

Council Meeting - 23 April 2026

PUBLISHED
20 April 2026

Agenda

Main meeting

Thursday 23 April 2026 – 09:55 – 12:10

Meeting

09:55 – 09:58	M1	Chair's business
<i>3 mins</i>		
09:58 – 10:00	M2	Minutes of the meeting on 11 February 2026 and actions log
<i>2 mins</i>		
10:00 – 10:20	M3	Chief Executive's report
<i>20 mins</i>		
10:20 – 10:30	M4	Finance report to Council
<i>10 mins</i>		
10:30 – 10:50	M5	2025 national reports
<i>20 mins</i>		
10:50 – 11:05		Break
11:05- 11:20	M6	Regulatory reform update
<i>15 mins</i>		
11:20 – 11:40	M7	People and Organisational Development Annual Report 2025
<i>20 mins</i>		
11:40 – 11:55	M8	Report of the Investment Committee 2025
<i>15 mins</i>		
11:55 – 12:05	M9	Annual Section 40A appeals update
<i>10 mins</i>		
12:05 – 12:10	M10	Any other business
<i>5 mins</i>		
		Below-the-line items*
	M11	Assessing and reporting against the 2026-30 corporate strategy
	M12	Revised Risk Appetite Statement

- M13 Governance Handbook amendments**
- M14 Council Forward Work Programme**
- M15 Council members' register of interest**

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

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Draft as of: 13/02/2026

To approve

Minutes of the meeting on 11 February 2026

Members present

Carrie MacEwen, Chair

Keith Lloyd	Olamide Oguntimehin
Jane Ramsey	Raj Patel
Deepa Mann-Kler	Wendy Williams
Douglas Millican	Suzanne Shale
Jeeves Wijesuriya	Vanessa Davies

Others present

Charlie Massey, Chief Executive and Registrar

Shaun Gallagher, Director of Strategy and Policy

Una Lane, Director of Registration and Revalidation

Pushpinder Mangat, Medical Director and Director of Education and Standards

Anthony Omo, Director of Fitness to Practise and General Counsel

Paul Reynolds, Director Strategic Communications and Engagement

Neil Roberts, Director of Resources

Melanie Wilson, Head of Corporate Governance and Council Secretary

Ian Sexton, Corporate Governance Manager

Agenda item 2

Minutes of the meeting on 11 February 2026

Chair's business (item M1)

- 1** The Chair welcomed members of Council, the Senior Management Team (SMT) and observers to the meeting.
- 2** No apologies were received for the meeting.
- 3** Council noted that Paul Knight had been appointed as interim Chair of GMC Services International for a period of six months.
- 4** Council noted it had undertaken training on islamophobia at a session with Tell MAMA the evening before the Council meeting, and that a session on antisemitism with Community Security Trust was scheduled following the conclusion of the Council meeting later today.

Minutes of the meeting on 4 December 2025 (item M2)

- 5** Council approved the minutes of the meeting on 4 December 2025 as a true record.

Chief Executive's Report (item M3)

- 6** Council considered the Chief Executive's Report.
- 7** Council noted that:
 - a** Charlie Massey and Antony Omo had attended the Health Select Committee on 21 January, the first time in approximately 10 years. Although challenging, this was a useful meeting following a positive PSA report.
 - b** The Department of Health and Social Care draft consultation on regulatory reform is expected in March.
 - c** The GMC's Equality, Diversity, & Inclusion (ED&I) annual report has been published and was received well. It highlights the GMC's ambitions as an employer and regulator and our influence on the rest of the health sector. There has been positive media coverage in health care press, and the GMC is seen as a leader in ED&I in the health sector.
 - d** Regarding the new Enterprise Resource Planning (ERP) system, the decision has been taken to decouple the finance and HR go-live dates. Testing of the Finance system is in progress and some technical issues have been identified which are being corrected. Decoupling the go-live dates will increase the likelihood of the finance system being fully operational and bug free before May, and the main peak of activity relating to registrant fees, and definitely in place before support for the current system ceases at the end of 2026.

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Minutes of the meeting on 11 February 2026

8 During the discussion, Council noted that:

- a** The Audit and Risk Committee have looked at ERP risks around data migration and the time line and can provide assurance to Council the programme continues to be run well. There is a further audit planned later this year and Council will be informed if there are any issues identified.
- b** There are no anticipated issues for the HR system from decoupling the go-live dates though there is still a lot of work to undertake.
- c** Technical issues with the Finance system are related to the latest iteration taking longer to finish than anticipated. It is taking some time to work through the list of bugs to fix as they are discovered. Integration with the Siebel system is going well, as did a test migration of data.
- d** With regards to the Key Performance Indicator of 'Satisfaction of users with GMC website', the Net Promoter Score of 40 is a really good score and means users are really satisfied with the GMC's website.
- e** The number of green KPIs was highlighted and praised, and maintaining the timeliness of Fitness to Practise (FtP) cases given the rise in triage enquiries is good.
- f** There is still some uncertainty around the abolition of NHS England (NHSE) and how some of the GMC's dependencies on NHSE will be covered. The GMC continues to express concerns at the highest level.

Finance update (item M4)

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

10 Council noted that:

- a** The year end saw a slightly higher surplus than projected at approximately £2million. This was due to higher growth in the register and lower operational expenditure than expected, and the renegotiation of some leases reducing expenditure on buildings.
- b** Looking forwards, the demand for Professional Linguistic Assessment Board (PLAB) examinations continues to decline, increases in the level of FtP enquiries received, and regulatory reform, all will put pressure on the GMC's finances in 2026. A realistic budget is in place but prioritisation and the use of the Gateway fund will be more important this year.

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Minutes of the meeting on 11 February 2026

The Professional Standards Authority (PSA)'s annual review of our performance 2024/2025 (item M5)

11 Council noted the PSA's annual report on the GMC for 2024/2025.

12 Council noted that:

- a** The GMC continued to meet all 18 Standards of Good Regulation. This year was a light touch review and focused on ED&I and FtP.
- b** Of the five regulators whose reports have been published this year, the GMC is the only regulator so far to pass standard 15, which assesses FtP timeliness, a particularly good achievement given the increase in the number of enquiries received.
- c** The report featured several areas of good practice in relation to ED&I including collaboration with other organisations to support registrants.
- d** The next review will be a full review and will conclude in October 2026. The GMC is in a good position heading into this review. The PSA has been consulting on their new standards, and they are expected to be published in March. These will be implemented for the 26/27 review.

13 During the discussion, Council noted that:

- a** Colleagues should be praised for the work undertaken to pass all 18 standards again. The GMC does not take it for granted and values the PSA's oversight.
- b** PSA reviews are important for the public, registrants, other stakeholders, and Council, to know the GMC is performing well and provides assurance and reassurance.
- c** It is for the PSA to determine how proportionate the frequency and content of reviews are and this is something the PSA reflects on at scrutiny meetings with the GMC. Full reviews have been reduced to biannually to reduce the burden on regulators.
- d** FtP case numbers are being monitored closely to ensure timeliness is maintained and additional resources will be sought as required. There are many longer-term cases which are outside of GMC control to progress, due to for example, police investigations, judicial proceedings or NHS investigations. A review into long term cases is planned and will look at how best these cases can be described to the PSA. Complainants receive regular updates while these cases are on hold.

People Survey report (item M6)

14 Council received an update on the latest People Survey results from our provider IQVIA.

15 Council noted that:

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Minutes of the meeting on 11 February 2026

- a** The survey results are positive though the GMC is not being complacent and there are some areas which still require improvement.
- b** Strong areas include advocacy for the GMC and its culture with areas of recent improvement including senior management scores.
- c** Areas of concern continue to be around bullying and harassment, raising concerns, and career progression.
- d** While engagement has improved compared to 2024, inclusivity has reduced slightly. Inclusivity will continue to be a focus for the organisation.

16 During the discussion, Council noted that:

- a** It is usual for Assistant Directors to have more favourable scores than Directors as they tend to have closer working relationships with staff.
- b** Ways to improve lower scoring areas will become more apparent when conversations around the data are undertaken at team level.
- c** Scores around bullying and harassment continue to be of concern and a focus for the senior management team. Scores for confidence in raising concerns are also of concern. An anonymous system for raising concerns is being piloted and it is hoped this will lead to improvements in these areas.
- d** There is a correlation between a lack of career progression and whether staff intend to be working at the GMC in 12 months-time. This is driven by low turnover. The GMC is looking to promote initiatives to improve progression such as the ‘make it yours’ initiative which 300 colleagues across the organisation have accessed. There is also a planned expansion of apprenticeship places and a communications plan to raise awareness.
- e** While the GMC does not actively arrange secondments with other regulators, this is not something the GMC would restrict if individuals arranged a secondment.
- f** Analysis of the free form comments is being undertaken and consideration is being given as to how the survey can be tailored further.
- g** It was highlighted the MPTS received some lower scores than other areas of the GMC. This is being discussed with the Executive Manager at the MPTS.
- h** It was also highlighted that external events can also have an effect on staff morale and survey scores. External events are raised in communications to managers and staff, and support signposted.
- i** Council would find a further update useful once analysis has been completed [**Action**].

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The report of the MPTS Committee 2025 (item M7)

17 Council received the report of the MPTS Committee 2025, presented by Fiona Monk, recently appointed Chair of the MPTS.

18 Council noted that:

- a** Fiona has participated in a number of introductory meetings with stakeholders such as the PSA, Medical Defence Organisations, Deans and Presidents, doctors and patient groups. This has provided a good opportunity to gauge stakeholder impressions of the MPTS and promote the new *Guidance for Tribunals*.
- b** Stakeholders appear to have a good impression of the MPTS and feedback has highlighted areas for improvement such as training for tribunal members and timeliness of hearings.
- c** There will be a focus on the quality assurance of hearing decisions with further oversight by the MPTS Chair, legally qualified staff assessing all tribunal decisions, as opposed to a sample, a new review meeting held monthly to consider cases referred to it by the reviews, tailored feedback to tribunal members, and a review of the quality assurance group, who meet monthly to review a sample of decisions, to include an MPTS Committee member.
- d** There has been a review of tribunal member training undertaken in Autumn 2025, looking at feedback from tribunal members. This concluded that training has been received favourably by tribunal members. Training in 2026 will focus on vulnerable witnesses, particularly in sexual misconduct cases.
- e** There will also be a focus on looking at panel member experience and expertise, and the allocation of panel members with appropriate experience and expertise to particular case types. It was highlighted that it is important that this is established before tribunal members sit on certain types of cases.

19 During the discussion, Council noted that:

- a** It might be helpful to share more information with the public on the type of cases the MPTS sees, in addition to the annual report. A new case summary, prepared by the panel, is planned for the future. It is hoped these summaries will help to improve confidence in the MPTS and GMC by making it easier to see why doctors are referred to the MPTS.
- b** The MPTS horizon scan as much as is possible and discuss pipeline with FtP colleagues.
- c** It is hard to assess if tribunal outcomes are proportionate due to the small number of cases.

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- d** It was highlighted that it is important that panel member experience and expertise is established before tribunal members sit on certain types of cases and should be incorporated into the recruitment process.

Any other business: (item M8)

Date of next meeting

20 Council noted that its next meeting is scheduled for 23 April 2026 in Manchester.

Below the line papers

21 Council approved the following below the line papers:

- Council noted the Governance Handbook amendments.

22 Council noted the following below the line papers:

- Council noted the 2027 meeting schedule.
- Council noted its forward work programme.
- Council noted the Report of the Executive Board.

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: ● A three-month consultation on the draft GMC Order was launched on 26 March 2026. ● We have moved the go-live date for our new finance and HR systems to October.
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
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Sponsoring director/ Senior Responsible Owner	Charlie Massey , Chief Executive

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Chief Executive's report

Regulatory reform

- 1** The Department for Health and Social Care (DHSC) and the Scottish Government launched a three-month consultation on the draft GMC Order on 24 March 2026. We welcome its publication and are happy to speak with stakeholders about the consultation. We are developing our response and will bring this to Council prior to submission in June.
- 2** We continue to look ahead to planning our work to implement the reforms following the outcome of the consultation, with a focus on more detailed planning for those activities that will happen in the near term.
- 3** We have met with BDO to discuss the first of two internal audits that will be happening on the programme this year. The first audit is planned to have an IS focus, looking specifically at risks and mitigating actions associated with the delivery of system changes to support the programme.

Leng review

- 4** We have two priority areas of work in response to Professor Leng's recommendations on PAs and AAs. The first is to review the presentation of our standards for doctors, PAs and AAs to identify opportunities to more clearly differentiate between the professions we regulate, and this work is underway. The second is to start preparing to implement the proposed new PA and AA titles in our documents and systems, subject to the outcome of the DHSC's consultation and once these changes are confirmed in legislation.
- 5** In addition, we continue to attend government-based Leng implementation groups so we are able to support and influence the work of other stakeholders where this impacts on our regulatory responsibilities in respect of PAs and AAs.

Parliamentary and stakeholder updates

- 6** On 5 March 2026, the Medical Training (Prioritisation) Bill received Royal Assent. We provided data from our register to inform the debate on the accompanying legislative consent motions in the Scottish Parliament in response to a request to provide written evidence by the Health, Social Care and Sport Committee.
- 7** In Westminster, the Women and Equalities Committee published their inquiry report into reproductive health conditions affecting young women and girls, and welcomed the Medical Licensing Assessment content map covering several topics on Women's Health following our letter to the Committee. The report also noted the GMC's ongoing future education and career development work.
- 8** National elections will take place in Scotland and Wales on 7 May 2026, alongside local elections in England. Our External Affairs and Engagement teams will ensure Council is briefed on the results of the elections and what they mean for the GMC.

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Chief Executive's report

- 9** We attended a stakeholder roundtable led by the Cabinet Secretary for Health and Social Care, Neil Grey MSP, to discuss the second phase of their Future Medical Workforce programme. We provided advice on priorities for the project, informed by our corporate priorities, including our Future Education and Career Development programme.
- 10** The Assisted Dying for Terminally Ill Adults (Scotland) Bill was not approved by the Scottish Parliament on 17 March. The Scotland team will continue to monitor debates in this area.
- 11** On 19 February 2026 we met Mike Nesbit MLA, Minister for Health, and Professor Sir Michael McBride, Chief Medical Officer. The Minister noted his support for the introduction of an organisational statutory duty of candour to bring Northern Ireland into alignment with the rest of the UK. We offered to continue sharing our data and insights to support the implementation of the Health and Social Care NI Reset Plan.
- 12** On 3 March 2026 we co-ordinated a drop in event for MLAs at the Northern Ireland Assembly, on behalf of the Northern Ireland Joint Regulators Forum. The event was attended by MLAs including the Minister for Health, and Philip McGuigan MLA, Chair of the Northern Ireland Assembly Health Committee.

Chester Medical School

- 13** As reported to members via Council Circular, on 12 March we instructed Chester Medical School to invoke its contingency arrangements with Warwick Medical School. We had concluded that the university would not have made sufficient progress for us to recommend to Council that it should be added to our list of approved awarding bodies in Spring 2028.
- 14** We liaised with both Chester and Warwick universities to ensure that the communications to Chester students, staff and placement providers were accurate and appropriate. Students were told in person and we understand the messaging, whilst obviously unwelcome, was received calmly and professionally.
- 15** We are now liaising with Chester and have requested an update on the plans for the contingency by 30 April and a detailed improvement plan by 1 June.

Inquiries and reviews

- 16** We have been interviewed by the independent investigation into Maternity and Neonatal Services in England to inform its work to develop one set of national recommendations to drive improvements in maternity and neonatal care and achieve accountability for families affected.
- 17** We await clarification questions from the Eljamel Inquiry in response to the witness statement that we submitted to inform its hearings in the spring.
- 18** We await further information on and are preparing for the publication of three significant inquiries expected in spring:
 - a** The rapid review into antisemitism and other form of racism led by Lord Mann.
 - b** The Independent Report into the case of Zholia Alemi and the DHSC's response to this.

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Chief Executive's report

- c The Thirlwall Inquiry report into events at the Countess of Chester Hospital and their implications following the trial, and subsequent convictions, of former neonatal nurse Lucy Letby.

Enhanced monitoring

- 19 There are currently 24 open cases, with conditions attached to GMC approval to deliver a programme of training at six sites.
- 20 Concerns regarding trauma and orthopaedics training at Aberdeen Royal Infirmary, Grampian, and at Queen's Medical Centre, Nottingham University Hospitals NHS Trust have led to the escalation of both departments to enhanced monitoring. The issues at Aberdeen Royal Infirmary relate to patient and trainee safety, and the educational experience. At Queens Medical Centre, there are concerns about clinical supervision and staff behaviour. We will work collaboratively with NHS Education for Scotland and the Midlands NHS England Workforce, Training and Education team to monitor progress in these cases and support necessary improvements.
- 21 We noted improvements in training in general surgery at Southampton General Hospital, University Hospital Southampton NHS Foundation Trust. This case has now been de-escalated.

Enterprise resource planning system

- 22 The decision has been taken to move the Enterprise resource planning (ERP) finance and HR go-live date to early October. Whilst good progress has been made on data migration and the finance system is now fully built, more time is needed on activities such as user acceptance testing, data reconciliation, reporting, and training.
- 23 Audit and Risk Committee have reviewed BDO's recent go-live readiness audit. The audit reported on good progress on our cutover approach and planning, but reinforced our thoughts around the lack of readiness around testing.
- 24 We aim to complete all testing on the finance system by the end of June so we can focus our resources on completing the HR system. The payroll system is now built and we continue to undertake testing.
- 25 The programme is currently reporting 10.5% over budget. We are reviewing the financial impact of moving the go-live date to October.

PSA Standards of Good Regulation

- 26 The Professional Standards Authority (PSA) published an updated version of their [Standards of Good Regulation](#) on 19 March. This has been refreshed following a public consultation that concluded in May 2025, followed by further engagement with key stakeholders, including health and social care professional regulators.

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Chief Executive's report

- 27** The standards have been streamlined into a set of 16 (previously 18), and include a new standard on *Good governance*. We will be attending a PSA-led workshop in April to learn more about how the PSA will embed the standards within their review process and how they will apply the changes in their updated evidence framework.
- 28** We will be assessed against the revised standards from our next performance review period (October 2026-September 2027).

Operational performance

- 29** The attached Performance Annex (Annex A) includes the status of our corporate priority projects and programmes. Future of education, regulatory reform, and enterprise resource planning (ERP) programmes are reporting amber due to the high resource demands and complex risk environments in which they are operating. The associate worker status (AWS) project is also reporting amber due to dependencies with ERP. Both AWS and ERP teams are working together to manage any risks associated to transitioning to a new finance system.
- 30** Performance against the contact centre customer satisfaction measure remains fairly consistent for January (77%) and February (72%) although sits just below our 80% target. However, performance against our call KPI has stayed strong, and well above target, at 97% in January and 96% in February. While responses to the customer survey are limited due to reaching only a sample, we are monitoring these to identify potential areas of improvement to feedback to business areas. Our performance on the GMC website is below our net promotor score target (40) during this period (33 in January and 22 in February). We believe this was due to receiving fewer responses as a result of our IS team needing to address some technical issues.
- 31** The annexed Corporate Opportunities and Risks Register contains three new regulatory reform risks reflecting the current progress, which replace the previous three risks that are now closed. There has also been a small amendment to the NHS England touchpoints risk to reposition the change from 'abolition' to a 'merger' with the DHSC, as this is more accurate.
- 32** While our overall financial position remains sound, we face pressures on both income and expenditure. Consequently we are evaluating measures to create additional capacity and ensure our resources are effectively deployed. In addition, we are updating the CORR to better reflect the financial risks we face.

Executive Board

- 33** The Executive Board met on 23 February and 30 March 2026 and considered items on the following topics:
- a** An update on performance and risk.
 - b** Recommendations from two meetings of the Planning Gateway.
 - c** Assessing progress against the new strategy.

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Chief Executive's report

- d** Chester Medical School update.
- e** Draft 2025 national reports for Northern Ireland, Scotland and Wales.

M3 – Annex A - Performance annex

Data presented as at 24 March 2026 (unless otherwise stated)

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

Indicator		Jan	Feb	Commentary
Operations	Decision on 95% of all registration applications within 3 months	99%	98%	Customer Survey feedback: Our customer satisfaction survey continues to record lower levels than our 80% target, with 77% in January and 72% in February. Feedback notes some frustrations around wider delays to processes that affect individuals’ registration or delays in responses, e.g. around Fitness to Practice cases, voluntary erasure, specialist applications and international applications processes. We are currently running a survey on the new Contact Centre system, in tandem with the existing survey. This will allow us to explore opportunities to promote and increase the response rate, as well as provide further insight to our customer’s experience. We expect to be able to report results from the new survey in Q2 2026.
	Decision on 95% of all revalidation recommendations within 5 working days	99%	99%	
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	100%	
	Conclude 90% of fitness to practise cases within 12 months	94%	94%	
	Conclude or refer 90% of cases at investigation stage within 6 months	98%	98%	
	Conclude or refer 95% of cases at the investigation stage within 12 months	97%	97%	
	Commence 100% of Investigation Committee hearings within 2 months of referral	100%	No Cases	GMC Website: Our Net Promoter Score (NPS) for February was 22, based on 91 responses - a significant drop from our January score (33), and below our KPI target (40). This is likely to be caused mainly by receiving fewer responses for the month since the NPS poll was disabled by the IS operations team while they addressed some technical issues (5-23 February). From experience, we know that low numbers of responses can lead to fluctuations in the NPS score. There were also some users reporting significant issues with GMC Online at the beginning of the month, which were also investigated by IS and concluded to be temporary.
	Commence 100% of Interim Order Tribunal (IOT) hearings within 3 weeks of referral	100%	100%	
	Contact Centre sample survey - % of customers who rated their overall experience and satisfaction at 7 or above (out of 10) – target 80%	77%	72%	
	Contact Centre - Answer 80% of calls within 20 seconds	97%	96%	
	Media: combined positive, neutral and balanced media coverage of GMC (target: 90% or above)*	93%	95%	
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 40)	33	22	
Organisation	2025 Income and expenditure [% variance +/- 4%]	1.9%	2.3%	IS system availability: We just missed our 99.89% system availability target in February (99.4%) due to a 65-minute outage in Siebel CRM. This was Siebel pay specific, resolved our ES colleagues, and involved a restart of a service within our Siebel stack.
	Rolling twelve-month staff turnover within 8-12%	6.2%	5.7%	
	IS system availability (%) – target 99.89%	100%	99.4%	
	75% of doctors intend to change practice following Outreach learning session	77%	82%	
	GMC Outreach: Doctors attending a learning session improve their impression, or maintain a positive impression of the GMC (target: at least 65%)**	65%	71%	

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

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

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

		2025										2026	
Indicator		Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Operations	Decision on 95% of all registration applications within 3 months	98%	99%	99%	99%	99%	98%	99%	98%	98%	98%	99%	98%
	Decision on 95% of all revalidation recommendations within 5 working days	99%	99%	99%	99%	99%	99%	99%	99%	98%	99%	99%	99%
	Respond to 90% of ethical/standards enquiries within 15 working days	98%	97%	100%	100%	87%	100%	97%	100%	100%	100%	100%	100%
	Conclude 90% of fitness to practise cases within 12 months	96%	96%	92%	96%	94%	94%	94%	95%	95%	92%	94%	94%
	Conclude or refer 90% of cases at investigation stage within 6 months	97%	98%	97%	97%	97%	97%	97%	97%	98%	97%	98%	98%
	Conclude or refer 95% of cases at the investigation stage within 12 months	98%	98%	97%	98%	96%	97%	98%	98%	98%	96%	97%	97%
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	100%	50%	No Cases	100%	100%	100%	No Cases	100%	100%	100%	No Cases
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	100%	100%	100%	100%	100%	100%	100%	100%	93%	100%	100%	100%
	Contact Centre - % of customers who rated their overall experience and satisfaction at 7 or above out of 10 (target 80%)	81%	83%	76%	70%	72%	71%	77%	74%	76%	77%	77%	72%
	Contact Centre - Answer 80% of calls within 20 seconds	92%	90%	80%	83%	75%	82%	80%	83%	88%	94%	97%	96%
	Media: combined positive, neutral and balanced media coverage of GMC (target: 90% or above)*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	93%	95%
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 40)	48	39	48	43	47.4	54	44	48	53	40	33	22
	GMC Outreach: doctors intending to change practice following learning session (target: at least 75%)	81%	90%	79%	79%	80%	74%	79%	82%	80%	80%	77%	82%
	GMC Outreach: Doctors attending a learning session improve their impression, or maintain a positive impression of the GMC (target: at least 65%)**	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	65%	71%
Organisation	2025 Income and expenditure [% variance +/- 4%]	4%	4.1%	4.2%	4.3%	4.2%	3.6%	3.5%	3.6%	3.8%	2.3%	1.9%	2.3%
	Rolling twelve-month staff turnover within 8-12%	6.9%	6.6%	6.7%	6.9%	6.7%	6.2%	6.9%	7.2%	6.1%	6.1%	6.2%	5.7%
	IS system availability (%) – target 99.89%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.4%

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

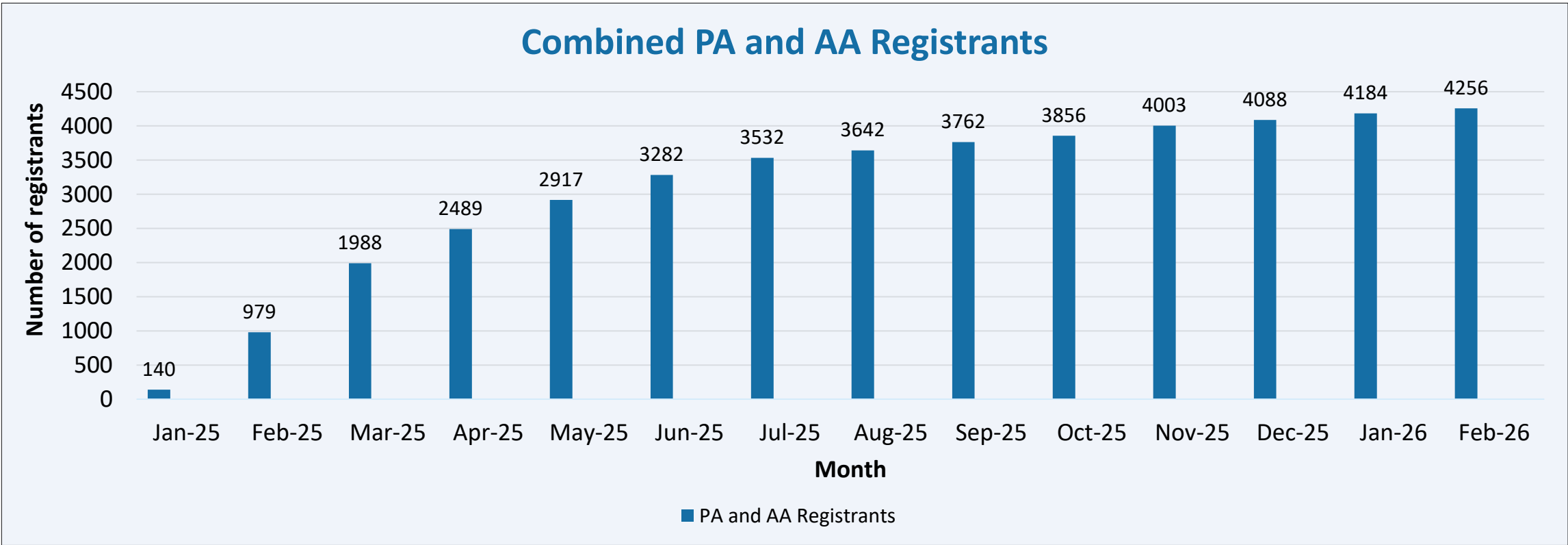
**A new Outreach target has been added, following on from the 2025 annual performance measures review, to measure the quality of our sessions and better understand the impact on doctor’s perceptions.

Physician Associates and Anaesthesia Associates

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

PA and AA registrant numbers	Number on voluntary register at 16 December 2024	Number registered as at 20 March 2026
Physician Associate (PA)	5,092	4,100
Anaesthesia Associate (AA)	178	201

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



Physician Associates and Anaesthesia Associates

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

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

*Applications Received includes both applications that have been granted and applications in progress.
 **Data included for Q1 2026 is currently provisional. Complete figures will be updated following the end of the quarter.

Physician Associates and Anaesthesia Associates

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

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

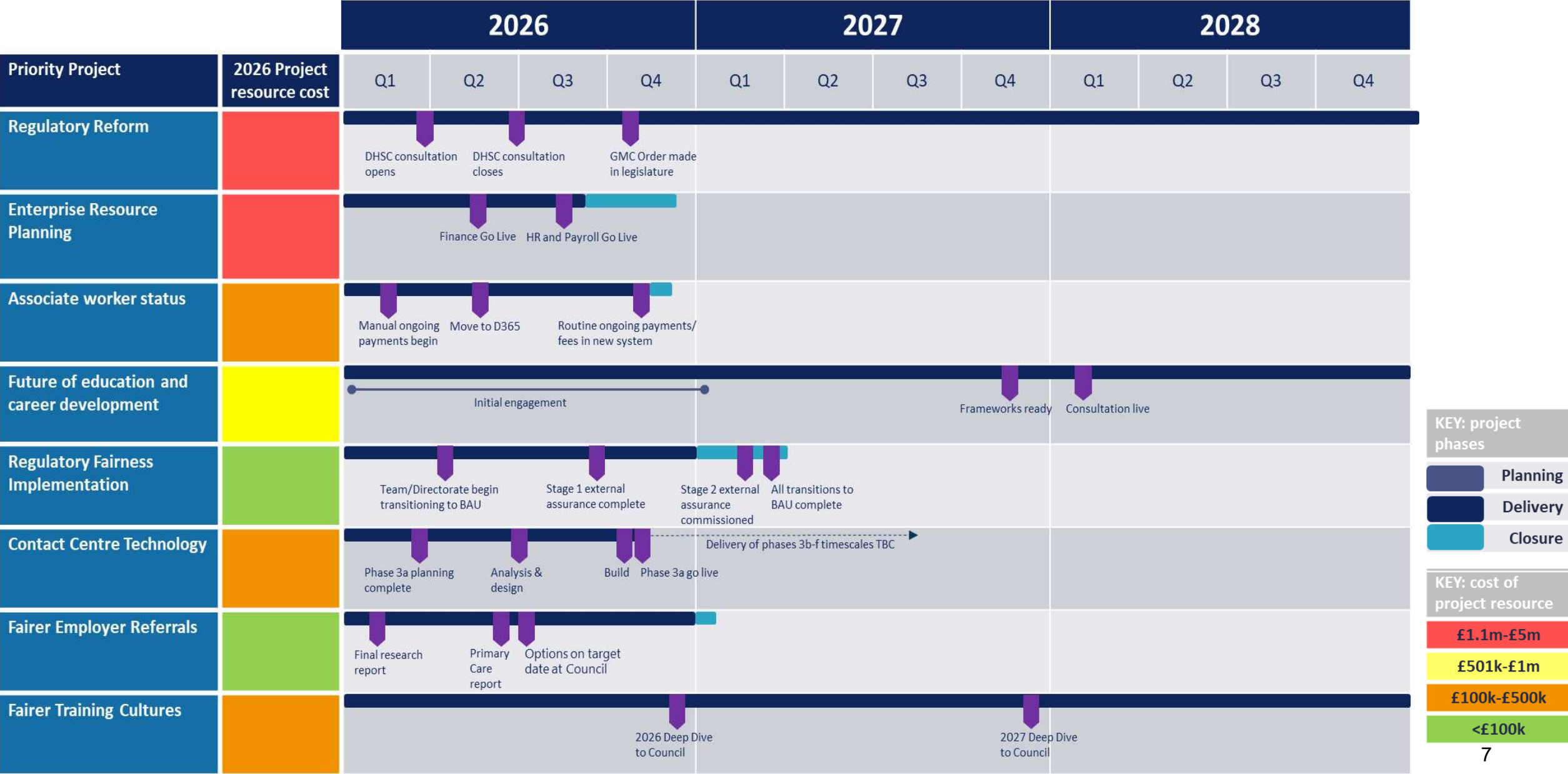
Total number of complaints regarding PA/AAs received (since December 2024)`				
Practitioner Type	2025 Q1	2025 Q2	2025 Q3	2025 Q4
Physician Associate related complaints	23	9	7	10
Anaesthesia Associate related complaints	0	1	1	0
Total complaints relating to PA/AAs	23	10	8	10

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

**Unidentified practitioners are not included in these totals*

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

Corporate Portfolio Overview





Enabling professionals to provide safe care

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

2025 Priority change activities		RAG	Status
Fairer Employer Referrals (FER)	Why? To eliminate differentials in employer fitness to practise referrals. When: by 2026 Who: Anthony Omo, Anna Rowland		Content has been provided for the ED&I annual report, covering the 2025 period. Communications planning for the 2026 target has commenced, including exploring opportunities for promotion linked with Phase 5 activity, preparing messaging for potential outcomes (e.g. target date met or not met), and stress-testing the messages alongside a risk assessment. The final research readout by Work Psychology Group has been delivered to the GMC exploring interventions that may lead to proportionate or disproportionate referrals. A policy review has commenced on the guidance and fairness questions for use by employers who are not Responsible Officers (RO), making referrals to FTP. An initial benefits analysis has been completed and some draft messaging developed for external communications. We also published a post on the GMC Instagram page to highlight the progress made to date towards the target. DRIH has produced an assessment of primary care data to support our Clinical Fellow in developing the report into primary care.
Fair Training Cultures (FTC)	Why? To deliver on our commitment to eliminate discrimination, disadvantage and unfairness for all index measures of fair medical education and training pathways. When: September 2031 Who: Pushpinder Mangat		In February, we focussed on strengthening our quality assurance, learning from the CQC on how they have matured their ED&I model and also setting clear deliverables for us to progress this work throughout 2026. The third and final paper 'A multivariate analysis examining the relationship between sociodemographic differences and UK graduates' performance on postgraduate medical exams' was published. A summary of all three papers will be published on our website and we are working with colleagues on an approach for promoting this work. We also continued to communicate and hold regular meetings with those responsible for the delivery of Action Plans, both internally and with external stakeholders, to discuss and ensure progress. Lastly, progress on our commitments continued for phase 2, including promoting key initiatives that make a difference (Success programmes research), focusing on early training (publication of undergraduate data / F1 preparedness gap research), and widening ED&I focus (collecting Reasonable Adjustment data).



Developing a sustainable medical workforce

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

2025 Priority change activities		RAG	Status
Future of education and career development (FutureEd)	Why? We have a statutory duty to regularly review our education framework, including our standards, outcomes, and guidance. We want to work with partners to ensure that our new framework has the greatest positive impact for the public and the profession. When: Q4 2029 Who: Pushpinder Mangat, Phil Martin, Nico Bridge		Overall, the programme is on track to meet its current operational milestones. The status remains amber while we await approval on an updated project initiation document (PID). This has recently been considered at Gateway, and we expect a formal decision shortly. Work continues to progress with planning our approach to the first stage of implementation. Over this period, we focussed on preparing a final version of our PID in advance of Planning Gateway. This has been discussed first at our Programme Board in February, where they also reviewed some of the programme's critical and significant risks. The scoping work to begin developing resources for Locally Employed (LE) doctors navigating their career options has begun, and we provided feedback on the SAS and LE doctors survey, due to be launched on 21 April 2026. Input was provided for a piece in our February <i>GMC News for doctors</i>, which focused on our work in education and a wider update on Future Ed. This was opened by more than 225,000 doctors. Future Ed also featured on the agenda at the Race Equality Forum on 26 February 2026. Next month, we will have a variety of engagements. We are currently planning for our second internal QA reference group and preparing for the third short-life working group to continue the discussion on the Knowledge Skills and Experience framework (KSE). The programme received positive feedback on our substantive item at the Council Away Day on 4 March. We presented an overview of the programme timeline and aims, showing how the work of Future Ed fits in the wider system and considering potential challenges we may get from stakeholders. We also featured as an item at the Royal Colleges and Faculties Quality Leads meeting on 6 March, sharing introductory information on the programme. Our Inter Regulatory Group (IRG) took place on 9 March, where we met with the other healthcare regulators to discuss education and discuss board standards, and a programme update will be provided by education policy colleagues at the Doctors in Training Roundtable on 16 March.



