didn't have much to lose.

She listened to me, asked questions and was completely impartial which helped so much. Whilst not advising me on what I should or shouldn't do she gave me a list of options and we talked those options through. Over the following week she also spoke to HR and asked me if I would be happy to speak to them too as she felt the conversation would help. It did help.

Ultimately what I gained from contacting FTSU wasn't a solution to my problem, but it was support and signposting.

Sometimes we need some extra support and advice, and that is what I got from FTSU, just sharing a concern with another person can feel like a weight off your shoulders.'

Colleague from FTP

Read what Jessie Roff has to say about her role as a FtSU champion

My time as champion over the last two years has been interesting, challenging, exciting and eye-opening. I really enjoy being part of a network of great individuals who give up their own time to support colleagues across the business with a whole range of issues. I'm also grateful that I can utilise my skills as a coach in this role when having conversations with colleagues, supporting them to feel empowered and encouraged to make decisions about how to deal with the challenge or issue they are facing.

When somebody raises a concern, my primary focus is to listen and make sure they are ok, to offer words of encouragement and support and hopefully help them feel better about their situation. We talk through what has happened and the impact it's having, as well as how the individual may have already tried to deal with the issue. Sometimes we just explore the most effective way of having a conversation with a line manager or colleague, but other times we consider signposting their concern for action and support by others, such as the People Team, an assistant director or the Employee Assistance Programme. Having a conversation with a champion doesn't need to go anywhere and I always make clear to the individual that it's

completely within their control how they wish to deal with the concern. Watch our video - signposted below - of what colleagues have shared on their experience of speaking up.

But for me, being a champion isn't just about being there for colleagues when they need to talk to somebody, it's about advocating for all colleagues to speak up. I've been proactively promoting FtSU through team meetings, events and case studies to raise awareness to colleagues that if something doesn't feel right, they should speak to someone. Through FtSU activities and discussion hopefully we can normalise speaking up and help more and more colleagues have the confidence to raise a concern when they need ” *to.*

Colleagues' experiences of approaching FTSU

Play video of examples at Freedom to speak up - Intranet (gmc-uk.org)

General Medical Council

'I decided to approach the freedom to speak up team as I was at a low ebb and felt that there was nowhere else I could turn to. I had discussed issues with my peers and direct manager and it was going nowhere. It came to a point where I had to speak to someone or I would have either gone off sick due to stress or taken the step to resign as I felt like my voice was not being heard or was in fact being ignored.

During the initial meeting I was advised of the various options which were available to me and it was decided that the FTSU champion would approach my head of section to start the initial discussion. The HoS offered to arrange a meeting which I accepted and had a very productive meeting and was able to discuss in an open forum my real concerns and issues that I had.

Having raised the concern I have felt better within my role and the issues that I have raised are being worked on. I am not going to say that everything is ideal and perfect, that is a long way off. But, with having the initial meeting with the FTSU up team it has started the process.

Speaking to FTSU was ideal, as I did not feel judged or be seen as a trouble maker. I was listened to and offered advice on variable options open to me. They made me realise that I had valid concerns and issues and that what I saw as a problem was something that needed addressing. It has also given me more confidence to speak up in the future on any issues I may have.

I would encourage anyone to use the FTSU champions as it is a safe space to be yourself and speak openly about any issues you may have, No judgments are made and no issue is too small. Confidentially is paramount to the team and in no part of the process did I feel that my identity would be shared unless I wanted it to. In fact speaking to the team made me open up more to my HoS and they have realised that there was a problem which they were not aware of.

Without speaking to the team and takin my concerns to them I can say that I would have probably resigned for my own peace of mind. I would definitely say, if you have any issue with work and have nowhere to turn to then please speak up to the FTSU team as they will listen and be an open platform to raise any issue you may have.'

Colleague from Registration and Revalidation

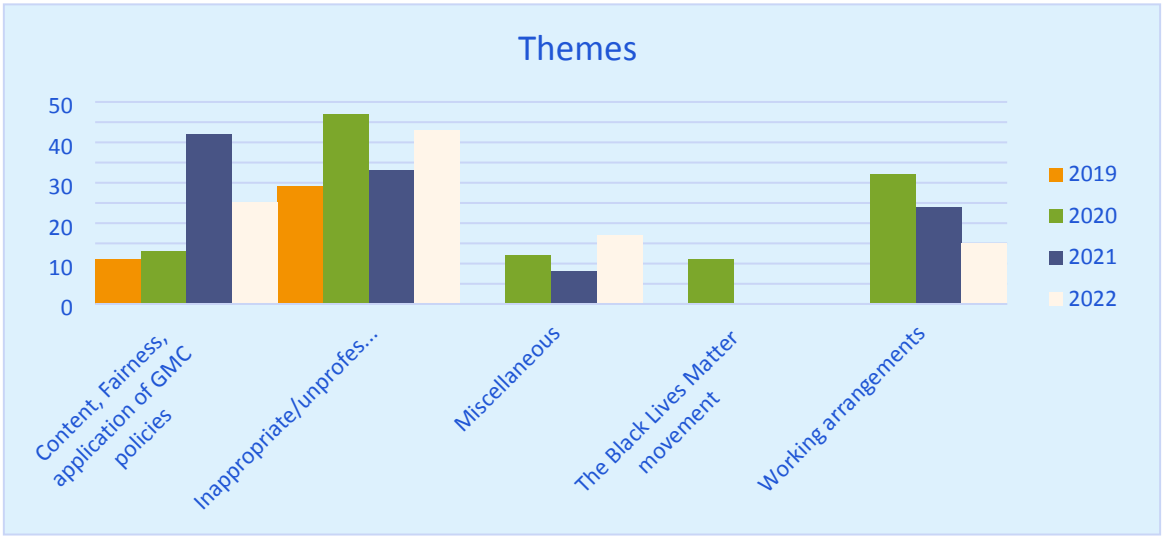
FtSU data 2022

How many concerns were raised and what were they about?

In 2022 100 concerns were raised through FtSU – 36 to the Champions and 64 to the Guardian. Overall, this is a further small decrease in the trend since 2020. The table below shows the number of concerns raised by directorate compared to previous years.

Directorate	2019	2020	2021	2022	Total
Corporate	4	7	2	2	**15**
Education & Standards	10	10	11	16	**47**
Ftp	14	37	27	25	**103**
MPTS	2	4	8	12	**26**
R&R	5	13	23	17	**58**
Resources	6	12	20	15	**53**
Strategy & Policy	1	11	4	3	**19**
Strategic Comms & Engagement	15	16	12	9	**52**
Staff Networks	0	5	0	1	**6**
Total	**57**	**115**	**107**	**100**	**379**

The three main themes from concerns raised continue to be related to behaviours and how we work with one another, the content and fairness in application of our policies, and our working arrangements.



Eleven concerns include, where we can clearly identify, an element of alleged harassment or discrimination, five relating to race, three relating to disability, two relating to age and one relating to sexual harassment.

Overall, in 2022, 43% of concerns related to inappropriate or unprofessional behaviour. As in previous years, this category of concern covered a wide range of behaviours. The majority of interactions were between colleagues internally.

Inappropriate/unprofessional behaviour	2019	2020	2021	2022	Total
Behaviour between colleagues	4	17	15	13	49
Behaviour between manager and colleague	8	8	4	13	33
Behaviour between senior manager (HoS and above) and colleague	6	7	5	10	28
Management behaviours in general (team/section)	5	12	0	2	19
Behaviours among team peers	6	3	5	1	15
External / Other	0	0	4	4	8
Total	**29**	**47**	**33**	**43**	**152**

Concerns related to the content, fairness and application of GMC policies have decreased this year to 25 from 42 in 2021. There was no one overriding theme but it included issues relating to managing absence, probation, recruitment, reasonable adjustment requests and access to overtime.

Working arrangements concerns have also reduced in 2022 from 24 to 15. Of these four related to workload allocations and team capacity, four related to pay, and three related to returning to the office post COVID.

Where were concerns signposted to?

The increasing trend of colleagues taking action for themselves after a conversation with FtSU is welcomed. It is a positive step, providing evidence of how colleagues are feeling empowered to take responsibility for dealing with their concerns. This was the most frequent outcome in 2022.

Concern signposted to	2019	2020	2021	2022	Total
NFA	18	20	10	23	**71**
Took action themselves	1	16	30	35	**82**
Line Manager or HoS	4	8	12	5	**29**
AD	0	9	11	9	**29**
Director	11	7	0	3	**21**
CEO	1	3	0	0	**4**
HR	22	34	32	20	**108**
HR ED&I and Comms	0	8	1	1	**10**
Guardian (via champion)	0	0	5	1	**6**
Comms Team	0	0	0	1	**1**
Cases not yet signposted	-	-	-	2	**2**
Total	**57**	**105**	**101**	**100**	**379**

Of the issues raised where no further action was taken through FtSU, eight colleagues wanted to 'log' an issue with someone independent (for example, in case the issue happened again), in six cases the individual wanted to talk something through for advice, and four colleagues wanted to share their experience of something that had happened to them to help improve GMC processes for others.

'I recently had the opportunity to speak to the FTSU guardian about an issue I had at work. I was initially hesitant, as I was unsure about the confidentiality of the process. However, I finally decided to proceed and requested a confidential chat. My issue concerned a colleague who seemed to display certain micro aggressive behaviours when in private conversations, whilst appearing completely agreeable in group situations. I had ignored the first few occurrences, but noticing a pattern developing, I wanted to explore my options to address this. Although my initial thought was to raise the issue with my line manager, I was also unsure as to whether any concerns I raised would be addressed.
I was able to discuss my concerns in an open and frank manner with the FTSU guardian and explore my options. By the time our appointment arrived, I had already made the decision to raise the concerns with my line manager. I was able to discuss how I had presented the problem to my line manager and my thought processes around how to address the issue. We were also able to discuss how I should handle future interactions with that colleague and got some valuable advice on gathering and maintaining a record on any problematic interactions in the future. This would of course be helpful should those behaviours persist.

In this instance, I am happy to report that my line manager did indeed take my concerns seriously and had indicated that other colleagues had made similar observations. This helped validate my concerns. In addition, I was happy to report that my concerns were addressed and put forward to the colleague. Things were addressed in such a manner that my colleague and I are still able to share a cordial working relationship. Whilst the micro-aggressive behaviours may still slip through from time to time, my colleague appears to be a bit more aware and at least attempts to check themselves in time. All in all, I definitely felt being able to speak to the FTSU guardian was of great benefit.'

Colleague from Resources

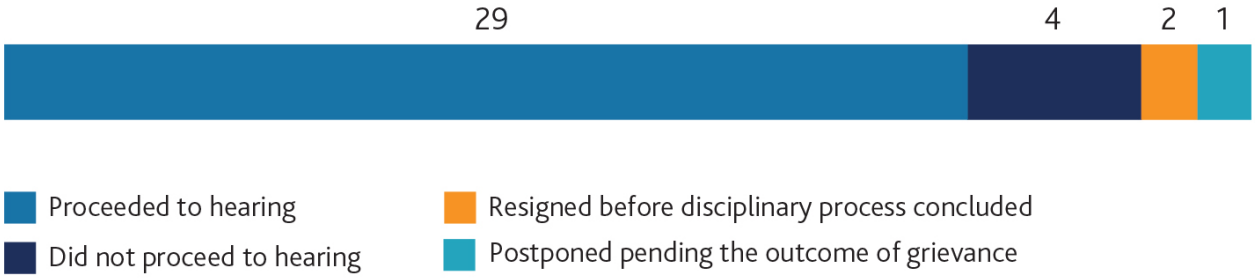
What are the final outcomes from formal processes when concerns are raised?

Every year, we receive a small number of concerns that proceed to a formal disciplinary or a grievance. The majority are concerns that are raised directly with the People Team or a line manager, some do come from issues raised with the Guardian or Champions.

Because the overall numbers are small the following information is being shared on a three-year rolling basis to protect the potential identification of any individual.

Disciplinaries

36 disciplinary investigations were commissioned between 1 January 2020 and 31 December 2022. The outcomes are shown in the following table.



The disciplinary hearings broadly covered the following themes:

- Breach of GDPR, Information Security, Acceptable Use Policy or Basic checks policies
- Failed to meet the standards of the role
- Unprofessional behaviour
- Conflict of interest
- Failed to meet the expectations set out in the Dignity at Work Policy
- Alcohol related *(includes colleagues who went through more than one process)*

From the disciplinary hearings related to the Dignity at Work Policy, 6 had a specific allegation relating to one of race, sex, disability or sexual harassment.

National Guardian
Freedom to Speak Up

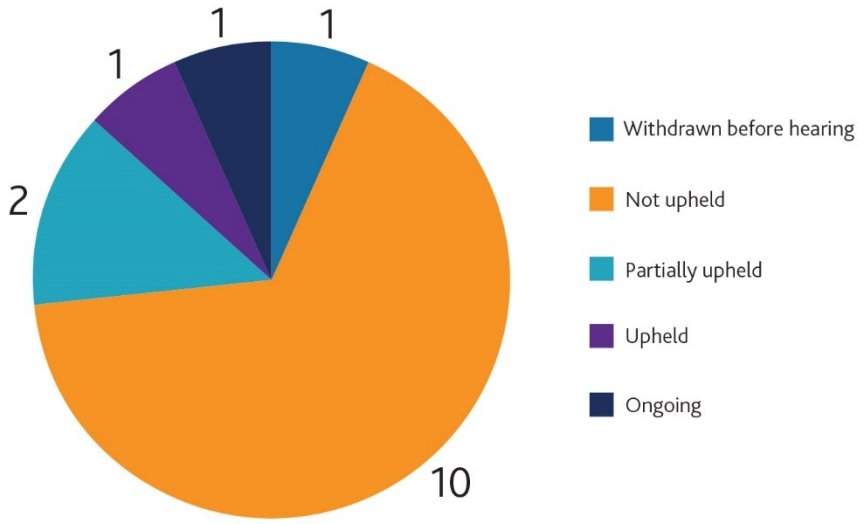
Grievances

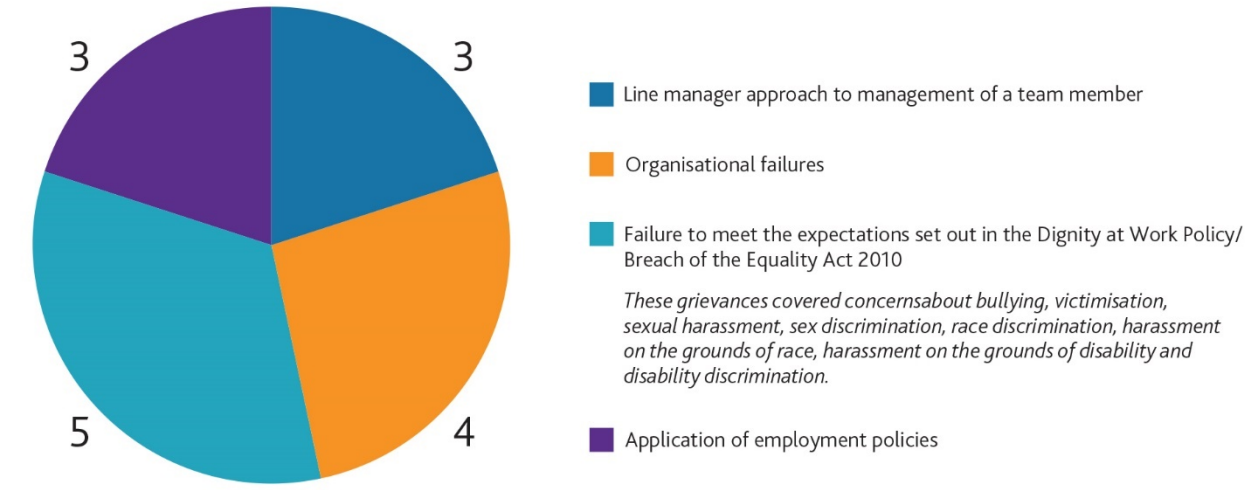
Most concerns raised are resolved informally eg through line manager discussions, signposting to relevant guidance, mediation or Freedom to Speak Up. If a concern is not resolved informally, colleagues can submit a formal grievance so their concern is investigated.

Colleagues are interviewed and a report is produced so that the evidence can be considered at a grievance hearing. Colleagues are provided with an outcome, and have an opportunity to appeal the decision.

Grievances are not normally raised about one specific topic. They tend to cover several different areas. In some cases where unprofessional behaviour is identified, it may go automatically into the disciplinary process rather than being considered as a grievance in the first instance.

There were 15 grievances received between 1 January 2020 and 31 December 2022. The outcomes and the themes they covered are shown below.





When a grievance is not upheld, usually because it does not meet the threshold for a breach of legislation or a GMC policy, we are committed to identifying any learning to improve future practice.

'The GMC works at a very fast pace, and we are expected to have answers to many things to meet the requests that come from internal and external stakeholders. The pace can be motivating especially when we are helping to inform significant policy and operational discussions. Sometimes though, it can feel too fast a pace and when my team and I were asked to do something in a timeframe which felt unreasonable, it led me to seek advice from the Freedom to speak up guardian.

Discussing this with the Guardian allowed me to share a range of concerns, challenges and fears in a safe and thoughtful space. It helped me look more at solutions as well as other issues both at work and home which were affecting why the piece of work was feeling overwhelming. The conversation allowed me to look at things in a more balanced way, see where I could take control myself and with my senior colleagues. The questions and prompts provided by the Freedom to speak up guardian gave me a good opportunity to reflect and use my own experience to address the issues.

The support and advice allowed me to see things with more clarity, recognise my own levels of resilience and acknowledge these and also look at how I can raise concerns within my own team and hierarchy, preparing for discussions to ensure emotion and out of scope issues don't cloud things. Also it allowed me to have calm discussions within my own team, and explore priorities and levels of expectation more calmly together.

Longer term, the approach and guidance provided have allowed me to be more reflective, less reactive, take time to work things out, and address things within the team where possible. This is all ongoing work in progress, but I certainly feel more empowered from having the space and support to discuss a challenge and identify that solving a lot of it is more in my power than I realise.'

Colleague from S&P

What difference does speaking up make?

It is always difficult to categorically say that one action or activity has had a specific impact/outcome from a concern being raised. However, we do know that decisions around our wider organisational change agenda take into account consideration of the themes arising from speaking up. We continue to make progress against the four overarching themes first summarised in 2020:

- where mental health is a factor, handle cases sensitively, and making sure colleagues have access to appropriate support
- driving management consistency through robust leadership training
- ensuring recruitment (including secondments and redeployment) processes are transparent and fair with good local communication
- maintaining momentum in addressing differentials in employment activities, (for example, through our diversity workforce targets) and our wider ED&I conversations.

Here's what we did in 2022 and what is planned for 2023.

You said...

Where mental health is a factor, cases must be handled sensitively, and colleagues have access to appropriate support

In 2022 we ...

Reviewed our disciplinary policy and supporting information, which strengthens what we say on support for colleagues. The refreshed guidance introduces welfare leads to provide personal support for colleagues experiencing a disciplinary who need someone not involved in the case to listen and to signpost if specific information is needed

In 2023 we are...

Reviewing our grievance policy to incorporate welfare leads and strengthen what we say on support for colleagues

Launching both the updated disciplinary and grievance policy

Training a further 20 mental health first aiders raising the total to 75 across the business

You said...

There is a need to continue to drive management consistency through robust leadership training

In 2022 we...

Used OneGMC behaviours to set objectives, including one specifically for line managers. We reviewed and piloted a new question set for feedback for success based on our OneGMC Behaviours

252 colleagues completed part one of 'Leadership Everywhere'

28 colleagues piloted part two of 'Leadership Everywhere' ready for roll out in 2023

Developed and piloted the People Manager Essentials (PME) module on professional behaviours

Reviewed and updated our disciplinary policy and supporting guidance

Completed the roll out of People Management Essentials module on effective management of absence and health

In 2023 we are...

Continuing to roll out feedback for success using our OneGMC behaviours

Making both part one and part two of 'Leadership Everywhere' available to all colleagues

Developing part three of Leadership Everywhere

Launching the PME module on professional behaviours and providing PME effective management of absence and health for all new managers

Reviewing our grievance policy and launching both this and the updated disciplinary policy

Developing training for managers involved in the disciplinary and grievances processes as part of our People Manager Essentials programme

Reviewing our capability policy

Launching our hybrid working policy

You said...

We need to ensure recruitment, including secondments and redeployment, processes are transparent and fair with good local communication

In 2022 we...

Rolled out bite-sized recruitment training for recruiting managers in Q4 covering all aspects of the recruitment process including an overview of the recruitment process, designing job descriptions, ED&I in recruitment and interview training, and providing feedback

Provided advice to recruiting managers through the recruitment process to ensure processes were transparent and fair

Implemented the disability confident interview scheme, offering training and guidance to recruiting managers and continued to support candidates with reasonable adjustments

In 2023 we are...

Planning how we handle recruitment training digitally versus face to face and planning the roll out of a mandatory recruitment training refresh for managers to complete by the end of the year

Implementing our new recruitment system

Planning to refresh our recruitment policy and guidance for managers by the end of 2023/early 2024 incorporating any changes needed as part of the new system

Reviewing disability confident in Q4 with the aim of achieving Disability Confident Level 2 - Disability Confident Employer – in 2024

Developing our redeployment policy after initial work completed in 2022

Reviewing the exit interview process

You said...

We need to maintain momentum for ED&I conversations and actions

In 2022 we...

Included inclusion in our objectives and performance reviews

Reviewed and piloted a new question set for feedback for success based on our OneGMC Behaviours

Completed the ED&I learning needs analysis (LNA) with 925 colleagues providing input

Sought feedback and input from colleagues in drafting a new tender specification and revised approach to support the development and progression of groups underrepresented in our leadership levels

Developed and piloted the People Manager Essential module on professional behaviours

Refreshed our Treating People Fairly mandatory training module

In 2023 we are...

Planning and beginning next steps for the best way to approach ED&I learning for the organisation

Developing an implementation plan for the LNA as part of the regulatory fairness program

Selecting a new provider to deliver inclusive career programmes for groups underrepresented in leadership levels

Launching the People Manager Essentials module on professional behaviours

Launching the refreshed Treating People Fairly e-learning module

Looking ahead

In 2023 we will be publishing our refreshed Raising Concerns policy. Having listened to feedback, we know that colleagues would value something shorter and more accessible. It's important that we have a comprehensive policy, but the refresh will be supplemented with bite sized supporting materials and flow charts. Watch out for the relaunch in the summer.

Now that our hybrid working arrangements are embedded Champions will be seeking more opportunities to join team meetings to talk about FtSU and share case studies based on real examples from the GMC. We hope this will encourage more discussion in teams generally and empower even more colleagues to raise issues locally for themselves.

We will also continue to consider the People Survey results, using the information and data to consider what more FtSU might be able to do to support colleagues. We'll be contributing to the 2023 People Survey questions too, building on the results from last year to try and dig deeper beneath the data we have to understand why there continues to be persistently lower responses with respect to bullying, harassment and discrimination.

And finally, in October's Freedom to Speak Up month we will again be bringing a specific focus to raising concerns alongside the work of the National Guardian's Office with an external speaker and activities colleagues can get involved in. Look out for invites in September and please come and join us!

General Medical Council

Annual update on communications and engagement

Action	To note
Purpose	To update Council on the influence and impact of our communications and engagement activity with audiences and stakeholders around the UK.
Decision Trail	Relevant papers considered by Council: • Annual national reports (for Northern Ireland, Scotland and Wales) for 2022 (April 2023) • Seminar: Results of 2022 audience and stakeholder perceptions survey (December 2022) • Annual update on patient and public involvement (November 2022)
Recommendation(s)	To note key developments in our approach and the priorities we have set for our work in the future.
Annexes	Annex A: Four country update Annex B: Data pack
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Sponsoring director/ Senior Responsible Owner	**Paul Reynolds**, Director Strategic Communications and Engagement

Agenda item M11
Annual update on communications and engagement

Background

1 This paper updates Council on the impact and influence that we have achieved through our communications and engagement activity with audiences and stakeholders around the UK.

2 The GMC's 2030 vision is to be an 'effective, relevant and compassionate regulator'. We enable this by:

- **a** creating and delivering engaging, relevant content for our internal and external audiences through the channels, services and products which we own or have access to
- **b** building positive relationships with organisations that can help us to deliver our regulatory functions and strategic priorities
- **c** identifying intelligence and insights from our external environment and sharing them within the organisation to aid decision making
- **d** facilitating the delivery of the GMC's statutory functions through the relationships we have with Responsible Officers and their organisations
- **e** helping the organisation to shape the legislative framework and policy environment in which we operate as a regulator to ensure we can continue to protect patients
- **f** supporting the leadership, culture and transformation of the organisation through good communications with the people who work for us
- **g** and fostering the development of effective, relevant and compassionate communications and engagement by the organisation as a whole, to help our audiences and stakeholders have a positive experience when they interact with us.

3 We continue to improve our ability to measure the impact and influence of our communications and engagement activity, so we can provide assurance about its effectiveness and value. During 2022 we updated the performance measures that we report to the GMC's Executive Board. The Strategic Communications and Engagement (SC&E) directorate has developed a strategic plan that contains measurable objectives linked to the Corporate Strategy's four themes. **Annex B** provides a selection of data that demonstrates the contribution that communications and engagement activity is making to the strategy's achievement.

Our contribution to the Corporate Strategy

4 This section of the paper shares examples of the communications and engagement activity which has supported the delivery of the GMC's Corporate Strategy since the previous annual update in April 2022.

Strategic theme: enabling professionals to provide safe care

5 The GMC is reviewing its professional standards for all medical professionals it regulates, *Good medical practice*, and held a public consultation on draft new standards between April and July 2022. Teams from across the SC&E directorate supported the public consultation by promoting it across the full range of our communications and engagement channels.

6 Our Outreach teams led over 200 engagement events during the consultation. Many events were held in partnership with other organisations, such as the Medical Women's Federation, the Association of Lesbian, Gay, Bisexual, Transgender, Questioning and Others (LGBTQ+) Doctors and Dentists, the British Association of Physicians of Indian Origin and the British Islamic Medical Association.

7 The impact of this activity enabled a record number of consultation responses. Over 4,600 individuals took part in the consultation surveys, while almost 50 organisations from across the UK shared their views. We also spoke to over 3,800 people at our events. Over 42% of medical professionals who took part said they did so after reading our GMC news bulletins, closely followed by seeing this advertised on our website and on social media.

8 Separately, our Outreach teams delivered workshops on our professional standards to more than 22,000 doctors and 12,000 medical students around the UK in 2022. Our evaluation of these sessions found 93% of doctors would recommend them to a colleague and 76% intended to change their practice as a result.

9 Our data shows that satisfaction with the ethical content of our website continues to grow. We use a market research metric, called the Net Promoter Score (NPS), to monitor satisfaction with this part of our website and with our website as a whole. In 2020, the NPS score for the ethical content of our website was 44. In 2022 this score had risen to 58. A score of 50 and above is considered excellent.

10 In addition to our website, we regularly communicate with the medical profession about our professional standards and advice that can support them with their care of patients and our wider work as an organisation. These direct communications can take the form of messages from our Chair or news-style bulletins. Although our data tells us that we achieve good engagement with this content compared to publicly-available external benchmarks (see **Annex B**), we know there is a cohort of the profession that is less likely to engage with these direct communications. We continue to explore ways to address this.

11 We work in partnership with a range of regulatory partners and stakeholders in the four UK nations to help doctors provide good care to patients within safe working environments. We have relationship plans in place for our most strategic and complex relationships. These plans have improved the internal co-ordination of our engagement and helped us to grow our relationships with these organisations.

12 Our biennial perceptions survey is one tool that we use to evaluate the quality of our external relationships. Our survey in 2022 found that 96% of stakeholder organisations that participated in the research agreed their relationship with the GMC was good or very good (an increase from 88% in 2020), while 76% agreed they saw the GMC working well with other regulators and organisations to keep patients and doctors safe.

13 We bring together our partners in Northern Ireland, Scotland and Wales through our UK Advisory Fora. These allow us to discuss our long-term priorities, seek views on policy development, and identify areas of mutual interest that would benefit from cooperation. The insights shared via the UK Advisory Fora improve our understanding of the challenges faced by the profession and highlight how we can work with our partners to address them. Further information about our UK Advisory Fora and the discussions we have had with our partners in the devolved nations about workforce issues can be found in **Annex A**.

Strategic theme: developing a sustainable medical workforce

14 Our Corporate Strategy renewed our commitment to foster a culture of equality, diversity and inclusion (ED&I) in everything we do as a regulator and employer. The GMC set equality targets to highlight the need for meaningful action to address longstanding inequalities and the impacts of racial discrimination and disadvantage affecting individuals, as well as to stimulate improvements in the sustainability of the medical workforce more broadly.

15 Delivering on these ED&I targets is a particular priority for our Outreach teams. They have focused their work in four main areas:

- working closely with employers to understand how they ensure their referrals are impartial to address disproportionality; advising them on changes to local disciplinary handling processes to ensure their processes are fair and consistent and supporting them by sharing good practice
- working closely with employers to understand how they are supporting specialty and specialist grade (SAS) doctors through formal and informal methods and developing a range of initiatives to assist them
- working with employers to improve the processes their organisations have for employing locums to ensure that the locums receive feedback and that any concerns about them are addressed
- looking at how we can support the embedding of the findings of our research *Good Conversations, Fairer Feedback* into the training environment for doctors.