Making every interaction matter

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

2025 Priority change activities		RAG	Status
Regulatory Reform	Why? To improve the design and delivery of our functions so that we can be more responsive to the changing needs and expectations of patients, the health system, and the professions. When: GMC Order expected to be laid by end of 2026 Who: Shaun Gallagher; Tim Aldrich		We continue to monitor risks around the Department for Health and Social Care (DHSC)'s timetable and tight deadlines for responding to their drafting of the GMC Order. Due to this, and the significant amount of operational change required the programme remains amber. We are also continuing to see resource pressures impacting several areas of the programme and are working with colleagues to put plans in place to manage this. We are currently reviewing the latest iteration of the draft GMC Order, with the aim to provide our feedback for DHSC's consideration ahead of their upcoming consultation. We are expecting DHSC to launch their consultation on the GMC Order by 26 March and colleagues have already started preparing for our response. We are finalising several products that will be available in time for the launch of the DHSC consultation, to support effective engagement with our stakeholders during this period. We continue to engage with government officials to understand the full impact of how recommendations from the Mann review will affect the GMC Order. Internally, we continue planning the tasks that will be needed to implement the reforms – in particular there is focus on more detailed planning for those activities that will happen in the near term. We have met with BDO to discuss the first of two internal audits on the programme that will take place this year. The first audit will likely have an IS focus, specifically looking at the risks and mitigating actions associated with the delivery of system changes to support the programme.
Regulatory Fairness Implementation	Why? We are focused on making fairness central to our work, and we are working on implementing all recommendations from the Regulatory Fairness Review published in February 2023. When: Q1 2027 Who: Shaun Gallagher, Claire Light		This reporting period we have continued to focus on the development of in-house refresher training for decision makers, having agreed ownership and a high-level plan at February's Programme Board. The Board also agreed programme requirements for directorate implementation work to transition to business as usual. These were developed with our directorates working group and we are now working through details with E&S and MPTS, who will be the first areas to transition to business as usual locally. They will continue to be involved in, and supported by, the programme as we start to develop centralised arrangements for monitoring and reporting, and for any future updates to our High Impact Regulatory Decisions (HIRDs). Work has also been ongoing for the systematic literature review being undertaken by University College London (UCL) and drafting for the next ED&I Annual Report.



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2025 Priority change activities		RAG	Status
Associate Worker Status	Why? To become legally compliant by introducing holiday pay and pension contributions for in scope payments for all of our eligible associates who hold worker status. When: Q4 2026, final solution implementation dependent on ERP programme Who: Neil Roberts, David Donnelly		Ongoing worker payments are underway, however the programme has been rated amber to reflect a risk of disruption to the future payment schedule during the transition of finance systems from Agresso to MS Dynamics 365. We are working with colleagues on the ERP programme to manage this risk. All other key milestones remain on track. During February we commenced ongoing holiday and pension payments under a new manual process in Agresso. The first payment was a 'catch up' payment, going to over 1,200 associates, covering fees earned between July - December 2025. We invested historic pension contributions for associates who requested these and paid their own shares. Alongside this, we continued to process opt in/opt out pension instructions from associates, although these have decreased in February, with 47% of associates still to respond. Our webpages have been updated and we sent a global email to current associates, encouraging them to reply to their pension invites and claim historic holiday pay by May if they haven't already done so.
Contact Centre Technology	Why? Our vision is to deliver an outstanding experience to our customers with every interaction. To help deliver this we will adopt efficient technology which allows us to understand and meet our customers' needs and report on their experience. When: Phase 3 expected to be complete by end 2026 Who: Una Lane, Lindsey Westwood, Rachel Mooney		We have finalised the scope for phase 3a with the project board, around improving the Contact Centre's security checking processes. The Board have also approved an element from the quality management deliverable, which was initially planned for a future phase. A high-level timeline has been developed, in conjunction with Enterprise Systems (ES), which includes an estimated closure date for our current phase of work. At our next Gateway engagement point in June 2026, we will present an updated PID for consideration. We have begun capturing business requirements for security checking and will continue with this, alongside our planning activity, in March.



Investing in our people to deliver our ambitions

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

2025 Priority change activities		RAG	Status
Enterprise Resource Planning (ERP)	Why? To implement new HR/ Finance and Payroll solutions to replace the existing Agresso system which will withdraw its support at the end of 2026. When: Q3 2026 Who: Neil Roberts, Sunil Kapur, David Donnelly, Rachel Mooney		The overall programme is reporting amber as it reflects the high number of risks around the programme and demand on assigned resources. The programme also faces a high workload with a tight delivery timeline. MS Dynamics 365 Finance implementation: The project is now in the second phase of testing. We are extending the testing phase to ensure we have confidence in the system before going live. We are currently reviewing the testing end date. One major area of development is the integrations with Siebel. All integrations are now built and are being tested. Data cleansing work is underway and we are running our fifth planned data migration, and as part of this, we are testing peak data volumes in the system. Security reports on the new system are complete, and no critical or significant risks have been identified. We are currently planning our go live date. This will be after summer peak billing and is expected to be around September. HR Workstream (Dynamics 365 HR): We are in the build phase and are currently in sprint 7 of 8. We have started familiarisation sessions with the HR team in preparation for them starting to write test scripts. Planning and preparation are underway for system training for both the HR and Finance systems. We have been reviewing the new system to identify required change management activities, and we will start to communicate with users once testing has been completed. We plan to go live with the HR system at the same time as the Finance system. The payroll system is built and we have started testing. We are finalising the integrations with D365. These integrations will also be tested as part of the development. The payroll system will go live at the same time as HR. We will parallel run the old and new payroll systems for 2 months before switching to D365 for payroll.



RECRUITMENT – DIVERSITY TARGETS

Underlying measures and targets		Actual				Target		
		2025 (%)	2025 (Vol)	2026 ¹ (%)	2026 ¹ (Vol)	End of 2026	% points off 2026 target	2026
Increase the level of minority ethnic representation at Level 3 and above	Applications	38.0 %	848	38.2 %	838	30%	+ 8.2	30%
	Interviews	27.7 %	85	26.9 %	80	25%	+ 1.9	25%
	Offers	14.3 %	10	19.4 %	12	20%	- 0.6	20%
	Workforce	14.1 %	97	14.0 %	96	20%	- 6.0	20%
level of minority ethnic representation at Level 2+		13.4 %	29	13.8 %	30	20%	- 6.2	20%
level of minority ethnic representation at level 3		14.5 %	68	14.1 %	66	20%	- 5.9	20%
Increase the level of minority ethnic representation at all levels	Applications	44.2 %	2,651	43.6 %	2,250	40%	+ 3.6	40%
	Interviews	38.0 %	377	36.8 %	343	35%	+ 1.8	35%
	Offers	25.8 %	60	28.0 %	58	30%	- 2.0	30%
	Workforce	20.6 %	366	20.5 %	366	20%	+ 0.5	20%
Reduce differential turnover rates for minority ethnic staff compared to the average to improve retention and for rates to be within 1.5% of each other by end of 2026		1.3%	-	Minority ethnic backgrounds (%)	White background (%)	1.0%	% points between groups	1.0%
				6.0 %	5.5 %		0.5	
Proportion of minority ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level		2.3 %	-	Minority ethnic backgrounds (%)	White background (%)	2%	% points between groups	2%
				10.2 %	9.4 %		0.8	
Pay differentials within a confined band limited to 2% ² (table shows the proportion of bands that are inside of the +/-2% tolerance)		58.3%	7/12	66.7 %	8/12	12/12		12/12

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

Specialist bands are not included in the pay differentials

^ Volumes fewer than 5 are redacted to preserve anonymity

Litigation overview for Q4 2025

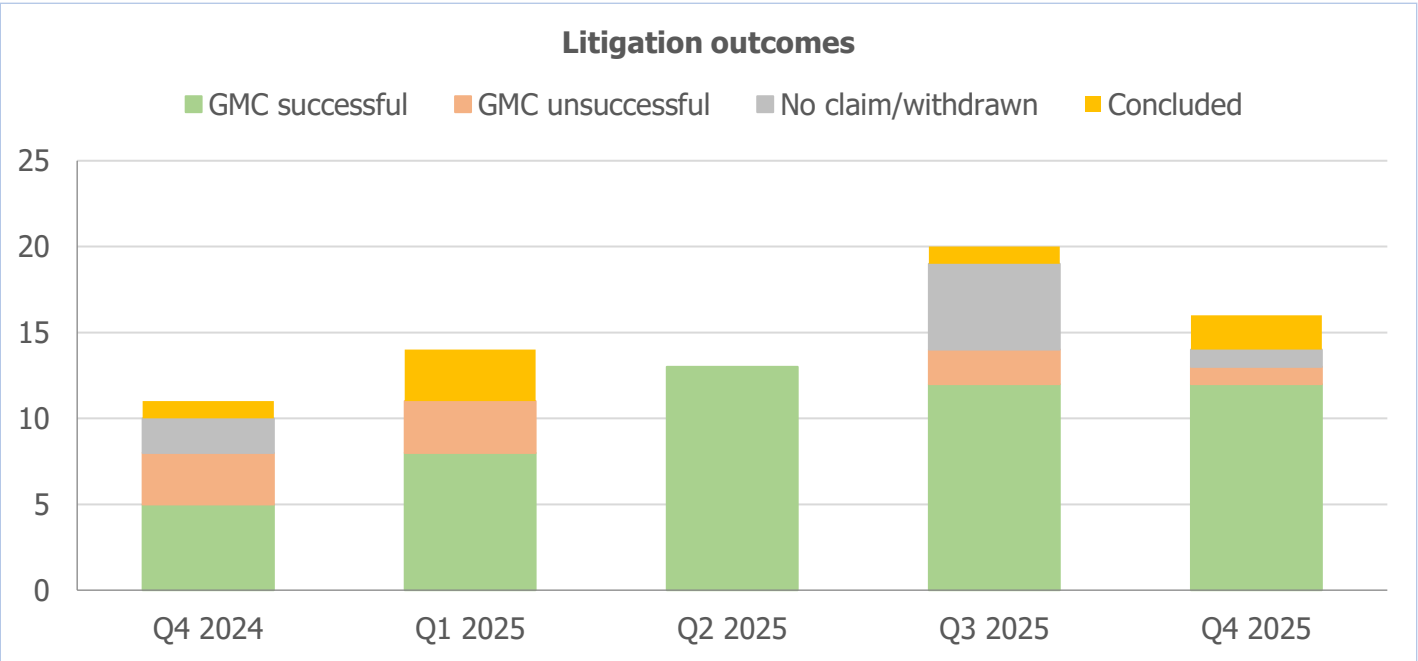
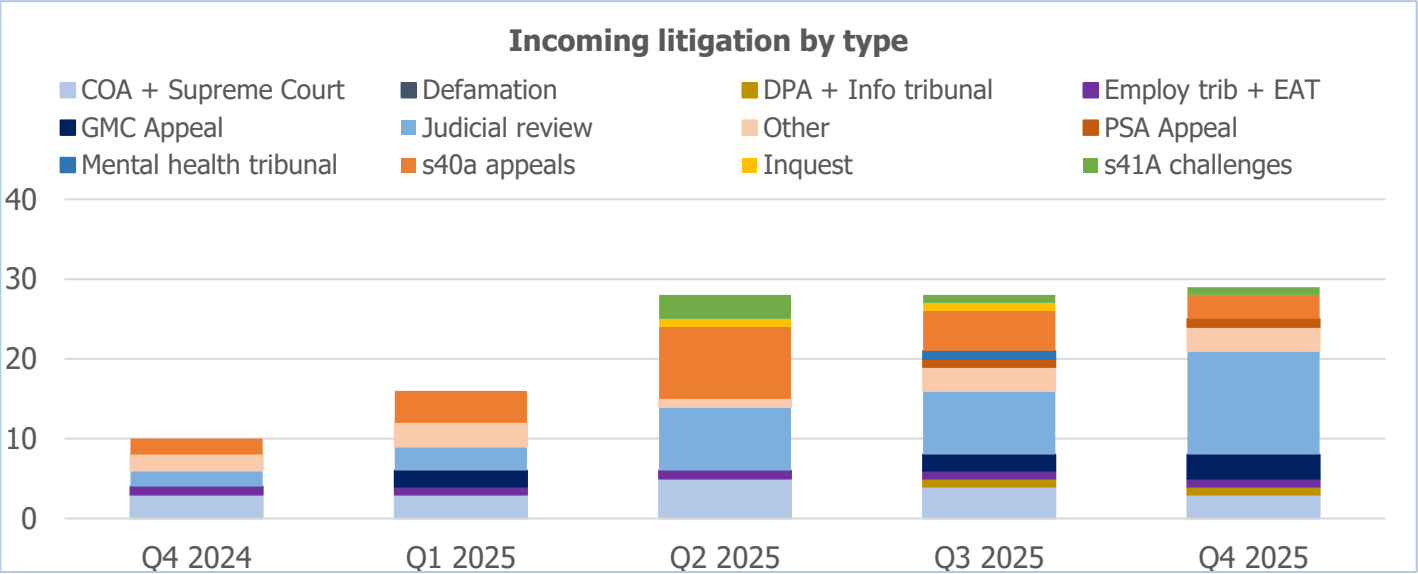
Notes – reporting criteria from Q4 2025

Data is pulled on the first working day of the quarter. For Q4 2025, this was 1 January 2026.

For the purpose of this report (from Q4 2025), we include types of litigation that represent a legal challenge to the GMC. We exclude costs matters, High Court Extensions, s35a enforcement and family court proceedings on the basis that they facilitate action by the GMC and pose a low risk.

As of 1 January 2026, we had 66 open litigation matters (after exclusions) – 31 of these were new incoming matters in Q4 2025.

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



Key:

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

Concluded litigation Q4 2025:

13 = GMC Successful

- X3 Judicial Review
- X2 COA appeal
- X1 Judicial Review – GMC
- X5 s40 appeals
- X1 Other
- X1 GMC appeal

1 = GMC unsuccessful

- X1 Judicial Review - GMC

1 = No claim/withdrawn

- X1 s40 appeal

1 = Concluded

- X1 s41A -10 – IOT challenge

Data Dictionary

KPI	Definition
Answer 80% of calls within 20 seconds	% of calls answered, by the Contact Centre, within 20 seconds (excludes lost calls).
Contact Centre - % of customers who rated their overall experience and satisfaction at 7 or above out of 10 (target 80%)	Those customers who rated their overall experience and satisfaction with the service provided by the Contact Centre at 7 or above (out of 10). Currently provided by a sample portion.
Decision on 95% of all registration applications within 3 months	Registration applications for doctors in R&R counted from <i>received</i> to <i>approved</i> date (Portfolio pathway looks at evaluation date) - includes applications for initial registration, provisional registration to full registration, giving up or restoring licence, voluntary erasure or restoration to the register and specialist registration. Counted in calendar days and included from the month registration was approved.
Decision on 95% of all revalidation recommendations within 5 working days	The % of recommendations completed (both approved and rejected), within 5 working days, counting from received application to decision completion date. Decisions included are counted in the month they are completed.
Respond to 90% of ethical/standards enquiries within 15 working days	All enquiries received to the Standards team are answered within 15 working days of receipt, counting from date of initial contact with the GMC.
Conclude 90% of fitness to practise cases within 12 months	% of the triages created in the same month of the previous year that have had a hearing, CE Decision, or were closed at triage.
Conclude or refer 90% of cases at investigation stage within 6 months	% of triages that have had a final CE Decision or been closed within 6 months of being created.
Conclude or refer 95% of cases at the investigation stage within 12 months	% of the triages that have had a final CE decision within 12 months of being created.
Commence 100% of Investigation Committee hearings within 2 months of referral	% of Investigation Committee (IC) hearings that have commenced within 8 weeks of the referral being made.
Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	% of Interim Order Tribunal (IOT) hearings that have commenced, within 3 weeks of the referral being made.
Finance - Income and expenditure % variance +/- 4%	The combined variance of actual income and expenditure is to be within +/- 4% of the approved budget. Any variance exceeding this threshold shall be classified as out of tolerance.
HR - Rolling 12-month staff turnover within 8-12%	% of employed staff (permanent and agency) leaving the organisation across the 12-month period.

KPI	Definition
Information systems availability (target 99.89%)	Key IS systems are counted by the minute if they go down or are unavailable. The KPI reflects the % of time systems are available to the business. If availability drops below 99.89% then the target is unmet.
Media: combined positive, neutral and balanced media coverage of GMC (target: 90% or above)	Combined % of media coverage mentioning the GMC, which is positive, neutral or balanced in tone (either explicit or implied). If the proportions of these sentiments combined is less than 90%, it will be due to a spike in the proportion of media coverage with a negative sentiment. This measure will help us monitor whether we are content with the overall sentiment of our media coverage.
GMC website satisfaction (NPS score: target at least 40)	Users of the GMC's website, engaging with non-transactional areas, rate their experience in a survey which asks them to give a score between 0 and 10. Responses are used to calculate a Net Promoter Score (NPS). Within the marketing industry, a score of 20 and above is considered good. Our KPI is set at a more stretching score of 40.
GMC Outreach: Doctors intending to change practice following learning session (target: at least 75%)	% of doctors who told us their practice will change as a result of attending a learning session on ethics and professionalism, delivered by our Outreach Advisors. This is collected through evaluation surveys completed after the session.
GMC Outreach: Doctors attending a learning session improve their impression, or maintain a positive impression of the GMC (target: at least 65%)	% of doctors who told us that their impression of the GMC remained positive or improved as a result of attending a learning session on ethics and professionalism, delivered by our Outreach Advisors. This is collected through evaluation surveys completed after the session.

Annex B: Corporate Opportunities and Risk Register - March 2026															
Risk ID	Title Date Raised	Category	Detail	Owner	Likelihood - Inherent	Impact - Inherent	Rating - Inherent	Mitigation/Enhancement	Likelihood - Residual	Impact - Residual	Rating - Residual	Council and/or Board Assurance	Assurance	Further Action Detail	Risk Appetite
Programme threats															
843	Regulatory Reform – Safe and timely delivery of the reforms 02/03/2026	Strategic / Policy	If planning, programme oversight, and delivery monitoring are insufficiently robust—and commencement and transitional complexities are not fully understood—internal readiness, timelines, and change impacts may be underestimated. This could result in the GMC Order being implemented in an unworkable or misaligned form, with statutory functions not delivered safely or to the required standard, creating patient safety risks, operational disruption, and backlogs.	Shaun Gallagher	HIGHLY LIKELY	MAJOR	CRITICAL	Key Controls • Maintain open, constructive communication channels with DHSC, use these mechanisms to influence drafting quality, and ensure alignment between policy intent and operational deliverability. • Maintain and review a joint plan with DHSC to set realistic expectations validate assumptions, test feasibility, and update timelines in response to emerging risks or policy changes. • Maintain defined escalation routes to senior officials at DHSC, with clear criteria for when issues should be escalated. • Use joint workshops, readiness assessments, and scenario planning to ensure operational impacts are understood early and that changes can be implemented safely and at pace. • Reinforce a “one GMC” approach through shared ownership of risks, decisions, and delivery milestones. • Maintain clear and actively managed programme governance. • Use regular assurance reviews and milestone checkpoints to identify drafting-related risks early and ensure delivery plans remain realistic and controlled. • Operate a structured influencing plan to secure timely external support for key policy and drafting decisions. • Monitor stakeholder positions and adapt engagement tactics proactively to address emerging risks. • Allocate standing agenda time at SMT to review drafting risks, resolve ownership questions, and provide direction. • Ensure SMT decisions and expectations are communicated consistently to teams, and that SMT members are equipped to engage directly with colleagues.	QUITE LIKELY	MAJOR	CRITICAL			• BDO audit focused on IS risks and mitigations - Q2 2026. • Delivery schedule for programme in development - Q2 2026. • Prioritisation of deliverables currently in development - ongoing. • Explore how the programme utilises governance routes to enhance risk management practices - Q3 2026	Low
544	GMC Finance and HR System 28/11/2023	Technical	Due to our Finance and HR system provider withdrawing support for our on-premise system we will need to move our Finance and HR system to the cloud by the end of 2026 necessitating business process changes. This will include significant change management work, and there is a risk that we will be unable to do the significant and complex work required for this migration in time, leaving us in an unsupported configuration and unable to receive product updates from 2027, such as new tax rules to apply to payroll.	Neil Roberts	HIGHLY LIKELY	MAJOR	CRITICAL	Key Controls • A programme is overseeing the move to new Finance and HR systems, including significant process change work, by the end of 2026. • Work to implement the new finance system is being planned, using an approach of setting milestones to enable us to deliver in advance of 2027 and resourcing the work as required to hit the milestones. • Project streams have been prioritised and resourced within IS, HR and Finance with funding for resources requested where required. • A new finance, HR and payroll system has been selected and work is underway with the vendor. Mitigations • Support has been secured for the current finance and HR system until the end of 2026. • Finance build phase completed.	HIGHLY LIKELY	MAJOR	CRITICAL		Audit and Risk Committee • ERP pre-Go Live Advisory Review (March 2026). • ERP Implementation: Data Migration Advisory Review (November 2025) • ERP Implementation – HR Workstream Programme Governance Report (October 2025, green/amber for control design and green for control effectiveness). • ERP Implementation progress (May 2025, green/amber for control design and green for control effectiveness). • ARC seminar held in May 2025. • ERP Implementation - Governance and programme arrangements review (September 2024).	• HR system being built and Payroll being tested. • Working through integrations with Seibel and other GMC systems. • Internal audit planning post go live.	Medium
844	Regulatory Reform – Organisational capacity, prioritisation and workforce resilience 02/03/2026	Resource	If organisational capacity, prioritisation and planning processes are insufficient for the scale and pace of reforms, critical support, expertise, and decision-making may become limited, and key skills or knowledge may be lost. This could lead to reduced programme resilience and delivery capacity, increasing delivery risks, delays, or compromises in achieving safe and effective implementation.	Shaun Gallagher	HIGHLY LIKELY	MAJOR	CRITICAL	Key Controls • Work with Business Planning and others to implement a clear, senior-led prioritisation process to pause or de-scope other activity • Assess workstream capacity and workload pressures quarterly. • Provide targeted support (eg temporary resource, specialist input, or reallocation of tasks) to teams experiencing acute pressure. • Explore joint recruitment campaigns and the development of a shared pool of staff who can be deployed flexibly. • Coordinate gateway bids to ensure reg reform work is presented coherently and efficiently. • Use established governance and communication channels to provide consistent, timely updates on reform progress, expectations, and upcoming workload peaks. • Reinforce key messages about priorities, wellbeing, and available support, ensuring leaders actively model these behaviours. • Create structured opportunities for staff feedback and concerns to be surfaced early.	QUITE LIKELY	MODERATE	SIGNIFICANT			• Gateway bid to secure additional capacity and extension of funding for existing colleagues - Q3 2026. • Workshop to explore change management, organisational design principles and redeployment - April 13 2026.	Low
845	Regulatory Reform – Effective communications 02/03/2026	Customer	If DHSC or GMC communications are drafted in language that is unclear, overly technical, or insufficiently tailored to stakeholder needs, there is a risk that stakeholders do not fully understand the purpose or implications of the consultation, resulting in low engagement, misinterpretation of proposals, reduced quality of feedback, and potential reputational or decision-making impacts for the organisation.	Shaun Gallagher	QUITE LIKELY	MAJOR	CRITICAL	Key Controls • Established a comms and engagement workstream responsible for detailed comms and engagement plans. • Incorporated effective consultation/discussion with patient groups and ROs into the consultation(s) on regulatory reform. • Created a comms and engagement plan to keep all relevant groups and stakeholders informed about the timelines and practicalities of implementation and transition. • Planned for proactive engagement at senior levels with key stakeholders. • Considered and planned for potential risks through the regulatory reform comms and engagement steering group. • Commission a research company to set up a series of engagement panels to facilitate panels with our key audiences on complex or uncertain areas. • Provide feedback to DHSC on their draft consultation document.	QUITE LIKELY	MODERATE	SIGNIFICANT			• Seeking information from DHSC on their communication plans in advance of the launch of their consultation. • Internal comms products in development to provide colleagues with updates and key lines if asked about Reg Reform consultations.	Medium
Operational Threats															
512	Uncertainty around our touchpoints and engagement with NHS England 31/07/2023	Operational	Because of NHS England's merger with DHSC, there is an immediate uncertainty on the touchpoints the GMC has with them, this may impact on our effectiveness in some operational processes, as well as further requirements for resourcing to support our statutory functions.	Paul Reynolds	QUITE LIKELY	MAJOR	CRITICAL	Key Controls • Ongoing engagement with DHSC and NHS England officials to keep abreast of developments and to highlight implications of change for our regulatory work. • Relationships established with the new national co-medical directors at NHS England, who are part of the joint executive team that is leading the transition. • Ongoing monitoring of other external sources (such as the media) to keep track of developments and impact on the GMC. • Written to NHS England's Interim Chief Executive and DHSC's Director General of Secondary Care and Integration, highlighting key areas where the GMC currently interacts with NHS England. • Existing relationship with newly appointed DHSC Director General (People). • Our Chief Executive met with Sir Jim Mackey, NHS England's Interim Chief Executive, in June 2025. • Outreach team considering specific implications which changes to NHS England may have on the architecture of patient safety systems in the regions of England, which we engage with to identify and triage risks to patient safety. • Secured membership of the National Quality Board on behalf of NHS-facing professional regulators (GMC, Nursing and Midwifery Council, and Health and Care Professions Council). Mitigations • Initial mapping exercise completed by directorates to identify potential regulatory implications of change. • Mapping presented to Policy Leadership Group who have agreed to own the work going forward on policy/operational contingencies for their areas. • Outreach England regions are addressing implications as they arise, working to mitigate harm.	QUITE LIKELY	MAJOR	CRITICAL	SMT • Paper on risks and opportunities from NHS England changes (31 March 2025)		• Senior Corporate Engagement Plan to include regular CEO meetings with NHSE's interim CE and Director General (People).	Medium
207	Pension Deficit 21/08/2020	Financial	Due to economic instability, both asset and liability value of the pension scheme have reduced (assets to a greater extent). This scheme's funding position and any future volatility could lead to continued additional funding of the scheme from the employer.	Neil Roberts	HIGHLY LIKELY	MAJOR	CRITICAL	Key Controls • Trustees meet regularly and continue to take professional advice in relation to the existing deficit, which has improved as of the last valuation on 31 December 2024. • The funding position remains under review and Trustees will continue to liaise with the employer. Trustees have agreed to move to an advisory investment model and investment adviser and will keep the employer updated on any change to the investment strategy. • The employer factors annual payments into the budget to cover the agreed funding arrangements. • The employer and trustees work together to ensure suitable funding arrangements are in place to address the deficit. • Trustees monitor the funding position of the Scheme on a regular basis and are supported by professional advisers. • Trustees are required to meet all conditions relating to the running of the Scheme to ensure compliance with regulatory requirements specified by the Pension Regulator and Pension legislation. • We work closely with the Pension Trustees to address the increased scheme liability arising from the Govt decision to align RPI and CPI and other factors affecting the valuation. • The GMC reserves policy was approved and updated in December 2025 to record that the pension scheme will be financially supported if a value at risk event occurs.	QUITE LIKELY	MODERATE	SIGNIFICANT				Medium
303	Welsh Language Standards Implementation 28/02/2024	Legal	Since 6 December 2023 the GMC has been subject to the Welsh Language Standards (No.8) Regulations 2022 set by the Welsh Language Commissioner. We have now reached a point of maturity in our culture and processes as an organisation that has enabled us to mainstream compliance with the standards throughout the organisation. All directorates are now responsible for ensuring continued compliance with the standards, ensuring guidance is implemented, and monitor ongoing compliance, else we risk legal, reputational and financial damage.	Paul Reynolds	QUITE LIKELY	MODERATE	SIGNIFICANT	Key controls • Relationship sponsor for the Welsh Language Standards Commissioner and relationship plan agreed; and will be updated in 2026. • The GMC's Senior Management Team has approved a plan to embed the guidance, learning and processes we have developed in BAU across the organisation. Central to that plan is the creation of a network of Welsh Language Champions to in each directorate to enable limited coordination of our approach to managing the WLS. • Any complaints or concerns raised about our compliance with the WLS will continue to be recorded and dealt with in line with the customer complaints process by the Corporate Review Team. • If the Welsh Language Commissioner launches an investigation into a complaint or concern about our compliance, an incident response team will need to be established to include the relevant team, the relationship coordinator and sponsor, and CRT. • Procurement process successfully concluded in Sept 2025 with agreement to again commission the services of Cymen for all of our Welsh language translation and interpretation needs. • Relationship Plan in place for the Welsh Language Commissioner supported by Director of SC&E as relationship sponsor and will be reviewed in 2026.	QUITE LIKELY	MODERATE	SIGNIFICANT	SMT • Risk deep dive (March 2025) • Transition to business as usual (September 2025) Executive Board • Statutory annual report on our compliance with the standards 2024/25 (July 2025)	Internal Audit • Preparation for implementation (2023, green/amber control design, green/amber effectiveness). • Compliance readiness review (2024, green/amber). External compliance assessment • Atob conducted a compliance assessment of key activities between June and September 2024. They found an overall assurance level of amber. An action plan developed and implemented by WLSM and relevant teams.	• Welsh Language Champions Forum will be established to support ongoing compliance with representative and deputy from each directorate. • We will look to ensure ongoing compliance with the standards through exercises such as mystery shopping, internal audit to gain assurance the new way of managing compliance is working well.	Low
706	MLA - exam delivery 28/05/2024	Technical	If an incident occurs, that impacts on Medical Schools' ability to deliver, and students' ability to take a complete MLA assessment, this could risk invalidating the Primary Medical Qualification (PMQ) being awarded by those medical school(s). This may be of significance as we roll out the MLA compliance process for new schools for the first time.	Pushpinder Mangat	QUITE LIKELY	MAJOR	CRITICAL	Key Controls • MLA compliance is now embedded into our new schools process. This helps to ensure that new schools are suitably prepared to deliver both parts of the MLA, and are suitably briefed on processes around connectivity, incident reporting and escalation, and exam security (particularly for the AKT). • We have regular contact with all schools and check contingency planning as part of routine assurance and oversight. Recommendations for improvement from our original compliance process are now embedded into our BAU QA, monitoring and improvement activities. • Issues, including those relating to regulatory oversight and assurance, continue to be discussed at regular meetings between the GMC and Medical Schools Council (MSC) at Assistant Director/Head of Section level. • Remind new schools that passing the MLA is now a requirement for their students to be awarded a PMQ and to be added to the register. Mitigations • Ensure that new schools have a contingency school in case of issues with their preparations for MLA delivery. • Ensure that all schools have at least one additional sitting identified in case of failure. • Continue to learn from the live experience from the AKT and ensure that the MSC and individual medical schools communicate with the GMC when things go wrong.	UNLIKELY	MODERATE	Low	Internal Audit • MLA transition to BAU (2024, green-amber for control design, green-amber for control effectiveness). • MLA arrangements for delivery of the Applied Knowledge Test (May 2025, green/amber for control design and control effectiveness).		Low	
Strategic Themes															