16 In England, our regional Outreach teams have begun to work with Integrated Care Boards (ICBs). These are responsible for coordinating and overseeing health and care services in their Integrated Care Systems (ICSs). Through ICBs our regional teams can reach trust boards and clinical leaders across systems to support them to ensure fairness, impartiality and

inclusion in their local processes, improve patient safety and clinical governance, and develop local workforce plans.

17 For example, in the South of England we are working with an ICB's Chief Medical Officer to support the system's development of a regional charter linked to the Medical Workforce Race Equality Standard (MWRES) that will include delivery of *Welcome to UK Practice* and engagement sessions for medical leaders on managing doctors in difficulties. This will directly embed the learning from our *Fair to Refer?* report. Meanwhile, in the North-East of England we have shared workforce data relevant for three ICSs to support their understanding of the makeup of their workforce and their planning. We continue to identify opportunities for engaging with ICBs and other system leaders across our key priorities, with an aim to build these relationships into our annual regional engagement planning.

18 In 2022 our Outreach teams delivered *Welcome to UK Practice* sessions to more than 8,800 international medical graduates and other doctors new to UK practice. Our evaluation of these sessions found 99% of participants would recommend them to a colleague and 99% agreed their knowledge of the GMC and our professional standards had improved.

19 We have engaged with national-level organisations that have an interest and involvement in workforce planning, sharing our rich data and insights to inform their work:

- We have supported the Chair, Chief Executive and others with their meetings with NHS England about its long-term workforce plan.
- We have provided evidence to inquiries launched by the UK Parliament's Health and Social Care Committee to investigate workforce planning and integrated care systems.
- We promoted the publication of the GMC's workforce report in October 2022, securing supportive statements from several stakeholder organisations as well as positive media coverage in *The Guardian*, *The Times* and trade media titles.
- We have secured positive media coverage for speeches delivered by the Chair and Chief Executive on workforce issues – such as the Chief Executive's speech at the PULSE Live conference in March 2023 in which he outlined the GMC's proposal to make use of SAS doctors in primary care.
- We have built positive relationships with several think tanks that are influential on workforce issues.
- We have offered our support to the Scottish Government with their implementation of the 'nurture' pillar of their workforce strategy, which was published in March 2022. This pillar aims to support the wellbeing of the health and social care workforce.
- We have continued to share and promote our workforce data with devolved nation governments. Officials have commented on the value of the GMC's data to support evidence-based policy making.

- We have begun to develop our workforce data offer for Integrated Care Systems in England and are working with Integrated Care Boards in some regions to help shape this.
- We continue to work with officials in the UK Government, the Department of Health (Northern Ireland), and the Medical Council of Ireland to explore options for establishing a form of emergency cross-border registration between the Republic of Ireland and Northern Ireland. As part of our work to plan for what may come after the EU exit standstill period, we are examining what solutions we could put in place to enable us to continue to recognise Irish primary medical qualifications.

20 We are supporting the organisation's work with the Department of Health and Social Care to bring forward a new regulatory framework for health professionals that will help us to protect patients and support doctors more quickly and flexibly than is possible at present. As part of this, the Department has held a three-month consultation on draft legislation that will enable the GMC to bring physician associates (PAs) and anaesthesia associates (AAs) into regulation. We have engaged proactively with stakeholders to encourage them to respond to the consultation and secure their support for the draft legislation.

21 At present we expect to gain the powers to regulate medical associate professionals towards the end of 2024. Our aim, in the lead up to that, is to cultivate a positive relationship with PAs and AAs and to make sure they understand what it means to be a regulated professional. We have increased the size of the community of interest that we set up last year (to over 2,000 members), maintained a high level of engagement (an average open rate of 62% in 2022) with the e-newsletter that we produce for this community, and expanded the content of our website on key topics (such as the new education framework and information about the proposed model of revalidation). Also, we continue to maintain positive relationships with membership bodies and organisations with an interest in this regulatory change.

22 When we begin to regulate medical associate professionals, we will become a multi-profession regulator for the first time. This has implications for our organisation's identity and the way we describe our work. We have developed, audience-tested and will soon launch a suite of new standard descriptors – agreed texts that can be used by every part of the organisation to help us explain our (changing) role in a consistent way using simple, accessible terms. We have also completed work on updating our brand and visual identity, as part of which we are in the process of removing our current strapline ('Working with doctors working for patients') from communication materials and providing the organisation with clearer and more accessible document templates.

Strategic theme: making every interaction matter

23 We aim to provide a high-quality service to the organisation, using our professional knowledge and insights to help policy and operational teams achieve their priorities. In

August 2022 we held our first internal customer survey to understand colleagues' experiences of working with us. This found:

- 85% agreed we were open and collaborative in our approach
- 82% agreed we exchanged relevant and useful insights that informed their work
- 76% agreed we were responsive and able to move at pace when required
- 76% agreed we delivered work of the quality they were expecting
- 59% agreed we gave clear, evidence-based advice for how teams could achieve the right impact with their work.

24 We continue to improve the quality and relevance of our communications with our key audiences, segmenting our content where possible through the delivery of audience-specific products. Medical students are a particular focus for us, as our perceptions survey in 2022 identified a potential decline in students' confidence in the GMC. We followed this survey by holding focus groups with our student voices group to help us understand more about the decline in perceptions. Their feedback has helped shape our plans for engaging with students.

25 We have established an internal steering group (sponsored by the Director of Education and Standards) to provide greater strategic direction for our work with medical students in the future. We will continue to make improvements to our approach, building on our achievements to date, which include:

- establishing a presence on Instagram. By the end of 2022, we had increased the number of our followers from 6,600 at the start of the year to 10,200.
- improving our regular touchpoints with students – such as our campaign to support them with their application for provisional registration, and our regular e-bulletin which achieved an average open rate of 51% in 2022, up from 40% in 2021.
- increasing the number of medical students engaged with by our Outreach teams – from 8,200 in 2021 to 12,500 in 2022.
- developing an 'Ask the GMC' campaign, which will see our Chair answering students' questions about our work.

26 In July 2022 the Welsh Parliament approved new Welsh Language standards for regulators. The new standards will change and improve the work of our organisation in several key areas – such as our correspondence, our website and the provision of internal training. In November 2022, we established a cross-directorate project board (sponsored by the Director of Resources) to prepare our response to the Welsh Language Commissioner's consultation on our draft compliance notice and to oversee the organisation's progress towards compliance. We responded to the consultation towards the end of March. We expect to

receive our final compliance notice in the next few months and be subject to most of the standards by November 2023.

27 In May 2022 we held our first fully hybrid conference, *Better healthcare together*. The event brought together a mix of over 400 stakeholders, doctors, patients and staff from across the UK, both in-person and online. Delegates discussed key issues and developments affecting the medical profession and patient care, with sessions arranged around three themes – people, place and culture. The feedback from conference attendees was overwhelmingly positive, with over 95% saying they would consider recommending other colleagues to attend the event in the future.

Strategic theme: investing in our people to deliver our ambitions

28 We have focused our internal communications on supporting the delivery of regulatory reform and our commitments as an inclusive employer. We continue to manage opportunities for the senior leadership team to engage with the organisation (such as regular virtual calls hosted by our Chief Executive). We also hold internal events for colleagues to learn more about our customers, stakeholders and wider issues in our external environment. Recent events have focused on widening participation in medical education and the psychology and impact of suicide. Our evaluation of these events shows almost all attendees agree that the sessions are interesting and relevant to our work. As one colleague told us:

> *'I think this approach really cements us as an intelligent, professional organisation that encourages our staff to think beyond their day jobs.'*

29 Our intranet is a key communications channel for keeping the organisation informed about important internal developments. Our data shows that we have maintained good levels of engagement with the news content we produce for the site. In 2022 we achieved an average engagement rate with this content of 26% – the same rate as 2021.

Reflections on our external environment

30 It's widely expected that a UK General Election will be held in mid- to late-2024. We will continue our broad approach to political engagement in the lead-up to this. This is in keeping with the goals of our public affairs approach which are to:

- build relationships with political stakeholders who have influence on health, ethical and professional regulation issues
- ensure policies and decisions about the regulation of doctors are informed and enable us to fulfil our statutory purpose to protect patients, by sharing our data and insights to inform policy thinking
- foster cooperation on future projects and support for our initiatives.

31 We can see political parties are beginning to make commitments which have the potential to affect our work as a regulator. One such commitment is the proposal to expand medical school places. These commitments provide a further opportunity to position the GMC as an organisation which seeks to support the development of a sustainable medical workforce, working in collaboration with key stakeholders to drive positive change. As well as making submissions to the processes run by the political parties to develop their election manifestos, we are developing our thinking about what issues a future UK Government could focus on.

32 The external environment remains extremely challenging for the medical profession. Disputes about pay and conditions continue and the recent NHS England staff survey shows an ongoing decline in morale linked to workforce shortages, high demand for services, unsupportive workplaces and pervasive issues linked to equality, diversity and inclusion. We have supported the organisation with the development and promotion of its advice for doctors considering industrial action. Not surprisingly, these pressures have had an impact on doctors' ability to engage with us. Some of our local and regional engagements have been cancelled, while others have had to be delivered virtually rather than face-to-face.

33 At a national level in England, we have been engaging with Health Education England (HEE) and NHS England to ensure HEE's responsibilities for medical education continue after the merger of the two bodies. At a regional level, the merger of HEE and NHS England and the development of Integrated Care Systems (ICS), amidst continuing workforce pressures and strike action, has consumed the focus of our partners. We have seen considerable movement in staffing at both national and regional levels. Their current focus on embedding new structures and staff has resulted in a loss of momentum with some of our collaborative initiatives, such as efforts to address the ED&I targets that we have set. For instance, our Outreach teams report that some Integrated Care Boards are actively looking for opportunities to work on ED&I issues while others say they are not yet able to engage.

34 In this context, we have seen an increase in concerns about our fitness to practise (FTP) processes. Our perceptions survey in 2022 found only 26% of doctors and 43% of medical students 'trusted the GMC to deal with a concern about them fairly and appropriately'. Our Outreach advisors report they sometimes experience doctors expressing fear of our processes in the workshops which they deliver.

35 We have started some work with the Fitness to Practise directorate to explore how we can better address these concerns, in advance of regulatory reform delivering changes to our processes. In 2022, our Outreach advisers in England delivered approximately 50 sessions with doctors and students to help them to better understand this aspect of our work. One session, delivered virtually in the West Midlands, was attended by about 500 GP trainees who were highly engaged, asking numerous questions and demonstrating a strong appetite for engagement on this topic. We are currently exploring new ways to enhance our messaging and engagement with students, doctors, medical and education leaders to

alleviate the concern of being investigated and improve their wider understanding of the GMC.

36 The new First Minister for Scotland, Humza Yousaf MSP, has made a commitment to hold a national conversation on the future of the NHS in the country. We will contribute to this conversation, providing insights on what we are hearing from the profession, what the current shape of the workforce looks like, and what opportunities the GMC sees. Beyond this, to ensure we continue to be a prominent voice on Scottish health issues, our goal is to form a productive relationship with the new Cabinet Secretary for NHS Recovery, Health and Social Care, Michael Matheson MSP.

37 The independence debate in Scotland remains a live issue and we are monitoring this closely because of its potential impact on professional regulation. Opinion polling indicates that support and opposition to independence are staying relatively balanced. With a legal route to a referendum currently blocked, the First Minister is considering how to progress this agenda and build support for independence. He has suggested that a snap election for the Scottish Parliament could be one way to secure this.

38 The political situation in Northern Ireland remains challenging. The Northern Ireland Assembly collapsed in February 2022, when the Democratic Unionist Party (DUP) withdrew its support in protest against the Northern Ireland Protocol. Although the Windsor Framework has now been adopted, the DUP has not signalled its intention to return to the Assembly. Senior civil servants, with limited powers, are now running government departments. This impacts the Department of Health (NI)'s ability to make decisions about the country's healthcare services and workforce planning. Our team in Northern Ireland continues to engage with the health spokespeople from the five main political parties – to build trust and confidence in our regulatory processes, and to raise awareness of the value of our data and insights to workforce planning. Politicians across all parties have a high level of interest in our response to Northern Ireland's inquiries and reviews, as well as high-profile fitness to practise cases involving doctors in the country.

39 The Health and Care Bill has now become law and has resulted in changes to our relationship landscape in England. Health Education England (HEE) has joined with NHS England. The Bill has also formally established Integrated Care Boards (ICBs) and Integrated Care Partnerships which will lead 42 Integrated Care Systems (ICSs) across England, with responsibility for planning and ensuring delivery of health and care services for their populations.

40 The development of ICSs creates opportunity for our Outreach teams. We have developed a strategy to engage with the 42 ICSs through their boards (ICBs) as well as a draft offer which identifies several areas for collaboration (such as clinical governance, workforce, culture, leadership and education). We'll continue to engage with the Responsible Officers and boards of individual providers. However, a system-wide focus will help us to have greater

reach and influence, allowing us to engage with more systems leaders, doctors and medical students as ICBs develop their networks and governance arrangements.

Our priorities for the future

41 Our priorities for 2023-24 are to:

- enable delivery of the organisation's priorities for the medical workforce, in particular the progress we want to make with our ED&I ambitions
- help national and local healthcare systems with their ongoing recovery from the COVID-19 pandemic and other pressures
- engage widely with patients, doctors, employers and others to build their support for the changes that we want to make to our regulatory services and to embed our updated professional standards in the practice of patient care
- build and sustain the confidence of our stakeholders and audiences in our role and their perception of the organisation as an 'effective, relevant and compassionate' regulator
- continue to increase the effectiveness of our communications and engagement activity.

Strategic theme: enabling professionals to provide safe care

42 In the summer, we will support the launch of our updated professional standards, *Good medical practice*. We have run focus groups with doctors, anaesthesia associates, physician associates and patients to assure us that the wording of the updated guidance is clear, helpful and supportive. We have developed a phased plan that will deliver a five-month campaign of communications and engagement activity to help our key audiences understand the main updates and key themes by the time the updated guidance comes into effect in November. We are also working with the GMC's Standards team to support the long-term implementation and adoption of the new guidance. This includes supporting a pilot of a learning toolkit in a small number of locations to see if this approach is effective and can be scaled up. Our aim with this implementation work is to deliver a more consistent and supportive message about the purpose of *Good medical practice* and how it can help our registrants to navigate the professional and ethical challenges they face in their careers. Our team in Wales is developing an offer on *Good medical practice* for health boards' leadership teams which they will pilot later this year.