120	ED&I compliance 17/02/2020	Strategic / Policy	The measures in place to demonstrate compliance with the public sector equality duty are not robust enough and we are subject to legal challenge that weakens confidence in regulation.	Shaun Gallagher	QUITE LIKELY	MAJOR	CRITICAL	Key Controls • Skilled ED&I team provide strategic advice across the GMC. • Equality, Diversity and Inclusion (ED&I) objectives published within the corporate strategy and supported by focused targets based on evidence and routine monitoring and reporting of progress. • Supporting governance including the Strategic EDI Advisory Forum and Race Equality Forum (external) and ED&I Steering Group (internal) provides senior oversight and guidance to inform action and priorities. • Mandatory learning for all staff and associates – all learning needs are being delivered or is BAU activity, all suppliers are in place and delivering against requirements. • Mandatory training for all staff and associates. • Approach to a regulatory new Equal Opportunities Policy has been reviewed and published in April 2022 and updated in 2024. Mitigations • Regulatory fairness review now complete and implementation board established. Leads across the directorates appointed and first phase of corporate deliverables underway. Update on progress, including new decision making principles and the HIRDs has been published in the ED&I Annual report in 2024.	UNLIKELY	MAJOR	SIGNIFICANT	Council • Reporting to Council on Fairer training cultures, Fairer referrals and the inclusion programme, deep dive reporting annual cycle in place. Regulatory fairness now included in annual reporting cycle. Executive Board • ED&I steering group has forward plan for reporting and will report to Executive Board annually on progress the Steering Group has made. Programme Board • Regulatory fairness review is now in implementation phase. A new regulatory fairness board has been established to govern the implementation of all of the recommendations.	Internal Audit • ED&I steering group governance (2024, green-amber for design, green-amber for effectiveness). • Regulatory Fairness Implementation in Directorates (August 2025, amber for control design and green/amber for control effectiveness). Other assurances • Strategy and policy ED&I compliance and governance review - Campbell Tickell (2020). • Engagement, not personal characteristics, was associated with the seriousness of regulatory adjudication decisions about physicians: a cross-sectional study, Javier A Caballero, Steve P Brown, British Medical Journal (2019). • Fairness of decisions to refer doctors to the MPTS interim orders tribunal (2018). • Plymouth University Review of decision-making in the GMC's FTP procedures (2014).	• Assurance measures for new decision-making principles were finalised in directorate action plans in Q1 2025. Implementation will vary by workload (including pilots), with plans iterating as pilots conclude. Progress will be reviewed in 2026, with a closure process and roadmap now in place to support phased workload completion. • A tender for the first phase of external assurance on process fairness is in development. A rapid evidence review has been tendered and a supplier appointed, with the report due in September 2026. • Regulatory Fairness will be reported through the ED&I annual report, alongside a separate annual progress update to Council. • The ED&I data review aims to improve data quality and mitigate compliance risks. The business case has been approved by Gateway; further PID work is paused pending resource availability.	Low
148	Delivery of statutory functions 31/03/2020	Operational	If we fail to deliver our core statutory functions, there is a potential impact on patient safety, public confidence, and the GMC's reputation as a leading regulator.	Charlie Massey	QUITE LIKELY	MAJOR	CRITICAL	Key Controls • Monitoring and reporting against statutory delivery for the professions we regulate, to Executive Board and Council. • Forecasting of operational demand is built into budget planning. • Active engagement with those we regulate about potential situations which may put patients at risk. • Outreach structure in place (ensures statutory process for responsible officers to continue effectively and enables engagement with employers with respect to PAs and AAs)) to help identify and manage concerns (pre-investigation). • Available staff with relevant training and skills. • Information exchange with competent authorities informs our processes. • Documented operational process and procedures, that are subject to regular review and continuous improvement by specialist staff. • Auditing our decisions on a regular basis. • Processes are in place to provide assurance on overseas applications for the professions we regulate.	QUITE LIKELY	MODERATE	SIGNIFICANT	Council • Review of performance metrics through the quarterly CEO report. Executive Board • Review of performance metrics through the bi-monthly Performance and Risk Report. SMT • Risk deep dive - Postgraduate Exam QA (February 2026).	Internal Audit • Specialist Applications approved training route arrangements (2024, green control design, green control effectiveness). • 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 2025. Other assurances • The MPTS continues to meet our service level agreement to commence 100% of new interim referrals within 21 days. • The MPTS continues to hear reviews of all MPT sanctions and IOT orders within statutory deadlines. • Passed all PSA standards of good medical regulation in 2025.		Low
149	Availability of resources 31/03/2020	Resource	If we don't secure and retain: a workforce that is flexible, adaptable, appropriately skilled and experienced to meet our complex and reactive requirements; a resilient and secure IT and facilities infrastructure, and maintain a sound financial position, it will threaten the delivery of our statutory functions, change and development programmes and capacity to deal with reactive and unplanned events.	Neil Roberts	HIGHLY LIKELY	MAJOR	CRITICAL	Key Controls • Our People practices and leadership strategy is aimed towards attracting and retaining a high calibre workforce. • We have processes in place to identify and manage key staff risks. • We consider recruitment market surveys and data to identify potential skills shortages. • Our Health and safety policies and procedures are robust in regards to our workforce. • Clear Financial management practice and controls and safeguards including around investment (GMCSI), fraud policies and pensions. • New activity, including Gateway Fund initiatives and existing project work routinely considered by Planning Gateway process to form a cross organisational recommendation on the priority and deliverability of proposals for SMT to consider collectively. • Routine monitoring and reporting of operational performance and the volume and complexity of our work. • Process for regularly mapping workload pressures across teams to help focus resourcing and prioritisation decisions. • We work closely with the Pension Trustees to address the increased scheme liability arising from the Govt decision to align RPI and CPI and other factors affecting the valuation. • The Investment Committee oversees the investment portfolio, supported by professional advisers and fund managers. • We undertake financial stress testing to ensure we have the capacity to withstand financial shocks within our reserve levels. • We continually invest in our IT infrastructure and systems to ensure availability and protect against cyber-security threats and maintain ISO 27001 accreditation. • We have business continuity champions and robust business continuity plans in place that are tested regularly. • We provide mandatory e-learning for GMC colleagues and have support in place from business continuity consultants • Annual training and exercise sessions are delivered for all incident responders. • We have health and safety policies and risk assessments in place to ensure review and maintenance of office facilities. • We have redundancy and backup systems in place for critical IT infrastructure. This includes resilient data centres , backup power supplies, backup and recovery plans, and failover mechanisms to ensure continuity of operations in case of failure. • Industry standard security benchmarks are used at development phase of projects ensuring our systems are secure by design and regular Security assessments take place to validate our position.	QUITE LIKELY	MODERATE	SIGNIFICANT	Council • Review of annual budget and Annual Accounts. Executive Board • Executive Board regular review of finance, HR, project and operational performance and risks.	Internal Audit • Procurement Act (2026, green/amber control design, green/amber control effectiveness). • Payroll review (2024, green control design, green control effectiveness). • MPTS legal arrangements (2024, green/amber control design, green/amber control effectiveness). • Contract Management (2024, amber control design, green/amber control effectiveness). • Data Protection Review (2024, green/amber control design, green/amber control effectiveness). • Contact Centre transformation (2025, green control design, green/amber control effectiveness). • Review of Associate Worker Status (2025, green control design, green control effectiveness).		Medium
150	Ability to work with others 31/03/2020	Strategic/Policy	If we are unable to work collaboratively with our external partners, we may not be able to achieve the ambitions of the corporate strategy and to deliver parts of our core functions as efficiently, effectively and compassionately as we would like, reducing our potential impact on patient safety and those we regulate.	Paul Reynolds	QUITE LIKELY	MAJOR	CRITICAL	Key Controls • Senior Chair and CE stakeholder engagement carefully planned through the Senior Corporate Engagement Plan • Engagement with other regulatory bodies to identify opportunities for collaboration and alignment (such as through the Chief Executive Officer Regulatory Body (CEO RB) Group), cross-regulatory groups in Scotland, Wales and Northern Ireland and the professional regulator comms & engagement group. • Proactive engagement on all major policies and issues, including active engagement with the four UK Governments over the future of our legislation, co-ordinated through use of Engage system by external affairs, policy and operational teams. • Development, management and review of stakeholder relationships of strategic importance at national and regional levels of the UK, supported by relationship plans delivered by our external affairs and engagement teams and sponsorship of key relationships by SMT. • Regular evaluation of relationships with key partners, using insights from our internal systems and periodic surveys of stakeholders' perceptions, to identify opportunities for improvement. • Annual relationship stocktakes to SMT. • Results of our 2024 perceptions survey inform the work of the External Affairs and Engagement teams.	QUITE LIKELY	MODERATE	SIGNIFICANT	Council • Seminar: Scotland focus (September 2025). • Seminar: Our approach to managing stakeholder relationships (July 2025). • Communications and engagement priorities (June 2025). • Seminar: Findings of our 2024 perceptions survey (December 2024). • Communications and engagement priorities (June 2024). • Seminar: General election preparations and our strategic engagement approach (April 2024). Executive Board • Four Country Relationship stocktake, SMT (June 2025). • Paper on General Election considered by SMT in February 2024.	Other assurance • Bi-annual health assessments by our external relations teams of GMC's major relationships (next assessment (Q3 2025). SMT • Risk deep dive - Ability to work with others (November 2025).	• We have commenced a public tender for our 2026 perceptions survey, which will seek the views of national-level stakeholders on the quality of our relationships.	Medium
152	Unplanned event 31/03/2020	Reputational	The impact of an event in the external or internal environment causes our systems to be compromised or our activities to be publicly challenged, potentially leaving us vulnerable to delivery of key functions central to patient safety and reputational damage.	Neil Roberts	QUITE LIKELY	MAJOR	CRITICAL	Key Controls • Crisis management policies (including crisis communications plan) & procedures; pandemic response plan. • Business continuity champions and emergency response plans in place with regular testing. • Mandatory e-learning for GMC staff and support from business continuity consultants. • Continuous proactive monitoring of external environment with processes and products in place to share and escalate emerging issues likely to affect our regulatory operations and external confidence in the organisation. • Arrangements in place between regulatory operations and communications teams to identify and plan for events which could negatively impact on our functions and external confidence in the organisation. • Analysis of range of qualitative and quantitative information about the external environment through the Patient Safety Intelligence Forum. • Regular engagement with the Professional Standards Authority to assure them on the exercise of our statutory powers – including emergency powers under section 18A of the Medical Act 1983 (Covid-19). • Health and Safety (H&S) management system (ie framework of policies and guidance) in place outlining a coordinated and systematic approach to managing H&S risk. • Quality assurance of H&S management system provided through H&S audit process. • Safeguarding processes, policies and annual training embedded across the organisation.	QUITE LIKELY	MODERATE	SIGNIFICANT	Audit and Risk Committee • Seminar on Business Continuity and Disaster Recovery - November 2023 and September 2024. SMT • Deep Dive - October 2024.	Internal Audit • Business continuity and disaster recovery management review (2025, amber control design).		Medium
151	Responding to a changing environment 31/03/2020	Strategic / Policy	Inability to respond effectively to changes in the external environment, including legislation, healthcare and wider social impact changes, could lessen our influence and relevance and reduce public, profession and political confidence in our role.	Paul Reynolds	QUITE LIKELY	MAJOR	CRITICAL	Key Controls • Proactive, senior-level engagement with stakeholders to understand their agendas. • Outreach teams structures in place, aligned to UK countries and regions of England, to help us understand and have influence within national and local systems. • Contribution to government and system initiatives across four nations. • Continuous monitoring of our external environment, including longer term horizon scanning and research (e.g. barometer and perception surveys with the medical profession). • Contributing to meetings and networks across the UK and Europe. • Internal governance in place to process, consider and make decisions on the intelligence we receive about the quality and safety of local practice and training environments (JWIG and PSIF meetings). • Systems and products in place to share insights and intelligence from external environment with organisation's leadership community to aid them with planning and decision-making.	QUITE LIKELY	MODERATE	SIGNIFICANT	Council • Council Seminar: Findings of our 2025 perceptions survey (December 2025). • Communications and engagement priorities (June 2025). • Seminar: Findings of our 2024 perceptions survey (December 2024). • Communications and engagement priorities (June 2024). • Seminar: General election preparations and our strategic engagement approach (April 2024). SMT • Paper on risks and opportunities from NHS England changes (31 March 2025)	Internal Audit • Outreach Restructure Project Review (2024, green/amber control design, green/amber control effectiveness).	• Closely monitoring developments relating to the abolition of NHS England.	Low
234	ED&I Strategic Ambition 02/03/2021	Strategic/Policy	The actions we take to influence change across the health and education system, and within the GMC, do not deliver progress at a pace to meet our strategic ED&I targets, sustaining known areas of inequality.	Shaun Gallagher	HIGHLY LIKELY	MODERATE	CRITICAL	Key Controls • Clear timebound targets to focus system-wide efforts. • Nominated Executive leads for each of our strategic commitments. • Skilled and resourced teams designing interventions to deliver against the targets. • Established plans of action to deliver against the targets both internally and externally. • Annual and bi-annual progress reporting. • Scrutiny and monitoring and reporting from the ED&I Steering Group, Executive and Council to allow refinement of plans in response to progress. • Established Outreach and engagement functions to understand and influence the system with broader calls for action and support to facilitate system-wide change. • Supporting and aligned commitments of others (ie reducing differentials in disciplinary processes). • Research and data assets including our surveys and insights to highlight relevant issues and support calls for action. • Annual reports published 2022, June 2023 and October 2024.	QUITE LIKELY	MODERATE	SIGNIFICANT	Council • Regular agenda item on ED&I and ED&I annual progress update reported to council in April and published. Executive Board • Twice yearly review by Executive Board and performance against internal targets embedded in Performance and Risk Reporting.	Internal Audit • Regulatory Fairness Implementation in Directorates (2025, amber control design, green/amber control effectiveness). Other assurances • Strategy and policy ED&I compliance and governance review - Campbell Tickell (2020).	• In response to the 2023 Audit, the timing and approach to reviewing ambitions will be agreed with workstreams and built into planning for the 2025–26 ED&I annual reports, aligned with corporate strategy development. • The next phase of Regulatory Fairness will support directorates with implementation plans and coordinate three corporate work packages; the BDO audit was completed in October 2025 and recommendations are being progressed. • The 2025 ED&I annual report was submitted to SMT and Council in December 2025 and was published in January 2026; the next report is planned for the July 2026 Council meeting. • Future reporting arrangements and the review of measures nearing completion are under consideration.	Medium

Opportunities

27	Deriving more insight from our data capability 31/03/2020	Strategic / Policy	Developing, sharing and working with others using our insight capability provides an opportunity to shape public debate, influence the external environment and deliver more proactive regulation.	Shaun Gallagher	QUITE LIKELY	MAJOR	GOLD	Key Controls • Use of our research and insight activity to highlight key issues facing the medical profession, suggesting courses of action which healthcare systems can take to tackle workforce and workplace issues that might directly or indirectly impact on patient safety. Take every opportunity for it to contribute to mailouts, briefings and other external engagement. • Leverage our communications channels (such as media and social media) and engagement opportunities to raise awareness of our research and insights and secure external support for the issues and recommendations we are highlighting. • Use new data and research insights as a 'peg' for bringing together regulatory partners and key stakeholders together to drive positive changes in policy and practice. • Provide data support to the rest of the GMC to inform our response external developments such as the Lord Ara Darzi review. • Provide data to support the development of policy and process plans for AA and PA regulation, regulatory reform, and education reform.	HIGHLY LIKELY	MAJOR	GOLD	Other assurances • A range of perception surveys with stakeholders undertaken each year. • An evaluation of State of medical education and practice in the UK reports' impact underway.	• Enhancing and providing substantial ED&I data for EQIAs and to identify inequalities in referrals to us; we are also commissioning as part of the research programme a sequence of independent audits on the fairness of our regulatory processes. • Development of a Power BI platform for our data that will allow more interactivity and self-service. • Larger reporting tools like Data Explorer will be reviewed and improved to encompass PA and AA reporting, by early 2027. • Developing data, research and insight capacity in relation to PAs and AAs.	High
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59	Corporate Social Responsibility 30/11/2022	Reputational	There is a potential opportunity for the GMC to lead the health regulatory sector in identifying, delivering and sharing how to be a more responsible regulator and demonstrating the positive impact this can have on those we regulate, our colleagues, suppliers, communities and patients. This could have multiple benefits, including the GMC becoming an employer of choice; increased diversity in our recruitment campaigns; new organisational partnerships; a positive impact on the environment; an increased regulatory reputation; and increased engagement and satisfaction with those that we regulate.	Neil Roberts	QUITE LIKELY	MODERATE	SILVER	Key Controls • Our Corporate Strategy 2021-26 includes clear commitments to be a more responsible organisation both socially and environmentally. Every GMC Annual Report includes a CSR round-up of the previous year. • We have improved external visibility of our CSR work on the GMC website and internally on the GMC intranet. We have used blogs to promote our support for widening participation (in medical training) initiatives and consideration of the regulatory challenges posed by 'sustainable healthcare'. • The GMC established the Cross Regulator CSR Group early in 2022 after the proposal (by the GMC) was agreed by the CEOR8 group. This meets quarterly and from mid-2023 includes representatives from the Greener NHS Team. • External recruitment campaigns now include reference to our CSR initiatives with the intention that this will be a 'pull' factor for potential candidates. • The GMC is increasingly engaged with new stakeholders, such as KPMG, on regional and national CSR bodies. These are new relationships which are increasing the profile of the GMC beyond the regulatory, health and education sectors. • CSR project closed in June 2023; project closure report completed with most initiatives now embedded as BAU. • Net Zero Working Group, sponsored by director of Resources, established at end of 2022. Whilst this has a broader remit than the CSR project, it will also support achievement of this opportunity. • CSR Community of Interest established in August 2023 to help BAU teams identify dependencies and mutual interests. This will also assist in maintaining oversight of CSR related activities across GMC.	QUITE LIKELY	MAJOR	GOLD	SMT • Opportunity deep dive completed in February 2024.		High	
28	Working with patients and public 31/03/2020	Operational	Understanding and improving the experiences which patients and the public have of our regulatory services and involving them effectively in our work (such as strategy and policy development) will help us gain their trust and confidence and make us a better regulator.	Paul Reynolds	QUITE LIKELY	MODERATE	SILVER	Key Controls • Champion for patients established at SMT level to ensure senior-level overview of our engagement and signal importance of this to organisation. • Strategic ambition to improve patient and public involvement and long-term outcomes agreed. • Clear information easily accessible for patients and public about how we work and can support them (such as on our website). • Involvement of patients and the public in our policy development activity in a variety of ways including public consultations and the commissioning of independent research, supported by information and guidance for policy and operational teams to aid their work in this area. • Regular assessment of patients and the public's perceptions of the GMC and experiences of our work through regular evaluation and research (such as our perceptions survey). • Regular engagement with patient leaders in all four countries of the UK (by our senior leadership team as well as our bi-annual roundtable, UKAF meetings in the devolved nations and other activities). • Accessing stakeholder networks to learn how other organisations engage meaningfully and well with patients and public. • Insights and perspectives from patients regularly shared with the organisation to inform its work.	QUITE LIKELY	MODERATE	SILVER	Council • Annual update on patient and public involvement (Dec 2025). • Annual update on patient and public involvement (Dec 2024). Audit and Risk Committee: • Update on PPI review recommendations (Jan 2026). • Update on PPI review recommendations (May 2025).	Other assurances • Annual perceptions survey showing the public's confidence in how doctors are regulated and feedback on our working relationships with patient and public bodies. Results from 2023 survey shared with Council in November 2023.	• Next Patient Group Roundtable to be held on 19 May 2026. • Contact Centre to bed in new automated surveys for patients and other users of its services, following deployment in late 2025. • Fitness to Practise to evaluate results of feedback pilot in 2025 and agree next steps. • Perceptions of patients and the public to be researched in next perceptions survey (summer 2026) • Internal discussions taking place about prioritising strategic commitments, which will determine timetable and resources for progressing PPI-related activities (such as ED&I data and reviewing our customer service standards).	Medium

Finance report to Council

Action	To consider
Purpose	The paper sets out the latest update on our financial position and performance of our investment portfolio.
Decision Trail	NA
Recommendations	a To note the financial position at the end of February 2026 and the forecast to the end of 2026. b To note an update on financial risks and the demand for PLAB examinations, and the potential impact on register growth. c To note the latest performance and valuation of our investment portfolio.
Annexes	Annex A: Financial position Annex B: Financial stability monitoring Annex C: Investment valuation and performance
Author contacts	David Donnelly – Assistant Director, Finance Any enquiries to: David.donnelly@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Neil Roberts – Director, Resources

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Finance report to Council

Background

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

Financial position

- 2 Annex A sets out a summary of the financial position at the end of February 2026 with the outlook to the end of 2026. Our current forecast is now a projected deficit of £0.8 million, versus a budgeted surplus of £0.2 million. The key changes compared to budget assumptions, that have impacted our financial outlook, are:
 - **Income:**
 - PLAB – We have amended our forecast following further detailed work to understand the shift in demand for part 1 and part 2 examinations. We now expect fewer candidates to sit the PLAB 1 examination in 2026 and, as a consequence, reducing demand for PLAB 2 examinations in the latter part of this year. We currently anticipate income to be £12.2 million compared to budgeted income of £14.6 million.
 - Application volumes – We have experienced a material reduction in new international medical graduate application volumes in the first two months of 2026. Applications are driven both through the PLAB route, but also through other routes to registration for international graduates. We had incorporated a drop of 20% into the budget however we are seeing a reduction in excess of this, at around 50% compared to the same period in 2025. We will continue to monitor this trend and update the forecasts when we have more confidence in the reduction in application volumes.
 - Overall, the level of projected operational income is £168.5 million, which is a reduction of nearly £3 million since we set the budget.
 - **Expenditure:**
 - The vacancy rate on staffing levels continues to be higher than expected. The budget assumed a vacancy factor of 5% but we currently have 6% of all roles vacant. This reduces our staff costs however we expect this gap to close as we move through 2026.
 - Operational expenditure directly linked to PLAB volumes has been reforecast, which includes the variable costs of holding PLAB examination days, plus other ancillary costs, such as bank charges for processing payments.

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Finance report to Council

- While operational volumes through FTP continue to rise, we have funded the resource requirements through the gateway to manage current known volumes.
 - Overall operational expenditure is forecast to be £1.75 million lower than budget, primarily due to variable cost reductions linked to PLAB.
- 3 In summary, we are now seeing a downward trend in some income streams, while work volumes, mostly those associated with FTP and areas directly impacted, are increasing.
 - 4 We will continue to monitor the financial impact of all movements since budget setting and provide Council with an updated medium term financial outlook following the half year reviews.

Financial risk monitoring

- 5 Following the financial stress testing performed for Audit and Risk Committee we developed a lead indicator dashboard to monitor those areas which may materially impact our financial positions. Annex B sets out this analysis, with the trigger points for PLAB volume changes having been met already this year. We will refresh the dashboard for our half year financial update to Council, to connect lead indicators to the latest risks identified.
- 6 In addition to the lead indicator dashboard it is helpful to set out the further risks that may impact our financial position.
- 7 With the sharp drop in PLAB volumes and greater reduction in new IMG applications we are now considering the wider impact on the growth rate of the register. This is currently 3.8%, which is broadly in line with our budget assumption of 4%, however further work is required to better understand the medium-term trajectory of the number of registrants. This includes both assessing the number of new applications in addition to the number of registrants leaving the register or changing their registration status.
- 8 We are currently replanning timelines for the go live of our new ERP system. There will likely be cost increases compared to original budget assumptions however at this point we continue to work through the detail.
- 9 We have been able to fund operational volume increases through the gateway to this point however the level of gateway funding had been constrained for 2026, meaning it will be more difficult to utilise the gateway to fund any further material increases in workloads in future periods.
- 10 As we have recognised these significant income and cost pressures, we have already taken a number of steps to take corrective action and ensure we remain on a strong financial footing:

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Finance report to Council

- We have started a review of the PLAB operating model, which includes reviewing our estates, the frequency of PLAB 1 examinations and the staff needed to support future requirements, while also developing relevant redeployment policies.
- In addition, we have removed some vacant roles from the staffing structure linked to PLAB and new applications, and there is business commitment to reduce headcount further as vacancies arise and workloads continue to drop.
- We have agreed that the gateway will only be utilised to resource increases in statutory work or regulatory reform, rather than committing funding to new discretionary work programmes.
- We are discussing ways to create further flexibility in our workforce, to ensure we can move people to the parts of the organisation where work pressures are being felt most acutely in a timely manner.

- 11** We will discuss the options for corrective actions with the senior management team throughout the next few months, and report to Council an updated financial forecast to 2028 in July, as part of the half year financial report.

Investment portfolio update

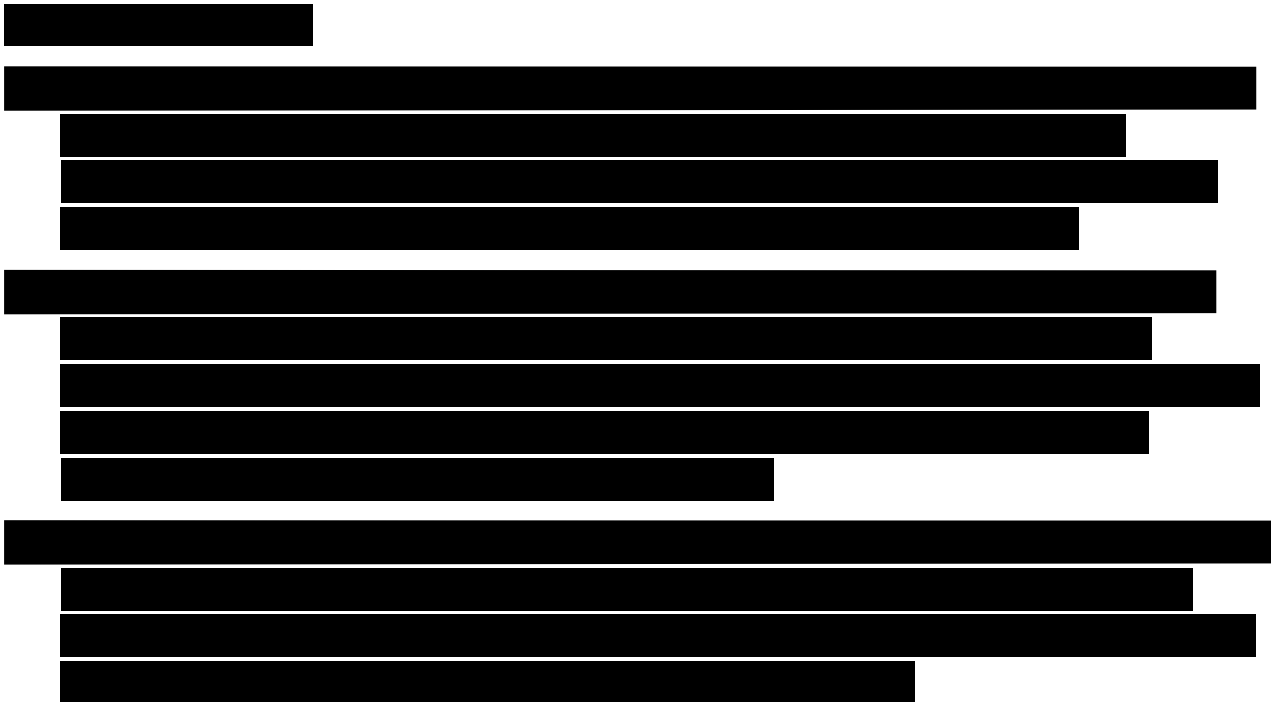
Performance and valuation

- 12** The value of the portfolio at the end of December 2025 was £62.7 million and at 10 April the value is £62.4 million. The headline valuation changes mask some portfolio valuation volatility we have experienced during the intervening period. By the end of February, prior to the outbreak of the conflict in the Middle East, we had reported a £1 million gain compared to the value at the start of the year, with the portfolio valued at £63.7 million. At the lowest point this year the value of our portfolio had dropped to less than £61.8 million. While we have seen valuations change in the first months of the year, the movements have been within our risk tolerances.
- 13** Our fund managers and advisers have both stated that, as we are a long-term investor, we should not alter our investment approach at this stage, however it is likely we will experience some further volatility in future periods. A verbal update will be provided on the latest valuation at the meeting.
- 14** We have budgeted modest investment gains of £1.5 million in 2026, however it is too early to be confident whether those returns will be achieved.
- 15** We still consider that holding an investment portfolio will outperform our previous treasury approach, of holding all funds in cash, and will continue to provide protection against inflation and generate modest returns over the long term. However, with this approach we do need to accept variations in returns within annual periods.

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Finance report to Council

16 Annex C provides a snapshot of the performance of our portfolio as at 10 April.



Treasury management

- 20** The 2026 outlook is interest returns of £1.95 million, compared to a budget of £1.8 million, as interest rates have not reduced in line with our expectations at the start of 2026.
- 21** We will continue to analyse inflation and interest rate levels as we progress through 2026 and amend the interest forecast in line with any changes.
- 22** The previous changes to our treasury management activities, where we moved the majority of our cash funds into a common deposit fund through CCLA, is now fully bedded in, resulting in better interest returns, greater liquidity and lower risk.

Next steps

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

Annex A – Financial position

Financial summary as at February 2026	Budget to February £000	Actual to February £000	Variance £000 %	
Operational income	27,965	27,463	(502)	(2)%
Operational expenditure	(24,700)	(23,613)	1,087	4%
Unallocated gateway fund	0	0	0	0%
Unallocated contingency fund (inc Pay Uplift)	0	0	0	0%
Pension top up payment	(2,036)	(2,036)	0	0%
Capital Expenditure	(1,477)	(1,419)	58	4%
Total	(28,213)	(27,068)	1,145	4%
Operational surplus/(deficit)	(248)	395	643	

Financial summary as at February 2026	Budget to February £000	Actual to February £000	Variance £000 %	
Investment income / (loss)	250	1,001	751	300%
Investment Management Fees	0	0	0	0%
Total surplus/(deficit)	2	1,396	1,394	

Budget 2026 £000	Forecast 2026 £000	Variance £000 %	
171,300	168,460	(2,840)	(2)%
(150,904)	(149,136)	1,768	1%
(641)	(641)	0	0%
(4,845)	(4,845)	0	0%
(2,036)	(2,036)	0	0%
(13,894)	(13,785)	109	1%
(172,320)	(170,443)	1,877	1%
(1,020)	(1,983)	(963)	
Budget 2026 £000	Forecast 2026 £000	Variance £000 %	
1,500	1,500	0	0%
(312)	(312)	0	0%
168	(795)	(963)	

The value of our holdings with CCLA at the end of January 2026 were £62.7m, and the indicative value as at the end of February 2026 is £63.7m.

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Finance update to Council

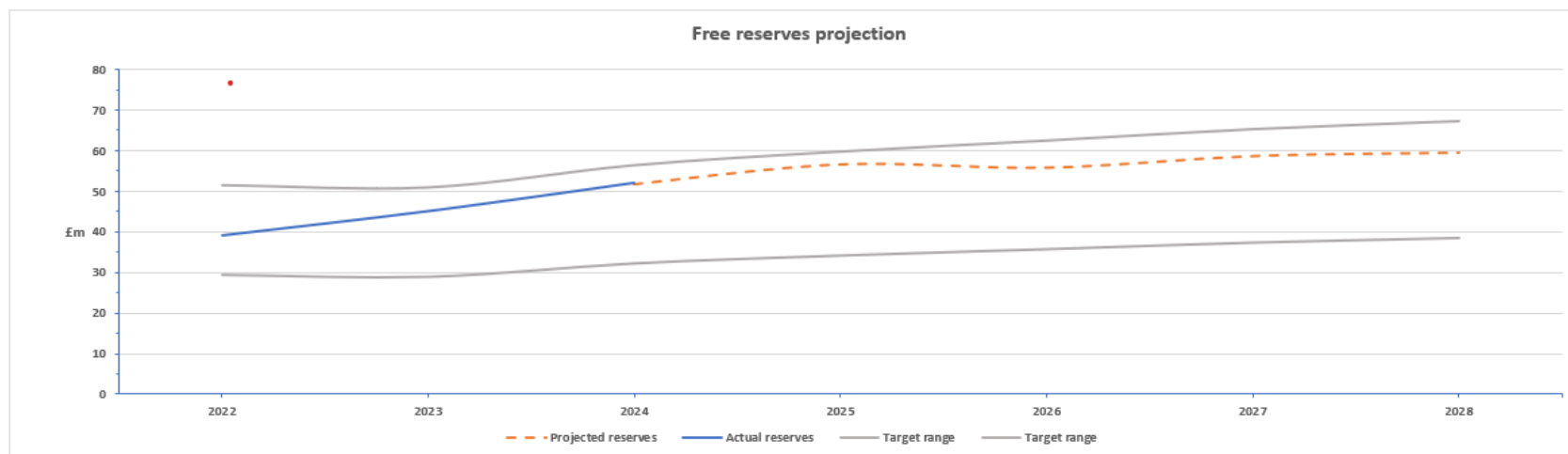
Operational Income for 2026	Budget to February	Actual to February	Variance	
	£000	£000	£000	%
Annual retention fees	22,910	22,887	(23)	(0)%
Registration fees	797	551	(246)	(31)%
PLAB fees	2,921	2,565	(356)	(12)%
Specialist application CCT fees	564	604	40	7%
Specialist application CESR/CEGPR fees	363	430	67	18%
Interest income	319	349	30	9%
Other income	91	77	(14)	(15)%
Total Operational Income	27,965	27,463	(502)	(2)%

Budget 2026	Forecast 2026	Variance	
		£000	%
141,915	141,892	(23)	(0)%
5,961	5,226	(735)	(12)%
14,634	12,207	(2,427)	(17)%
4,281	4,387	106	2%
2,152	2,255	103	5%
1,800	1,950	150	8%
557	543	(14)	(3)%
171,300	168,460	(2,840)	(2)%

Operational expenditure by cost type for 2026	Budget to February	Actual to February	Variance	
	£000	£000	£000	%
Staff costs	16,421	16,242	179	1%
Staff support costs	587	504	83	14%
Office supplies	278	232	46	17%
IT & telecoms costs	1,595	1,411	184	12%
Accommodation costs	1,576	1,480	96	6%
Legal costs	691	656	35	5%
Professional fees	595	479	116	19%
Council & members costs	66	64	2	3%
Panel & assessment costs	2,556	2,272	284	11%
Associate Fee Changes	157	96	61	39%
PSA Levy	178	177	1	1%
Total Operational Expenditure	24,700	23,613	1,087	4%

Budget 2026	Forecast 2026	Variance	
		£000	%
98,522	98,501	21	0%
4,459	4,423	36	1%
1,805	1,737	68	4%
10,663	10,514	149	1%
9,591	9,516	75	1%
4,049	4,012	37	1%
4,078	3,924	154	4%
471	468	3	1%
15,202	14,219	983	6%
940	699	241	26%
1,124	1,123	1	0%
150,904	149,136	1,768	1%

Annex B - Financial lead indicators



Risk factor	Long term assumption	Current analysis	Individual trigger point	Multiple trigger point*
PLAB volumes	Long term assumption being updated as part of half year financial review analysis, prior assumption was reduction in PLAB 1 volumes of 10% per year.	Met the individual trigger threshold - Softening demand across PLAB Pt 1 sittings in 2026. Anticipated reduction in PLAB Pt 2 volumes in second half of the year as a result of lower demand for Pt 1	PLAB 1 or PLAB 2 volumes dropping by 30% or amendment to skilled worker VISA rules	PLAB 1 volumes dropping by 10% PLAB 2 volumes dropping by 10%
Register growth	4% per year	January 4.0% / February 3.8%	Reduction to 2.0%	Reduction to 3.5%
Investments	£1.5m benefit per year	£1m gain to February - Since end of 2025	Reduction of £9m	Reduction of £3m
3rd party cost increases	4.0% per year	CPI rate - 3.0% January 2026	10% per year	6% per year
Staff vacancy rate	5% per year - based on budget values	6.0% - In February 2026	Reduction to 2% per year	Reduction to 4% per year
Staff pay increases	Agreed at budget setting	Aligned to April Pay Award (within amounts budgeted)	In year increase of 3%	In year increase of 1%

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

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

Annex C

Investment performance

Investment mandate

Strategic asset allocation

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

The benchmark for performance comparison is:

15.00% Equity (MSCI World Net Dividends Reinvested [MDWO Index])

37.50% Bonds (iBoxx Sterling Non-Gilts Overall NTRI)

18.75% Bonds (iBoxx Sterling Inflation-Linked Index 1-5 NTRI)

18.75% Bonds (iBoxx Sterling Inflation-Linked Index 5-10 NTRI)

10.00% Alternatives (MSCI UK Monthly Property Index)

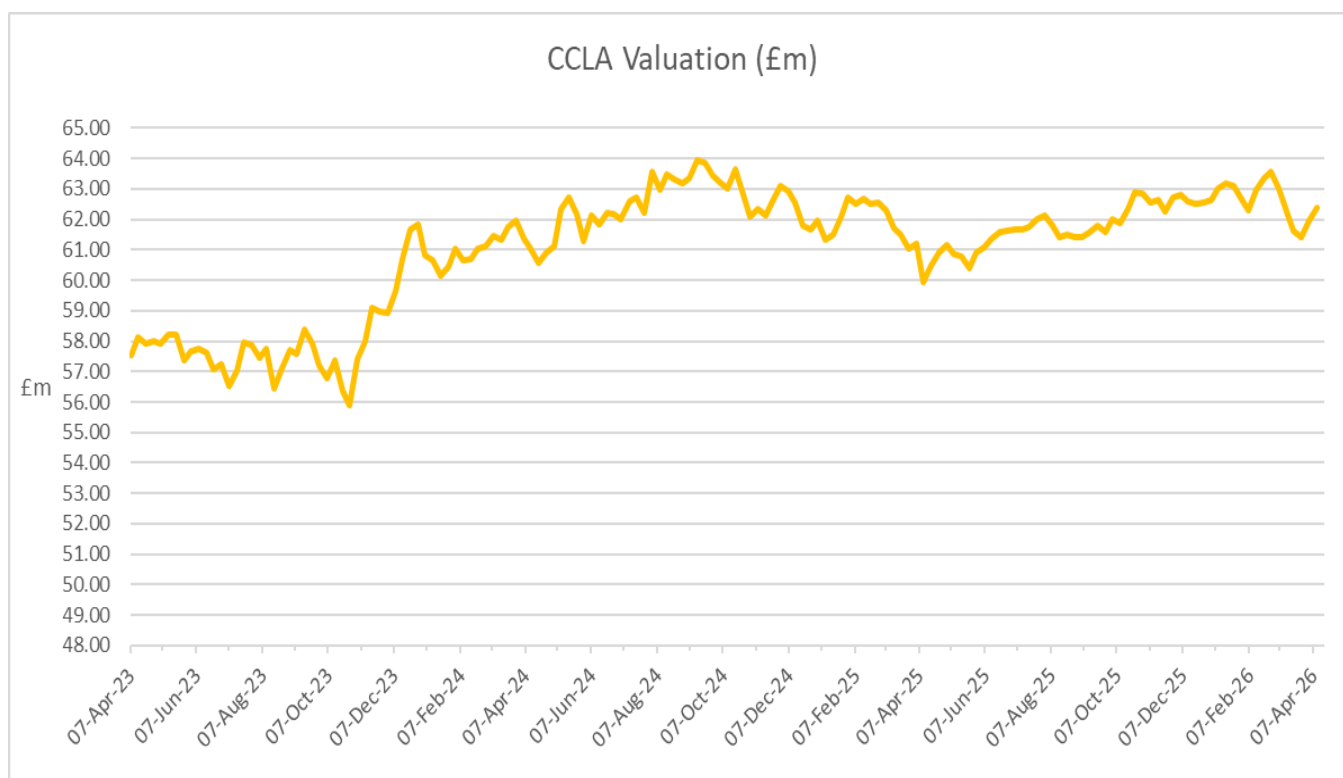
Investment performance

Holdings as at 10th April 2026 (Indicative Valuation)

	£millions	%
Alternatives	8.7	13.9%
Cash	7.8	12.5%
Equity	7.2	11.5%
Fixed Interest	38.7	62.0%
Total	62.4	100.0%

Performance versus benchmark

As at 31 December 2025	Performance Period			
	3 Months	12 Months	3 Years (p.a)	5 Years (p.a)
Our Actual Portfolio	1.41%	1.80%	4.04%	2.42%
Target: CPI + 2%	1.07%	5.32%	5.27%	7.11%
Benchmark	1.79%	6.56%	5.53%	(0.33)%
Actual minus Target	0.34%	(3.52)%	(1.23)%	(4.69)%
Actual minus Benchmark	(0.38)%	(4.76)%	(1.49)%	2.75%



* Chart shows rolling 3-year portfolio valuation

2025 national reports

**Paper withheld from
publication**

This paper and its annexes are being withheld from publication.

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

Regulatory reform update

Action	To note
Purpose	This paper sets out for Council an update on the regulatory reform programme.
Decision Trail	The contents of this paper draw on discussions with the regulatory reform programme board, senior management team meetings and previous engagement with Council.
Recommendation	To note the launch of the consultation of the GMC Order and the regulatory reform programme's approach to planning for future implementation of the reforms
Annexes	None
Author contacts	Tim Aldrich , AD Regulatory Reform Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Shaun Gallagher , Director, Strategy & Policy

Agenda item M6

Regulatory reform update

Background

- 1 With the launch of the DHSC and Scottish Government consultation on the GMC Order this is an update to Council of the work of the programme, both in responding to the consultation and preparing for implementation of the reforms.

DHSC consultation on the GMC Order

- 2 The Department of Health and Social Care (DHSC) and Scottish Government launched the *Reforming the General Medical Council legislative framework* consultation on Tuesday 24 March 2026. The consultation lasts for three months and will close on Tuesday 23 June 2026.
- 3 The consultation covers all aspects of our work – our powers and duties for education and training, registration, fitness to practise and revisions and appeals, and our governance arrangements. It also seeks feedback on the UK Government’s proposed response to recent related reviews, including recommendations arising from the independent Leng Review and the Mann Review.
- 4 We have welcomed the consultation in public statements and are encouraging stakeholders to respond. As part of our support for the exercise we are offering to meet with key stakeholders who wish to understand further our position on the draft Order and likely responses to the questions posed by the consultation.
- 5 Initial responses range from other organisations welcoming the reforms in general, some acknowledgement of specific elements (such as retention of health as grounds for action) to disappointment on other elements (such as retention of the GMC right of appeal, following recommendations by Lord Mann). Media and policy colleagues continue to monitor statements and social media.
- 6 We have offered conversations with stakeholders to better understand views on the issues raised in the consultation and set out our perspective. These include registrant representative bodies, medical defence organisations, patient advocacy groups and education and training institutions.

Approach to planning for the implementation of reform

- 7 DHSC has set out its ambition to lay the GMC Order in legislatures in the autumn of this year and for it to be made by Privy Council by the end of 2026.
- 8 While some provisions of the Order are expected to come into force immediately, such as rule making powers, others parts of the legislation will commence over a period of years. In many areas of our work we need to consult publicly on draft rules and expect to do so in 2027 and 2028.

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Regulatory reform update

- 9** To enable us to plan effectively for a complex set of activities over multiple years involving all aspects of our work, the programme is applying an approach used extensively by organisations globally in major IT implementations and change programmes.
- 10** The next iteration of the engagement panel is expected to begin in June. This will bring together a cohort of registrants (doctors, PAs and AAs) and members of the public to provide insights into the reforms as they are further developed and implemented.

Next steps

- 11** The programme will continue to engage with Council through the delivery of the programme. As part of this we continue to monitor risks and opportunities with oversight from the Audit and Risk Committee, and regular spot checks by internal auditors BDO.
- 12** Colleagues are currently drafting an initial response to the consultation and we will bring a draft to Council at the June meeting ahead of submission by the deadline.

People and Organisational Development Annual Report 2025

Action	To approve
Purpose	This report provides a summary of the main people monitoring data for 2025 including detailed information on diversity and pay. It also provides an update on the 2025 statutory gender pay gap figures.
Decision Trail	Our people data is considered by the People and Development Board in March each year ahead of Council receiving this report in April.
Recommendation	To approve the People and Organisational Development Report for 2025.
Annexes	Annex A: Our recruitment, turnover and absence monitoring data Annex B: Our profile as an employer in terms of diversity Annex C: Pay data by protected characteristic
Author contacts	Ben Browne , Assistant Director – People Niki Inman , Head of People Operations Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Neil Roberts , Director of Resources

Background

- 1 Our people policies, procedures and infrastructure exist to ensure that we recruit, retain, and develop a diverse, talented, and committed workforce, while meeting (as a minimum) our statutory obligations as an employer.
- 2 This report covers the final year of our 2022 – 2025 People Plan, with priorities covering:
 - **Becoming a more diverse and inclusive organisation** through the delivery of our Building Inclusive Cultures programme, our work on neurodiversity awareness and disability confident, reducing pay gaps and expanding our data monitoring.
 - **Supporting colleagues** with further work on mental health training, our People Manager Essentials programme and increasing our decompression facilitator capacity.
 - **Developing our people** through a suite of learning and development activities that's available to all colleagues and includes coaching, mentoring, work shadowing, live sessions, digital learning and access to external courses and qualifications. Along with targeted team development and role specific learning.
 - **Effective recruitment and retention** which has seen us maintain a stable workforce and deliver a range of improvements to our recruitment process.
- 3 The report provides an overview of our performance and experience as an employer. We have detailed and extensive data, so this update provides selected insights from our monitoring and includes:
 - Our recruitment, turnover, and absence monitoring data (**Annex A**)
 - Our diversity profile as an employer (**Annex B**)
 - Our pay data by protected characteristic (**Annex C**).

2025 Overview

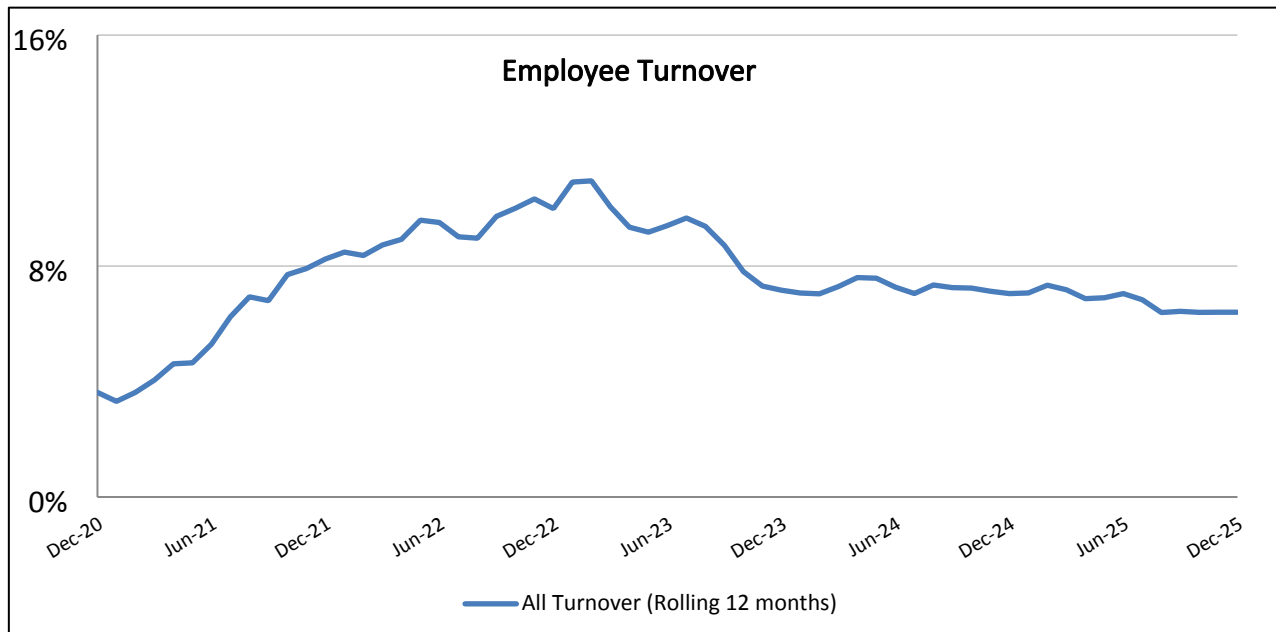
- 4 We continue to be an employer that has a high level of stability in terms of staffing and good employee relations. Even when faced with a challenging recruitment market, we continue to make good progress in filling our vacancies and towards meeting many of our EDI targets.
- 5 We implemented a pay award where established colleagues within our pay bands received an increase of at least 2.7% (CPI+1%) with a pay award budget set at September 2024 CPI +2% (3.7%), We continued our approach to consolidate the pay award for as many colleagues as possible.
- 6 We have continued our programme of policy review and development, to ensure our policies reflect best practice and we remain compliant with employment law.

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People and Organisational Development Annual Report 2025

- 7 We have continued our work on fairness in the end of year review process to reduce the differentials in the distribution of outperforming ratings across directorates and protected characteristics. We set up a steering group, enhanced our provisional ratings process, updated our guidance and ran manager briefings.
- 8 Our Building Inclusive Cultures programme was developed following colleague engagement with our BME and Muslim networks. It was delivered by Business in the Community and ran from July 2024 to December 2025. It included sessions for people managers and senior leaders promoting inclusive leadership, as well as career boosting and personal development sessions to support inclusive development across the organisation. 314 leaders (69%) engaged in the leader sessions and 575 engaged in the all-colleague sessions.
- 9 Since achieving the gold rating against the 'We invest in People' standard and the silver rating against the 'We Invest in Wellbeing' standard in December 2024, we have continued to engage with our people through the liP survey, to help us track progress and identify areas for improvement.
- 10 We have continued our work in relation to Disability Confident after achieving Disability Confident Employer (Level 2) in 2024. This status indicates that we take steps to ensure disabled people get fair and equal opportunities at employment, including actively recruiting and attracting disabled people, supporting disabled colleagues who are ill or absent from work and ensuring there are no barriers to prevent disabled employees from developing and progressing. We are now working towards Disability Confident Leader (Level 3) with the aim of achieving this by the end of 2028, considering any changes from the [government's](#) recent announcement to overhaul the scheme.
- 11 Our People Survey continues to provide an accurate picture of colleague views with 1497 colleagues completing the survey. This is a completion rate of 88% marking a further 1.4 percentage point increase from 2024 survey. This is a very positive response, exceeding that of other comparable organisations. For example, the Care Quality Commission whose response rate was 78% in 2024 and the Office of the Public Guardian, whose response rate to the Civil Service People Survey was 61%. This demonstrates the commitment of colleagues to provide feedback on their experiences working at the GMC.
- 12 Our employee engagement score increased this year to 73.1 from 72.1 in 2024. However, our inclusivity index score dropped slightly to 73.9% this year from 74.3% in 2024. We have dedicated people survey workstreams on leadership and engagement, development opportunities and bullying, harassment and discrimination; to tackle the key issues arising out of the survey.
- 13 We have started to develop our next People Strategy (2026 – 2030) to build on our progress and to support the organisation in delivering the Corporate Strategy 2026 – 2030.

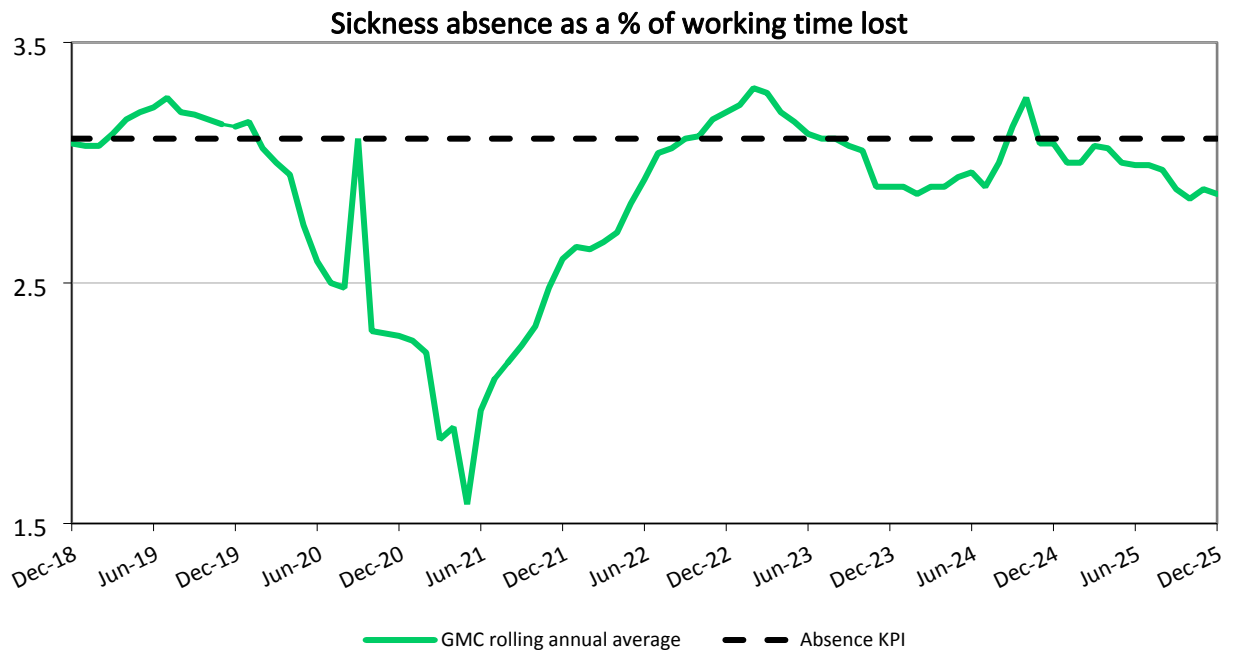
Turnover



- 14 Turnover has decreased across 2025, continuing the trend from 2024. Employee Turnover at 31st December 2025 was 6.4%. Employee retention increased in 2025 to an average length of service for leavers of 6.2 years, up from 3.5 years in 2024.
- 15 This echoes the wider market as vacancy rates reported by the ONS have declined month on month after peaking in June 2022.
- 16 The level of internal staff movement in 2025 stayed consistent with 2024, there were 29 internal promotions (28 in 2024). Internal transfers rose to 132, from 112 in 2024.
- 17 The average time to make an offer increased marginally to 59.6 days from 58.0 days in 2024.
- 18 The number of probation periods extended reduced from 15 in 2024 to 12 in 2025. In both years no colleagues failed their probation periods.

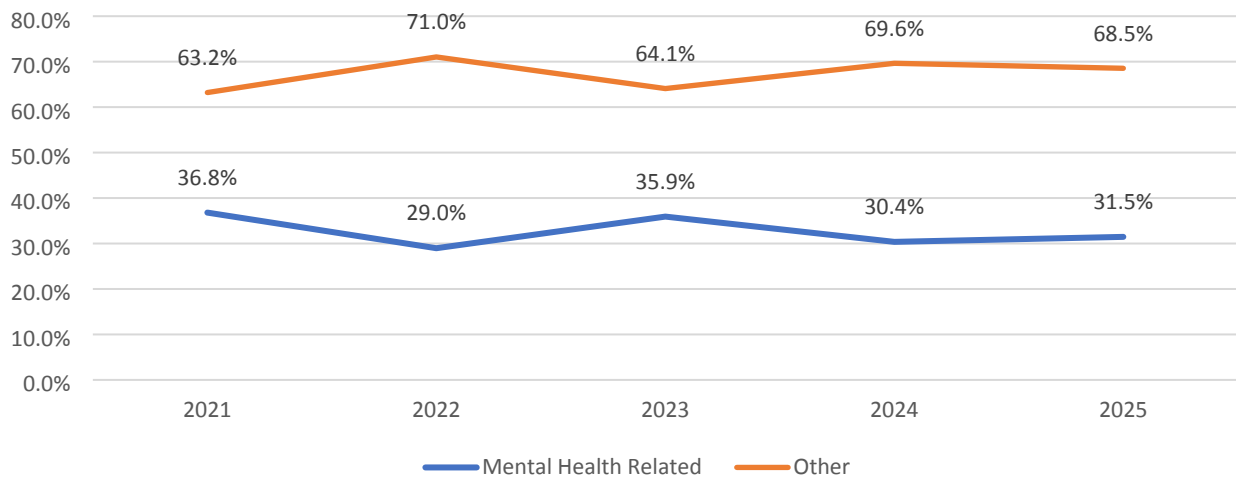
Absence

- 19 We have historically enjoyed relatively low sickness absence levels which continued across the majority of 2025. This equated to 7.4 days per employee. This is significantly below the most recent CIPD figures for 2025 of 9.4 days.



20 The underlying causes of absence are set out in Annex A and are broadly unchanged from last year.

21 Mental health related absence reasons (mental health, anxiety stress, work stress and depression) account for 31.5% of all absence days in 2025, 4071 days. This is a rise of 1.1% on 2024, but a reduction of 4.4% since 2023.



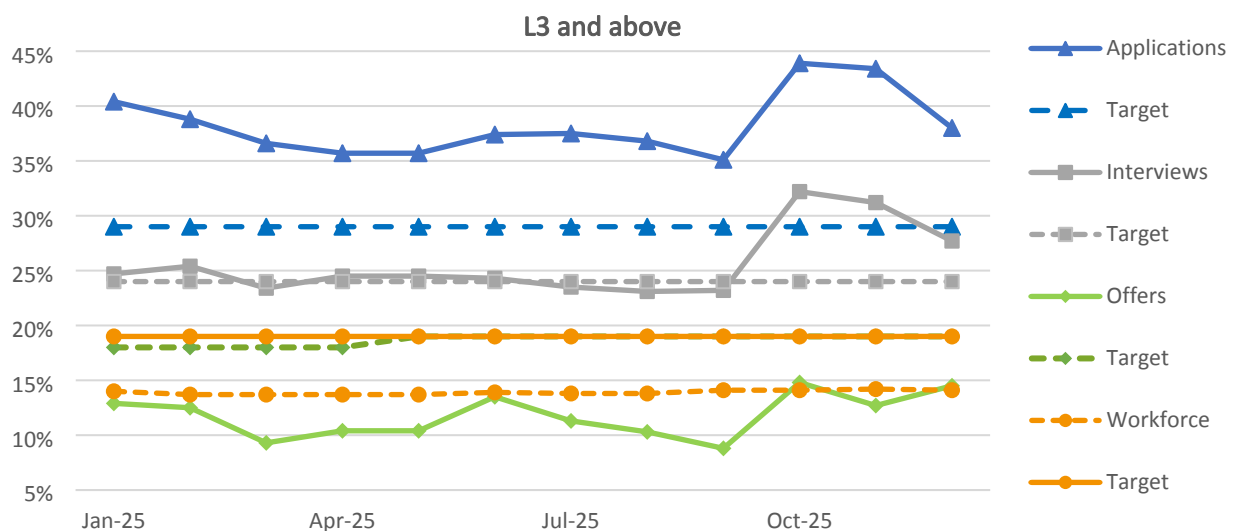
22 Mental health is an area where we have an extensive programme of work to support staff and line managers. We have a well-received wellbeing plan, a strong framework for putting in place reasonable adjustments for colleagues, an occupational health service, a network of mental health first aiders, an Employee Assistance Programme and a mental health champions network.

Casework

- 23 In 2025, we have had 11 disciplinary hearings and eight grievances.
- 24 Of those colleagues subject to a disciplinary, the number of males has reduced from six in 2024 to five in 2025 with the number of females reducing by slightly from eight to six. The number of ethnic minority colleagues has remained static at four, but the number of colleagues with a disability has increased from two to four.
- 25 The number of grievances across all protected characteristic has increased from 2024 to 2025. The biggest increase has been for males and colleagues with a declared disability, where the numbers have increased from zero to three.
- 26 We will provide a more detailed update on our disciplinary and grievance trends over the last three years in our 2025 Freedom to Speak Up report.

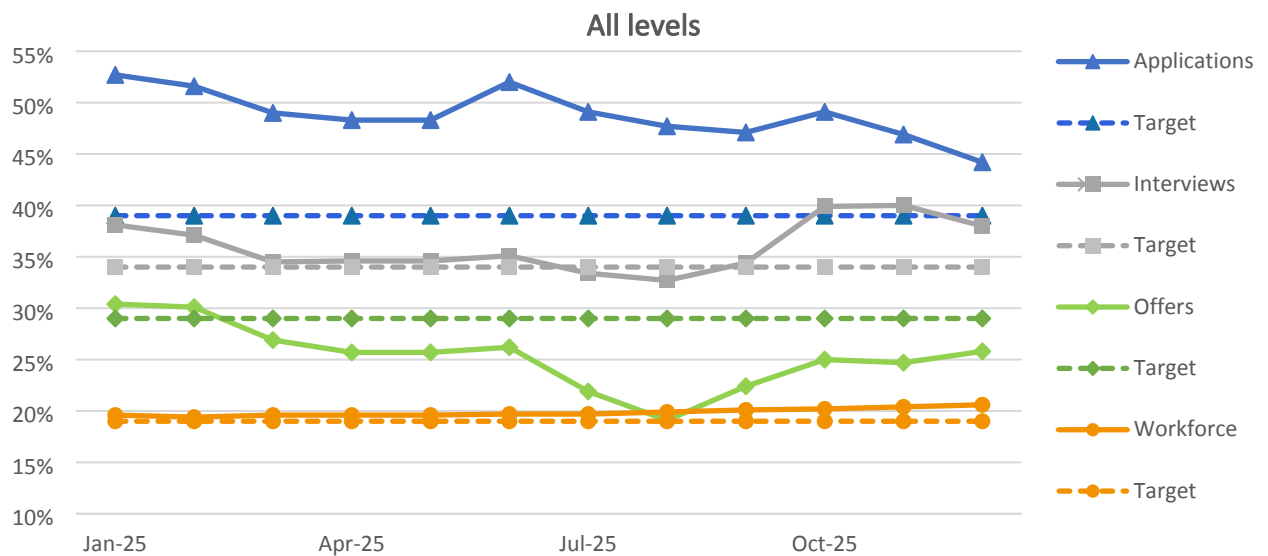
Diversity, Equality, and Inclusion

- 27 Council have agreed a series of employment related EDI targets. We will provide a further update to Council in July through our annual Equality, Diversity and Inclusion report for 2025.
- 28 This report sets out in more detail our current position on our staffing profile, recruitment and pay.
- 29 We monitor and analyse our equality and diversity data for our major processes and monitor the composition of our workforce. An overview of this is set out at Annex B.
- 30 The volume of applications received from those from a minority ethnic background fell slightly in the second half of 2025 (whilst still remaining above our target). We did see increased offers of employment to those from a minority ethnic background.



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People and Organisational Development Annual Report 2025



- 31** Conversions to offers across all levels has been strong in previous years, 2025 saw a dip mid-year, but levels returned close to the target by the end of the year. At management levels with lower turnover and fewer roles available, this becomes more challenging. We continue to operate a central interviewer pool, maintain a requirement to have an ethnic minority interview panel member for L3+ positions and for more senior roles, and inclusive recruitment training has been delivered as part of the Building Inclusive Cultures programme.
- 32** Our diversity targets across the workforce as a whole look positive and provides us with a talent pipeline for future years.
- 33** We have also seen a much closer alignment on promotion and grade progression for colleagues from an ethnic minority background, and whilst turnover rates for colleagues from an ethnic minority background have narrowed and are within our target, they still remain slightly higher than non-ethnic minority colleagues.

	December 2025			2025 Target	% points from 2025 target
Reduce differential turnover rates for minority ethnic staff compared to the average to improve retention and for rates to be within 1.5% of each other by end of 2025	Minority ethnic backgrounds (%)	White background (%)	% points between groups	% points between groups	
	7.1%	5.8%	1.3	1.5	0.2

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People and Organisational Development Annual Report 2025

Proportion of minority ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level	Minority ethnic backgrounds (%)	White background (%)	% points between groups	% points between groups	
	10.9%	8.6%	2.3	2.0	0.3

- 34** 122 minority ethnic colleagues took part in the all-colleague sessions of our Building Inclusive programme. In addition to career boosting and personal development sessions open to all colleagues, we offered personal development coaching to L4 and L3 minority ethnic colleagues wanting to progress into a leadership role. 53 minority ethnic colleagues accessed this coaching. Feedback was positive and we saw that this group received a higher proportion of outperforming ratings than other minority ethnic colleagues (21% versus 13.7%). Early indications also suggest this group were more likely to receive a promotion or secondment. We will be monitoring the progression of this group over the next 12 months.
- 35** In our post programme survey for leaders, we saw improvements across all tracking questions for People and Senior Leaders. But L4 to L2 leaders still report relatively low skill levels in leading EDI conversations.

Question	Pre-programme survey	Post programme survey	% change
AD/Ds			
Feel well/extremely connected to EDI at the GMC	67%	75%	+8%
Very/comfortable challenging existing practices or ideas to drive positive change	92%	100%	+8%
High/very high skilled in leading EDI conversations	50%	75%	+25%
High/very high proficiency in leading EDI change initiatives	50%	63%	+13%
High/very high skilled in practising inclusive leadership	58%	75%	+17%
People leaders L4 to L2			

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Excellent/good understanding of how EDI relates to your role at the GMC	82%	96%	+14%
Very/comfortable challenging existing practices or ideas to drive positive change	65%	78%	+13%
High/very high skilled in leading EDI conversations	34%	46%	+12%
High/very high skilled in practising inclusive leadership	72%	78%	+6%

- 36** In our post programme all-colleague survey, we saw increased familiarity with GMC development and progression opportunities, +10.4% to 63% amongst all respondents and +22.4% to 75% for those who attended all-colleague sessions. We saw similar increases in being able to advocate for self and others, +13.3% to 67.6% for all respondents and +20.7% to 75% amongst those who took part in the BiTC programme.
- 37** Although we saw an increase, we still saw low confidence levels in the GMC's ability to develop, nurture and progress colleagues, both amongst all respondents (35.2% high or very high confidence) and those who took part in the BiTC programme (41.7% high or very high confidence). We saw no change from either group around feeling a sense of belonging within the GMC community, with 45.4% feeling an extremely strong or very strong sense of belonging. For both questions there were high levels of neutral responses both in pre and post programme surveys.
- 38** Those who took part in the programme expressed higher confidence levels than those who didn't across several key areas in requesting learning, networking within the GMC and putting themselves forward for projects or CI initiatives. However, we saw low levels of confidence in applying for roles within the GMC amongst all respondents.

Question	All respondents	Colleagues who took part in the programme	Difference between groups
High/very high confidence in requesting to attend learning	50%	90%	+40%

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High/very high confidence in networking inside the GMC	38%	68.3%	+30.3%
High/very high confidence putting themselves forward for project or CI initiatives	42.6%	51.7%	+9.1%
High/very high confidence in applying for roles outside the GMC	27.8%	50%	+22.2
High/very high confidence in applying for roles within the GMC	21.3%	38.3%	+17%

- 39** We continued to raise awareness of neurodivergent conditions through our neurodiversity sessions, which are available to all colleagues. We continued our focus on increasing diversity in our internal coaching pool and providing ongoing learning for coaches on themes including neurodiversity.
- 40** The Make it Yours initiative launched in August 2025, a new inclusive development programme co-created with colleagues supported with input from L&OD. The programme sees colleagues working together to help each other achieve their development and career goals.

Ethnicity and Gender

- 41** We have historically seen women becoming increasingly well represented as our recruitment process moves forward. Of those female applicants, 4.7% translated to an offer (4.5% in 2024) whereas this was 3.8% for male (2.3% in 2024). Female applicants (the majority) were more likely to be appointed.

	Applications		1st Interview		2nd Interview		Offer	
Female	3,620	63.8%	600	64.0%	34	63.0%	154	68.8%
Male	2,058	36.2%	228	36.0%	20	37.0%	70	31.3%
Minority Ethnic	2,797	49.3%	438	44.2%	19	39.6%	59	30.1%
White	2881	50.7%	554	55.8%	29	60.4%	137	69.9%

Total applications will vary across characteristics based on declaration rates

- 42** We also continue to see a steady increase in representation of women in senior management roles, with a further increase in women at Assistant Director level at 63% (60.0% in 2024).

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- 43** Despite these improvements, our workforce gender balance (at AD/Director level for women and lower graded roles for men) doesn't reflect our overall workforce and this remains the main driver of our gender pay gap, as is the under representation of men at lower levels.
- 44** When we look at this pattern for ethnic minority candidates, there is an improved gender balance for applicants, but it is very close to our overall pattern:

Applicants	Female	Male
Minority ethnic background	62.5%	37.5%
White background	64.9%	35.1%

- 45** Ethnic minority candidates do not progress proportionately from application to offer (a long-term trend). This gap continues to narrow year on year, in particular for females. We see this is much more marked for male ethnic minority candidates.

Ethnic Minority female	Applications	30.3%
	Offers	21.4%
Ethnic Minority Male	Applications	18.4%
	Offers	8.7%

Ethnicity and Age

- 46** As well as gender, we have looked in more detail at age. This is a factor that will shape our offer to candidates and career support.
- 47** We know that the ethnic minority population is, on average, younger. This brings opportunities for some targeted programmes (e.g., apprenticeships) and some challenges (where age/experience may be a barrier for senior roles). In simple terms we know that these programmes will be attractive to more diverse age cohorts.
- 48** The age profile of the organisation remains stable, the average age of colleagues was 40.9 years, and lower turnover contributes to a slight increase year on year. Ethnic minority candidates are, on average, younger, however the most significant change was for white joiners at Level 3 (-9 years).
- 49** This younger ethnic minority joiner profile by age, applied at almost all levels in the organisation in 2024:

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	Minority Ethnic	Volume	White	Volume	Age diff.
LEVEL 3	39.3	6	38.4	12	-0.9
LEVEL 4	28.1	16	35.5	32	7.4
LEVEL 5	31.3	13	37.8	31	6.5
LEVEL 6	28.5	12	28.7	14	0.2

- 50** This workforce profile is also influenced by promotion patterns. This is especially significant as minority ethnic colleagues are typically younger than the GMC average and make up a higher percentage of our staff at levels 6 to 4, where there is greater scope to advance through internal promotion.
- 51** Age is especially significant as we know from our people survey work that engagement and inclusion scores are typically lower on average for minority ethnic colleagues. At a GMC level, minority ethnic colleagues' average scores do not vary significantly by gender, although this year has seen an increase from minority ethnic male average scores in the Engagement Index from 67.13% to 70.54%.

	Engagement index (2024)	Inclusion index (2024)	Engagement index (2025)	Inclusion index (2025)
Minority ethnic men	67.13%	71.2%	70.54%	71.4%
Minority ethnic women	72.92%	70.7%	74.83%	68.8%
White men	74.27%	79.4%	75.19%	80.8%
White women	76.13%	78.9%	77.00%	78.%

- 52** In previous years there have been clear differences across ethnicity in our youngest and oldest age groups. However, the 2025 results show these areas have the most significant movement and our youngest employees from minority ethnic backgrounds rated more highly than those from white backgrounds. Inclusion was higher in the 55+ category.

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	Minority ethnic engagement	Minority ethnic Inclusion	White engagement	White Inclusion
Age 16-24	-	-	79.70	84.1%
Age 25-34	71.79	67.3%	70.33	76.6%
Age 34-44	68.33	66.6%	75.60	79.1%
Age 45-54	82.98	73.7%	79.86	80.3%
Age 55+	81.28	78.8%	81.98	81.7%

53 This overview reinforces the:

- Potential of apprenticeships and graduate programmes to the supply our workforce profile ambitions.
- Importance of continuing to invest in early career stage development to support our workforce targets.

Age Profile

54 Our age profile generally has seen little change, but it is clear from our recruitment trends that we see candidates in the 25-34 age group perform best with 43.1% of applicants providing 50.6% of appointees. This is an important area for recruitment and a crucial area in current labour market conditions. It's important that our overall offer to these candidates remains attractive but also suggest that there may be opportunities to broaden our appeal to later career applicants.

Age group	Applicants age band	Joiners	Percentage Point Difference
16-24	14.1%	15.9%	1.8
25-34	44.1%	43.9%	-0.2
35-44	23.7%	19.7%	4.0
45-54	13.0%	11.5%	3.2
55+	5.2%	8.9%	1.3

Disability

55 Our monitoring in this area is limited as we have a high percentage of non-disclosure, our recruitment data does indicate that our processes operate fairly and our Disability Confident Employer status helps to recruit disabled people and those with health conditions. From active declarations, 2025 had 18.1% applications from those with a disability, up from 14.1%

in 2024, this increased to 28.4% of the total offers made. This is higher than our current population with 12.6% declaring a disability.

Sexual Orientation

- 56 As with disability our insights are limited due to our data and very small numbers in some categories (so we cannot publish). Overall the recruitment picture is positive showing that the conversion rate is significantly higher for those who are LGBTQ+.

2025	Applications	Joiners
LGBTQ+	12.7%	15.9%
Heterosexual	87.3%	84.1%

Time to recruit

- 57 We currently report on the recruitment process breaking it down into four areas, each showing the average calendar days elapsed.
- 58 The resourcing team continue to work collaboratively with recruiting managers. 2025 saw increased numbers of applications per campaign, despite these challenges the average time taken at each stage has decreased on previous years. The reduction has been facilitated by initiatives, such as, shortlisting whilst the campaign is live.
- 59 2026 will see a review of the recruitment measures, with metrics aligning to external benchmarks i.e. using the most common 'time to hire' metric of advert to offer (working days), to allow comparisons to external organisations.

Measure (target)	Average Calendar Days (Previous year)	Number of campaigns	Number of vacancies
ATR approved > allocation in Resourcing (20)	5.7 (7.4)	199	454
ATR approved > campaign go live (40)	22.9 (22.5)	179	348
Time from campaign live > offer (35)	36.5 (41.4)	153	338
ATR approved > offer made (75)	59.6 (63.3)	113	257

Pay and Gender Pay Reporting

- 60** Each year we are required to calculate the Statutory Gender Pay Gap figure as at 31 March following a specific calculation set by the Government. Annex C contains more information on the statutory gender pay gap figures.
- 61** For 2025, we reported a statutory gender pay gap of 10.8%. This means that based on the average hourly rate female employees are paid 10.8% less than male employees. This figure reduced by –1.4 percentage points from 2024, when we reported a statutory gender pay gap of 12.2%.
- 62** This driver for the pay gap is structural. Our senior management cohort doesn't reflect the makeup of our workforce on gender. In 2025, the majority of colleagues who joined the GMC at junior levels were female. Of the 23 joiners at Level 6, 16 were female and at level 2, 4 of the 6 new joiners were female.
- 63** We anticipate 31 March 2026 figure to be broadly in line with this year's overall pay gap.
- 64** Ethnicity pay gap reporting is not currently mandatory in the UK, but it is moving towards becoming a legal requirement. The government is consulting on legislation (initially expected by 2027, although it is suggested the implementation of this may be delayed) that will likely require employers with 250+ employees to publish their ethnicity pay gap data, similar to existing gender pay gap regulations. Whilst currently it is not a legal requirement, we do compare the average hourly rates (as we do for gender).
- 65** The charts detailing the average hourly rates are set out in Annex C.
- 66** The table below sets out the average hourly rate pay gap percentage for gender. A negative figure means women were paid more than men, on average.

Level	Manchester	London
Level 2	-1.8%	12.2%
Level 3	1.8%	1.2%
Level 4	0.0%	0.7%
Level 5	-0.2%	-
Level 6	0.6%	-

- 67** All Manchester bands and London level 3-4 we are within our target of two percent. London level 2 remains outside of our target. This gap has widened since we reported mid-2025, with a small cohort in this pay band we are likely to see fluctuations with colleague movement.

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- 68** There are very few level 5 colleagues based in London, so we don't publish figures for this group. It is outside our target, but the gap is driven by differences in length of service and combined with the small sample size, this makes it a statistical outlier. We only have one colleague in London at level 6, as such there is no pay gap to report.
- 69** For ethnicity, the table below sets out the ethnicity average hourly pay gap percentage. A negative figure means that colleagues from an ethnic minority are paid more than other colleagues.

Level	Manchester	London
Level 2	-2.4%	4.2%
Level 3	-0.4%	1.2%
Level 4	2.9%	3.2%
Level 5	1.8%	+
Level 6	2.7%	+

- 70** Although the pay gaps across ethnicity are wider than our gender pay gaps, these continue to reduce through our annual pay award and new appointments throughout the year.

Conclusion

- 71** In summary, our employment position remains stable, with low turnover, low absence and high levels of colleague engagement. We are continuing to close our statutory gender pay gap and are making progress towards our EDI targets through our ongoing work. We will provide further updates in our mid-year report for 2026 and set out our people priorities for 2026 – 2030 in our new People Strategy later this year.