43 Our updated *Good medical practice* guidance will also be the focus of a symposium we will host in November 2022.The event will see around 100 healthcare leaders coming together to explore the challenges and opportunities which medical professionals face in delivering good, safe care based on the principles of the revised guidance, and what can be done collectively to help them practise in this way.

Strategic theme: developing a sustainable medical workforce

44 In the summer we will support the publication of our workplace experiences report, which will contain data from our barometer survey in 2022. This is likely to include some stark messages about doctors' experiences, their perspectives on burnout and retention, and their ability to provide good care.

45 The Department of Health and Social Care has now closed its consultation on the order to bring medical associate professionals into regulation. We will now work with the Department on the final draft of the legislation and then with parliamentarians to support its passage through elected chambers across the UK. We will also encourage the UK Government to provide a more detailed timetable for reforming the legislation which affects how doctors are regulated, so these changes swiftly follow the commencement of regulation for AAs and PAs. During 2023 we will also shape our Outreach offer for medical associate professionals. In 2024, we will also develop content for them for our website about business-as-usual regulatory processes and, as we get closer to the onset of regulation, develop material to help them understand how they can prepare.

46 We will continue to support our Education policy team with their work on education reform with medical colleges, statutory education bodies and the four national healthcare systems. One aspect of this work is making sure trainers and educators receive better support to deliver the high standards required. This work will reflect the wider political ambitions for doctors' education and training (such as increasing the number of medical school places) and we are engaging with stakeholders, including political stakeholders, to add our voice to this important debate. In June 2023 the GMC will hold a meeting with the Academy of Medical Royal Colleges and presidents of individual medical colleges. We'll offer insights from our reform work at this meeting and suggest recommendations for improving the support given to new consultants and enhancing generalist skills in specialty training.

47 Our Outreach teams will identify national and regional opportunities to collaborate with system partners and key stakeholders on our ED&I ambitions. They will work with designated bodies on the implementation of effective and impartial processes for checking the disproportionality of fitness to practise referrals. We will continue to press NHS England to mandate its induction scheme for international medical graduates, which includes our *Welcome to UK Practice* workshop as an element. At the same time, we'll urge local organisations and systems to adopt our programme.

Strategic theme: making every interaction matter

48 We will continue our work to improve our web presence and the content we offer on it, with a particular focus on improving the way users can access our professional standards, in conjunction with the introduction of the new version of *Good medical practice*. We will also take the steps necessary to ensure our web presence and other communication products

comply with the new Welsh language standards for regulators that will come into force later in the year. In addition, we plan to resume our efforts to provide a personalised user experience on our website, following work we undertook during 2022 to redefine our approach to producing website content across the organisation.

49 We are committed to improving our involvement of patients and the public in three aspects of our work as an organisation: policy development, the experiences that patients and the public have of our services, and our engagement with patients through the organisations and networks that represent their needs and interests. We provided an extensive update on our work in this area to the Audit and Risk Committee in March 2023 and are making progress with the recommendations made by an audit of our current approach which was shared with the Committee in November 2022. We will provide Council with a full account of our work with patients and the public during 2023 in our annual update to them later this year.

50 We will enhance and update our understanding of the way we are perceived as an organisation. Towards the end of 2022, we commissioned and began piloting a rolling independent analysis of our media coverage to help us understand the degree to which we are portrayed as an 'effective, relevant and compassionate' regulator. This service is now established and we will be able to share data for 2023 in our annual update to Council in 2024. By the end of 2023, we will commission an external research provider to conduct our biennial perceptions study with a range of audiences during 2024. We have started work to develop the questions for this. They will include an improved set of questions for testing external perceptions of our key organisational behaviours, to support the GMC with its ambition to be a compassionate regulator.

Strategic theme: investing in our people to deliver their ambitions

51 During 2023 we will develop a refreshed vision and set of priorities for our Outreach teams, to provide clarity on the areas on which we want to have greater influence and how we will work more closely with regional, system and organisational leaders (particularly in England) as well as doctors and students. Our regional teams in England are scoping opportunities for engagement with both our well-established stakeholders and new relationships we are building within local systems. They will use this information to update their engagement plans as part of Outreach's business planning for 2024.

52 We are reviewing the support that we give to our teams to aid them with their professional development. By enabling colleagues to maintain and grow their skills, we can increase the impact and influence of our communications and engagement activity. We aim to complete this work during 2023.

Conclusion

53 The evidence that we collect about the impact of our work shows the performance of our communications and engagement activity has improved in several areas over the past 12 months. We also see a good level of satisfaction with the services that we provide the organisation. We will continue to find ways to enhance the effectiveness of our work, using the insights shared with us by our audiences, stakeholders and internal customers.

54 We will remain focused on enabling the organisation to achieve the aims of its Corporate Strategy. Several of our strategic priorities – such as regulatory reform, the new Welsh language standards, and the medical licensing assessment – are expected to reach the point of implementation during 2024. This year is therefore likely to be a busy and critical one for our teams.

55 Our external environment continues to be a challenging one in which to communicate, engage and influence. We will continue to be the organisation's eyes and ears, listening carefully to what our stakeholders and audiences are saying, and using these insights to help the organisation effectively manage the risks and opportunities it faces.

General Medical Council

Annex A

Four country update

Introduction

1 This paper provides more detail on the activities and engagement that we have delivered in the four countries of the UK since we provided our last 'four country update' to Council in April 2022.

2 The paper looks at each UK country in turn, using the three external-facing themes of our Corporate Strategy to categorise our work in each nation.

3 The information can be considered in conjunction with the annual national reports for 2022 (for Northern Ireland, Scotland and Wales) which Council considered at its meeting in April 2023.

Our work in Northern Ireland

Strategic theme: enabling professionals to provide safe care

4 We offer learning and development opportunities for doctors and medical students to help them better understand our ethical guidance and apply it in their day-to-day work. In 2022, our liaison advisers in Northern Ireland facilitated sessions with 1,710 doctors. We also engaged with all medical students in years 1, 3 and 5 at Queen's University and the first intake of year 1 students at the new Ulster University graduate medical school.

5 We offered three *Welcome to UK Practice* (WtUKP) workshops for doctors new to the UK, including bespoke sessions for doctors new to working in Northern Ireland. 18 doctors attended one of these sessions delivered by our local liaison adviser.

6 In 2023 we will work with the Northern Ireland Medical and Dental Training Agency to provide WtUKP sessions for all new international medical graduate trainees during the first week of their induction. We are also facilitating an event to showcase ED&I initiatives across the five health and social care (HSC) trusts and encourage a regional approach to support and induction for IMGs. The event will be an opportunity to share existing programmes of work aimed at promoting inclusion and fairness for international medical students and graduates. We will consider how support can be strengthened at a regional level.

7 During 2023 we will also begin the rollout of our professional behaviours and patient safety programme (PBPS) in Northern Ireland. Sessions supporting maternity services will be delivered in collaboration with the Nursing and Midwifery Council (NMC).

8 During the GMC's public consultation on its professional standards for the medical profession, *Good medical practice*, we held 11 consultation events on the new guidance. These involved stakeholders such as doctors employed by HSC trusts, clinical academics, clinical fellows and General Practice trainees. We also held two roundtables, bringing together both medical leaders and patient representatives.

9 In partnership with the NMC, we met with the Department of Health's (Northern Ireland) abortion task force in March 2023 to understand plans to expand abortion services across Northern Ireland in late Spring 2023. With the NMC, we offered to support awareness raising about legislative changes and relevant professional guidance with to our registrants in Northern Ireland.

10 In November 2022, we co-signed a letter to the medical profession, along with the Chief Medical Officer for Northern Ireland, setting out our commitment to doing what we can to ensure doctors are – and feel – supported and safe during the challenging winter period.

11 We have continued to co-chair and provide the secretariat for the Northern Ireland Joint Regulators Forum. The Forum enables regulators to share information to improve the identification of patient safety issues, support continuous improvement and inform policy development within healthcare systems. The Forum comprises the Nursing and Midwifery Council, the Regulation and Quality Improvement Authority (RQIA), the Pharmaceutical Society of Northern Ireland, the Northern Ireland Social Care Council, the General Dental Council, and the Health and Care Professions Council.

12 In November 2022, we submitted a response to the RQIA's draft strategic plan, welcoming their commitment to collaboration and information sharing with other regulators.

13 In April 2023 we will be participating in RQIA's Emerging Concerns Protocol scoping exercise. We will restate our commitment to working with them and other professional regulators to establish a Protocol for Northern Ireland that will provide a clear pathway for sharing data and intelligence on risks to patient safety. We will share our insights from how similar Protocols in the other UK countries work.

Strategic theme: developing a sustainable medical workforce

14 We are committed to working with our partners across the UK to understand the challenges that lengthy waiting lists and high demand for treatment have created, as well as the measures that can help to address these challenges. We have continued to engage with our partners in the Northern Ireland healthcare system and with Members of the Legislative Assembly to progress this agenda.

15 We shared data from the GMC's *State of medical education and practice* Workforce Report 2022 and our insights from engagement with BAME students in Northern Ireland to support a workforce-focused discussion at the Department of Health (Northern Ireland)'s Medical Leadership Forum in February 2023. We have also offered our support to the Department of Health (Northern Ireland)'s planned review of medical school places in the country, sharing our data and insights into factors that support medical recruitment and retention.

16 The Director of Workforce Policy of the Department of Health (NI) attended our Advisory Forum in October 2022. He provided an overview of Northern Ireland's Health and Social Care Workforce Strategy 2026 and the second Workforce Action Plan 2022/23 to 2024/25. Forum members noted the need for fresh thinking about workforce issues due to major shifts in the makeup of the medical workforce. They also highlighted the importance of creating open and supportive workplace cultures, welcoming our commitment to support medical leaders to develop the key skills to meet this challenge.

17 We continue to work with officials in the UK Government, the Department of Health (Northern Ireland), and the Medical Council of Ireland to explore options for establishing a form of emergency cross-border registration between the Republic of Ireland and Northern Ireland. As part of our work to plan for what may come after the EU exit standstill period, we are examining what solutions we could put in place to enable us to continue to recognise Irish primary medical qualifications.

18 We are continuing to engage with the Northern Ireland Responsible Officer Forum and HSC Leadership Centre to share our position regarding compassionate regulation and encourage fair and compassionate leadership.

Strategic theme: making every interaction matter

19 Twice a year, we bring together our partners in Northern Ireland through our UK Advisory Forum. We also have UK Advisory Fora in Scotland and Wales. Members of the Northern Ireland Forum include: representatives from the Department of Health (Northern Ireland); medical leaders; medical education bodies; improvement bodies; patient representative organisation. Our UK Advisory Fora allow us to focus on long term priorities, seek views on policy development, and identify areas of mutual interest that require our cooperation. The insights shared via the UK Advisory Fora improve our understanding of the challenges faced by the profession and highlight how we can work with our partners to address them.

20 In March and April 2023, we facilitated visits to Northern Ireland by our Director of Registration and Revalidation (Una Lane) and our Director of Strategy and Policy (Shaun Gallagher). They had a series of meetings with senior colleagues at Department of Health (Northern Ireland), the Patient and Client Council, the Regulation and Quality Improvement

Authority, and the Pharmaceutical society of Northern Ireland. They discussed areas of mutual interest, including learning from inquiries and reviews and workforce data.

Other issues

21 We continue to monitor and support several high-profile inquiries in Northern Ireland which are taking place at present.

22 In November 2022, we published our response to the Independent Neurology Inquiry, having reviewed the inquiry's findings and carefully considered its recommendations for our work as a regulator. We are committed to taking forward the Inquiry's recommendations for us, in collaboration with others, to better protect patients. We fully support the Inquiry's focus on creating a culture within the Northern Ireland Health and Social Care service where doctors feel able to raise concerns.

23 We continue to engage with the Department of Health (Northern Ireland) and their Expert Adviser, as they consider the Inquiry's recommendations. We expect to be invited to join the Neurology Inquiry Implementation Group.

24 Following a High Court decision to quash Dr Michael Watt's voluntary erasure we updated former patients of Dr Watt and key stakeholders on the GMC's action taken to immediately refer him to an interim orders tribunal and his suspension from the register. We continue to regularly engage with the Patient and Client Council to support their work with patients and families who have been affected by Dr Watt's practice.

25 We continue to monitor the progress of the Muckamore Abbey Hospital Inquiry and the Urology Services Inquiry, responding to information requests from the inquiry teams as required.

26 We have supported a Serious Adverse Incident review panel which has been established to review the care provided by a locum radiologist at Northern Health and Social Care Trust. We have provided clarification about the Responsible Officer regulations and the role we play as a regulator in supporting Responsible Officers to conduct their statutory function.

Our work in Scotland

Strategic theme: Enabling professionals to provide safe care

27 Our liaison advisers offer learning and development opportunities for doctors and medical students to help them better understand our ethical guidance and apply it in their day-to-day work. In 2022, our liaison advisers in Scotland facilitated sessions with 1,758 doctors and 1,402 medical students.

28 We continue to deliver *Welcome to UK Practice* workshops for doctors in Scotland who are new to the UK. We have commitment from health boards and NHS Education for Scotland that they will endeavour to run these sessions for all new international medical graduates (IMGs) joining the country's workforce. We are also working with these organisations to expand the induction support we can offer to IMGs.

29 In November 2022, we co-signed a letter to the medical profession, alongside the Chief Medical Officer for Scotland, setting out our commitment to doing what we can to ensure doctors are—and feel—supported and safe during the challenging winter period. During the last year, our liaison advisers have increased the number of sessions available to doctors to offer reassurance about the way that we regulate.

30 The consultation on the review of our *Good medical practice* guidance closed in July2022. In Scotland, we held a range of consultation events on the new guidance focusing on themes such as leadership, interprofessional boundaries, and equality, diversity, and inclusion. As part of this, we organised two roundtables. The first was attended by service leaders, including: medical directors; responsible officers; directors of medical education; and postgraduate deans. The second was attended by quality safety fellows, clinical leadership fellows and national clinical leads from Healthcare Improvement Scotland and NHS Education for Scotland.

31 To engage patients and the public with the consultation, we held a further roundtable with a range of patient groups focusing on the themes of patient-centred care, decision-making, and doctor-patient communication. We also worked with the Health and Social Care Alliance to ensure the review reached as many patients and members of the public as possible.

32 When the updated *Good medical practice* is published later in 2023, we will work with stakeholders, employers, doctors and patient groups to ensure its successful launch and implementation. We will engage with the Scottish Government to consider what help they can offer, such as linking this to their *Value Based Health and Care* strategy. Our Outreach team will also work with health boards and doctors across the country to support their adoption of the new guidance.

33 In 2023 we will work with medical schools to understand medical students' perceptions of the GMC and their views on entering a regulated profession, and how we can work together to improve these.