Annex A

People Monitoring Overview

Recruitment and retention

- 1 Recruitment activity has increased from the previous year, 2025 saw 233 offers (198 in 2024) being made throughout the year.
- 2 A more detailed analysis of our recruitment outcomes in terms of diversity is set out in Annex B.
- 3 We use a range of media for advertising, including LinkedIn and specialist websites and use job fairs and network events across the UK to market our job opportunities (including working closely with the Jobcentre Plus). We also hold virtual drop-in candidate sessions for some roles, providing more insights on the role(s) and providing advice on how to apply. For some roles, we may also use the services of recruitment agencies on our preferred suppliers list. Our own website plays an increasingly important role and candidates can register for vacancy updates. In 2025 we launched a new section of the [GMC website](#) for anyone interested in applying for a role, providing applicants with relevant information promoting the GMC as an employer of choice.
- 4 Our recruitment process is based around a CV and cover letter and for some roles an online application form, anonymised shortlisting, and then a range of assessment options tailored to suit individual job groups. These include a mixture of competency, scenario or value-based interviews, either virtually or in person and sometimes a job specific exercise and/or group exercises. For senior roles, we retain the services of an executive search firm, although appointments up to and including Head of Section level are typically managed in-house.
- 5 Our internal recruitment figures for promotions and (temporary) transfers are set out in the table below:

	2019	2020	2021	2022	2023	2024	2025
Promotions	83	60	45	48	62	28	29
Transfers / Temporary Transfers*	203	159	202	123	153	112	132
Total	286	219	247	171	215	140	161

Notes:

The numbers reported above for Temporary Transfers, Promotions, and Transfers are based on when the staff member started the post (not when they were appointed).

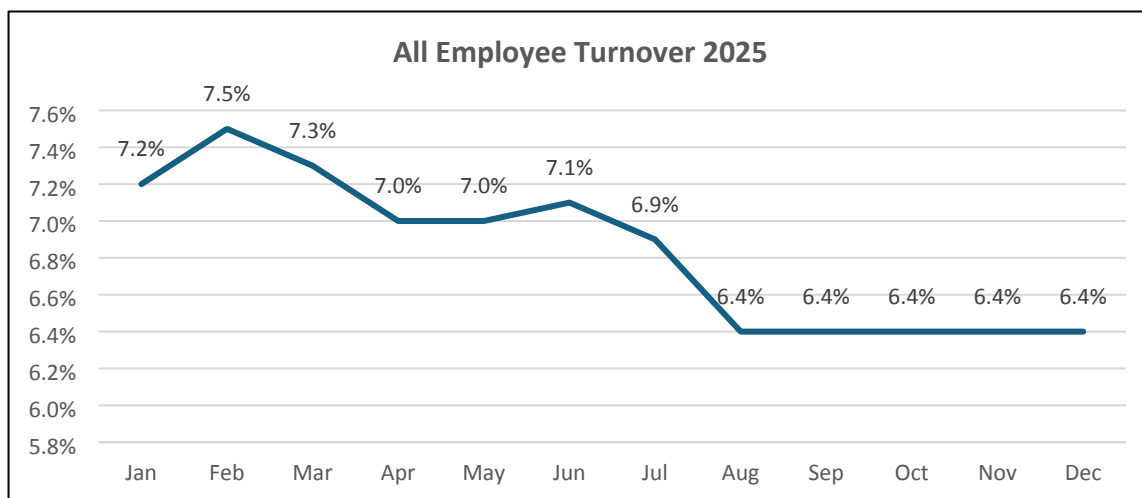
Temporary Transfers includes temporary transfers at the same grade, secondments and temporary promotions.

Probation analysis

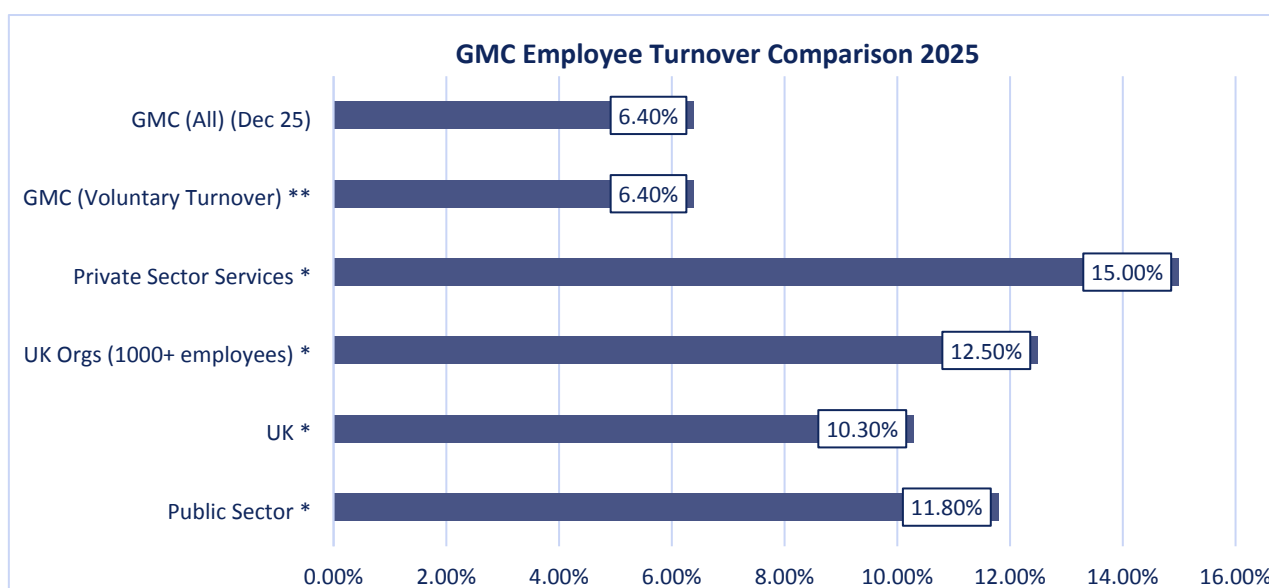
- 6** All colleagues are subject to a probation period and have a probation review at three and six months before being confirmed in post where their performance is at the expected level.
- 7** The number of staff who have their probation period extended or their employment terminated remains very low.
- 8** In 2025, 12 probation periods have been extended down from 15 in 2024. 89.4% of all probations were completed in the year. No colleagues were dismissed due to not passing their probation during 2025.

Turnover

- 9** Turnover continued to fall in 2025, which positively reflects the employment experience at the GMC, as colleagues choose to stay. It may also be in part due to economic uncertainties and a cautious job market.

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- 10** External projections for 2025 suggest a potential shift with nearly one in four UK workers planning to leave their jobs, marking a 3% increase from 2023. We are currently below our Corporate KPI for turnover (8-12%) and so risk levels are currently low.

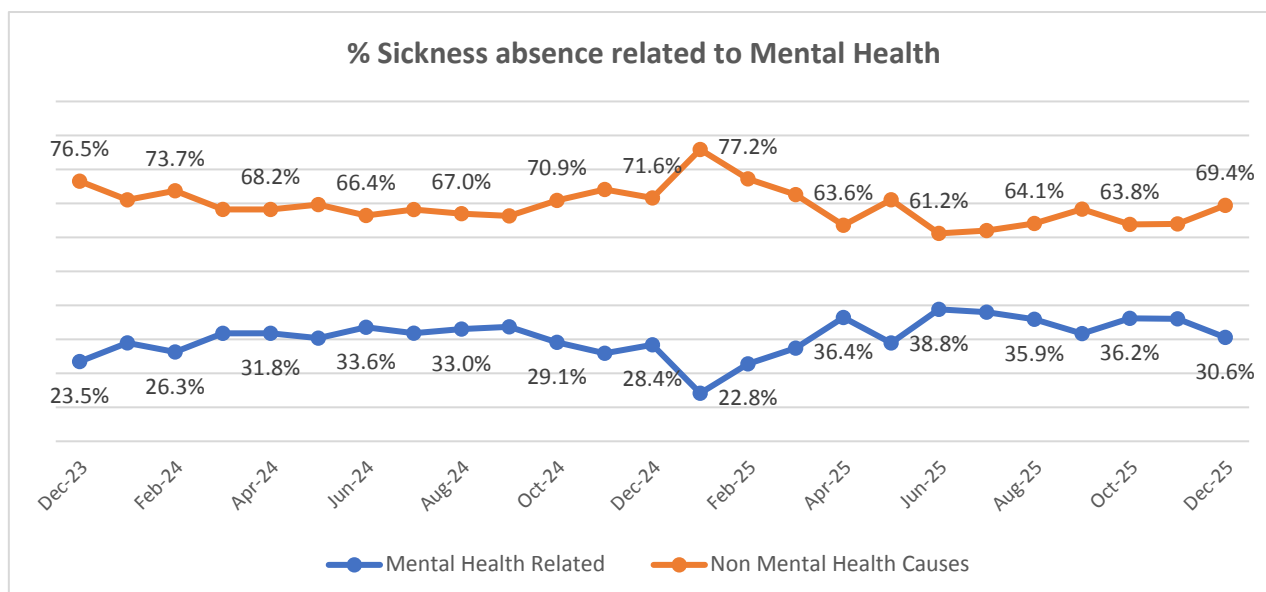


*Brightmine Labour turnover Survey

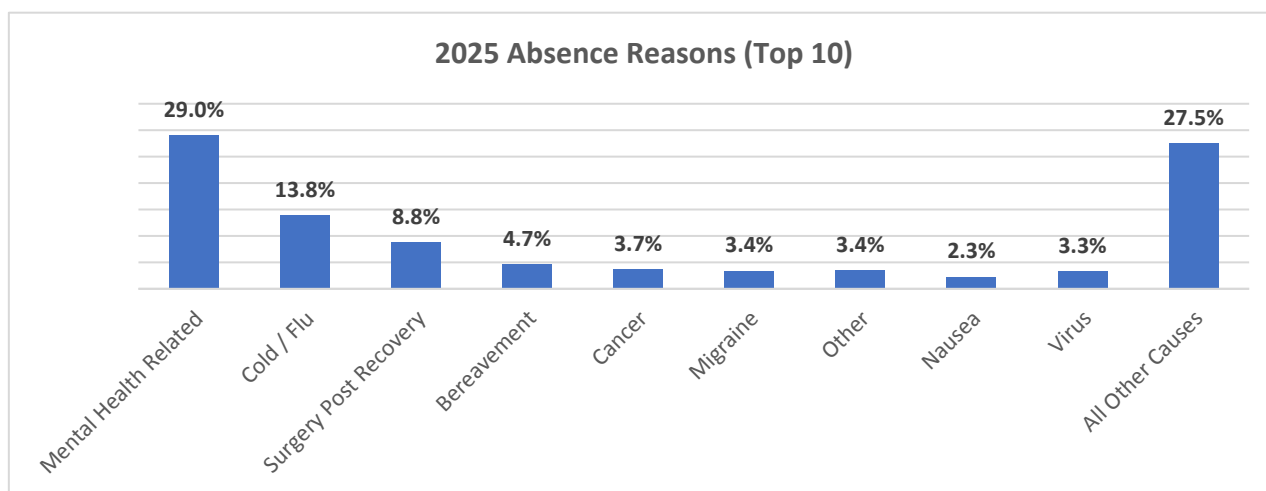
**Voluntary turnover includes resignation, voluntary redundancy and normal retirement.

Employee Absence

- 11** Days lost to sickness absence has fallen in 2025 to 12,940 days, from 13,435 days in 2024. In 2025 only 174 days were recorded as COVID 19, compared to 538 in 2024.
- 12** The chart below shows mental health related sickness absence and non-mental health related absence on a monthly basis over the last two years. Absence reasons relating to mental health account for 30.6% of absence at the end of 2025.



Mental health is the largest reason for absence in 2025 accounting for 29% of days lost, significantly higher than the next single reason cold / flu.



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- 13** Sickness Absence has remained broadly level at the GMC over the last four years in comparison to the CIPD absence figures, where the average days lost has increased since 2022 plateauing in 2024 and 2025.

	2022	2023	2024	2025
GMC Average Days Lost	8.2	7.3	7.7	7.4
CIPD	5.8	7.8	9.4	9.4

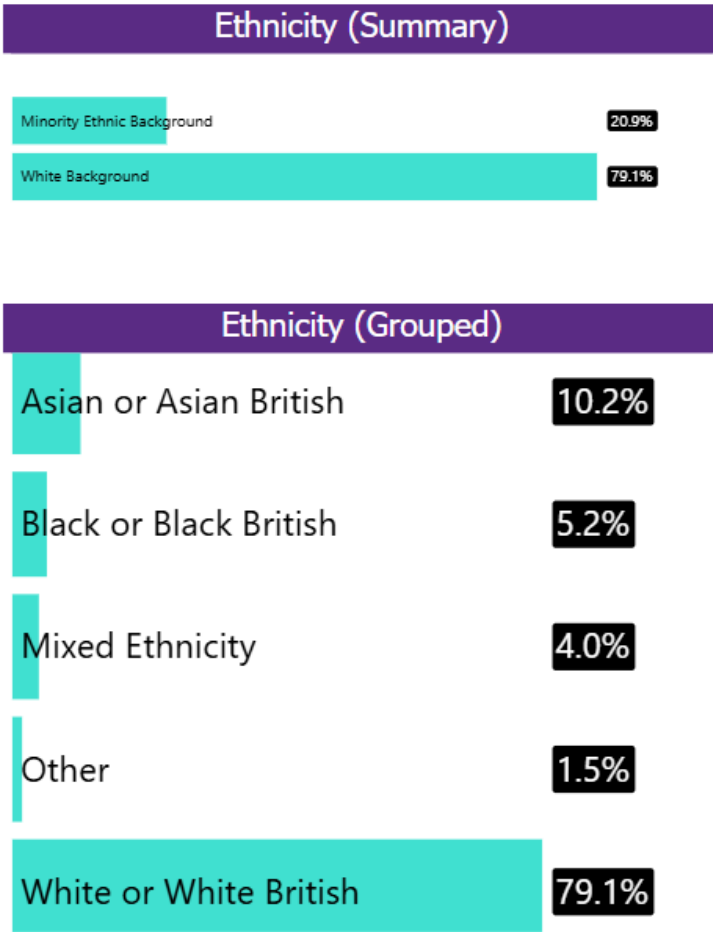
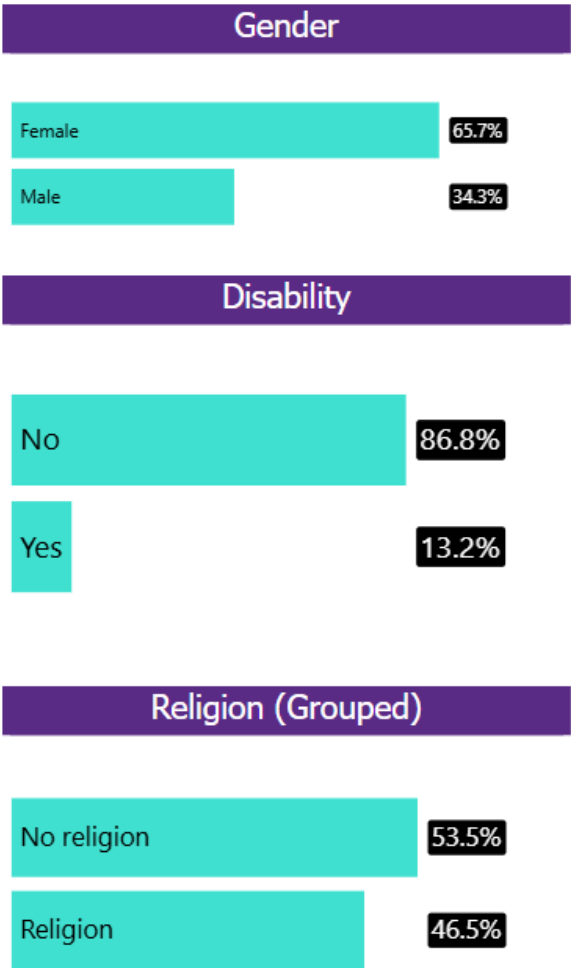
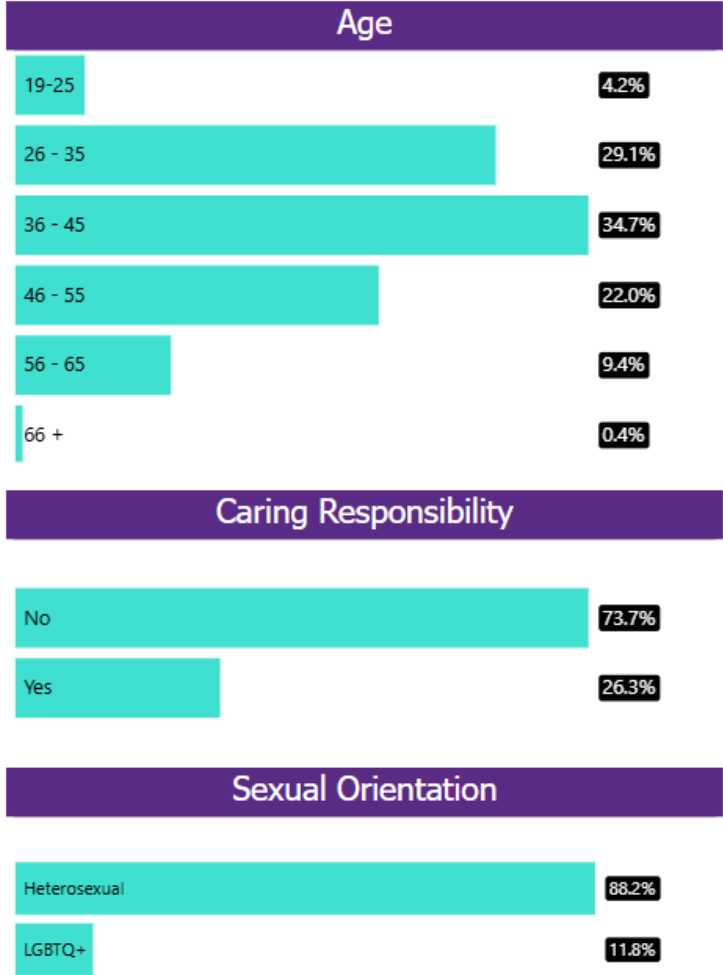
- 14** We have seen a downward trend of long-term sickness absence (absences totalling 20 days or more) over the last three years. It has reduced from 56.4% in 2023, to 51.2% in 2024 to 50.1% in 2025.

Annex B – Our workforce diversity profile

Our Workforce

- 1 Our recruitment and promotion practices are central to building and sustaining a diverse workforce. This annex sets out detailed information on our 2025 recruitment and promotion patterns. As we continue to make progress towards achieving our EDI targets, we are seeing an increase in the diversity of our workforce.
- 2 Our Manchester staffing profile (79.6% white background) is reasonably close to that of our recruitment catchment area. While Manchester's population is 56.8% White, the figures for Greater Manchester are 76.4% and for the North West, 85.6%.
- 3 In London we are not as closely aligned with the local labour market. At the end of 2025 31.6% of our London staff were from ethnic minority backgrounds, compared with the London population of around 46.2%.
- 4 Recruitment plays a significant role in the make-up of our workforce. Within these processes two significant trends have continued. Female applicants increase their representation as our recruitment process proceeds, and we continue to see higher levels of women in senior (Assistant Director and above) posts when compared to previous years.

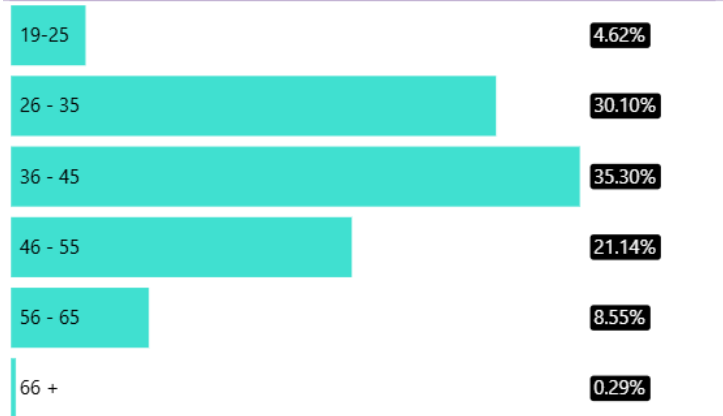
Workforce profile end of 2025



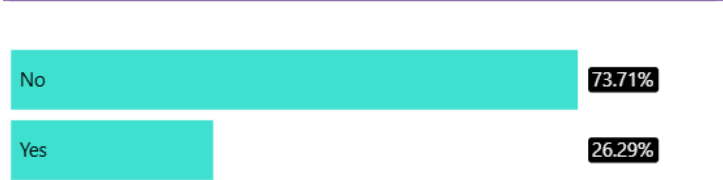
Agenda item M7, Annex B

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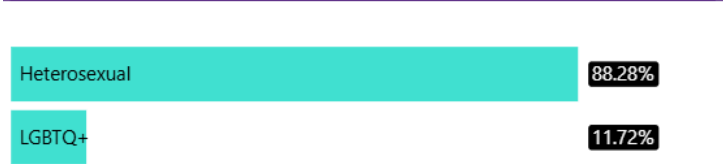
Age



Caring Responsibility



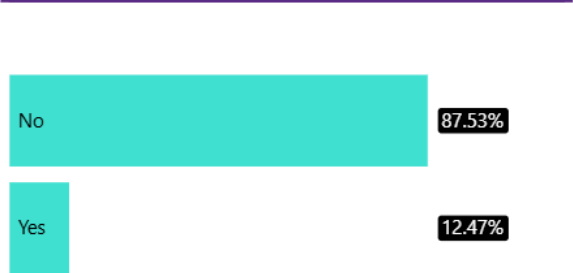
Sexual Orientation



Gender



Disability



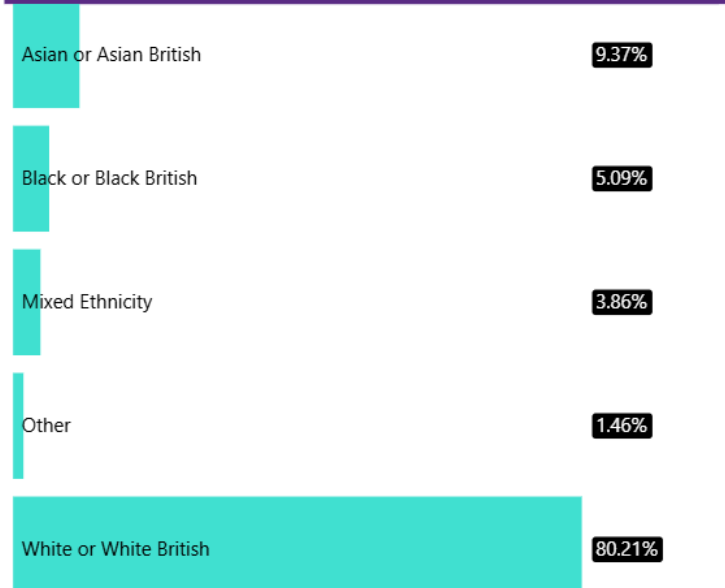
Religion (Grouped)



Ethnicity (Summary)



Ethnicity (Grouped)

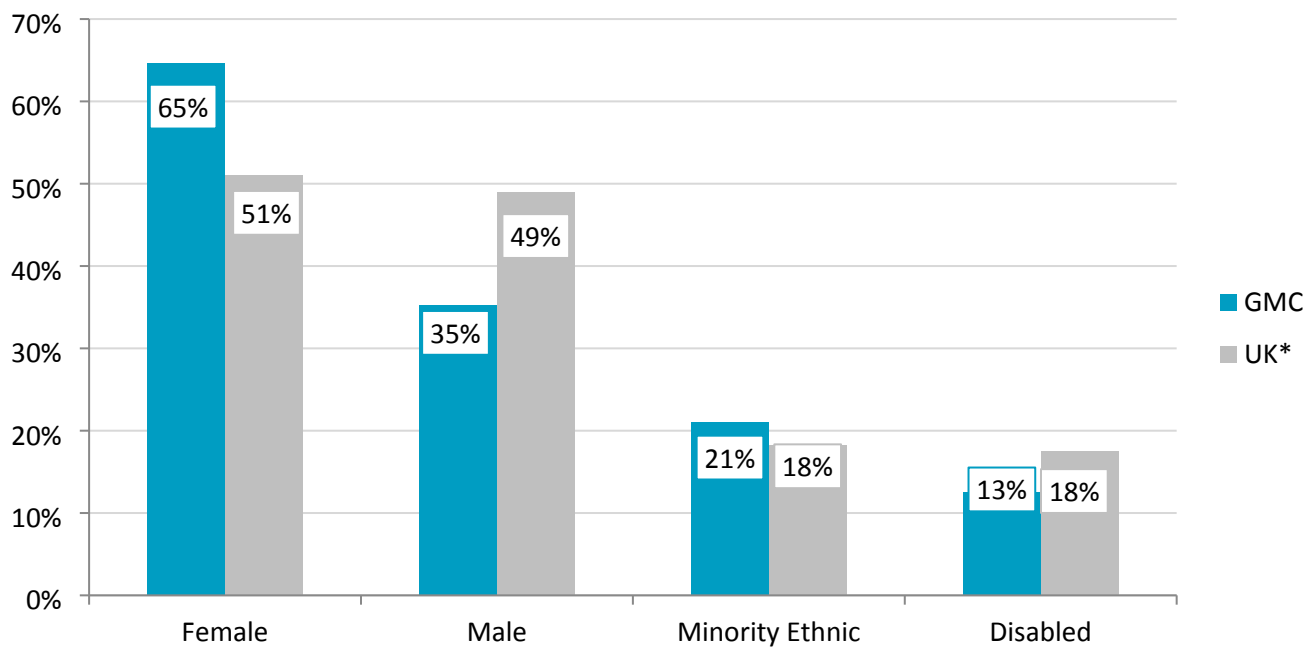


Workforce profile end of 2024

Workforce profile by location and comparison with UK

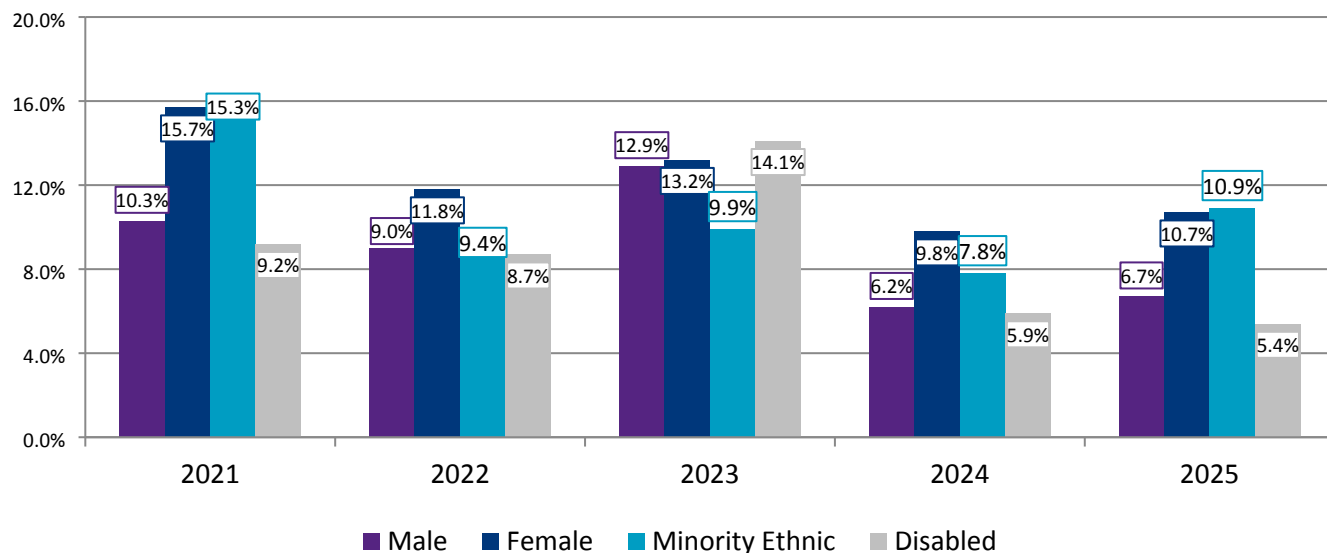
	GMC London	London Population*	GMC Manchester	Manchester Population*	North West Population*	All GMC
Asian	13.0%	20.7%	10.0%	20.9%	8.4%	9.4%
Black	7.8%	13.5%	5.1%	11.9%	2.3%	5.1%
Mixed	7.1%	5.7%	3.7%	5.3%	2.2%	3.9%
Not responded/Other	4.5%	6.3%	3.0%	5.1%	1.5%	1.5%
White	67.5%	53.8%	78.2%	56.8%	85.6%	80.2%
Sources: *2021 Census (ONS)						

GMC compared to UK population

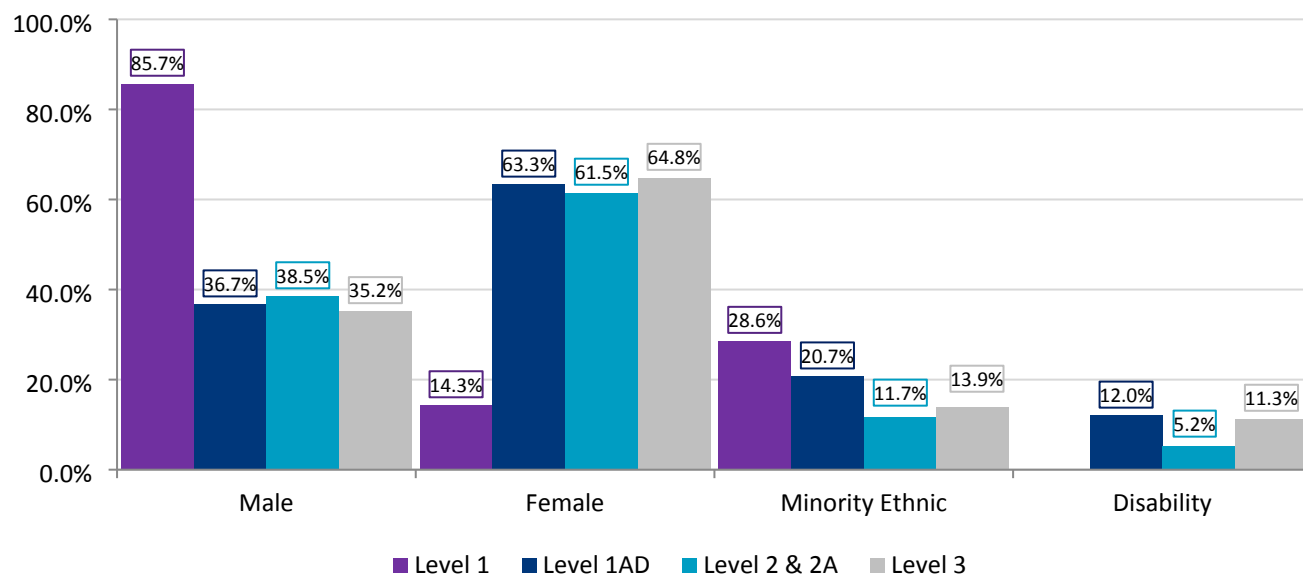


Promotion and Progression

Promotions/Transfers by diversity strand (Compared to GMC population)

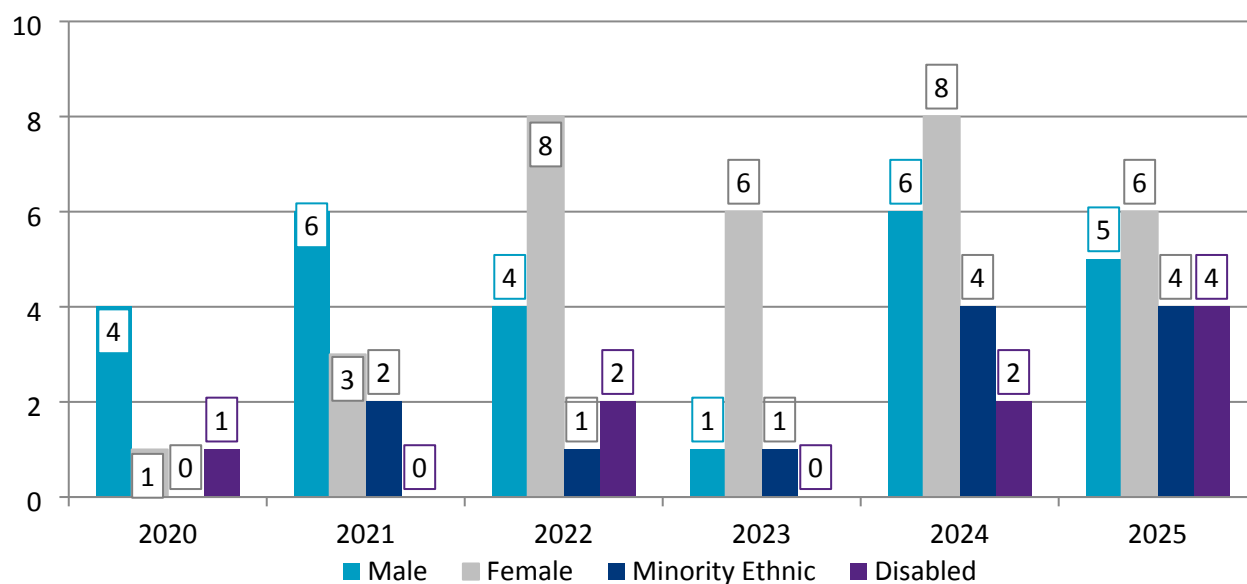


Diversity in management roles at 31 December 2025

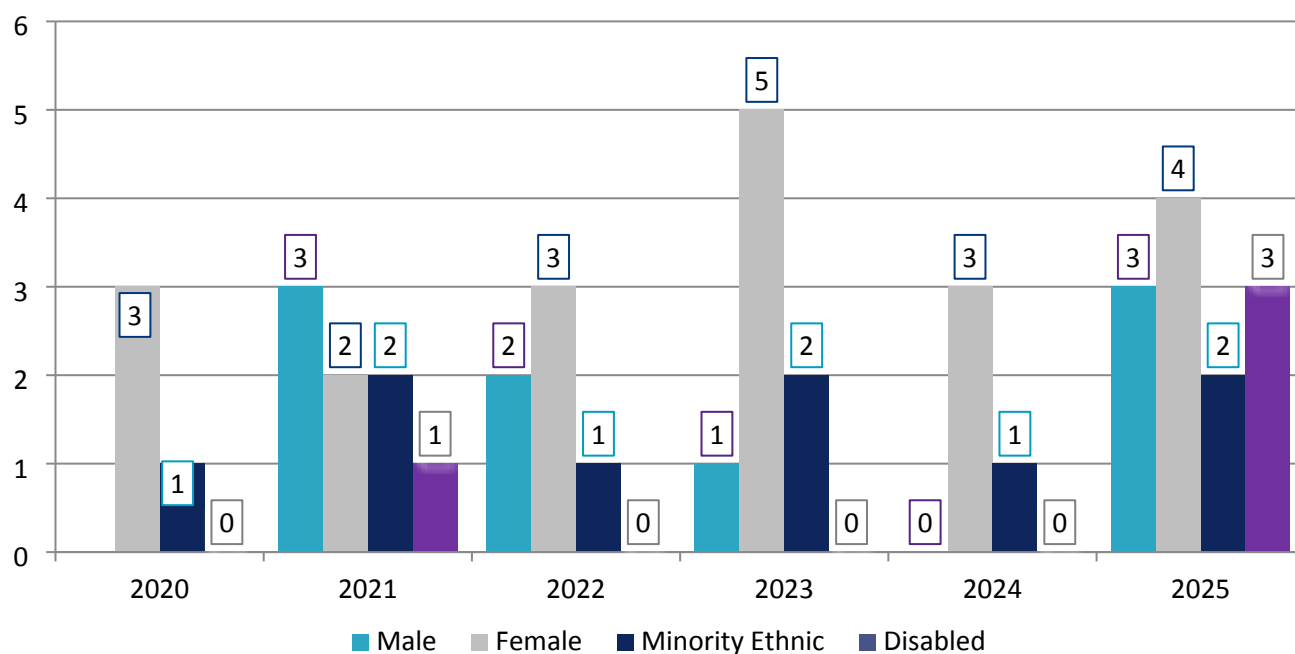


Casework

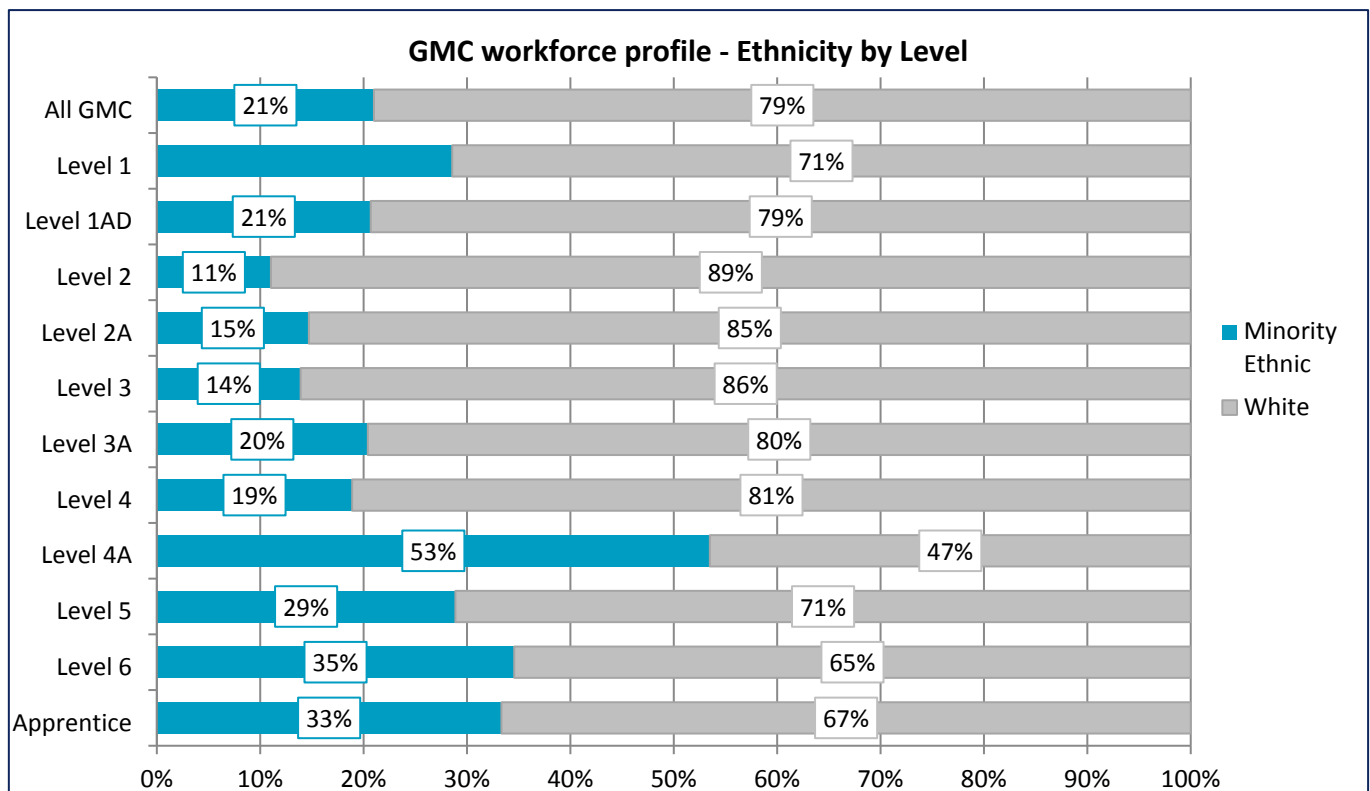
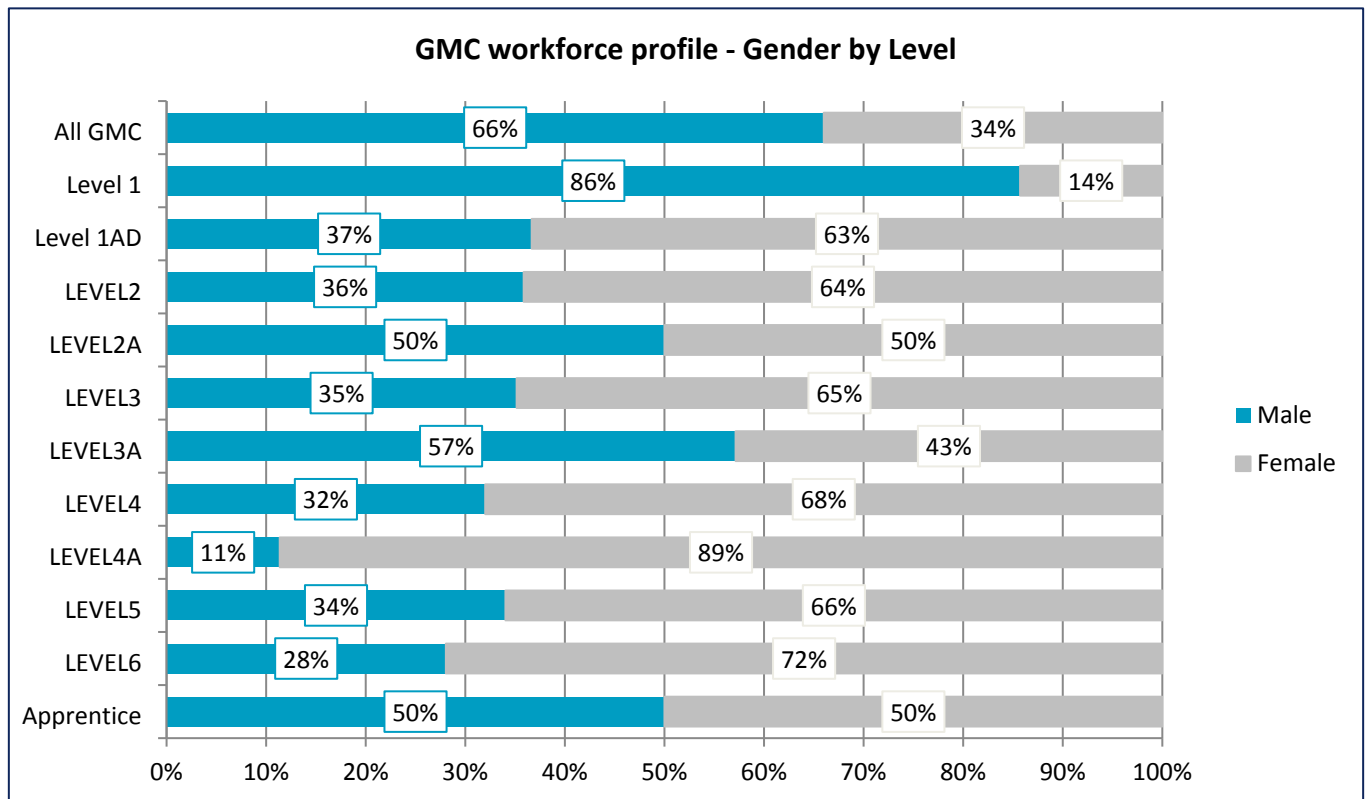
Disciplinary by Diversity Strand



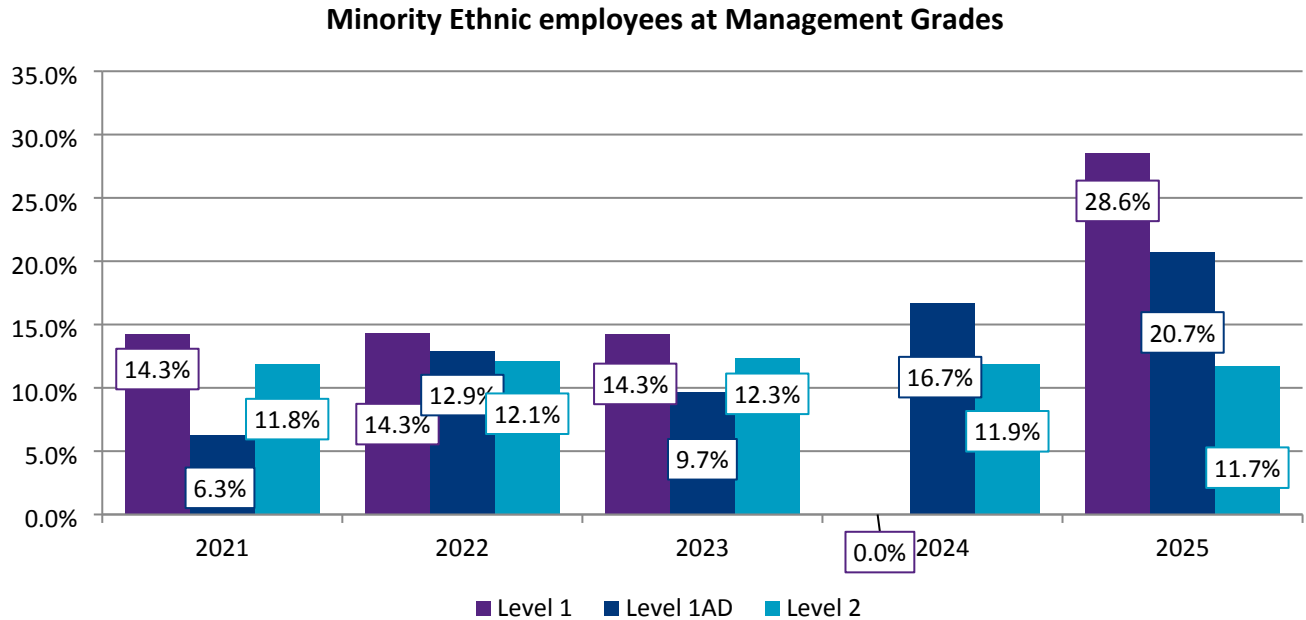
Grievances by Diversity Strand



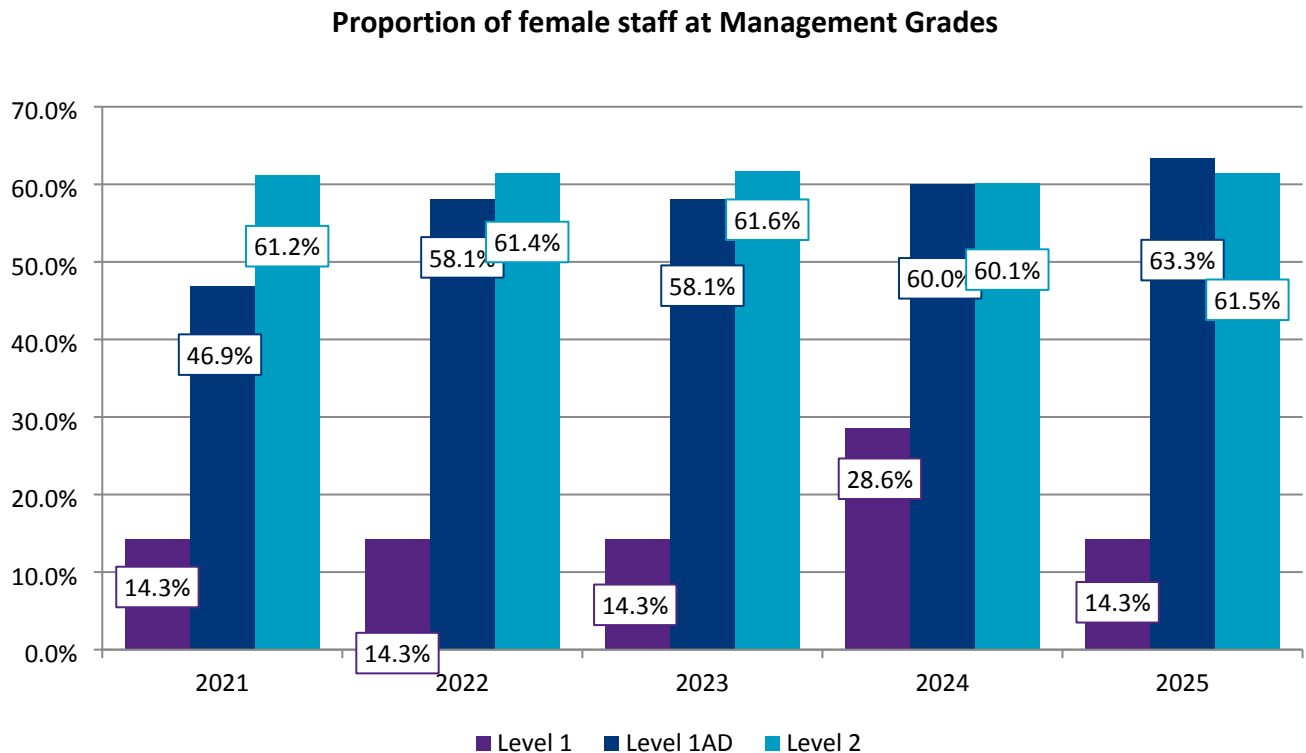
Workforce Profile



Management Roles 2021-2025



GMC Minority Ethnic population at Dec 2025 is 20.9%



GMC female population at Dec 2025 is 65.7%

Recruitment progression by diversity strands

Attraction, Recruitment and Retention

	Applications (5,651)	Offers (219)
Female	65.1%	69.9%
Minority Ethnic	47.9%	26.2%
Disabled	18.5%	30.6%
16-24	14.3%	11.1%
25-34	43.6%	40.7%
35-44	23.9%	28.7%
45-54	13.0%	14.4%
55-64	4.8%	5.1%
65+	0.3%	0.0%

	Joiners (160)
Female	66.9%
Minority Ethnic	34.7%
Disabled	22.4%
16-24	18.1%
25-34	44.4%
35-44	18.1%
45-54	11.9%
55-64	6.9%
65+	0.6%

	Leavers (112)
Female	64.4%
Minority Ethnic	28.9%
Disabled	19.5%
16-24	12.7%
25-34	29.7%
35-44	30.5%
45-54	15.3%
55-64	7.6%
65+	4.2%

- Offers include internal transfers/promotions where a full recruitment campaign was run.
- Joiners figures report any staff member who joined the GMC between January and December 2025. Some of these staff may have been recruited during Q4 2024.
- Joiners only contains employees new to the organisation and does not include internal transfers/promotions.

Annex C

Promotion, Pay & Progression – Ethnicity London

These charts are calculated as at 31 December 2025 to show the average hourly difference.

London standard pay bands 2025.

● Minority Ethnic ● White

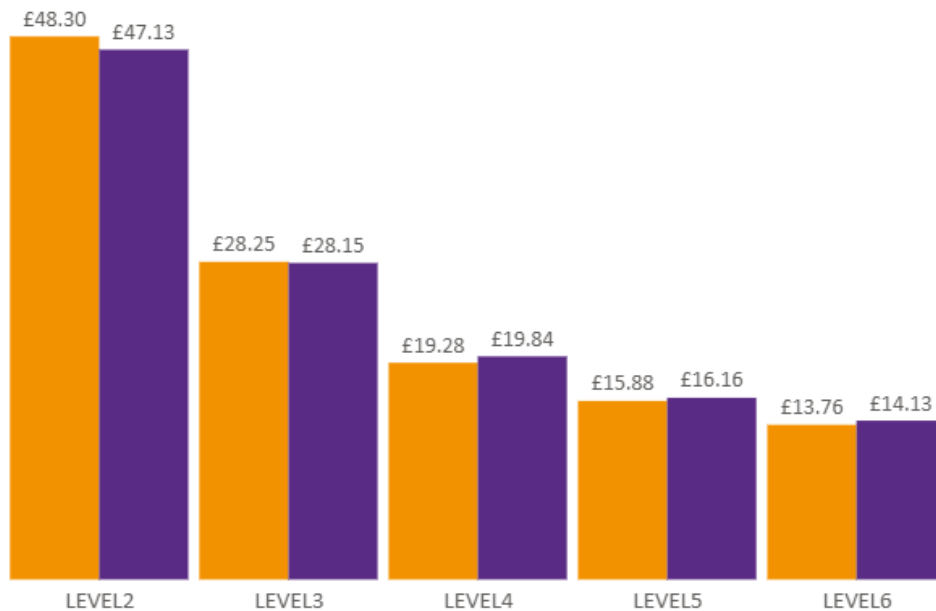


London standard pay bands 2024



Promotion, Pay & Progression – Ethnicity Manchester

Manchester standard pay bands 2025

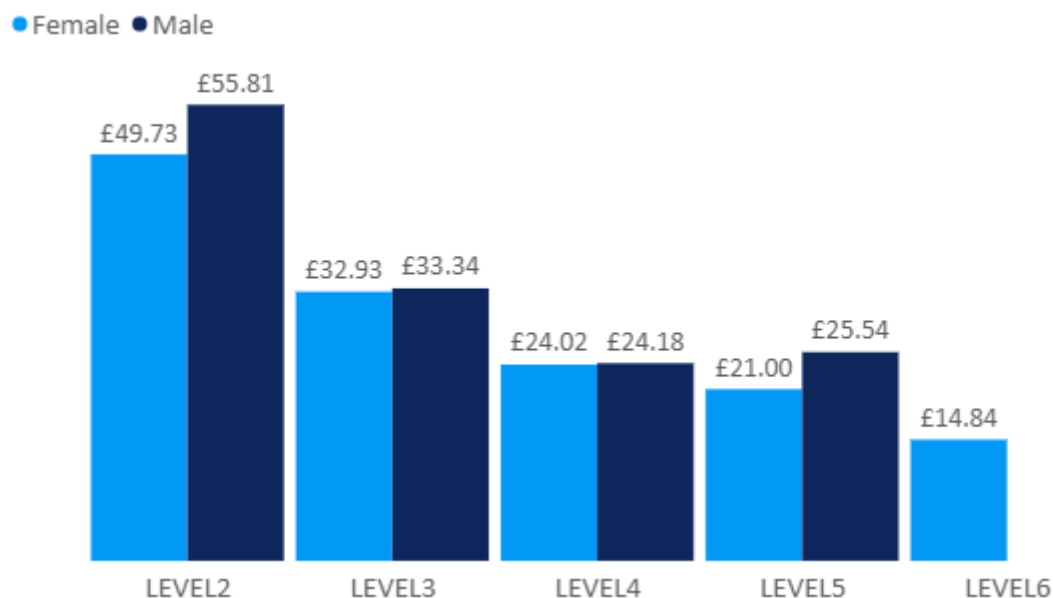


Manchester standard pay bands 2024



Promotion, Pay & Progression – Gender London

London standard pay bands 2025

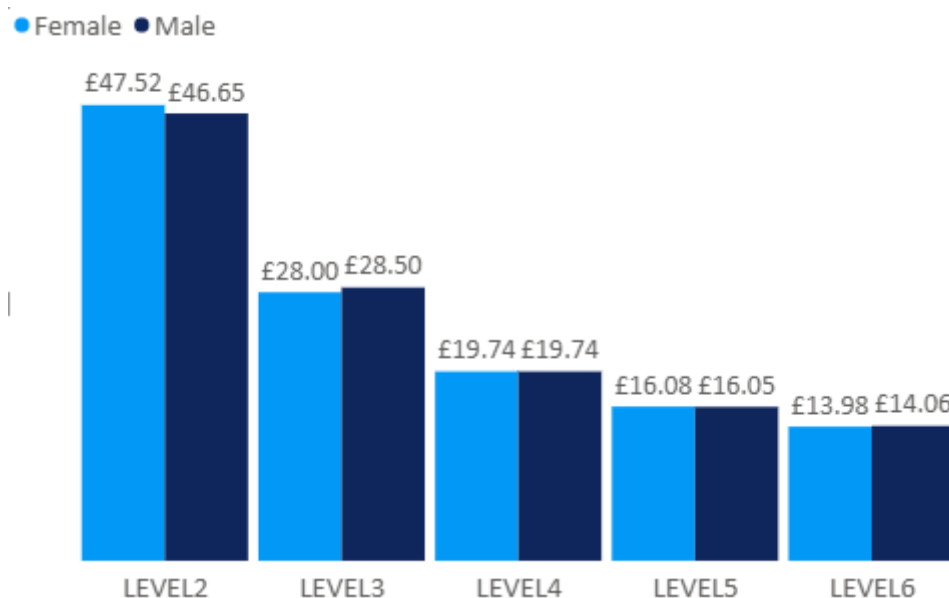


London standard pay bands 2024



Promotion, Pay & Progression – Gender Manchester

Manchester standard pay bands 2025



Manchester standard pay bands 2024



Gender Pay Gap Reporting

1. Our final 31 March 2025 statutory figures are as follows:
2. **The difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees**
 - a. 10.8% - This means that based on the average hourly rate female employees are paid 10.8% less than male employees.
3. **The difference between the median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees**
 - a. 5.3% - This means that based on the median hourly rate female employees are paid 5.3% less than male employees.
4. **The difference between the mean bonus pay paid to male relevant employees and that paid to female relevant employees**
 - a. -6.8% - This means that based on the average bonus pay female employees are paid -6.8% more than male employees.
5. **The difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees**
 - a. 0.0% - This means that based on the median bonus payments males employees are paid 0.0% more than female employees. The majority of the bonus payments are part of the valued recognition scheme and are vouchers with the most typical amounts being £50 and £100.
6. **The proportions of male and female relevant employees who were paid bonus pay**
 - a. Proportion of Males receiving bonus – 35.5%
 - b. Proportion of Females receiving bonus – 64.5%
7. **The proportions of male and female full-pay relevant employees in the lower, lower middle, upper middle and upper quartile pay bands.**
8. The results are in the table below:

Quartile	Female	Male
upper	55.6%	44.4%
upper middle	68.8%	31.2%
lower middle	66.4%	33.6%
lower	67.1%	32.9%

Currently the GMC staff gender profile is 65.7% female and 34.3 % male.

9. Female employees are more evenly distributed across pay quartiles, while male employees are more concentrated in the upper quartile.
10. The table below sets out the percentage of female employees and male employees in each quartile.

Quartile	Female	Male
upper	22%	31%
upper middle	27%	22%
lower middle	26%	24%
lower	26%	23%

Report of the Investment Committee 2025

Action	To note
Purpose	The Investment Committee is required by its Statement of Purpose to report annually to Council on its activities. This report outlines the Investment Committee's work since its last report to Council in February 2025. The report also includes recommended changes to the Investment Committee statement of purpose to reflect changes to the Committee's remit and streamlining of reporting by GMC SI.
Decision Trail	This report has been considered and approved by the Investment Committee at its March 2026 meeting.
Recommendations	a To note the Report of the Investment Committee for 2025. b To agree changes to the Investment Committee statement of purpose at Annex A.
Annexes	Annex A: Statement of Purpose (tracked changes) Annex B: Investment Policy
Author contacts	Ian Sexton, Corporate Governance Manager Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Douglas Millican , Chair of the Investment Committee

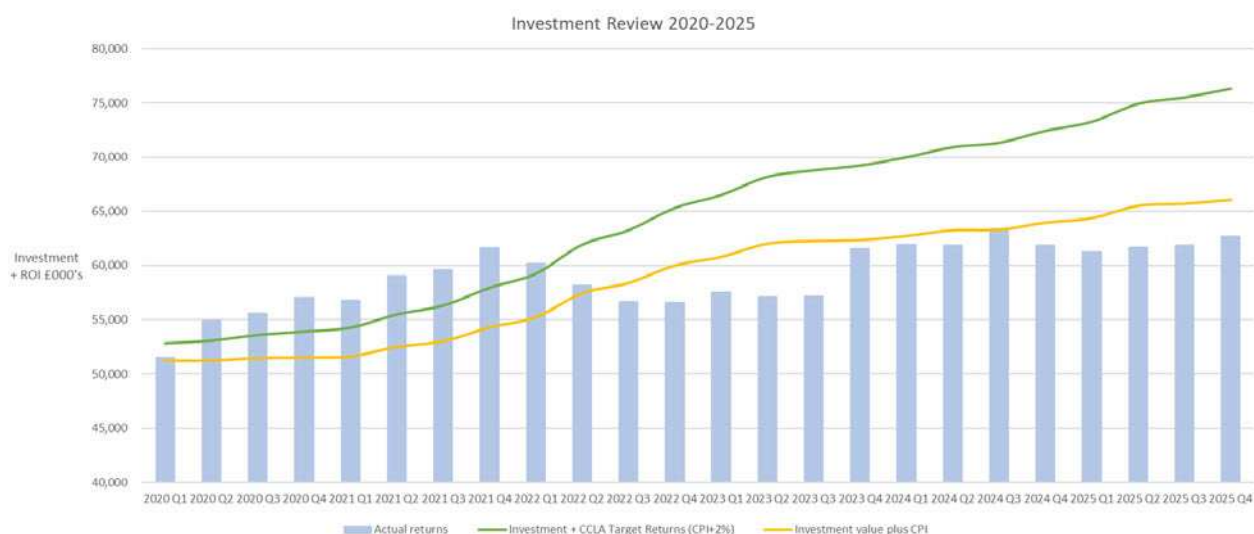
Agenda item M8**Report of the Investment Committee 2025**

Background

- 1 The Investment Committee is required by its Statement of Purpose to report annually to Council on its activities. During 2025, the Committee met four times: February, May, September and December.
- 2 The Committee has undertaken a number of pieces of work in the last 12 months including further changes to treasury management, embarking on a project to explore alternatives to investing with CCLA, and reviewing the Committee risk register.
- 3 The Committee oversees GMC's most significant assets: funds under management with CCLA and short-term cash deposits. The value of these funds is higher than the level of our free reserves, largely because many doctors pay their annual fees in advance.
- 4 During 2025, performance on funds under management was poor but returns on short term cash deposits were more positive.
- 5 Council will be updated on 2026 investment performance through the regular Council finance paper including the impact of the Iranian conflict on the portfolio's performance and prospects.

GMC funds under management

- 6 GMC originally placed £50 million under investment through its external fund manager, CCLA, and this had grown to £61.8m by 31 December 2024. During 2025, the value of the portfolio increased by £0.9m to £62.7m.
- 7 The funds have all been managed within the agreed ethical criteria set out in our investment policy and the recent updates to the Investment Policy agreed by Council have now been implemented by CCLA.



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- 8 The long-term target of CPI + 2% on a 5-year rolling basis was not met during 2025. The portfolio marginally out-performed the benchmark comparator over 5 years due to outperformance by the fixed income portfolio, which was underweight to gilts for the majority of the period during which there were significant rises in gilt yields, but fell short of the comparator over 1 and 3 year periods.

9 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Treasury Management Update

- 13 The Committee considers a report on the GMC's in-house management of its cash balances at each meeting.
- 14 With c£15 million held as working capital, any cash held over this amount had been placed in interest bearing medium-term deposits or notice accounts.
- 15 During 2025, the Committee considered further reducing risk around funds under treasury management, building on the 2024 reduction in counterparty limits to £20 million. This included:
- Looking at amending credit rating requirements to allow us to reduce risk by accessing other banks who may offer competitive rates, which would in turn allow us to hold lower deposits at each bank. Following a review, it was established that reducing the credit rating requirements within the investment policy would not provide access to a significant number

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Report of the Investment Committee 2025

of additional counterparties offering competitive interest rates for suitable products, and the administrative burden of managing a large number of counterparties would be considerable.

- The use of money market products and common deposit funds. Following a review, it was decided common deposit funds would meet our treasury management requirements by reducing counterparty risks, increased liquidity through daily trading, and provide comparable returns. The Committee recommended the use of CCLA's common deposit fund, and this was approved by Council at its October 2025 meeting. There is now £54.45 million in the CCLA common deposit fund as of December 2025.
- 16** The GMC's cash holdings (including cash invested in the CCLA common deposit fund) at the end of 2025 were £69.5 million with a blended interest rate of 3.97%. During 2025, £2.3 million interest income was generated, £0.8 million greater than budget.

Independent professional advisors

- 17** The Committee use the services of Mercer to provide independent professional advice which includes reviewing CCLA's performance. The contract with Mercer ends in April 2026.
- 18** The Committee considered its requirements for future independent investment advice and the importance of having a clear distinction between the investment advisor and investment manager roles to avoid any potential conflicts of interest. The committee also considered that the value of the second line of assurance provided by an independent advisor was necessary and a modest cost in the context of the portfolio valuation.
- 19** A tendering process was initiated at the end of 2025 with a sub-group established to take the tender forwards with the procurement team. It is expected that Council will be advised of the appointed investment advisers following interviews with shortlisted parties on 9 April.

Change to the Investment Committee remit and Statement of Purpose

- 20** At its October 2025 Council meeting, Council agreed changes to the Investment Committee's remit to include a stronger focus on financial risks (cash flow, treasury, pension investments, and overall reserve levels) to give Council confidence in long-term financial planning.
- 21** The wording in the statement of purpose was discussed by the Committee and amended to reflect the change in role and responsibilities. A revised statement with amendments, in tracked changes, can be found at Annex A for Council's approval.
- 22** Following the amendment to the Investment Committee's responsibilities, the Committee received further information on the GMC's Reserves Policy, and the Defined Benefit pension scheme, including an update to the Committee on the pension scheme triennial valuation, to better understand how to monitor these and consider risks.

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Report of the Investment Committee 2025

GMC Services International (GMCSI)

- 23** At its February 2025 meeting, the Committee received an update on GMCSI's activities to the end of 2024. The Committee have been assured by the progress made by GMCSI. During 2025, Council agreed to reduce reporting requirements of GMCSI. The Investment Committee received a financial update for GMCSI at its March 2026 meeting and the next report of GMCSI is due in May 2026.
- 24** The Committee's primary interest is in the safeguarding of its investment in GMCSI. There has been a long-standing trigger point, based on net assets, that would prompt consideration if GMCSI were to get into financial difficulties. During 2025, the Committee agreed that two additional aspects of performance should be monitored - a historical view through a return on investment based on net assets, and a forward-looking view of future returns through analysis of the current business plan and medium-term financial outlook.

Investment Risk Register

- 25** The Committee receives the Investment Risk Register at each of its meetings with input from Mercer and updates are made as required.
- 26** During 2025, the Committee considered the risk register should be more dynamic and focus on potential future risks that may arise. A new format register was introduced using a two-tier structure highlighting 'live risks' at the top of the register. This allows the committee to focus the discussion at meetings.

Co-opted membership

- 27** Paul Cox was appointed to the Committee, and approved by Council, as a new external member following Keith MacKay reaching the end of his second term in April 2025.

Annex A

Statement of Purpose – Investment Committee

Purpose

1 The purpose of the Investment Committee is to:

- ~~provide a forum for~~ Support Council in reviewing and implementing ~~and reviewing~~ Council's Investment Policy.
- To support Council in safeguarding and optimising the GMC's financial resources over the long term, by overseeing the management of investments, funds, and reserves necessary to meet the organisation's liabilities and strategic commitments.

12 While Council is ultimately responsible for determining and reviewing the overall Investment Policy, objectives, risk appetite and target returns, the Committee is responsible for:
~~Operational decision-making and implementation of the Investment policy. is delegated to the Investment Committee.~~ The Committee is also responsible for advising Council on strategic financial matters including the adequacy of reserves in relation to the organisation's liabilities and financial risks.

Duties and activities

23 The Investment Committee:

- a) Ensures the management of the assets, including the assets of any trading subsidiary of the GMC in which the GMC has made an investment, is consistent with the Investment Policy set by Council.
- b) Monitors the Investment Policy to ensure it remains appropriate, and to recommend changes to Council, as appropriate.
- c) Implements changes to the Investment Policy as appropriate.
- d) Monitors the treasury management activities of the GMC, ensuring funds are placed to generate competitive returns within the constraints of the Investment Policy.
- e) Establishes and monitors the investment management structure to ensure that it is appropriate to meet the agreed Investment Policy. This includes decisions about the

appointment of fund managers, the number of fund managers used, the proportion of assets managed by each manager, and their mandates.

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

Working Arrangements

- 34** The Investment Committee meets quarterly. Additional meetings may be scheduled if necessary.
- 45** Draft minutes should be cleared by the Chair and circulated to members for comment within two weeks of the meeting. The Committee approves the minutes at its next meeting.
- 56** Membership of the Investment Committee comprises:
- a** Four members of Council, one of who will be appointed as Chair of the Committee
 - b** Up to three external, co-opted members, with extensive investment experience.
 - c** The Director of Resources and the Assistant Director of finance.
- 67** The role of the external co-opted members is to bring their experience and knowledge of investments to the work of the Committee. Co-opted members are not appointed as advisers to the Committee. They are expected to act as full members of the Committee, while recognising that they are not trustees or members of Council.
- 78** Quoracy for Committee meetings will be three as outlined in line with B2 of the Governance Handbook.
- 89** In the event that a vote needs to be taken, only Council members and the Director of Resources will be entitled to vote, in line with Annex B1 of the Governance Handbook.
- 910** The Committee may engage professional external advisers to undertake a periodic review/health check of the investment arrangements, and to provide professional advice. External advisers will attend Committee meetings as necessary.
- 1011** Fund managers who are appointed to manage investment funds on behalf of the GMC will be expected to attend Committee meetings at least biannually.
- 1112** The Chair and/or directors of trading subsidiaries will attend Committee meetings at least biannually.
- 1213** Other staff may attend Investment Committee meetings as necessary.
- 1314** A summary of the performance of funds invested under management, funds on deposit and funds invested through a trading subsidiary will be reported to Council as part of the normal reporting of financial performance within the Chief Executive's Finance report. In addition, the Committee will report annually to Council on its activities.

Last amended by the Committee at its meeting on 18 September 2025.

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

This version of the Investment Committee's Statement of purpose was approved by Council on xxx

Annex B

Investment Policy

Introduction

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

Working capital

- 3 Council is responsible for determining the appropriate minimum level of working capital. The investment Committee is responsible for monitoring compliance with the policy and ensuring the level of working capital agreed by Council is maintained.
- 4 Working capital will be held in cash in instant access interest-bearing accounts in UK banks which are subject to regulation by the Financial Conduct Authority.
- 5 As a minimum, the bank must hold at least two out of three of the following short term credit ratings:
 - Moody's P-2
 - Fitch F1
 - Standard and Poor's A-2
- 6 Working capital will be managed by the Director of Resources who will seek to secure the most advantageous interest rates available, within the constraints of the policy. Funds may be moved between banks during the year to achieve this, but the primary requirements for working capital funds are security and liquidity.

Funds invested under management

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

Risk appetite

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

Investment Objective

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

- 17 We have adopted a comprehensive ethical investment approach. We believe that investing in certain companies or sectors would conflict with our charitable aims, or may create reputational damage. We do not wish to profit directly from, or provide capital to, activities that are materially inconsistent with our charitable aims and so we specifically exclude investment in companies which derive more than 5% of revenues from tobacco (including vaping), alcohol, adult entertainment, gambling, high interest lending, and thermal coal & oil sands. We also exclude all companies with any exposure to cluster munitions and landmines. Within our portfolios we also aim to promote good or improving environmental or social characteristics, provided that the companies in which the investments are made follow good governance practices. In acknowledgement of the climate crisis, asset managers representing the GMC must have a credible Net Zero policy and report progress against that policy to the Investment Committee on an annual basis.
- 18 We recognise that when fund managers invest through a third party or pooled funds, we cannot directly influence the selection of individual investments.
- 19 Any third-party managed product should be assessed against the areas that the GMC wishes to avoid. Through this assessment, third-party managed funds are ineligible for inclusion in the portfolio if:
 - any of the underlying holdings are identified as being exposed to companies involved in the manufacture of weapons that are banned by international treaties.
 - 10% or more of the underlying capital value of the fund is exposed to tobacco (including vaping), alcohol, adult entertainment, gambling, high interest lending, thermal coal, and oil sands.
- 20 We will invest only through fund managers who demonstrate the strongest environmental, social and governance (ESG) credentials and can report their ESG monitoring activities and approach.
- 21 Our approach to investing aims to deliver positive impact by changing company behaviours for the better through active ownership. We expect companies in which we invest to demonstrate responsible employment and corporate governance practices, to be conscientious with regard to environmental and social issues, and to deal fairly with customers and the communities in which they operate. When appointing fund managers, we will take into consideration how they incorporate an assessment of company's performance on ESG issues into their stock selection in addition to how they engage and influence the companies they invest in to improve their sustainability over time.
- 22 We will also ensure their monitoring arrangements highlight companies that are under investigation for, or have been found guilty of, tax evasion or money laundering.