34 During 2023 we have engaged with our regulatory partners to improve intelligence sharing across Scotland. One of our key achievements has been supporting the establishment and implementation of a Sharing Intelligence Framework for Scotland. The Framework provides a way to share concerns and the opportunity for early-stage discussions between healthcare organisations. It will allow us and other organisations to make links between issues and to

work together to establish a wider view of the risks affecting healthcare and patient safety. The Framework includes an Emerging Concerns Protocol, and plans for professional healthcare regulators in Scotland to attend the Sharing Intelligence for Health & Care Group twice a year. The Group provides us with an opportunity to share the themes of the concerns we hear, both through engagement with the health service in Scotland and via our data and research, such as the national training survey.

35 Throughout 2022 we have supported the Scottish Government's ongoing work to establish a patient safety commissioner for Scotland. We have provided advice to the Government both directly and via their advisory group. We also responded to the Health, Social Care and Sport Committee's call for evidence on the bill designed to establish the new commissioner role. We supported our Director for Strategy and Policy, Shaun Gallagher, who gave oral evidence to the Committee's scrutiny session on the bill. During the session, he highlighted the GMC's support for the role of the Commissioner to be established and explained why data sharing between patient safety organisations was vital. He also emphasised the importance of the Commissioner promoting a culture of patient safety.

Strategic theme: Developing a sustainable medical workforce

36 We are committed to working with our partners in Scotland to understand the challenges that lengthy waiting lists and high demand for treatment have created as well as the measures that can help to address these challenges. We continue to engage with our partners in the Scottish healthcare system, and with Members of the Scottish Parliament, to advance this agenda.

37 We have offered our support to the Scottish Government with the implementation of the 'nurture' pillar of their workforce strategy, which was published in March 2022. This pillar aims to support the wellbeing of the health and social care workforce. The Scottish Government are following this by developing a strategy aimed at improving wellbeing and workplace cultures. We have contributed to the development of this, by feeding in the recommendations of the *Caring for Doctors Caring for Patients* report.

38 We have continued to promote our workforce data, including our *State of medical education and practice* report, to the Scottish Government's workforce team. We have also offered them regular data sharing workshops. Officials have commented on the value of the GMC's data to support evidence-based policy making. We are also supporting the Scottish Government's work to implement the Health and Care Staffing (Scotland) Act 2019. Their work has restarted after it paused during the pandemic. We have offered input to their supporting guidance and will respond to their consultation on this which we expect this summer.

39 At our UKAF meeting in November 2022, in the context of continuing system pressure, we discussed our *State of medical education and practice: the workforce report* 2022. We were joined by the Scottish Government's Deputy Director of Leadership, Culture and Wellbeing who gave a presentation on their new leadership programme 'Leading to Change' and its focus on leading with kindness. Our discussions focused on the use of data in supporting workforce planning, the need for strategic thinking about how to provide the best care in Scotland given the significant changes happening in the workforce, the role that IMGs play in Scotland and the need to continue conversations on supporting them clinically and holistically, and the need to consider compassion and wellbeing within training.

40 In 2021, we committed to eliminating disproportionate fitness to practise referrals, as well as eliminating differential attainment in medical education. These are stretching targets and require collaboration with partners across the health system. To help inform and shape policy decisions in Scotland, we are sharing our data on equality, diversity and inclusion (ED&I) with the Scottish Government, education bodies, and organisations representing doctors. We have also engaged and collaborated with groups including the Scottish Government's Leading to Change Equalities Sub-Group, the NHS National Ethnic Minority Forum, and BMA Scotland's Race Equalities Forum.

41 In 2021, we asked all postgraduate training organisations in the UK, including NHS Education for Scotland (NES), to submit an equality, diversity and inclusion action plan outlining what they are doing to address the attainment gaps of doctors in training. In 2022, we reviewed these action plans, and followed up with a discussion. We will continue to engage with NES over the next few years in order to identify areas of best practice and opportunities for shared learning.

42 Meanwhile our liaison advisers in Scotland have led sessions with trainers, consultants, students, and equalities groups on ED&I and our *Fair to Refer?* report to highlight the role they can play in reducing the disproportionality that exists in employer referrals and educational attainment.

43 In addition, our employer liaison adviser in Scotland has continued to support Responsible Officers (ROs) in the country to address emerging fitness to practice concerns, consider local resolution where appropriate, and confirm the steps ROs have taken to make sure GMC referrals are fair and consistent.

44 In September 2022, our team in Scotland held their annual education roundtable event. At the event, we discussed ways to make improvements to medical education and training in response to some of the challenges and opportunities that became apparent during the pandemic.

Strategic theme: making every interaction matter

45 As mentioned earlier in this paper, we bring together our partners in Scotland through our UK Advisory Forum. Members include representatives from the Scottish Government, medical leaders, medical education bodies, improvement bodies, and patient representative organisations.

Our work in Wales

Strategic theme: Enabling professionals to provide safe care

46 We offer learning and development opportunities for doctors and medical students to help them better understand our ethical guidance and apply it in their day-to-day work. In 2022, our advisers in Wales facilitated sessions with 1,050 doctors and 489 medical students.

47 In March 2023, the Interim Head of GMC Wales and our Wales Outreach team met with the Director General for Health and Social Services and the NHS Wales Chief Executive, the Chief Medical Officer and Deputy Chief Medical Officer to discuss our Outreach offer in Wales and how this could be used to health boards and their leadership teams. We will continue to progress our bespoke packages of Outreach support for health boards throughout 2023. We are also currently developing an offer for health boards' leadership teams linked to the updated version of *Good medical practice*, which we will pilot later this year.

48 In November 2022, we co-signed a letter to the medical profession, alongside the Chief Medical Officer for Wales, setting out our commitment to doing what we can to ensure doctors are—and feel—supported and safe during the challenging winter period.

49 We responded to the Welsh Government's consultation on introducing a duty of candour. We welcomed the introduction of this duty as it supports our existing guidance and will bring Wales into alignment with legal requirements in England and Scotland (which will provide clarity for patients receiving care in another UK country).

50 The consultation on the review of our *Good medical practice* guidance closed in July 2022. In Wales, we held consultation events on the new guidance with a wide range of stakeholders including medical students, clinical fellows and Y Gymdeithas Feddygol (an association which promotes the use of the Welsh language in healthcare). We also hosted a roundtable event with key partners including the British Association of Physicians of Indian Origin Wales Division, the British Medical Association Cymru Wales, Health Education and Improvement Wales, and the Welsh Government. We also presented and sought feedback on the updated guidance at various fora including the All-Wales Medical Directors Group.

51 To enable regulators and other healthcare partners in Wales to work together to promote and protect patient safety, as part of our work in 2022 we chaired and provided secretariat to the Wales Regulators' Forum. The Forum enables regulators to:

- share information about improving the impact of regulation
- explore opportunities for regulatory alignment
- communicate collaboratively
- share best practice and lessons learned
- and identify opportunities for joint working to support system improvements

52 During 2022, we also participated in the twice-yearly Healthcare Inspectorate Wales (HIW) Healthcare Summit with regulatory partners including health boards, the Nursing and Midwifery Council (NMC), and the Board of Community Health Councils in Wales. These summits provide a space to share intelligence on the quality and safety of healthcare services in Wales. As part of the Summits, we initiated work with HIW, other healthcare regulators, and audit, inspection, and improvement bodies to establish an Extraordinary Summit process. This process provides arrangements for the swift assessment of, and response to, significant emerging patient safety concerns.

Strategic theme: Developing a sustainable medical workforce

53 To support workforce planning in Wales we have continued to promote our data, including our *State of medical education and practice report*, to the Welsh Government. This included sharing a data pack directly with the Minister for Health and Social Services (Baroness Eluned Morgan), during our introductory meeting with her. We also share data packs with the Deputy Chief Medical Officer for Wales during our quarterly meetings with him, and in regular data sharing workshops with Welsh Government's workforce team.

54 We are also engaging with Responsible Officers and Medical Directors to share learning and to encourage fair and compassionate leadership and supportive workplace cultures. We have prioritised this work throughout 2022 and 2023.

55 In 2021, the GMC announced targets to eliminate disproportionate fitness to practise referrals in relation to ethnicity and origin of medical qualification by 2026. We recognise that meeting these targets requires collaboration and action from many of our stakeholders. We have therefore made sure that these goals are central to our engagement with partners in Wales. In 2022, we continued to work towards these objectives, including in collaboration with Healthcare Education and Improvement Wales (HEIW), to develop plans and resources to address differential attainment in the country.

56 In 2021, we asked all postgraduate training organisations in the UK, including HEIW, to submit an equality, diversity and inclusion action plan outlining what they are doing to address the attainment gaps of doctors in training. We reviewed HEIW's action plan in 2022, and we will continue to engage with them to identify emerging areas of best practice and opportunities for shared learning.

57 We have offered our support to universities, NHS employers, and others in Wales to help them better understand and address needs in this area. We hold a wealth of data and insights on ED&I issues relating to doctors and have committed to sharing this with the Welsh Government (to support workforce planning) and with Members of the Senedd (to inform policy making in this area). In 2021, we responded to the Welsh Government's consultation on the national Race Equality Action Plan – now called the Anti-racist Wales Action Plan. The final plan, published in 2022, contained our differential attainment data and made provision for improving against this.

58 Through our presentations at our UKAF meetings and other stakeholder engagements, we have provided updates from our data on the significant and growing proportion of doctors in Wales who graduated outside the UK and who have become specialty grade and locally employed doctors.

59 Our research shows that early support for international doctors is important to helping them settle in to working in a new country, which in turn has a positive impact on patient safety. To support international medical graduates (IMGs) in Wales, we have been working with HEIW and individual health boards to develop induction and training for them. We have agreed with NHS Wales Shared Services Partnership, the body in Wales that plays a key role in recruitment, that we will have a discussion with them this year about how we might support their induction programmes too. We have already incorporated elements of our *Welcome to UK Practice* workshops into enhanced induction events for IMGs across south Wales. These workshops are tailored to healthcare in Wales.

60 We sit on the Health Education and Improvement Wales (HEIW) IMG/SAS Doctor Expert Advisory Group which brings together leaders from several organisations to develop strategies to support early years IMG doctors (including SAS doctors) across Wales. We are co-writing a report that identifies areas of good practice across Wales where IMG doctors are being effectively supported and developed, particularly in their early careers.

Strategic theme: making every interaction matter

61 As mentioned earlier in this paper, we bring together our partners in Wales through our UK Advisory Forum. Members include representatives from the Welsh Government, medical leaders, medical education bodies, improvement bodies and patient representative organisations.

62 At our UKAF meeting in October 2022, we welcomed presentations from stakeholders who talked about the importance of a multi-professional approach to leadership and inclusivity, called for investment to develop a community of medical leaders, and commented on how standards set by regulators can support and shape medical leadership.

63 We also held a meeting with Cardiff University School of Medicine. The meeting was held in Welsh and English, and we heard from educators about the background, context and future of bilingual medical education in Wales. We also had the opportunity to hear from students about their experiences and reflections on studying medicine bilingually. We heard that developing doctors who can practise confidently in both languages contributes to the quality of care for patients, and also the recruitment and retention of doctors in Wales.

64 In November 2022, we established an internal, cross-directorate project board to prepare our response to the Welsh Language Commissioner's consultation on our draft compliance notice for Welsh language standards and to oversee our progress towards compliance.

65 We responded to the consultation on 22 March 2023 and should receive our final compliance notice in the next few months. We expect to be subject to the majority of the standards by November 2023.

66 To help us prepare for the introduction of the new Welsh language standards, we have convened a Welsh Language Joint Regulators' Forum to share opportunities, best practice and challenges. We have also cultivated a positive relationship with the Welsh Language Commissioner's Office.

67 During 2022 we also proactively engaged with Welsh-speaking registrants and medical students, including facilitating a session on leadership and the Welsh Language Standards at the Y Gymdeithas Feddygol annual conference, which was well received.

Other issues

68 In June 2023 we will be joined by our new Head of GMC Wales, Gethin Matthew-Jones. Throughout the summer, we will focus on building and supporting his relationships with key partners and stakeholders in Wales, via introductory meetings and attendance at events.

69 The review of maternity services at Cwm Taf Morgannwg University Health Board concluded in 2022. We have continued to engage with the Independent Maternity Services Oversight Panel (IMSOP) as they drafted and then published their final reports. This included liaising with IMSOP over the inclusion of recommendations which related to the GMC, one of which on reflective practice. Following completion of the review, we attended a learning event about its findings.

70 Following publication of the review, our Outreach advisers have been working with the NMC to identify opportunities to deliver joint sessions on professional behaviour at Cwm Taf, as

well as offering workshops on record keeping (an issue raised by the review). Our advisers will deliver training to the whole leadership team across the health board in Q3 2023. This will cover compassionate leadership, fostering cultures of speaking up and providing support for raising concerns.

England

Strategic theme: Enabling professionals to provide safe care

71 Our liaison advisers in England delivered learning sessions about our professional standards to 17,792 doctors and 10,674 medical students in 2022.

72 Our advisers ran over 200 engagement events to support the public consultation on our updated guidance, *Good medical practice*. We ran many of these events in partnership with healthcare organisations, including the Medical Women's Federation, the Association of Lesbian, Gay, Bisexual, Transgender, Questioning and Others (LGBTQ+) Doctors and Dentists, the British Association of Physicians of Indian Origin and the British Islamic Medical Association. The expertise of these organisations supported honest conversations about how the draft updated guidance might work in different settings and across different career stages.

73 There are widespread concerns about the quality and safety of maternity services in England, following a series of inquiries and reviews (such as the Independent Investigation into East Kent Maternity Services and the Independent Review of Maternity services at Shrewsbury and Telford Hospital NHS Trust). We are working with our partners (in particular, the Nursing and Midwifery Council (NMC) and the Care Quality Commission (CQC)) to understand and act on concerns to help improve the culture in maternity departments. As part of this, we are working with the NMC and CQC to develop a shared data platform that will help us to identify struggling maternity departments.

74 During 2022, our objectives in England have been to:

- work with the NHS England Perinatal Culture Group to support the development of The Perinatal Culture and Leadership Programme
- continue to support national, regional and local partners (through such bodies as the Regional Perinatal Oversight Groups and National Perinatal Safety Surveillance and Concerns Group) and initiatives in the perinatal space
- work with the NMC to roll out our professional behaviours and patient safety (PBPS) programme to relevant maternity services. In England we set ourselves the target of delivering a minimum of 15 PBPS sessions in maternity services in 2022.

75 We have established positive collaborative relationships with Regional Chief Midwives and Regional Obstetrics and Gynaecology leads across England. We have also continued to work with Regional Perinatal Oversight Groups, sharing our intelligence in order to triangulate concerns about maternity services. This approach has helped us target our professional behaviours programme at the appropriate maternity services.

76 We co-delivered 18 professional behaviours sessions with the NMC to maternity units in 2022. Although we met our target for the year, many maternity services have been unable to engage with this programme due to staffing pressures.

77 We have also worked with the NHS England Perinatal Culture Group to support the development of the Maternity and Neonatal Board Safety Champion (BSC) programme and the Perinatal Culture and Leadership Programme.

Strategic theme: Developing a sustainable medical workforce

78 Our Corporate Strategy has renewed our commitment to foster a culture of equality, diversity and inclusion in everything we do as a regulator and employer. We set our equality targets to highlight the need for meaningful action to address longstanding inequalities and the impacts of racial discrimination and disadvantage.

79 This is a particular priority for our Outreach teams who are currently focussing their work in four main areas:

- working closely with employers to understand how they identify impartial checks to address disproportionality; advising them on changes to local disciplinary handling processes to ensure their processes are fair and consistent and supporting them by sharing good practice
- working closely with employers to understand how they are supporting specialty and specialist grade (SAS) doctors through formal and informal methods and developing a range of initiatives to assist them
- working with employers to change the processes their organisations have for employing locums to ensure that the locums receive feedback and that any concerns about locums are addressed
- looking at how we can support the embedding of the findings of our research *Good Conversations, Fairer Feedback* into the training environment for doctors.

80 In addition to these areas of focus, our Outreach teams are engaged in a wide range of activity nationally to influence change in the system. This includes:

- continuing to identify national and regional opportunities to collaborate with system partners and key stakeholders, including NHS England's Medical Workforce Race Equality Standard team, to ensure our priorities are aligned and that we are amplifying

each other's efforts. This led to the development and launch in February 2023 of the Medical Workforce Race Equality Standard – a commitment to collaborate: the first five. This sets out practical actions based on data and evidence to tackle existing inequalities in the medical workforce.

- providing advice on how to achieve fairness and impartiality in local disciplinary handling processes.
- working with England's NHS Resolution to amplify each other's work in supporting the development of compassionate workplaces
- training doctors in addressing issues of discrimination if they witness it and where they can seek support if they experience it
- ensuring Outreach case-based conversations and development within the ELA speciality have considered aspects of culture and inclusion, to build both our confidence and knowledge base in discussing issues with ROs.
- working to embed within organisations *Welcoming and valuing IMGs* –

  a standardised induction for IMGs which was developed with MWRES, BMA, HEE and MPS and launched in June 2022

81 Across the regions of England, we have also delivered a variety of activity aimed at addressing our targets and ensuring workplaces for doctors are inclusive and supportive.

82 For example, in one system in the South of England we are working with an Integrated Care Board (ICB)'s Chief Medical Officer to support the system's development of a MWRES charter to include delivery of *Welcome to UK Practice* and engagement sessions for medical leaders on managing doctors in difficulties. This will directly embed the learning from our *Fair to Refer?* Report. We hope to use the model in this system to encourage other systems to work with us to deliver the same, as our relationships with ICBs mature.

83 In the North of England, we are piloting a local offer for international medical graduates called 'thriving in the UK'. These sessions will take place six months after their initial *Welcome to UK Practice* workshop. We are also delivering on other local and regional inductions for doctors new to the UK, including a collaborative model with NHS England in the North East.

84 In the East of England, we have been working with Health Education England (now part of NHS England) to pilot enhanced induction for IMGs virtually. We have delivered four W*elcome to UK Practice* workshops as part of these induction days.

85 In London, we have formed an MWRES Steering group with key stakeholders (including NHS London and the BMA) and we will be prioritising three areas: support for SAS doctors, data to measure impact at a regional level, and embedding the IMG induction.

Strategic theme: making every interaction matter

86 We continue to build our engagement with national-level organisations in England, including progressing our relationships with employer organisations (such as the NHS Confederation and NHS Providers) and bodies representing the medical profession (such as the British Medical Association and the medical royal colleges). We have relationship plans in place for our most strategic and complex relationships. These plans have helped us to grow our relationships and improve the internal co-ordination of our engagement, resulting in an improved experience for our partners.

87 We also provide support for regular engagement by our Chair and Chief Executive with senior officers of the British Medical Association (such as Professor Philip Banfield, the BMA's Chair of Council, and Dr Mark Corcoran, Chair of the BMA's Professional Regulation Committee). In June 2022 we delivered a breakfast event at the BMA's Annual Representative Meeting (ARM) where our Chair and Chief Executive spoke to and took questions from over 40 BMA members who attended the conference. In January 2023, we supported the Chief Executive with his attendance at a meeting of the BMA's Professional Regulation Committee. Members welcomed the support we were showing for doctors experiencing winter pressures and our engagement with the Committee.

88 We have continued to build constructive working relationships with officials at the Department of Health and Social Care, by hosting visits to the Clinical Assessment Centre in Manchester and briefing them on our work. We worked closely with DHSC officials in the run-up to the review of the post-Brexit standstill regulations that govern how we register holders of EEA qualifications and influenced the Department for International Trade (which has since become the Department of Business and Trade) on the inclusion of provisions impacting the GMC in trade agreements with third countries.

89 We have maintained our engagement with a range of MPs from across the political spectrum who represent constituencies in England, as well as with members of the House of Lords, on strategic priorities for the organisation. In November 2022, we held a dinner with eight Peers in the House of Lords dinner to discuss workforce pressures facing the medical profession and how regulatory reform can help play a part in supporting wider healthcare challenges. Then, at the start of 2023, we briefed Peers ahead of a debate in the House of Lords on the Retained EU Law Bill after we identified that it could result in the removal of our EEA pathway to registration. An amendment was submitted at committee stage seeking to exclude the relevant regulations from the Bill and the minister stated that the standstill amendments which operate the relevant European qualification pathway would be excluded from the Bill.

90 Finally, as part of the GMC's commitment to improve the way that it involves patients and the public in its work, we have continued to strengthen our relationships with organisations in England that represent the interests of patients and the public. These organisations include Action against Medical Accidents and Healthwatch England. We are playing an active role in NHS England's People and Communities Forum and provide the secretariat for a joint regulatory group on patient and public involvement. We have also hosted two roundtable meetings with patient groups, which were well attended by organisations representing patients across the four UK nations. These roundtable meetings included sessions on regulatory reform and our changes to our professional standards for doctors, *Good medical practice*. We have received positive feedback from attendees about their experience of participating in these meetings.

General Medical Council

Annual update on communications and engagement

Annex B: Key data

June 2023

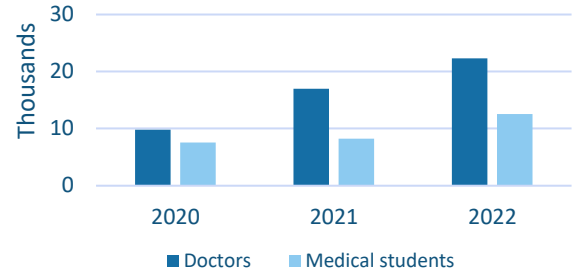
1. Enabling professionals to provide safe care

Example objectives from SC&E strategic plan

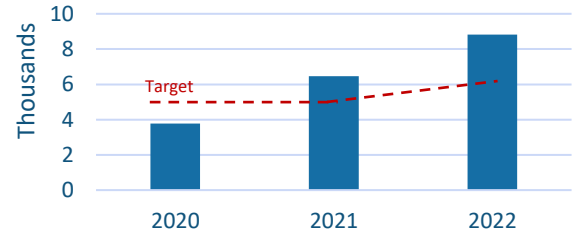
	Baseline	2021	2022
By the end of the strategy, we'll have improved users' satisfaction with the standards and ethical content on our website by 20%. Our average Net Promoter Score (NPS) for this area will be above 50.	2020 = 44	51	58
In each year of the strategy, at least 75% of doctors who experience our liaison adviser sessions say they'll change their practice as a result.	2019 = 75%	78%	76%
In each year of the strategy, at least 90% of doctors who experience our liaison adviser sessions say their knowledge of the GMC, our role and our standards has improved.	2019 = 90%	93%	93%
Throughout the strategy we'll maintain the current quality of our relationships with our national partners and stakeholders, with 90% saying their working relationships with us are good.	2020 = 88%	*No data**	96%
By the end of the strategy, 70% of our national regulatory partners and strategic relationships say that we are a collaborative organisation.	2020 = 60%	*No data**	100%
In each year of the strategy, we'll maintain our current conversion rate of referrals from Responsible Officers with ELA involvement becoming investigations (95%), demonstrating the quality of their advice.	2020 = 94%	94%	90.2%

Other key data

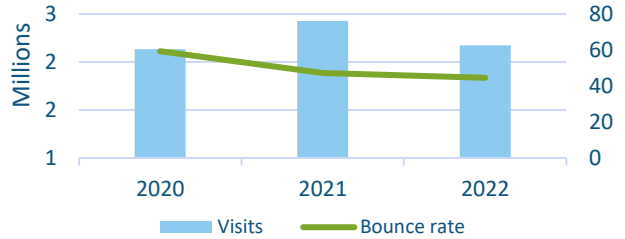
Outreach learning sessions: reach



Welcome to Practice sessions: reach



GMC website: views of ethical content/bounce rate (%)



* Our means of evaluating this objective, our biennial perceptions survey, was not held in 2021.

2. Developing a sustainable medical workforce

Example objectives from SC&E strategic plan	Baseline	2021	2022
By the end of the strategy, 90% of our regulatory partners will say they value our data and insights and that they help them with their work.	*No baseline*	*No data**	95%
Over the course of the strategy, we'll build support for regulatory reform among our key stakeholders to a level where 50% say they support the changes.	*No baseline*	*No data**	62%

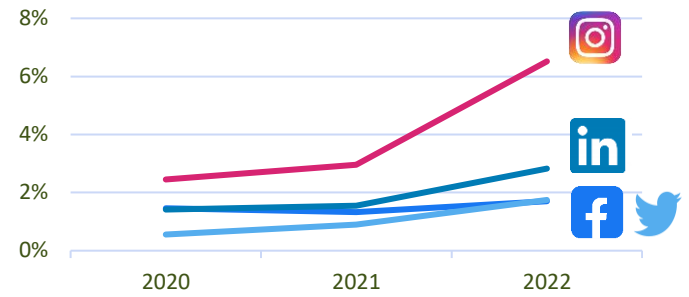
* Our means of evaluating this objective, our biennial perceptions survey, was not held in 2021.

3. Making every interaction matter

Example objectives from SC&E strategic plan	Baseline	2021	2022
Throughout the strategy, 90% of those participating in our liaison adviser sessions say they will recommend them to their colleagues.	2019 = 92%	95%	93%
Throughout the strategy, 75% of our national-level relationships will agree that we listen to them and use their views to shape our work.	2020 = 75%	*No data**	80%
Throughout the strategy we'll maintain the current quality of our working relationships with Responsible Officers and their teams, with 85% of them saying their overall working relationship with the GMC is good.	2020 = 88%	*No data**	91%
Throughout the strategy, we'll respond to 95% of journalists' enquiries within the deadline that we agree with them.	2020 = 99%	99%	99%
Throughout the strategy, 90% of people in our directorate tell our annual people survey that they speak positively about the services provided by the GMC.	2020 = 93%	83%	86%
By the end of the strategy, we will have improved users' satisfaction with our website by 50%. Our average Net Promoter Score (NPS) will be above 50.	2020 = 35	33	27

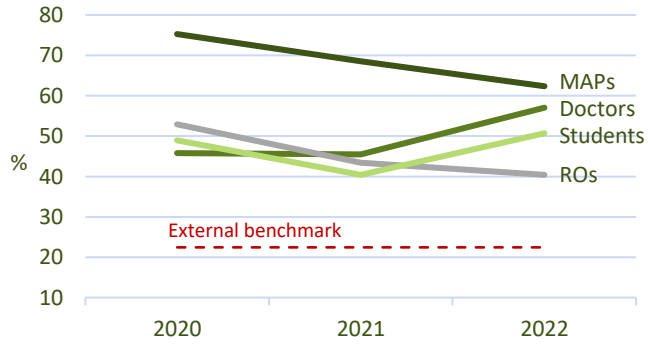
Other key data

Engagement rates (%) with GMC-posted content on social media (annual averages)



Median engagement rates for all industries globally are:
Twitter - 0.035%; Facebook – 0.06%; Instagram – 0.47% (Source: Rival IQ, 2023).

Engagement rates (%) with GMC audience e-bulletins (annual averages)

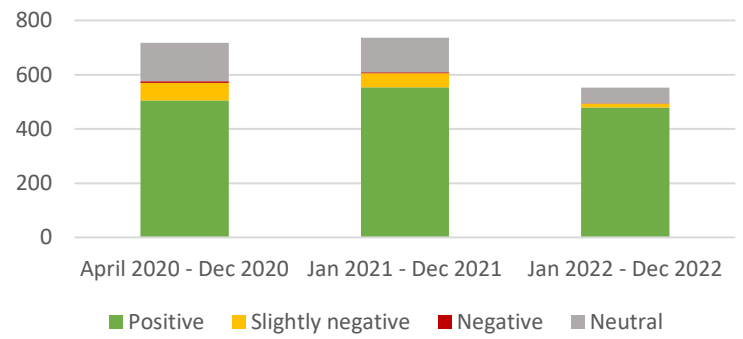


4 * Our means of evaluating this objective, our biennial perceptions survey, was not held in 2021.