- 23 We may allocate a portion of our investments to positive or impact investments, where they directly support our charitable aims.

Funds invested through a trading subsidiary

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

Residual cash balance

- 29 Any residual cash not held as working capital or invested will be held in medium term deposits, notice accounts, money market or common deposit funds.

Notice accounts and medium-term deposits

- 30 Medium term deposits and interest-bearing accounts will be held in UK banks which are subject to regulation by the Financial Conduct Authority. As a minimum, the bank must hold at least two out of three of the following short term credit ratings:
- Moody's P-2
 - Fitch F1
 - Standard and Poor's A-2
- 31 No single deposit should exceed £5 million, with a maximum exposure of £20 million per bank (including any funds held as working capital in instant access interest-bearing accounts). Term deposits should be spread on a rolling maturity basis, and maturity dates for deposits should be no longer than 24 months.

Money market funds and common deposit funds

- 32** Money market or common deposits fund will be issued by fund managers regulated by the Financial Conduct Authority.
- 33** Money market or common deposit funds must have one of the following credit ratings:
- Moody's AAA-mf
 - Fitch AAA-mm
 - Standard and Poor's AAA-m
- 34** There is no limit on the level of funds held within either a money market or common deposit product.
- 35** All funds will be managed by the Director of Resources who will seek to secure the most advantageous returns available, within the constraints of the policy.

Management, reporting and monitoring

- 36** Council is responsible for determining and reviewing the overall investment policy, objectives, risk appetite and target returns.
- 37** Whilst retaining accountability, Council has delegated to the Investment Committee responsibility for implementing the investment policy, appointing, and managing fund managers, monitoring performance, and reporting to Council. Full responsibilities are set out in the Investment Committee's statement of purpose.
- 38** Day to day decisions on placement of residual cash balances are delegated to the Director of Resources, with support from the Assistant Director – Finance, who will report to the Investment Committee at each meeting.
- 39** Day to day investment decisions are delegated to investment fund managers in line with this policy and are accountable to the Investment Committee for performance. The Investment Committee determine benchmarks against which to measure performance.
- 40** Investment fund managers are required to provide quarterly valuation and performance data.

Approval and review

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

This version was approved by Council on the 01 October 2025

Annual Section 40A appeals update

Action	To note
Purpose	As agreed with Council, we established with effect from the beginning of 2019 a new s40A Executive Panel to consider whether we exercise our right of appeal in specific cases. The decisions of the s40A Executive Panel are published on the GMC website on the Recent Appeal Decisions page. This paper is the twelfth update to Council on the operation of the s40A Executive Panel. There have been 8 new s40A appeals issued since the last update at June 2025 Council.
Decision Trail	Council receives an update on Section 40A appeals once a year.
Recommendation	Council is asked to note the contents of this update.
Annexes	Annex A: Details of cases considered by the s40A Executive Panel Annex B: A summary of the status of all s40A appeals
Author contacts	Sophie Brookes, Assistant Director, Corporate Directorate Jim Percival, Deputy General Counsel, GMC Legal Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Anthony Omo , General Counsel and Director of Fitness to Practise

Background

- 1 The GMC's right of appeal was introduced following the separation of its investigation and adjudication functions with the creation of the Medical Practitioners Tribunal Service (MPTS). It has made it possible for the GMC to exercise our own right of appeal in cases where we consider that Medical Practitioners Tribunals (MPTs) have made decisions which are not adequate to protect the public, which includes public confidence in the profession.
- 2 The terms of the GMC's right of appeal are contained in s40A Medical Act 1983. Section 40A(3) provides as follows:

“The General Council may appeal against a relevant decision to the relevant court if they consider that the decision is not sufficient (whether as to a finding or a penalty or both) for the protection of the public.”
- 3 The PSA retains its right to refer cases to the High Court under s29 of the National Health Service Reform and Health Care Professionals Act 2002. However, if the GMC issues a s40A appeal, the PSA cannot also refer under s29. Instead, they can choose to join the GMC's appeal as a party pursuant to s40B Medical Act 1983.

The s40A Executive Panel

- 4 With effect from January 2019, decisions as to whether to exercise the GMC's right of appeal are no longer taken by the Registrar alone, having regard to legal and other advice, but are instead taken by an Executive Panel consisting of the Chief Executive and Registrar (acting as chair), the Medical Director and Director of Education and Standards and the General Counsel and Director of Fitness to Practise (or their nominated Deputies).
- 5 There is an established, three stage process supporting the s40A Executive Panel in its decision-making:
 - a Firstly, an assessment is undertaken by senior GMC lawyers (with input from the external counsel who conducted the case at the MPTS) of the determinations in all concluded MPT hearings where the tribunal's decision did not meet the GMC submission on sanction. This assessment is to determine whether there are, in principle, any realistic grounds of appeal and which would suggest that the MPTS decision is insufficient to protect the public or public confidence in the profession.
 - b If this assessment identifies there may be realistic grounds of appeal, external legal advice is then obtained from a different expert counsel as to the legal merits of an appeal. This advice is then incorporated into a submission from the Deputy General Counsel for consideration by the s40A Executive Panel at a meeting.
 - c The s40A Executive Panel will then consider the case at a meeting and make a decision, having regard to the legal advice received and all the circumstances of the case, to determine whether we should exercise our right of appeal.

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Annual Section 40A appeals update

- 6 Meetings of the s40A Executive Panel are chaired by the Chief Executive and Registrar. The Assistant Director, Corporate Directorate (or her nominated deputy) acts as clerk to the Panel and records the s40A Executive Panel's Decision in the form of a Note of Decision which is approved by the Panel and signed by the chair.
- 7 Also, in attendance is the Deputy General Counsel (and/or his nominated deputy), who provides legal advice to the Panel, primarily in the form of a written submission circulated to the Panel ahead of the meeting which itself includes a copy of Legal Advice provided by external specialist counsel.
- 8 In making their decisions, the s40A Executive Panel also has regard to the Guidance for Decision-makers in relation to s40A appeals, an updated version of which was published on the GMC website. This update incorporated relevant clarification as to the applicable legal principles provided by the courts of both England and Wales and Scotland in cases which they have decided since the introduction of the right of appeal in December 2015; and reflected changes to the decision-making process in response to recommendations from the Williams Review and in line with advice received from Sir Robert Francis QC.
- 9 The decisions of the s40A Executive Panel are also published on the GMC website on the [Recent Appeal Decisions](#) page. The publication is for 3 months in cases where a s40A appeal was not pursued, and 28 days following the last appeal judgment publication for the appeal cases.

The s40A Executive Panel's Decisions

During the period covered by this update:

- 10 During the twelve month period which this update covers (1 March 2025 to 28 February 2026 inclusive) a total of 252 cases were heard by the MPT. In 172 of those cases (68%), the outcome matched (or, as in 4 cases, exceeded) the sanction submission which the GMC made to the Tribunal.
- 11 The remaining 80 cases (32%), where the outcome did not match the GMC's submission, were assessed by senior members of our legal team in the first stage of the appeals process, as described in paragraph 5a. In 62 of these cases the Senior Legal Advisers considered that there were no realistic grounds of appeal which would suggest that the MPTS decision was insufficient to protect the public or public confidence in the profession. The other 18 cases were referred to the s40A Executive Panel for their consideration.
- 12 Accordingly, in this period there were 14 further meetings of the s.40A Executive Panel during which it considered whether to exercise the GMC's right of appeal in relation to a total of 18 Doctors.

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Annual Section 40A appeals update

- 13** Details of the dates of the meetings, the Doctors whose cases were considered by the Panel at those meetings and the outcome of the s40A Executive Panel's consideration of each case are set out in the table at Annex A.
- 14** As that table confirms, the s40A Executive Panel decided to exercise its power to appeal in 9 (nine) of these cases.
- 15** There were 4 (four) outstanding s40A appeals as at 1 March 2025, and by the time of the last update to Council at its meeting on 4 June 2025 judgment had been handed down in 2 (two) of those appeals: Dr Shah (heard on 30 January 2025, judgment handed down on 11 April 2025) and Mr Gilbert (heard on 12/13 March 2025, judgment handed down on 3 April 2025).
- 16** Details of the outcomes on those cases were therefore set out in my previous paper.
- 17** Whilst the GMC's appeal was allowed in the case of Mr Gilbert and the High Court extended to period of Mr Gilbert's suspension to a full twelve months, the GMC remained disappointed that the High Court did not decide that Mr Gilbert's name should be erased from the register. We therefore sought permission from the Court of Appeal (CoA) to appeal that aspect of the decision.
- 18** Permission was in due course granted on one of our two grounds of appeal and the PSA also sought and obtained permission to appeal. However, ultimately the Court of Appeal decided to dismiss our and the PSA's second appeals, upholding instead the decision of the High Court to extend the period of his suspension to 12 months but did not direct his erasure.
- 19** By way of further update on the other appeals which were outstanding at the time of the previous update to Council in June 2025:
 - a** the hearing took place in Dr Konathala's case on 13 March 2025 (judgment was reserved and subsequently handed down by the Administrative Court on 20 June 2025).

The GMC was successful and its appeal was allowed. In a subsequent judgment handed down on 31 July 2025 after further submissions on relief, Mould J directed that Dr Konathala's name be erased from the register.
 - b** the appeal in the case of Dr Foy-Yamah was heard by the Administrative Court (Ritchie J) on 7 and 8 October 2025, with judgment subsequently being handed down on 31 October 2025.

The GMC was successful and its appeal was allowed. The judge quashed the direction for suspension and remitted the case back to the MPT to reconsider whether he should instead be erased, in light of the judge's finding that the determination by the Panel that Dr Foy Yamah presented no risk to women in future was made without logical foundation, lacked any or any sufficient evidential foundation and failed properly to take into account his conduct, lack of insight, and his lack of remediation.

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Annual Section 40A appeals update

- d 10 currently remain outstanding – two have been heard by the High Court (but judgment reserved and still awaited – Dr Shokouh-Amiri and Dr Sathyanath), the other 8 are awaiting a hearing.

28 26 of these appeals relate to allegations of sexual misconduct - as follows:

- 13 successful appeals
- 6 unsuccessful appeals (dismissed)
- 7 of the outstanding appeals.

29 20 of these appeals relate to allegations of dishonesty - as follows:

- 15 successful appeals
- 2 unsuccessful appeals (dismissed)
- 1 withdrawn appeal (Dr granted VE)
- 2 of the outstanding appeals.

Professional Standards Authority (PSA) s29 appeals

During the period covered by this update:

- 30** The PSA has for its part decided during the period covered by this update to refer two cases to the High Court in the exercise of their powers under s29 of the National Health Service Reform and Health Care Professions Act 2002.
- 31** One of these cases, Dr Cian Hughes, was considered by the s40A Panel, who decided that the GMC should not itself issue an appeal in this case. Whilst acknowledging the seriousness of the case, which involved findings of sexual misconduct on the part of Dr Hughes, and that the MPT were right to conclude that the case required it to take serious action, they concluded that the suspension imposed (with a review), which was the most significant available outcome short of erasure, was within the reasonable range of outcomes available in the circumstances of this case and, as such, could not be said to be insufficient to protect the public.
- 32** For its part, the PSA (as it is entitled to) did not agree and chose instead to exercise its s29 power of referral to the High Court arguing that the MPT erred in not directing erasure as the only reasonable sanction available in this case.
- 33** The hearing of the PSA's appeal took place before the Administrative Court (Murray J) on 10/03/2026. Judgment was reserved and is awaited.
- 34** The other case in which the PSA has exercised its powers under s29 of the National Health Service Reform and Health Care Professions Act 2002 during this period related to the MPT Review hearing in the case of Mr Gilbert.

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Annual Section 40A appeals update

- 35** Prior to the hearing by the Court of Appeal of the GMC and the PSA's second appeals in that case (referred to earlier in this paper), the MPT had heard the review in respect of the sanction confirmed by the High Court. They had determined that Mr Gilbert's fitness to practise was no longer impaired by reason of the original misconduct and it was this decision which the PSA sought to challenge by way of s29.
- 36** An attempt by the PSA to obtain interim relief in that appeal was dismissed by the Administrative Court (Lang J) on 9 December 2025, with the judge expressing some scepticism as to the substantive merits of the appeal.
- 37** At the outset of the period covered by this update, there was one outstanding PSA appeals, in the case of Dr Perbinderpal Grewal (4532992) – other misconduct, for which the MPT imposed a 12 months suspension with review.
- 38** As reported in the previous update to Council on 4 June 2025, the GMC had opposed the PSA's appeal in the case of Dr Grewal to the extent that it sought to raise allegations of under-prosecution of the case by the GMC – though remained (as usual) neutral on those aspects of the appeal which merely challenged the reasoning and decision of the MPT. That case was listed for hearing before the High Court on 1 April 2025.
- 39** However, shortly prior to the hearing, and following discussions between respective counsel the PSA agreed to abandon its under-prosecution arguments and the appeal was settled by Consent Order on the basis that the case would be remitted to the MPT for it to consider whether to make two additional findings of fact (and thereafter to reconsider impairment and sanction in the light of any such additional findings).
- 40** Accordingly, whilst at 1 March 2025 there was 1 (one) PSA appeal ongoing, that was subsequently resolved prior to the previous update to Council on 4 June 2025.

The future of the right of appeal

- 41** Finally, as Council is aware, a previous government had accepted the recommendations of the 2018 Williams review into gross negligence manslaughter in healthcare. These included a recommendation for the removal of the GMC's s40A right of appeal.
- 42** Council will note however that the draft General Medical Council Order, which the DHSC is currently consulting upon and which is intended in due course to replace the legislation under which the GMC currently regulates doctors, physician associates and anaesthesia associates, includes provision for the retention of a right of appeal by the GMC equivalent to the current s40A power.
- 43** Indeed, the draft Order also includes provision for the GMC (and the PSA) to also acquire a new right of appeal, against the equivalent of what are currently Interim Orders Tribunal decisions.

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Annual Section 40A appeals update

- 44** The DHSC Consultation states that these proposals follow recommendations made by Lord Mann’s 2026 review into tackling antisemitism and other forms of racism in the NHS.
- 45** The consultation on the draft General Medical Council Order is due to conclude on 23 June 2026 and an update on the outcome of the consultation, and whether these provisions remain in the final version of the General Medical Council Order, will be provided to Council in due course.

Annex A

Details of cases considered by the s40A Executive Panel

Paper withheld from publication

This paper is being withheld from publication.

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

Annex B

s40A Appeals Current Summary and Status

**Paper withheld from
publication**

This paper is being withheld from publication.

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

Assessing and reporting against the 2026-30 corporate strategy

Action	To note
Purpose	The purpose of this paper is to inform Council about our approach to assessing and reporting progress against the 2026-30 corporate strategy. The closure report for the 2021-5 corporate strategy is also attached for information.
Decision Trail	Council approval of the corporate strategy for publication, and outline approach to assessing progress – December 2025
Recommendation	To note approach to assessing and reporting progress against the 2026-30 corporate strategy
Annexes	Annex A: The assessment framework and baseline data Annex B: The closure report for the 2021-5 corporate strategy
Author contacts	Fionnula Flannery , Head of Strategy Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Shaun Gallagher , Director of Strategy and Policy

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Assessing and reporting against the 2026-30 corporate strategy

Background

- 1 In this paper we set out our intended approach to assessing and reporting progress against the 2026-30 corporate strategy. This builds upon the framework approved by Council at the December 2025 meeting.
- 2 The approach draws upon the lessons we identified from our experience of assessing progress against the 2021-25 strategy. These included insights derived from two audits of our approach (in 2021 and 2023).
- 3 The strategy closure report (Annex B) gives more detail on the lessons learned and how these influenced both the drafting of the strategy itself and the proposed approach to assessment.

Purpose of assessing progress

- 4 There are two primary purposes of assessing progress. These are to:
 - inform ongoing planning and prioritisation discussions
 - contribute to overall assurance, that the corporate strategy is being successfully implemented and delivering the anticipated outcomes.
- 5 Secondary purposes include:
 - an opportunity to celebrate successes across the organisation
 - a means of maintaining momentum throughout the five years and keeping it in people's minds.

High level principles for assessing progress

- 6 Learning from our previous strategy, we've aimed to keep what works while making our approach more flexible and proportionate and we have established the following principles for tracking progress.
 - Develop the strategy and assessment approach together: they inform each other.
 - Create a pre-defined list of objective measures, with the flexibility to use new/emerging data for additional insights.
 - Define the content of our approach as early as possible to ensure clarity with colleagues.
 - Strike a balance between reporting on BAU, projects, outcomes and impacts.
 - Use existing sources of data and evidence.
 - Prioritise using data sources that provide greatest insight for least amount of analytical effort, i.e. keep proportionate.

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Assessing and reporting against the 2026-30 corporate strategy

Proposed approach

- 7 In line with these principles, we gathered views on what success would look like at the same time as we developed the strategic objectives in collaboration with colleagues across the GMC. We then iteratively mapped these success indicators against the three key data sources that we'd established for the previous strategy:
- **Core indicators** – these are a mix of existing BAU performance indicators, measures from GMC surveys, and other existing metrics.
 - **Project and programme specific information** – these are a mix of data reported as part of BAU, e.g. corporate project milestones, benefits, risks and closure reports. As well as evaluations (internal/external) and audits.
 - **Narrative sources** – these include free text comments from key surveys, along with anecdotal feedback/evidence from teams and external stakeholders.

Core indicators

- 8 These contain a mix of indicators from the previous strategy (to allow continuity across the vision), as well as new indicators identified as part of a mapping exercise to reflect changes in the strategy and new available measures (e.g. survey questions asked to physician associates and anaesthesia associates).
- 9 Learning from our previous approach (and after consultation with colleagues across the organisation), we have given greater prominence and weight to existing performance indicators. For example, we now include the percentage of doctors intending to change practice following an Outreach session as a measure for 'Supporting good, safe patient care'. And the percentage of contact centre customers who rate their experience and satisfaction at 7 or above is now included as a measure of 'Making every interaction matter'. We have also removed indicators over which we have little control (e.g. the extent to which doctors are satisfied with their day-to-day work).
- 10 While the indicators provide good coverage across the four themes overall, some strategic objectives are less well covered. Typically, this is because they are either inherently hard to measure, or because they sit at more of a project/programme level.
- 11 There is also some variation in the frequency with which measures will become available. For example, BAU measures are reported every other month whereas relevant surveys take place every year or two.
- 12 The BAU indicators that are available bimonthly will be reported regularly as part of existing reporting (e.g. the Performance and Risk Report (PRR)), with other measures being looked at in more detail as part of more bespoke analysis (e.g. through deep dives, or as part of the midpoint review of the strategy). We'll take a pragmatic approach and report at a theme

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Assessing and reporting against the 2026-30 corporate strategy

level, partly for simplicity and clarity of presenting the data, but also because many of the indicators sit better at a theme level or cut across many strategic objectives.

- 13** We are also keen to maintain some degree of flexibility across the strategy, so if measures get tweaked, or better measures emerge, then we'll consider bringing those changes into the framework.
- 14** The proposed assessment framework and baseline data for the core indicators is at Annex A.

Project and programme specific information

- 15** Much of this information will be reported through existing channels, e.g. the PRR, but project level information will also be updated via other reports e.g. the ED&I annual report.
- 16** As part of the mid-point review, we'll also be able to reflect on more ad hoc information, for example, data collected as part of externally commissioned or locally conducted evaluations. Other data sources might include external audits for example.

Narrative sources

- 17** We're keen to ensure that that we don't ignore qualitative insights by exclusively focusing on quantitative data. The mid-point review is an opportunity to step back and look at some of the more qualitative insights and understand what learnings we can take from those (e.g. the open-ended feedback we collect as part of the perceptions tracking survey), and insights contained in existing reporting. Sources for this would include PSA reports, Investors in People evaluations, and the ED&I annual report.
- 18** As part of a mid-point review, we're intending to carry out internal engagement, where we will email a pre-defined list of relevant colleagues who are most closely associated with specific strategic objectives. They will be able to advise us on anecdotal feedback, or other evidence, on progress (or lack of progress) that we would not otherwise be aware of to ensure we are triangulating all proportionate sources of data.

Monitoring and reporting schedule over the 5 years

- 19** The key change from the last strategy is that we will place more focus on using existing reporting mechanisms to provide regular, streamlined updates on the delivery of the strategy, which means that Council will have a clearer view of how our operational performance contributes to the overall delivery of the strategy.
- 20** This will be supplemented with an annual update (through the CEO report), deep dives into specific issues as and when needed over the course of the strategy, and a mid-point strategic evaluation.

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Assessing and reporting against the 2026-30 corporate strategy

- 21** Regulator monitoring of progress will be overseen by the Strategy Delivery Group (colleagues from strategy, research, business planning and reporting, and other relevant teams), informed by an evidence log that will be continually updated by the research team.
- 22** In addition to the routine reporting outlined above, our proposal for the reporting cycle over the strategy period is as follows.
- **2026** (1st year) – launch and baseline – inform Council on broad approach to assessing progress and show baseline measures (this paper).
 - **2027** (2nd year) – given the strategy will have recently launched there will be no formal evaluation of progress, but there will be deep dives and/or seminar as needed, and a written update will be included in the CEO report to Council in Q1.
 - **2028** (3rd year) – As in 2027, we will include an update in the CEO’s report in Q1, with other deep dives or seminar as needed. In Q3 we will start to develop the mid-point strategic assessment.
 - **2029** (4th year) – (Q1) mid-point strategic assessment at Council Away Day – largest update of the strategy but taking a proportionate approach. We will triangulate across the three types of data (core indicators, project and programme, and narrative sources) and discuss areas of focus for the rest of the strategy period.
 - **2030** (5th year) – we’ll be engaging Council on the development of the next strategy, with reflection on progress an integral part of this.
 - **2031** (new strategy starts) – closure of 2026-2030 strategy – final update on core indicators as part of the wider closure report.

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

Annex A - The assessment framework and baseline data

Supporting good, safe patient care – baseline data

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

- Promote good practice
- Work with others to improve workplace cultures and tackle workforce inequalities
- Encourage career development and lifelong learning
- Share our data and insights to drive change
- Work collaboratively with healthcare partners

Core indicators	2025	2026	2027	2028	2029	2030
75% of doctors intend to change practice following Outreach learning session						
GMC Outreach: Doctors attending a learning session improve their impression, or maintain a positive impression of the GMC (target: at least 65%)						
95% of doctors would recommend Welcome to UK Practice sessions						
DRIH data target: SLA against agreed due date (95% target completion)						
Other project level and narrative sources we can consider as part of ongoing assessment: PRR, ED&I target data/ annual report, PSA reporting, GMC annual report, Corporate Strategy and Perceptions Tracking Survey updates, PPI updates						

Supporting good, safe patient care – baseline data

Core indicators	Stakeholder	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
To what extent do you agree or disagree with the following statements? The GMC is helping to tackle workplace issues experienced by the professionals it regulates (Corporate Strategy and Perceptions Tracking Survey)*	Doctors	16%		15%		15%						
	Medical students											
	ROs	30%		33%		29%						
	PAs & AAs											
	PA students											
	Education leaders	37%		43%		19%						
	Stakeholders	69%		52%		52%						
To what extent do you feel supported by the GMC to deliver good safe care – ‘A great deal/a fair amount’ (Corporate Strategy and Perceptions Tracking Survey)	Doctors	32%		30%	22%	23%						
	PAs & AAs											
In the last 12 months, have you used the GMC’s professional standards, guidance and advice to help you...? – Answered yes to any (Corporate Strategy and Perceptions Tracking Survey)	Doctors	23%		25%		26%						
	Medical student	28%		33%		17%						
	ROs	60%		58%		69%						
	PAs & AAs											
	PA students											
To what extent do you agree or disagree with the following statements? The GMC uses its data, research and insights to support the professionals it regulates and/or help protect patients (Corporate Strategy and Perceptions Tracking Survey)*	Doctors	31%		27%		28%						
	Medical students											
	ROs	56%		60%		51%						
	PAs & AAs											
	PA students											
	Education leaders	66%		77%		62%						
	Stakeholders	75%		70%		61%						

Supporting good, safe patient care – baseline data

Core indicators	Stakeholder	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
To what extent do you agree or disagree with the following phrases as descriptors of the GMC? A relevant regulator - % who agreed (Corporate Strategy and Perceptions Tracking Survey)	Doctors				40%	44%	42%					
	Medical students					63%						
	ROs					72%						
	PAs & AAs						86%					
	PA students											
	Education leaders					62%						
	Stakeholders					82%						
	Patients/ public				69%	77%	77%					
To what extent do you agree or disagree with the following statements about your organisation's relationship with the GMC? The GMC listens to us and uses our views to shape its work (Corporate Strategy and Perceptions Tracking Survey)	Education leaders			83%		39%						
	Stakeholders	69%		80%		54%						

Delivering better, fairer regulation – baseline data

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

- Improve and sustain fairness in our decision making
- Deliver regulatory reform
- Develop our education framework to meet the UK's changing and diverse health needs
- Continue to develop and improve our regulatory processes

Core indicators	2025	2026	2027	2028	2029	2030
Decision on 95% of all registration applications within 3 months						
Decision on 95% of all revalidation recommendations within 5 working days						
Respond to 90% of ethical/standards enquiries within 15 working days						
Conclude 90% of fitness to practise cases within 12 months						
Conclude or refer 90% of cases at investigation stage within 6 months						
Conclude or refer 95% of cases at investigation stage within 12 months						
Commence 100% of Investigation Committee hearings within 2 months of referral						
Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral						
E&S Approvals: 90% of Programme approval requests processed within 10 working days						
E&S Approvals: 90% of Trainer approval requests processed within 10 working days						
Other project level and narrative sources we can consider as part of ongoing assessment: PRR, ED&I target data/ annual report, BTC targets, PSA reporting, GMC annual report, Corporate Strategy and Perceptions Tracking Survey updates, PPI updates						

Delivering better, fairer regulation – baseline data

Core indicators	Stakeholder	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
How confident are you that new UK graduate doctors are properly trained and prepared for practice? - % who are confident (Corporate Strategy and Perceptions Tracking Survey)	Doctors	66%		68%		62%						
	ROs	64%		65%		54%						
	Education leaders	94%		97%		90%						
How confident are you that new PAs qualifying from UK courses are properly trained and prepared for practice? - % who are confident (Corporate Strategy and Perceptions Tracking Survey)	PA											
	Education leaders											
How confident are you that new AAs qualifying from UK courses are properly trained and prepared for practice? - % who are confident (Corporate Strategy and Perceptions Tracking Survey)	AA											
	Education leaders											
My department/unit/practice provided a supportive environment for everyone regardless of background, beliefs or identify - agree/strongly agree (NTS)	Doctors	85%	89%	88%	88%	88%	89%					
The GMC is helping to change registrants' training and education to make it fairer and more flexible - % agreement (Corporate Strategy and Perceptions Tracking Survey)*	Doctors	24%		24%		21%						
	ROs	40%		32%		31%						
	PAs & AAs											
	Education leaders	34%		54%		38%						
	Stakeholders	53%		34%		45%						
To what extent do you agree or disagree with the following phrases as descriptors of the GMC? An effective regulator (Corporate Strategy and Perceptions Tracking Survey)	Doctors				30%	36%	32%					
	Medical students					48%						
	ROs					69%						
	PAs & AAs						78%					
	PA students											
	Education leaders					71%						
	Stakeholders					82%						
	Patients/ public				60%	74%	73%					

Delivering better, fairer regulation – baseline data

Core indicators	Stakeholder	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
To what extent do you agree or disagree with the following statement ‘If a concern about my practice or professional behaviour was made to the GMC, I would trust them to deal with that concern fairly and appropriately, taking into account the context in which I work’ (Corporate Strategy and Perceptions Tracking Survey)*	Doctors	33%		26%	23%	29%	31%					
	Medical students	61%		43%		39%						
	PAs & AAs						73%					
	PA students											
To what extent do you agree or disagree with the following statement ‘If a concern about a doctor’s practice or professional behaviour was made to the GMC, I would trust them to deal with that concern fairly and appropriately, taking into account the context in which they work’ (Corporate Strategy and Perceptions Tracking Survey)*	ROs	76%		62%		61%						
	Education leaders	60%		74%		62%						
	Stakeholders	82%		68%		77%						
	PAs & AAs											
To what extent do you agree or disagree with the following statement ‘If a concern about a PA or AA’s practise or professional behaviour was made to the GMC, I would trust them to deal with that concern fairly and appropriately, taking into account the context in which they work’ (Corporate Strategy and Perceptions Tracking Survey)*	ROs											
	Education leaders											
	Stakeholders											
	Doctors											

Making every interaction matter – baseline data

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

- Improve our customer service
- Understand the people who interact with us
- Involve people in our work
- Making it easier to understand what we do and why

[illegible]

Making every interaction matter – baseline data

Core indicators	Stakeholder	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
...to what extent do you agree or disagree that the information was clear and easy to understand? - % who agreed (Corporate Strategy and Perceptions Tracking Survey)	Doctors			69%		67%						
	Medical students	68%		76%		83%						
	ROs	90%		88%		83%						
	PAs & AAs						89%					
	PA students											
	Education leaders	86%		86%		90%						
	Stakeholders	86%		96%		84%						
...to what extent do you agree or disagree that the information was relevant and met my needs? - % who agreed (Corporate Strategy and Perceptions Tracking Survey)	Doctors			51%		44%						
	Medical students	59%		70%		71%						
	ROs	79%		77%		74%						
	PAs & AAs						81%					
	PA students											
	Education leaders	80%		89%		70%						
	Stakeholders	84%		92%		69%						
...to what extent do you agree or disagree that the tone of the information was helpful and empathetic? - % who agreed (Corporate Strategy and Perceptions Tracking Survey)	Doctors			47%		44%						
	Medical students	53%		59%		58%						
	ROs	79%		74%		73%						
	PAs & AAs						73%					
	PA students											
	Education leaders	86%		74%		70%						
	Stakeholders	76%		70%		73%						

Core indicators	Stakeholder	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
To what extent do you agree or disagree with the following phrases as descriptors of the GMC? A compassionate regulator - % who agreed (Corporate Strategy and Perceptions Tracking Survey)	Doctors				15%	16%	15%					
	Medical students					18%						
	ROs					40%						
	PAs & AAs						44%					
	PA students											
	Education leaders					38%						
	Stakeholders					45%						
	Patients/ public				40%	54%	50%					
To what extent do you agree or disagree with the following phrases as descriptors of the GMC? A listening organisation - % who agreed (Corporate Strategy and Perceptions Tracking Survey)	Doctors	22%		17%		22%	21%					
	Medical students	42%		25%		26%						
	ROs	48%		43%		43%						
	PAs & AAs						51%					
	PA students											
	Education leaders	29%		57%		33%						
	Stakeholders	73%		60%		52%						
To what extent do you agree or disagree with the following phrases as descriptors of the GMC? A learning organisation - % who agreed (Corporate Strategy and Perceptions Tracking Survey)	Doctors	27%		24%		25%	26%					
	Medical students	52%		36%		36%						
	ROs	50%		41%		45%						
	PAs & AAs						62%					
	PA students											
	Education leaders	43%		63%		38%						
	Stakeholders	73%		76%		59%						
To what extent do you agree or disagree with the following statement? The GMC understand the experiences and challenges faced by doctors in their practice (Corporate Strategy and Perceptions Tracking Survey)	Doctors						21%					
	Medical students											
To what extent do you agree or disagree with the following statement? The GMC understand the experiences and challenges faced by PAs/AAs in their practice (Corporate Strategy and Perceptions Tracking Survey)	PAs & AAs						39%					
	PA students											
To what extent do you agree or disagree with the following statement? The GMC understand the experiences and challenges faced by the professionals which it regulates in their practice (Corporate Strategy and Perceptions Tracking Survey)	ROs											
	Education leaders											
	Stakeholders											

Being an inclusive and well-run organisation – baseline data

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

- Strengthen our leadership
- Invest in our people to deliver
- Enhance our digital capabilities
- Work efficiently and effectively
- Demonstrate social responsibility and environmental sustainability

Core indicators	2025	2026	2027	2028	2029	2030
Finance - Income and expenditure % variance +/- 4%						
HR - Rolling 12-month staff turnover within 8-12%						
Information systems availability (target 99.89%)						
Staff engagement with GMC Intranet news items (target: average engagement rate of at least 25%)						
Sickness absence: rolling annual target of less than 3.1%						
Recruitment timescales: ATR approved to allocation in Resourcing team - target 20 days						
Recruitment timescales: ATR approved to campaign go live – target 40 days or below						
Recruitment timescales: Time from campaign live to offer – target 35 days or below						
Recruitment timescales: ATR approved to offer made – target 75 days or below						
90% of FOI requests closed within 20 working days from receipt (by month)						
80% of SARs closed within 30 calendar days or 90 calendar days if complex (by month)						
Other project level and narrative sources we can consider as part of ongoing assessment: ED&I target data/ annual report, IIP accreditation, PSA reporting, GMC annual report, Corporate Strategy and Perceptions Tracking Survey updates, People survey updates, CSR updates						

Being an inclusive and well-run organisation – baseline data

Core indicators	Stakeholder	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
Overall Satisfaction (People survey)	GMC Staff	87%	86%	84%	81%	83%	81%					
Employee engagement index scores (People survey)	GMC Staff	80%	76%	74%	71%	72%	73%					
Inclusivity index (People survey)	GMC Staff	75%	75%	76%	75%	74%	74%					
To what extent do you agree or disagree with the following statements? The GMC keeps the level of its registration fees fair and reasonable (Corporate Strategy and Perceptions Tracking Survey)	Doctors	28%		24%		22%						
	Medical students					24%						
	PAs & AAs											
	PA students											
I am confident in the way that Senior Management are leading the GMC (People survey)	GMC Staff	76%	70%	67%	60%	61%	63%					
The GMC encourages staff to take up training and development opportunities (People survey)	GMC Staff	83%	82%	82%	77%	77%	80%					

Annex B

2021-25 corporate strategy – closure report

Background to the 2021-25 corporate strategy

1. The GMC Corporate Strategy 2021-25 had four strategic aims:
 - enabling professionals to provide safe care
 - developing a sustainable workforce
 - making every interaction matter
 - investing in our people to achieve our ambitions.
2. This paper summarises the progress we made over the five years of the strategy towards reaching these aims and the lessons we identified to carry into the next strategy.

Our approach to assessing progress

3. Past Council, Executive Board and Senior Management Team discussions of the 2018-20 corporate strategy emphasised the importance of:
 - setting out the approach to assessing progress at the start of the strategy
 - being objective and reflecting a range of internal and external sources
 - informing ongoing planning and prioritisation discussions.
4. Recognising this emphasis, our approach to assessing progress of the 2021-25 corporate strategy was based on a review of approaches taken by similar organisations. The approach we adopted was intended to be pragmatic and proportionate given the challenges we, and all similar organisations, faced in terms of:
 - objectively assessing all work
 - attribution – it is very difficult to show how individual activities contribute to higher-level ambitions
 - the impact of Covid-19, and the need to reprioritise during and following the pandemic.

-
5. To assess progress, we triangulated information from three sources of evidence:
 - activity-level information: through existing reporting channels and information collected through the GMC's Planning Gateway* process, operational data and evaluations
 - informal stakeholder feedback: primarily through the GMC Corporate Strategy and Perceptions Tracking Survey free text responses
 - strategic level indicators and analysis: drawing on internal and external evidence, these are primarily from GMC commissioned surveys.
 6. Given our ambition to be objective, the focus of our assessment was less on the projects/programmes/BAU that the GMC has delivered to date ('outputs'), and more on the impact of those outputs.

Midpoint review

7. In 2023 we carried out a large-scale assessment of progress in delivering the strategy at the mid-point. Looking at each key priority under a main theme we considered:
 - activities and projects taken forward to drive progress
 - measures of success we have for those activities (completion of milestones etc)
 - measures for outcomes and impact (where available – it was too early for some)
 - perception measures i.e. how well people think we've done, achieved or made a difference.
8. By using defined quantitative and qualitative measures alongside triangulation from wider reports, evaluations and audits, we came to an overall assessment based on a broad view of all the evidence together. This was presented at the 2023 Council Away Day.