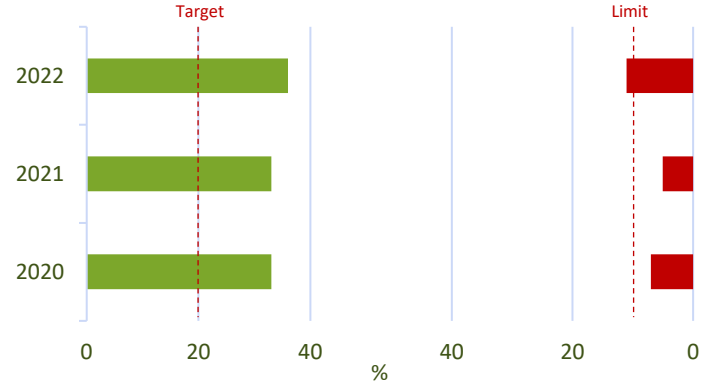
3. Making every interaction matter (continued)

Other key data

Volume and sentiment of engagements with regulatory partners and strategic relationships recorded in GMC's Engage system

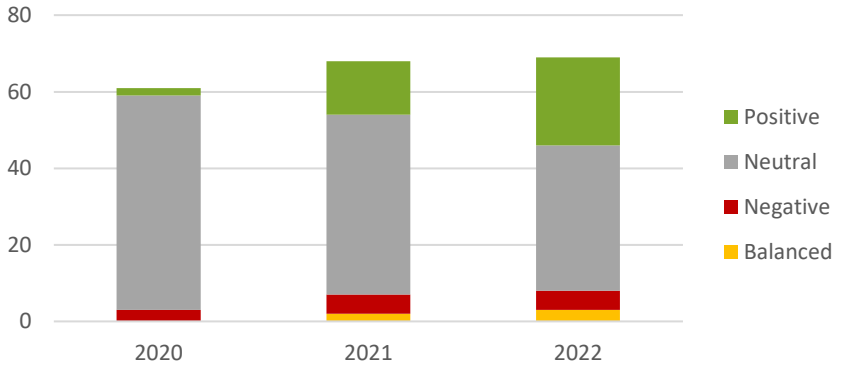


Sentiment of GMC and MPTS media coverage*

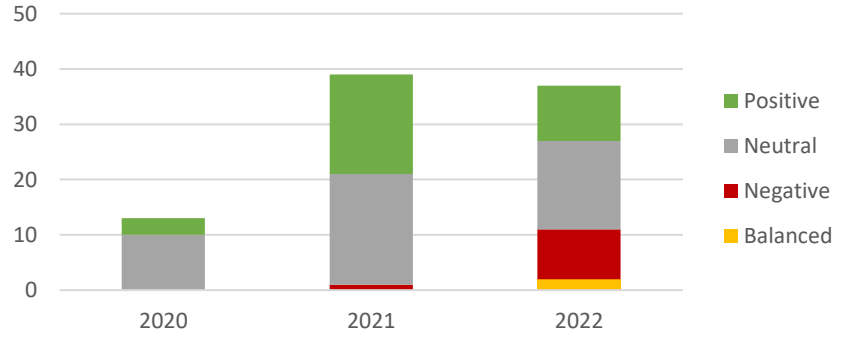


* Source: In-house media evaluation

Volume and sentiment of GMC mentions in House of Commons*



Volume and sentiment of GMC mentions in House of Lords*



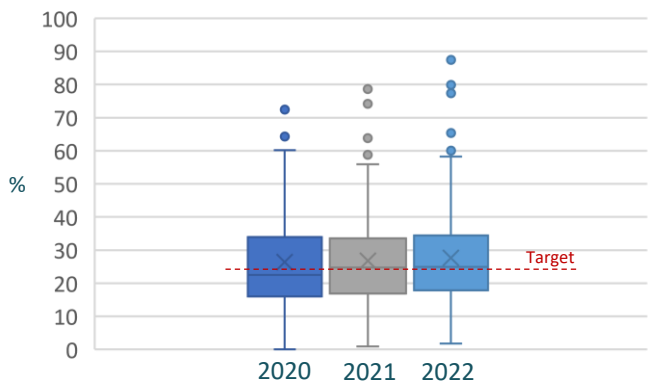
* Source: Theyworkforyou.com

4. Investing in our people to deliver our ambitions

Example objectives from SC&E strategic plan	Baseline	2021	2022
By the end of the strategy, we will have increased our inclusion score as a directorate from 59 to 80.	2020 = 59	71	77
By the end of the strategy, 80% of our directorate will say they have had the opportunities to develop new skills.	2020 = 66%	69%	70%
By the end of the strategy, our marketing communications team will have reduced their print expenditure by 95% (to just over £3,000).	2020 = £63.9k	£64.5k	£802

Other key data

Engagement rates (%) with news content on GMC's intranet



General Medical Council

Complaints and compliments report

Action	To note
Purpose	To provide Council with information on our handling of customer complaints from October 2022 – March 2023, identifying key trends and summarising any business improvements that arise as a result of learning from complaints across the organisation.
Decision Trail	As agreed at the meeting in November 2017, Council will receive a biannual report on customer complaints and compliments. This is the first update for this year. This report was considered by the Executive Board on 30 May 2023.
Recommendation(s)	Council is asked to note the review of customer complaints and compliments and discuss any issues arising from the trends identified.
Annexes	Annex A: Complaints Report
Author contacts	**Jennifer Broadley**, Head of Corporate Review Team Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	**Sophie Brookes**, Assistant Director

Agenda item M12
Complaints and Compliments Report

Background

1 The GMC has ISO 10002 accreditation for customer complaints handling, which is audited annually. The last audit in October 2022 was successful and no non-compliances or opportunities for improvement were identified. The auditor will consider our processes again in October 2023.

2 We will continue to provide information to the PSA at their request, in line with their standard. This formalises actions we already take and provides an additional layer of external oversight of our complaints handling.

October 2022 – March 2023 trends

3 We received 745 complaints in the period, a decrease of 15% compared to the preceding six months (April – September 2022), where we received 843 complaints. In the same period in the previous year, we received 32% more complaints (1,089).

4 We responded to 860 complaints, 11% fewer than the 956 complaints responded to between April – September 2022. Between October 2021 and March 2022, we responded to 5% fewer complaints (819).

5 We replied to 75% (644) of complaints with an explanation, compared with 68% (650) for the period April – September 2022. Between October 2021 – March 2022, we responded to 71% (582) of complaints with a further explanation. In this reporting period, a further 14% (126) of complaints were resolved as part of a campaign response. Campaign complaints tend to be about the GMC's general position rather than a specific service the GMC has provided to an individual, for example when a case has received large amounts of media coverage.

6 5% (46) of complaints concluded with us apologising for a service failure, an 45% decrease on the 83 apologies issued between April – September 2022. Complaint volumes were 15% higher between April – September 2022 and given 126 complaints received in this reporting period were part of a campaign response, we would expect to see a decrease in the volume of apologies issued. We generally issue apologies in around 10% of the complaints received so it is positive to see this figure has decreased. Examples of service failure include significant delays to our handling or administrative errors such as communicating by email when the customer has requested all correspondence is sent by post.

7 The remaining 6% were either closed with no response, as a result of us previously terminating correspondence on the specific issue(s) in the complaint or were signposted to other areas of the business such as a review under Rule 12 or an information access request.

8 Our complaints policy allows for three stages of escalation. Previous external audits have confirmed that it is important to manage a customer's expectations and not to unfairly raise their expectations by engaging in lengthy, repetitive correspondence. Taking this into

account, the Corporate Review Team send the intended final response and explain that we have exhausted all of the mechanisms available to us to address their complaints. Our letters also set out that, absent of new information, we will not be responding further on the issues related to that complaint. To contextualise, of the 745 complaints received, 38 were considered under stage three of our complaints policy. In 31 complaints, we received no further correspondence and seven reiterated their complaints but were not responded to.

9 We met the 10-working day service level agreement ('SLA') in 60% of complaints. Most directorates work towards an SLA of 90% but we are conscious that Registration and Revalidation work to a 95% target. We are continuing to see a significant drop in the SLA because of resource challenges across the complaints teams. We will continue to monitor this and consider whether there are any trends to indicate we may need to consider the level and allocation of resources.

10 Of the 381 complaints not responded to within the 10-day SLA, 188 of these were as a result of workload issues across the organisation. In 73 of those complaints, responses were sent on day 11 as part of a campaign response. Absences, both planned and unplanned, also resulted in some delays to complaint responses, with signatories being unavailable in 25 complaints, and general staff absence impacting a further 35 complaints. Finally, we saw 42 complaints which raised complex issues and needed input from other areas of the organisation, such as ED&I or legal. For each of those complaints, we responded within 15 days and the customer was kept updated throughout the process. Although we haven't met the SLA as often as we'd like to, we have not seen an increase in complaints relating to delay. For this period, complaints about delay accounted for 4% (27) of the total complaints received.

11 At the time of writing, we had recorded 557 compliments across the directorates, excluding compliments received by the contact centre.

12 The only notable trend in the complaints received related to our position on the Dnipro institute, and our position that we would no longer accept this qualification. Of the 293 complaints received by Registrations and Revalidation in 2023 Q1, 50 (17%) of these related to the Dnipro institute and acceptable qualifications.

13 Of the 745 complaints received, 82% (611) were resolved at the first stage of our processes. A further 7% (55) were resolved at the second stage, with only 5% (38) escalating to the Corporate Review Team for an intended final response. It is positive to see that most complaints continue to be resolved at the earliest possible point in our complaints handling process, and that the further explanations provided are helpful to address the complaints raised.

14 We have continued to log complaints which feature an element of equality, diversity, and inclusion/Equality Act issues. During this period, 3% (26) of complaints included references to

equality, diversity and inclusion issues. This was a 50% decrease on the 52 complaints containing equality, diversity and inclusion issues between April – September 2022. The decrease is largely as a result of more campaign emails being received during this period and lower complaint volumes generally. In each of these complaints, we were satisfied that the complainant's interactions with us had been in line with our processes and there was nothing to suggest there was any evidence of discrimination.

15 As with the previous papers, most complaints are recorded by R&R. This is in the context of the directorate having by far the most interactions with doctors and the public, in handling doctors coming on and off the register, revalidation, the contact centre and PLAB.

16 In the reported period, FTP recorded 24 complaints, the majority of which continued to be based on general dissatisfaction with the GMC's approach. Between October 2022 – March 2023, 4,801 triage enquiries were received, which is an increase on the 4,265 received between April – September 2022. It is positive to see that we only saw complaints in less than 1% of interactions.

17 The Corporate Review Team recorded 64 complaints, 38 of which were escalated from other areas of the business. In the same period, 288 decisions not to commence a review of an FTP decision were sent by the Corporate Review Team.

Business improvements

18 Since the last report, we have carried out a further two improvements. The first related to reviewing our communications on Temporary Emergency Registration once it became clear that this was going to be extended.

19 The second improvement related to listings for Interim Orders Tribunals. The MPTS have issued a reminder to teams to notify parties of the start time of an IOT on the day of the hearing, particularly if the planned time was going to be delayed.

20 As a result of feedback from complaints, we have identified a further five improvements:

a The Clinical Assessment team are implementing measures to prevent the issue of candidates receiving the wrong arrival time in their emails. This arose because a doctor was advised to attend the early PLAB circuit, but subsequently had to wait for the later circuit.

b The revalidation team are reviewing their correspondence to consider whether the tone could be more compassionate.

c After a doctor handed documents in to the Reception desk, we've identified that there should be a process to ensure a receipt is given to them to ensure no documents are lost.

d We are considering whether an update should be made to the website to make it clearer that doctors applying for Voluntary Erasure may need to provide a Certificate of Good Standing with their application.

e A complaint escalated to stage three helped us to identify that it would be useful to highlight on GMC Online whether a doctor is applying to give up their license *or* their registration prior to completing the application.

Other improvements in the period

21 The Corporate Review Team have continued to provide refresher training and guidance around the use of the unreasonable behaviour policy and where it might be appropriate to issue warnings or restrictions under the policy. A package of materials will be available on Inside Info in the coming months.

22 With ED&I colleagues, the Corporate Review Team have carried out a training needs survey to establish which areas of ED&I work complaints advisers may need additional support with, and how our guidance can be updated to accommodate that. We identified a need for additional guidance relating to ED&I complaints, focusing more on how to demonstrate the comparator in the response as well as a checklist for complaints advisers to ensure consistency across the organisation.

Compliments

23 The majority (547) of the 557 compliments recorded were received by R&R. As well as general emails expressing thanks, there were positive comments about processes and the manner in which customers were dealt with both on the phone and via email, for example:

a ‘I just wanted to say how brilliant [the Investigation Officer] has been during my dealings with her – professional, unflappable with excellent attention to detail and a hard worker. She has been hugely supportive throughout his case and is a huge asset to the GMC.’

b ‘I am absolutely thrilled!!! Thank you so much. It was a long process but so worth it. I could not have done this without your guidance and your patience and for that I would like to thank you so much. I really am very grateful to you.’

c ‘Thank you so much for your kindness and patience toward me during this process. It has been a pleasure to work with you.’

d ‘Thank you to both of you for your support over the last few weeks - it has really helped during what has been quite an unsettling time!’

e ‘I am writing to thank you and the Appeals team for guiding me through the process. As I mentioned during the appeal, this was the only time in my application process, where I could meet someone in person and explain my situation.

I found the Appeals process to be fair and transparent and am very grateful for the extra consideration that the panel took to ensure that I was not at a disadvantage for representing myself. I would be grateful if my appreciation can be conveyed to the Appeals panel if possible.'

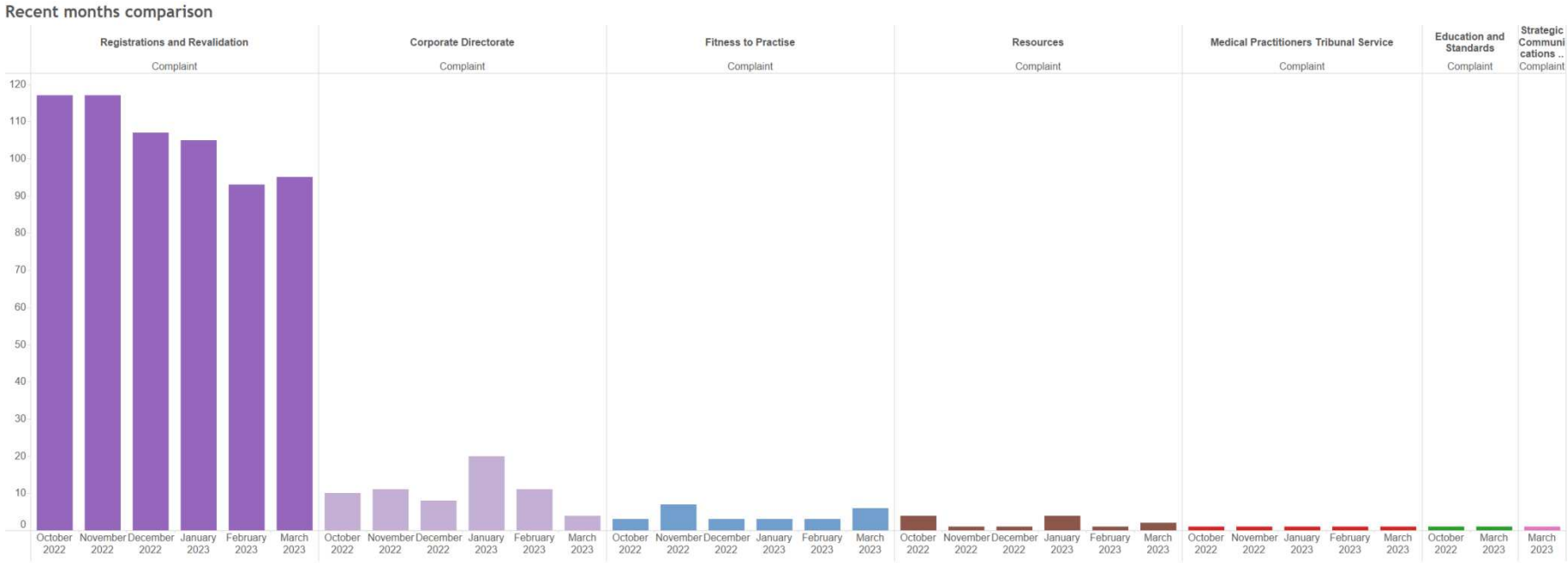
f 'You are wonderful. I hope you are appreciated at the GMC!'

General Medical Council

Annex A

Complaints and Compliments report

Number of complaints received



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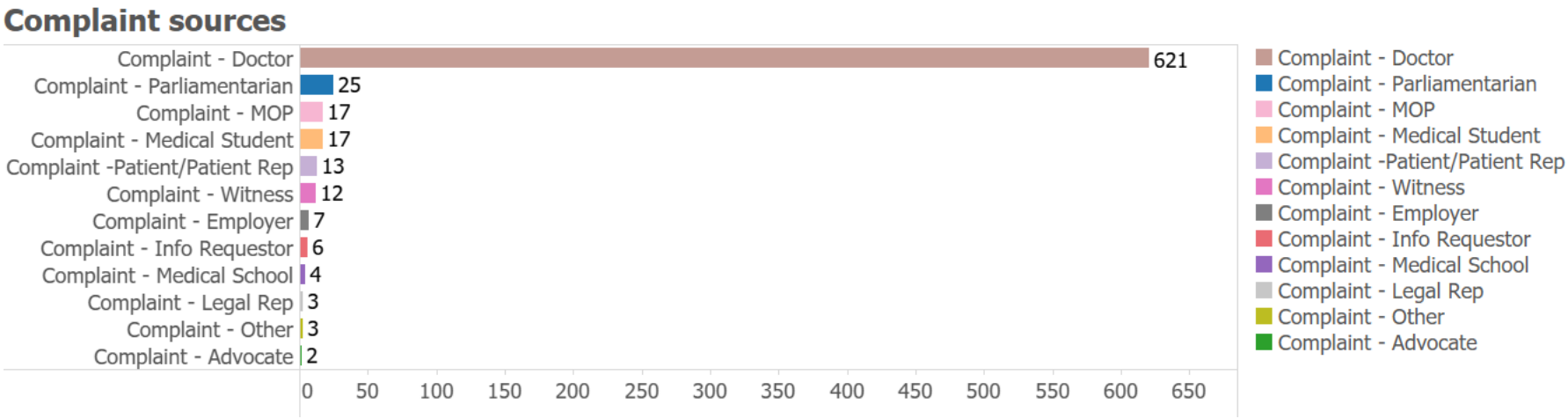
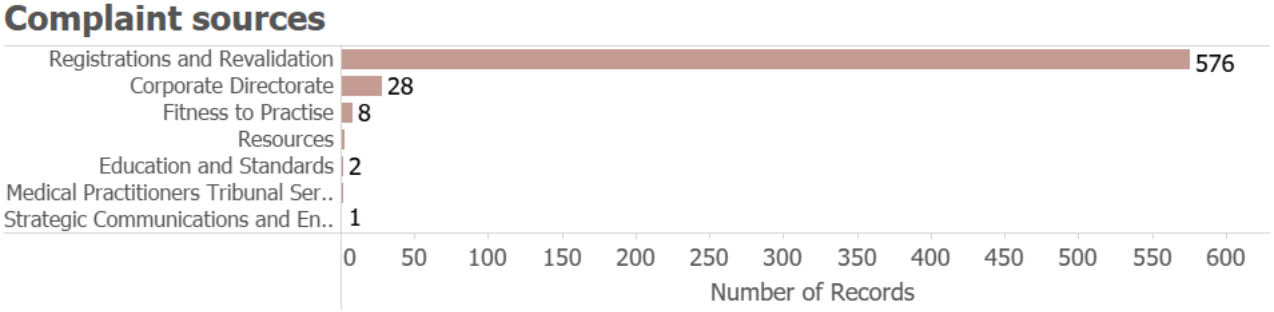
Complaints and Compliments Report

Complaint sources GMC-wide

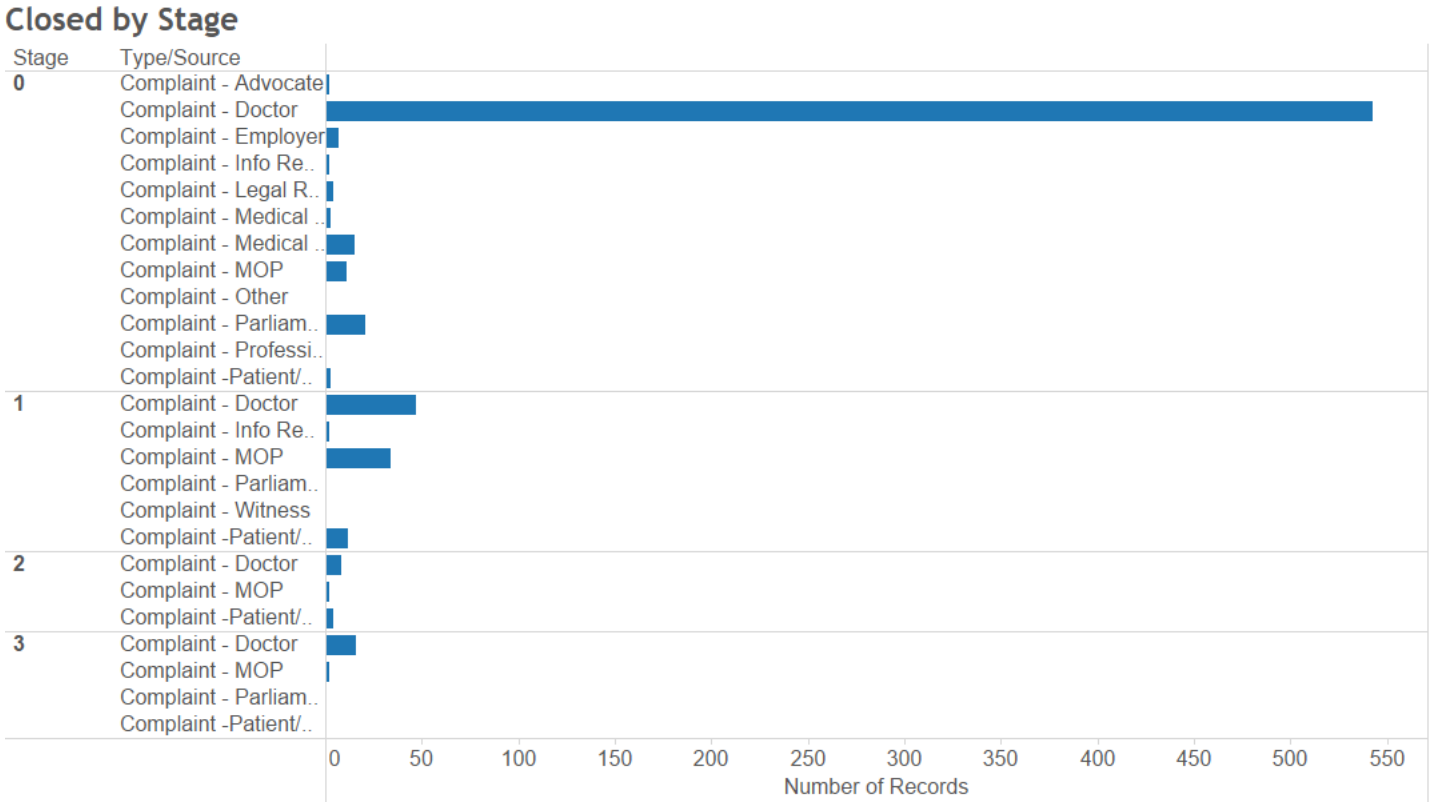


Complaints made by doctors by directorate



R&R received by far the most complaints from doctors, but we know they also handle the most interactions across the organisation.

Breakdown of escalation of complaints by source



Stage 0 – 2 complaints reflect our three-stage complaint process, with complaints at stage 2 indicated an intended final response from the Corporate Review Team. Stage 3 complaints are exceptional and indicate an additional response once the complaints process has been exhausted, usually from a member of SMT. 'MOP' refers to members of the public.

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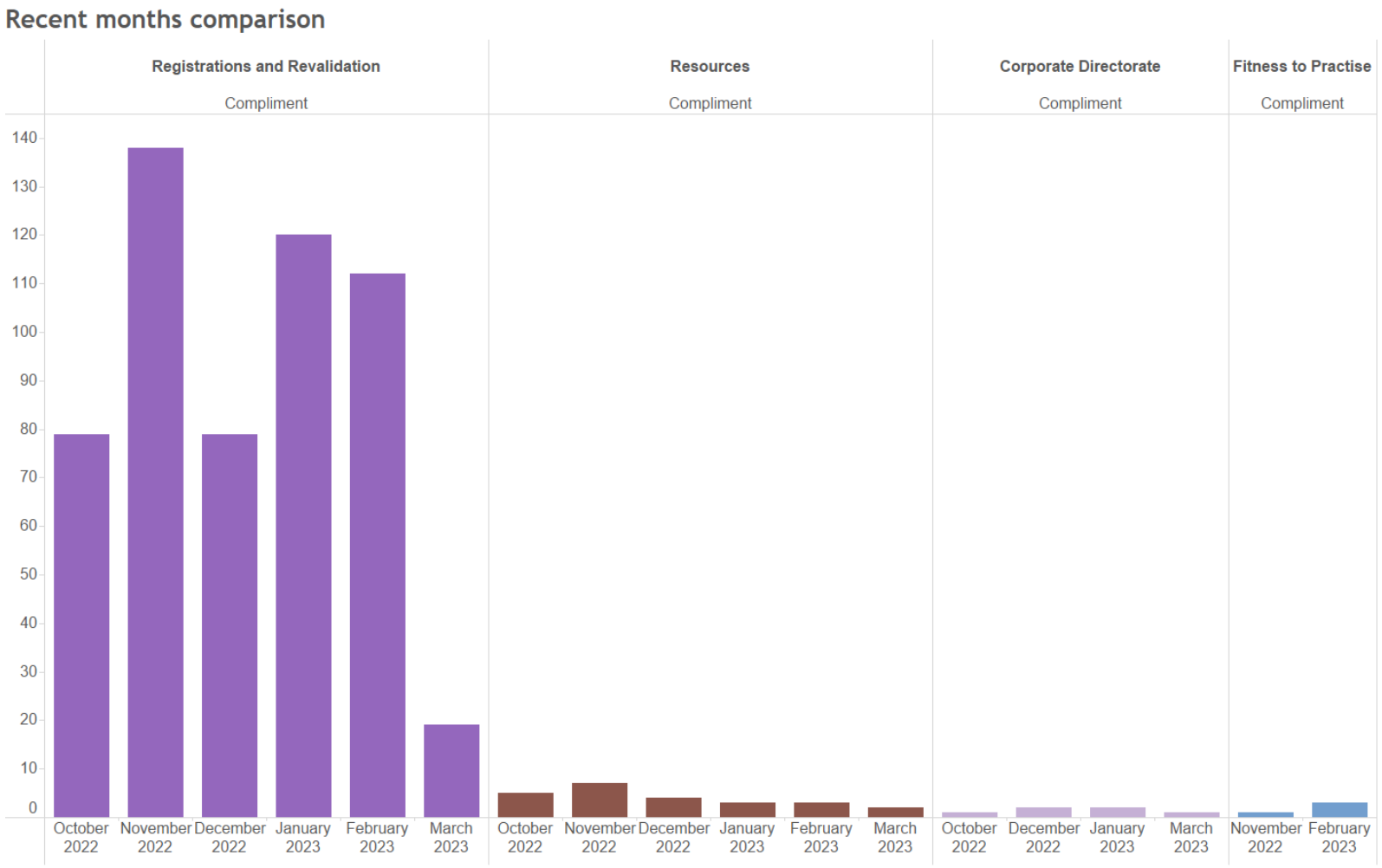
Complaints and Compliments Report

Number of compliments received by directorate



Agenda item M14
2023 Council forward work programme

General Medical Council

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.

Away day 11/ 12 July 2023 – Manchester		
	Sessions to cover: • Mid-point corporate strategy review • Compassionate regulation • Becoming a multi-professional regulator • Future of medical education	

27/28 September 2023 – Virtual		
	Item	**Sponsor**
Seminar	• External speaker	
	• TBC	
Confidential Session	• Draft business plan/budget	Neil Roberts/ Shaun Gallagher
	• GMCSI report	Paul Reynolds / Andrew McCulloch
Public session	• Chief Executive's report	Charlie Massey
	• SOMEP workforce report – launch and impact	Shaun Gallagher
	• ED&I – Fairer training cultures update	Shaun Gallagher
	• Update on Regulatory Reform	Shaun Gallagher
	• Unitary Board – feedback on work to date	
	• Progression	Colin Melville
	• Biannual section 40a appeals update	Charlie Massey
	• Fees for Direct Assessment route for Recognised Specialist Qualifications	Una Lane
Below the line	• 2022 Council forward work programme	Carrie MacEwen
	• Council members' register of interest	Carrie MacEwen

Agenda item M14
2023 Council forward work programme

1/2 November 2023 – Belfast

	Item	Sponsor
Seminar	• Northern Irish focus (plus stakeholder dinner)	Paul Reynolds
Confidential session	• External speaker (tbc)	
	• Update on the people survey	Neil Roberts/ Andrew Bratt
Public session	• Chief Executive's report	Charlie Massey/ Iona Twaddell
	• Compliments and Complaints report	Sophie Brookes/ Jenny Broadley
	• ED&I – employer measures	Shaun Gallagher
	• Update on Regulatory Reform	Shaun Gallagher
Below the Line	• 2022 Council forward work programme	Carrie MacEwen/ Mel Wilson

12/13 December 2023 – London

	Item	Sponsor
Seminar	• External speaker	
	• TBC	
Confidential session	• 2024 budget	Neil Roberts
Public session	• Chief Executive's report	Charlie Massey
	• 2024 Business plan and budget	Neil Roberts
	• Unitary board	Charlie Massey
	• Report of the MPTS Committee 2023	MPTS Chair
	• Report of the Audit and Risk Committee 2023	Paul Knight
	• Report of the Remuneration Committee 2023	Anthony Harnden
	• ED&I - Fairer referrals	Shaun Gallagher
	• Update on Regulatory Reform	Shaun Gallagher
	• Credentialing post pilot/implementation update	Colin Melville

Agenda item M14
2023 Council forward work programme

Below the line	• 2024 Council forward work programme	Carrie MacEwen/ Mel Wilson
	• Committee membership 2024	Carrie MacEwen/ Mel Wilson
	• Annual report on defined contribution pension plan	Neil Roberts