* The Planning Gateway makes recommendations to Executive Board on prioritisation, headcount, new and existing initiatives and the associated financial implications. It also considers closure reports from priority projects, including lessons learned

Assessment of progress: Summary

Theme		Making good progress	Progress is mixed	Acceleration of progress required
	Enabling professionals to provide safe care	- Meeting and applying our standards - Using data and sharing insights	Improving workplace cultures	N/A
	Developing a sustainable medical workforce	- Support for joining and remaining on register - Education and training are relevant, accessible and supportive	N/A	Training is flexible
	Making every interaction matter	- Use our understanding of the experiences of those we work with to improve our interactions - Regular review of our processes and use resources responsibly	We have a better understanding of the experiences of those we work with	N/A
	Investing in our people to achieve our ambitions	We take a coordinated approach to CSR	Deliver our ambitions with flexibility and sensitivity to the external environment	The GMC is a more inclusive and diverse organisation

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9. Our focus on impacts meant that we looked at large amounts of data, much of which was from multiple existing GMC reports, e.g., the ED&I annual report, BAU performance indicators. We also reviewed other types of documents, such as closure reports from projects moving through the Planning Gateway process, and reviewed the data from multiple GMC surveys, including the national training survey, barometer survey, people survey, perceptions tracking survey and the NHS staff survey.
10. Despite the breadth of this analysis there were still gaps in the data, or evidence that was indirect/less strong. In some cases, this could reflect a genuine absence of impact, and in other cases it was not feasible or proportionate to establish if there was an impact. Equally, there may be some projects where it may take some time after delivery for the impacts to be evident. Indicators also varied in the extent to which they reflected our efforts, with several reflecting conditions in the broader healthcare system and environment over which we have limited control.

2025 update

11. In 2025 we carried out a light-touch update to the mid-point review, to inform the development of the next corporate strategy. The evidence pack that we brought to the 2025 Council Away Day is at appendix 1 (amended to include the latest data).

Assessment of progress: overall summary

Theme	Theme	Theme	Theme
 Enabling professionals to provide safe care	 Developing a sustainable medical workforce	 Making every interaction matter	 Investing in our people to achieve our ambitions
• Good progress on actions in our control • High levels of activity with successful delivery; impact and outcomes less clear • Our ability to change workplace experiences limited • Indicators are mostly perceptions-based, and largely negative	• Good progress on actions in our control • Quick and efficient action to enable workforce growth eg through registration • Big contextual issues we seek to influence but can't control - eg sustainability of workforce (structures, distribution, career paths)	• Good progress overall • Improvements and upgrades ongoing which indicators don't capture • BAU indicators improved • Regulatory reform did not move as fast as anticipated – clearer timeframe now	• Mixed progress overall • Significant progress on IIP measures • Mixed progress on EDI targets • CSR activity positive but hard to benchmark • Remains an area of focus

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General Medical Council

12. The key insights from that exercise were as follows.

- At an activity level, in terms of the GMC's core BAU activity, in the second half of the strategy period substantially more performance indicators were rated as green (on target), than during the first half the of the strategy.
- However, much of the most significant activity delivered during the period of review hadn't been evaluated yet, or it was too early to see what the impacts are (e.g. regulation of physician associates (PAs) and anaesthesia associates (AAs), introducing the Medical Licensing Assessment (MLA). There were some very positive examples of smaller activities that have demonstrated impact – e.g. ED&I interventions.
- It was also noteworthy that much of the activity undertaken during the strategy to date had been reactive (e.g. in response to Covid, or other external events) or comprised other extremely large projects that made up a relatively small part of the strategy (e.g. PA/AA, MLA). So, many areas of the strategy had relatively limited activity attached to them, or

hadn't done for much of the strategy period, e.g. Key Priority 6 around Education flexibility.

- The strategic indicators generally didn't show statistically significant changes and in some cases were negative. Many of these indicators came from surveys which track perceptions of the GMC, or the wider healthcare landscape, given both internal and external events these have come under some pressure during the strategy period. The events include high-profile FtP cases, the pandemic and the response to the GMC's regulation of PAs and AAs.

Lessons to take into the 2026-30 corporate strategy

13. In the early stages of the development of the 2026-30 corporate strategy, we reflected on our experience of assessing progress against the 2021-25 corporate strategy and identified lessons to carry forward.

Defining measures and assessing progress

14. A key insight from our assessment of progress against the 2021-25 strategy was that our focus on impacts/benefits resulted in an unbalanced view of our efforts. This was because we had to focus on what had been evaluated/measured best rather than where outputs/deliverables had been delivered.
15. We also found that major programmes of work were not very visible in the measures, and neither were operational improvements. This meant there was relatively limited evidence of progress against the strategy overall, despite BAU indicators improving significantly across the strategy period. A more balanced and pragmatic approach would have given us a better sense of what we have been working on, what was delivered and the impact it had.
16. Other key lessons were that we should:
- develop the evaluation approach alongside the strategy, rather than retrofitting measures after – this will help to iron out inconsistencies and ensure that our proposed measures best reflect our intended impacts
 - be realistic about what is proportionate in terms of measurement. Some sources of data were not proportionate, e.g. the intelligence module, very long list of secondary indicators

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- be explicit from the outset what is the purpose of assessing progress, internal vs. external, flight correction etc. Use to inform deliverables/engagement plan and meeting regularity/purpose
 - be clearer about we are trying to maintain vs. improve within the strategy itself, as this helps inform what good looks like, and therefore how we assess progress
 - define from the outset what is being reported and when, ideally with templates. Including balance between new and existing reporting channels.
17. These insights have directly influenced our approach to identifying measures for, and our proposed approach to reporting on, the 2026-30 corporate strategy.

Strategy structure and content

18. Our reflections from the experience of assessing progress against the 2021-25 strategy have influenced the structure and content of the 2026-30 corporate strategy.
19. What emerged overall from our assessment of the 2021-25 strategy was that we had a lot of success with matters within our control (e.g. successful delivery of large and complex programmes) but less demonstrable impact in terms of influencing change in the wider world (e.g. day to day reality of doctors' working experiences).
20. In particular, the strategic theme on which we assessed ourselves as having made the best progress overall was *Making every interaction matter*, which focused on understanding and improving the experiences of people who interact with us. This was also the strategic theme that had greatest salience for colleagues within the GMC. In response to our internal survey to support strategy development, 90% of respondents said this theme related to their individual work, compared with 64% for *Enabling professionals to provide safe care* and 50% for *Developing a sustainable medical workforce*.
21. These observations were highly influential in the development of the strategic themes for the 2026-30 corporate strategy. We have retained *Making every interaction matter* as a strategic theme, introduced a new theme on regulatory change, and combined the first two themes in the 2021-25 corporate strategy into *Supporting good, safe patient care*. This structure gives greater emphasis within the new strategy to matters within our control while not losing ambition in terms of our influence on the wider health and care system.

22. We have also drawn lessons from assessing progress in terms of pitching the level of granularity in the text of the strategy. An internal audit carried out in 2023 found that, while the high-level statements of intent in the 2021-25 strategy allowed flexibility in a highly volatile external environment (including during the pandemic), the strategy did not translate clearly enough into specific planned objectives and activities. We have therefore developed strategic objectives with three components – goal, action, success measure – to increase the specificity of the strategy while retaining a high degree of flexibility in terms of how these goals will be delivered through specific actions over the five-year period.

Appendix 1

Assessing Progress – Evidence Pack 2025

Background

Final Year Review of Progress

As with the 2023 review, we looked at a range of sources. Across the four themes and 12 key priorities of our strategy, we have triangulated information from three sources of evidence:

- **activity-level information:** through existing reporting channels and information collected through the GMC's Planning Gateway* process, operational data and evaluations
- **informal stakeholder feedback:** primarily through the *2024 GMC Corporate Strategy and Perceptions Tracking Survey* free text responses
- **strategic level indicators and analysis:** drawing on internal and external evidence, these are primarily from GMC commissioned surveys (see pages, 13, 15, 17 & 19 below). The indicators vary – some closely reflect our efforts, whilst others reflect changes in the broader healthcare system and environment (this is particularly the case on two of the four themes within the strategy: 'Enabling professionals to provide safe care' and 'Developing a sustainable medical workforce').

The focus of this review was less on the projects/programmes/BAU that the GMC has delivered to date ('outputs'), but rather we tried to assess objectively the impact of those outputs. For that reason, the review focused on completed work, BAU, or multistage projects that had some form of evaluation at a mid-point.

Focusing on impacts meant that we looked at large amounts of data, spreading across the four themes and 12 key priorities of the strategy. Much of this was from multiple existing GMC reports, e.g., the ED&I annual report, performance indicators etc. It also included reviewing other types of documents, e.g. closure reports from projects moving through the Planning Gateway

* The Planning Gateway makes recommendations to Executive Board on prioritisation, headcount, new and existing initiatives and the associated financial implications. It also considers closure reports from priority projects, including lessons learned.

process, and reviewing the data from multiple GMC surveys, including the national training survey, barometer survey, people survey, perceptions tracking survey and the NHS staff survey.

However, despite the breadth of analysis there are still gaps in the data, or evidence that is indirect/less strong. In some cases, this could reflect a genuine absence of impact, and in other cases it was not feasible/proportionate to establish if there was an impact. Equally, there may be some projects where it may take some time after delivery for the impacts to be evident. We've tried to be as objective and transparent as possible in presenting this data and steered away from more subjective interpretations. In places we've offered additional contextual information, or where we have very strong data, we may have added greater explanation.

Although we recognise that there are some limitations in the data and evidence, we are still able to use and analyse them to give us insight and intelligence into progress of the current corporate strategy. Assessing progress is also valuable in informing the development of the new corporate strategy.

Explaining the Pack

Below we have:

- summarised the key findings/data for each of the four corporate strategy themes, across the three main sources of evidence we analysed
- drawn conclusions from the data underpinning the summaries, which has been triangulated with other information to form the basis of this update on progress.

Cross cutting conclusions and reflections on overall progress

In the bullets below we summarise general findings and reflections about overall progress; we identify conclusions, which we have aimed to reach through objective analysis of each of the three evidence sources.

- **At an activity level, in terms of the GMC's core BAU activity, the second half of the strategy period has seen noteworthy improvements**, where substantially more performance indicators are rated as green (on target), than during the first half the of the strategy.
- **However, much of the most significant activity delivered during the period of review hasn't been evaluated yet, or it's too early to see what the impacts are** (e.g. regulation of physician associates (PAs) and anaesthesia associates (AAs), introducing the Medical Licensing Assessment (MLA). There are some very positive examples of smaller activities that have demonstrated impact – e.g. ED&I interventions.

It's also noteworthy that much of the activity undertaken during the strategy to date has:

- been reactive (e.g. in response to Covid, or other external events), or;
- comprises other extremely large projects that make up a relatively small part of the strategy (e.g. PA/AA, MLA) - so, many areas of the strategy have relatively limited activity attached to them, or they haven't done for much of the strategy period, e.g. Key Priority 6 around Education flexibility.
- **Informal stakeholder feedback seems to be less positive than during the last assessment of progress** – in 2022 perceptions could be summarised as 'You did well during the pandemic, but what next?', whilst in 2024 perceptions are more broadly negative with more focus on FtP/high-profile cases, regulation of PAs/AAs, and a perceived reduction in F2F meetings & level of engagement (among some). That said there was:
 - positive feedback that the GMC is seen as effective and is trying (and sometimes succeeding) to collaborate
 - recognition the GMC is trying to be more compassionate, but little sense tangible progress is being made yet.

The negativity is seen in some of the tracking survey results for stakeholders comparing findings from 2022 with 2024. For example, in connection with the following questions.

- the extent the GMC works well with other regulators/organisations - significantly down from 76% to 57%
- the extent to which GMC listens and uses views to shape work - significantly down from 80% to 54%
- 'the information was relevant, meeting your needs?' – significantly down 92% down to 69%.
- **The strategic indicators generally don't show statistically significant changes and in some cases are negative** – many of these indicators comes from surveys which track perceptions of the GMC, or the wider healthcare landscape, given both internal and external events these have come under some pressure during the strategy period. The events include high-profile FtP cases, the pandemic and the response to the GMC's regulation of PAs and AAs.
- **Triangulating across the data sources, there appears to be relatively limited evidence of progress on the strategy for the current period but this can be explained by unexpected, unforeseen events and corporate priority work which consumed time and resource and**

significant improvement is shown on BAU – much resource has been directed towards other priorities (e.g. pandemic recovery) or has been concentrated on a few extremely large projects which are a relatively small part of the strategy (e.g. regulation of PAs/AAs, MLA), so it is perhaps not surprising that evidence of impact across the much broader strategy is relatively limited. That said, despite fundamental changes being made because of regulatory reform, it's noteworthy that BAU indicators have still dramatically improved across the strategy period.

Findings summary by Key Priority

Theme 1: Enabling professionals to provide safe care	
Key priority 1: We work with others to improve workplace cultures in healthcare environments across the UK making them safe, inclusive and supportive	Whilst there were some positive signals around doctors' workplaces experiences, there has been a reduction in positive perceptions around the GMC contributing to that. This comes through both via the quantitative measures from the <i>Corporate Strategy and Perceptions Tracking Survey</i> , but also from stakeholder feedback which is noticeably less positive than 2 years ago. Our outreach activities are seen as effective though based on feedback from the outreach sessions
Key priority 2: The professionals we regulate can meet the professional standards patients expect and use their judgement to apply our ethical standards and guidance	Whilst there has been a reduction in medical students reporting using GMC guidance in the last 2 years, the launches of both the Decision Making & Consent guidance and Good Medical Practice standards broadly seemed to go well. BAU performance associated with this key priority has been maintained or improved
Key priority 3: We use and share our data and insights to improve environments and address inequalities	The indicators have remained broadly stable, apart from one associated with Responsible Officers. BAU indicators show some small improvements. There is some evidence of impact around the Intelligence Prioritisation Pilot, and an ongoing evaluation of State of Medical Education and Practice (SoMEP) reports which will conclude in 2025
Theme 2: Developing a sustainable medical workforce	
Key priority 4: We work with workforce organisations to support more professionals who meet the required standards to join and remain in the UK medical workforce	Evidence clearly shows that the workforce continues to expand, and there is continuing evidence of the GMC performing appropriate action to avoid it becoming a workforce bottleneck (PLAB expansion, Brexit project). That said, there is less concrete evidence of impact in terms of the GMC facilitating the growth/retention of the workforce, and there are some dips in trust in the GMC to register doctors who have right qualification and skills
Key priority 5: Education and training are relevant, accessible and supportive, giving all professionals the skills they need to better meet future patient needs	Drop in doctors' confidence in UK grads, aligns with finding there is lower confidence in the GMC to register doctors with the right qualification and skills. There are some mixed findings around differential attainment, although positive work has been done around potential interventions. Upcoming evaluation of the MLA will give a better sense of the impacts it has achieved, whilst the evaluation of the 'derogations' reinforces the positive perceptions of the GMC's actions during the pandemic
Key priority 6: Training for the medical workforce is more flexible, throughout their careers	The indicators around this key priority are largely negative. Which is perhaps not surprising as no substantial work has been delivered to date in this area, although there is wider work underway more broadly within Education which will potentially impact in the longer term

General Medical Council

Findings summary by Key Priority

Theme 3: Making every interaction matter	
Key priority 7: We have a better understanding of the experience of people who interact with us, particularly professionals, patients, and the public	Whilst the significant increase in doctors seeing the GMC as a listening organisation is positive, data for educators and stakeholders was much less positive. There are limited examples of concrete impacts, however, we can point to ongoing activity, e.g. we are currently evaluating our co-production panel which we commissioned to support regulatory reform
Key priority 8: We use an improved understanding of people's experiences to make our interactions with all those we work with better	Whilst BAU performance has generally improved compared to the previous period, there is a sense that perceptions of our wider comms was more negative, with a noteworthy decrease for doctors in terms of the perception of the relevance of our comms
Key priority 9: We regularly review our processes to make sure they are as effective as possible and that we use our resources appropriately and responsibly	Whilst much of the potential impact of this key priority is arguably tied up with the second stage of regulatory reform, there is some reasonable evidence of impact, and continued performance in the context of huge changes (e.g. successful delivery of 1st stage reg reform, MLA). BAU data has shown <u>particular improvement</u> , and whilst there were significant issues with the PeopleXD system this shows that the GMC's processes were able to stop this project proceeding once it became apparent it was undeliverable
Theme 4: Investing in our people to achieve our ambitions	
Key priority 10: We'll deliver our ambitions with flexibility, sensitivity to the external environment and leadership across all roles	Strategic and secondary indicators show limited change over the period. BAU data is also mixed, with newer indicators around recruitment times largely positive, but staff turnover consistently missing the target throughout 2024. Investor In People gold rating demonstrates significant improvement from 2021
Key priority 11: The GMC is a more diverse and inclusive organisation	Emerging data continues to suggest a mixed picture, with some targets ahead of schedule (e.g. % of workforce from an ethnic minority background), whilst other targets (e.g. ethnic minority representation at level 2 and above) are likely to be missed. People survey data shows limited changes to our strategic and secondary indicators.
Key priority 12: We take a more coordinated approach to our corporate responsibilities, including social, environmental and economic	Despite the earlier impact of the pandemic, tangible examples of delivery both before and after transferring to BAU are evidenced. Absence of Business in The Community (BiTC) benchmarking does make assessment of impact harder, however, other external evidence including an audit and Investor In People assessment are both positive. Activity around net zero plan, will also show tangible way of demonstrating progress going forwards

General Medical Council

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



Strategic indicators	Stakeholder	2019	2020	2021	2022	2023	2024	2025
The GMC is helping to tackle workplace issues experienced by doctors – % agreement (<i>GMC Corporate Strategy and Perceptions Tracking Survey</i>)	Doctors		16%		15%		15%	
	Educators		37%		43%		19%	
	Providers		38%		16%		44%	
	ROs		30%		33%		29%	
	Stakeholders		69%		52%		52%	
To what extent do you feel supported by the GMC to deliver good safe care – ‘A great deal/a fair amount’ (<i>GMC Corporate Strategy and Perceptions Tracking Survey</i>)	Doctors		32%		30%	22%	23%	
To what extent are you satisfied or dissatisfied day to day in your work as a doctor? - NET satisfied (<i>GMC Barometer Survey</i>)	Doctors	63%	75%	70%	50%	53%	59%	55%
Found it difficult to provide a patient with the sufficient level of care they need – NET once a week or more (<i>GMC Barometer Survey</i>)	Doctors	34%	25%	25%	44%	43%	40%	41%
How would you rate the quality of experience in this post? - % Good and Very Good (<i>GMC National Training Survey</i>)	Trainees			85%	83%	83%	83%	84%
In this post, how often (if ever) do you feel forced to cope with clinical problems beyond your competence or experience? - Never and Less than once a month (<i>GMC National Training Survey</i>)	Trainees	84%	79%	85%	80%	81%	81%	80%
In the last 12 months, have you used GMC professional standards and ethics guidance to help you determine what course of action to take? – Answered ‘Yes’ (<i>GMC Corporate Strategy and Perceptions Tracking Survey</i>)	Doctors		23%		25%		26%	
	Educators		37%		54%		62%	
	Med students		28%		33%		17%	
	ROs		60%		58%		69%	
To what extent do you agree or disagree with this statement: the GMC uses its data, research and insights to support doctors and/or help protect patients? – % agreement (<i>GMC Corporate Strategy and Perceptions Tracking Survey</i>)	Doctors		31%		27%		28%	
	Providers		42%		28%		44%	
	ROs		56%		60%		51%	
	Stakeholders		75%		70%		61%	

General Medical Council

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



Key activities delivered during the strategy

- Supporting a Profession Under Pressure (SPuP)
- Welcoming and Valuing international medical graduates
- Professional Behaviours and Patient Safety (PBPS)
- Decision Making and Consent
- Remote Prescribing guidance
- The state of medical education and practice in the UK (SoMEP) reports
- Local first
- GMC conference
- Flexibility review
- Regulatory Fairness Review
- Intelligence Prioritisation Pilot
- Good medical practice review
- Embedding Learning from Sexual Assault cases

What do stakeholders think of what we have done?*

Feedback more negative than in 2022. Some mentioned good local contacts & good GMC collaboration, but more pointed to perceived issues around FtP, primarily focussed on high-profile cases and perceptions of unfairness/ bias/ disproportionate referrals. But other issues were also mentioned, e.g. timeliness and need for more local resolution

Key findings summary (since mid-point update)

- Over the period there were some positive signals around doctors' workplace experiences and how they have improved slightly, however, there has been a reduction in positive perceptions around the GMC contributing to that. This comes through both via the quantitative measures from the tracking survey, but also from stakeholder feedback which is noticeably less positive than 2 years ago
- Whilst there has been a reduction in medical students reporting using GMC guidance in the last 2 years, the launches of both the Decision Making & Consent guidance (DMC) and Good Medical Practice (GMP) standards seemed to go well. With GMP demonstrating the GMC's strong commitment to PPI via the accompanying research and the DMC project using piloting and evaluation to test new methods of promoting our guidance.
- Indicators associated with our data have remained broadly stable, apart from one associated with responsible officers which significantly dropped. BAU indicators show some small improvements. There is some evidence of impact around the Intelligence Prioritisation Project, and an ongoing evaluation of SoMEP which will report in 2025.
- Positively, the ED&I annual report forecasts that Fairer Employer Referrals KPIs are expected to continue approaching our targets and are likely to be near them by the end of 2026.

*Free text data from the GMC Corporate Strategy and Perceptions Tracking Survey (2024), specifically the stakeholder group, which consists of UK-wide and country specific stakeholder representatives

General Medical Council

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.



Strategic indicators	Stakeholder	2019	2020	2021	2022	2023	2024	2025
Total size of the GMC register (licenced doctors, and, when available, PA & AA) (<i>GMC Register</i>)	Doctors	260K	272K	284K	296K	314K	328k	335k
How confident, if at all, are you that new UK graduate doctors are properly trained and prepared for practice - % who are confident (<i>GMC Corporate Strategy and Perceptions Tracking Survey</i>)	Doctors		66%		68%		62%	
	Educators		94%		97%		90%	
	Providers		74%		72%		65%	
	ROs		64%		65%		54%	
My department/unit/practice provided a supportive environment for everyone regardless of background, beliefs or identify - (% of respondents who answered positively (agree/strongly agree)) (<i>GMC National Training Survey</i>)	Trainees		85%	89%	88%	88%	88%	89%
The GMC is helping to change doctors' training and education to make it fairer and more flexible - % agreement (<i>GMC Corporate Strategy and Perceptions Tracking Survey</i>)	Doctors		24%		24%		21%	
	Educators		34%		54%		38%	
	Providers		37%		28%		19%	
	ROs		40%		32%		31%	
	Stakeholders		53%		34%		45%	

General Medical Council

Developing a sustainable medical workforce

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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.



Key activities delivered during the strategy

- Preparing for Brexit
- Temporary clinical assessment centre (CAC)
- End of social distancing in CAC
- Temporary Emergency Register (TER)
- Education reform project
- CAC 4th Circuit
- Expanding registration pathways
- Brand refresh programme
- Credentialing
- Mutual Recognition Agreement of Irish medical qualifications framework
- Medical Licensing Assessment (MLA)

What do stakeholders think of what we have done?*

Relatively few comments were made about this theme. Where they were they tended to focus on PAs/AAs with several respondents raising negative comments about the GMC taking on their regulation.

Key findings summary (since mid-point update)

- The workforce is growing, however, there are nuances here, e.g. across different specialties
- Much of the GMC's work in this area is ongoing or recently delivered (e.g. reg reform, PAs/AAs, MLA) so there is relatively little concrete evidence of impact to date on those major projects. However, the evaluation of the 'education derogations' reinforced the positive perceptions of the GMC's actions during the pandemic
- There is some evidence of a dip in confidence in terms of the GMC registering doctors with the right skills/qualifications, which aligns with a dip in doctors' confidence in new UK graduates
- There is continuing evidence of the GMC performing appropriate action to avoid it becoming a workforce bottleneck (PLAB expansion, Brexit). That said, there is less concrete evidence of impact in terms of the GMC facilitating the growth/retention of the workforce
- There are some mixed findings around Fairer Training Cultures, although positive work has been done around potential interventions with concrete evidence of impact from externally commissioned evaluations from Edge Hill University
- Indicators around education flexibility show some negative changes, although this is perhaps not surprising as no substantial work has been delivered around education flexibility to date, although work is currently underway around education more broadly

*Free text data from the GMC Corporate Strategy and Perceptions Tracking Survey (2024), specifically the stakeholder group, which consists of UK-wide and country specific stakeholder representatives

General Medical Council

Making every interaction matter

We have a better understanding of the experience 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.



Strategic indicators	Stakeholder	2019	2020	2021	2022	2023	2024	2025
Thinking about the communications that you have received from the GMC (such as emails, letters or surveys), to what extent do you agree or disagree that the information was clear and easy to understand? % who agreed (<i>GMC Corporate Strategy and Perceptions Tracking Survey</i>)	Doctors				69%		67%	
	Med students		68%		76%		83%	
	Providers		67%		59%		90%	
	ROs		90%		88%		83%	
	Stakeholders		86%		96%		84%	
Thinking about the communications that you have received from the GMC (such as emails, letters or surveys), to what extent do you agree or disagree that the information was relevant, meeting your needs? % who agreed (<i>GMC Corporate Strategy and Perceptions Tracking Survey</i>)	Doctors				51%		44%	
	Med students		59%		70%		71%	
	Providers		54%		45%		90%	
	ROs		79%		77%		74%	
	Stakeholders		84%		92%		69%	
Thinking about the communications that you have received from the GMC (such as emails, letters or surveys), to what extent do you agree or disagree that the tone of the information was helpful and empathetic? % who agreed (<i>GMC Corporate Strategy and Perceptions Tracking Survey</i>)	Doctors				47%		44%	
	Med students		53%		59%		58%	
	Providers		51%		42%		80%	
	ROs		79%		74%		73%	
	Stakeholders		76%		70%		73%	

General Medical Council

Making every interaction matter

We have a better understanding of the experience 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.



Key activities delivered during the strategy

- Engage
- Virtual Hearings project
- Siebal upgrade
- Faxback
- Sex, gender and gender identity information policy
- Welsh Language Standards
- New Professional and Linguistic Assessments Board (PLAB) booking system
- C-19 recovery

What do stakeholders think of what we have done?*

Feedback from stakeholders in the 2022 tracking survey were generally positive. We were seen as an effective communicator, with particular praise given for communications during the pandemic.

2024 was less positive with a perceived reduction in F2F meetings & level of engagement (among some). Others said the GMC is trying (and sometimes succeeding) to collaborate. Broadly we are seen as effective, but various concerns around FtP were raised, and to a lesser extent around us regulating PAs/AAs

Key findings summary (since mid-point update)

- Compared to 2022 our strategic indicators around comms are generally more negative, with a particular dip for doctors around our comms relevance. However, some secondary indicators are more mixed e.g. there was a small but significant increase in doctors seeing us as a listening organisation, contrasting with a drop in similar metrics for educators and stakeholders
- There are concrete examples of deliverables/actions for this theme – some linked to patient & public involvement (PPI), although not many show evidence of evaluation for this period. That said, we are currently evaluating our pilot co-production panel, which is due to report in 2025. There was also evidence of impact from the Brand Refresh project, which captured staff interaction with the new materials and how easily they facilitate us making documents more accessible
- Whilst much of the potential impact of this key priority around effectiveness is arguably tied up with the second stage of regulatory reform, there is some reasonable evidence of impact, and continued BAU performance in the context of huge changes being delivered, (e.g. successful delivery of first stage reg reform and MLA). BAU data has shown particular improvements (e.g. FtP), and the PLAB booking system project showed evidence of multiple achieved benefits. And whilst there was significant issues with the PeopleXD system project this shows that the GMC's processes were able to stop this project proceeding once it became apparent it was undeliverable

*Free text data from the GMC Corporate Strategy and Perceptions Tracking Survey (2024), specifically the stakeholder group, which consists of UK-wide and country specific stakeholder representatives

General Medical Council

Investing in our people to achieve 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



Strategic indicators	Stakeholder	2019	2020	2021	2022	2023	2024	2025
Overall Satisfaction (<i>GMC People survey</i>)	GMC staff	82%	87%	86%	84%	81%	83%	81%
Employee engagement index scores (<i>GMC People survey</i>)	GMC staff	73%	80%	76%	74%	71%	72%	73%
Inclusivity index (<i>GMC People survey</i>)	GMC staff		75%	75%	76%	75%	74%	74%

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Key activities delivered during the strategy

- Campbell Tickell implementation review
- Mandatory professional behaviours training
- Learning needs analysis
- Freedom to speak up
- Corporate Social Responsibility (CSR)
- Project Management Review
- Compliance and Governance Review

What do stakeholders think of what we have done?*

Perhaps unsurprisingly, stakeholders didn't frequently comment on this theme.

One thought the GMC should be more courageous, and separately another thought we should employ more clinical staff. Whilst another felt the GMC *'have got a bit behind the time on equality diversity inclusion issues'*

Key findings summary (since mid-point update)

- The strategic and secondary indicators for this theme remained broadly unchanged
- The Investor in People report (2024) was very positive and built on the 2021 report, with significant improvement from silver to gold rating for 'people', and progress within the silver rating for 'wellbeing'
- Progress with our ED&I targets continues to be mixed with some targets ahead of schedule (e.g. % of workforce from an ethnic minority background), whilst other targets (e.g. ethnic minority representation at level 2 and above) are likely to be missed by 2026
- There are relatively few BAU measures and that data is mixed, with the longstanding metric around turnover meeting target throughout 2022 & much of 2023, but missing target throughout 2024 (to date). Metrics on recruitment timescales have largely been met, apart from time from campaign live to offer. Intranet engagement has been more positive in 2024, after dropping off in the latter part of 2023
- For CSR, despite earlier impact of the pandemic, tangible examples of delivery both before and after transferring to BAU are evidenced. Absence of Business in The Community (BiTC) benchmarking does make assessment of impact harder, however, other external evidence including an audit and Investor in People assessment are both positive. Activity around net zero plan, will also show tangible way of demonstrating progress going forwards

*Free text data from the GMC Corporate Strategy and Perceptions Tracking Survey (2024), specifically the stakeholder group, which consists of UK-wide and country specific stakeholder representatives

General Medical Council

Revised Risk Appetite Statement

Action	To approve
Purpose	To outline the key changes made to the proposed Risk Appetite Statement following the February Council seminar.
Decision Trail	SMT approved the revised Risk Management Framework in June 2025, incorporating the Risk Appetite Statement ARC reviewed the framework in September 2025 and recommended this to Council for approval Council reviewed the framework in October 2025 and requested a further discussion on the Risk Appetite Statement Council held a seminar in February 2026 to discuss the Risk Appetite Statement.
Recommendation	To approve the Risk Appetite Statement
Annexes	Annex A: Revised Risk Appetite Statement
Author contacts	Gursevak Singh, Risk Manager Nicola McGowan, Assistant Director, Audit and Risk Assurance Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Neil Roberts , Director of Resources

Agenda item M12

Revised Risk Appetite Statement

Background

- 1 The GMC Risk Management Framework (RMF) sets out our approach to risk management and includes our Risk Appetite statement. The RMF was generally supported by Council in October 2025, but members said they would value an explicit Risk Appetite conversation. This was the focus of a subsequent Council seminar in February 2026, at which the levels, categories and risk appetite statements were discussed and worked through with Council members and SMT. We have used the feedback gathered from this seminar to make some minor amendments, and a summary of these changes are outlined below.

Summary of changes

- 2 Changes to the Risk Appetite Statement:
 - **Technology category** – updated description under title to now focus on core resilience
 - **Legal and Compliance category** – appetite statement wording updated to remove a double negative
 - **Finance category** – updated description under title to explicitly link transparency and integrity to finance activities
 - **Transformation and Change category** – level reduced from balanced to cautious, as the GMC needs to be very certain of outcomes in relation to our top priorities at this moment in time, eg ERP, Regulatory Reform and Associate Worker Status
 - **CSR category** – description and appetite statement fully updated to reflect the current GMC model; Sustainability and Social Responsibility
 - **Governance category** – added to split out from CSR
 - **Descriptions** – general tweaks to increase consistency of terminology, eg ‘we will.’

Next steps

- 3 Once approved, IS changes (already planned for) will take place to update the MS Teams risk platform with the updated risk categories and appetite levels. We will take a phased approach to implementation, asking teams to consider the changes and update risks whenever they normally review their risk registers. Support for this will be provided by the Risk team.
- 4 Following Council approval, we will start to roll the framework out using a communication plan, which outlines the changes made in the RMF through a variety of existing channels and forums, as well as the use of our intranet page. We will also utilise the established Risk Fora, which includes directorate risk leads and champions, to effectively advocate and support the roll out within their areas. Risk leads are already engaged, and we will use this forum to check progress of the roll out, as well as share learnings and offer support. We will also expand and

Agenda item M12

Revised Risk Appetite Statement

tailor our workshop programme for directorates and teams, to familiarise them with the new framework, and increase confidence in applying Risk Appetite concepts.

- 5 As set out within the seminar, we recognise that the GMC's Risk Appetite will continually evolve and change and propose an annual consideration of the categories and levels we apply to them.
- 6 We also recognise that the GMC is early on in its adoption of using Risk Appetite as a tool, and we will consider wider points raised within the seminar, such as control effectiveness and linking to inherent risks. As we roll the new framework out, we should start to see further use of Risk Appetite throughout the GMC, including within Gateway, Internal Audit and assessing progress against the Corporate Strategy. These practical uses will allow us to assess if Risk Appetite is understood, applied consistently and adhered to, and what developments we may need to make in the future, to ensure it is useful for GMC colleagues at all levels.

Annex A - Risk appetite statement

Introduction

1 We are the independent regulator of Doctors, Physician Associates (PAs), and Anaesthesia Associates (AAs) in the UK.

We work with them and other stakeholders to:

- set the standards of patient care and professional behaviours that doctors, PAs, and AAs need to meet
- make sure doctors, PAs and AAs get the education they need to deliver good, safe patient care
- check who is eligible to work as a doctor, PA or AA in the UK and work with them and their employers to confirm they are keeping up to date and meeting the professional standards we set
- give guidance and advice to help doctors, PAs and AAs understand what is expected of them
- investigate where there are concerns that patient safety, or the public's confidence in doctors, PAs or AAs may be at risk and take action if needed.

Overall Statement

2 The GMC aims to function as a modern, outward-facing regulator, delivering a strategy for keeping patients and the public safe, and supporting those we regulate to give good care in a dynamic healthcare landscape. Our risk management is constantly evolving, and identifying our risk appetite enables us to take a balanced approach in the pursuit of objectives. We recognise that not all risk can be managed and, **overall, we are cautious in our approach to risk.** However, in recognising that there is range of appetites for the different risks we face, we are also flexible in tolerating a level of risk for activities or actions which we believe will realise opportunities and benefits for those we serve.

Why we consider risk in our decision-making

- 3** If we do not assess risk properly then we are less likely to achieve what we set out to do. Risk and risk appetite can be used to assess the level of certainty we need for an outcome, as well as assess what is proportionate to achieve this – in terms of resources, governance, and assurance. It is therefore incumbent on us to carefully consider the risks and risk factors which may impact on a successful outcome.

How we balance risk and opportunity

- 4** We acknowledge that within our general approach to setting risk appetite, one size does not fit all. To address this, we consider a number of categories in the opportunities and threats involved when making decisions for different activities and projects.
- 5** Considering the impact across a broad spectrum of categories provides a framework for us to map not only individual decisions, but also to see the collective impact of several decisions. The outcome is then used to inform the resources and capacity we will need if we are to translate these decisions in to action.

Risk appetite levels

- 6** For each risk category, a high-level overarching risk appetite has been set. We recognise that there will be situations and activities where it will be necessary and/or appropriate to have a different risk appetite than the guidance given by Council. This framework aims to help guide colleagues, in determining the level of risk appetite that is sensible for the activities being undertaken. If you want to undertake an activity that presents a level of risk above the relevant overarching risk appetite level set by Council, this needs to be escalated to ensure that the GMC is willing to tolerate that additional risk, therefore contact the Risk Manager for support.

Appetite	Description
Averse	We want to take as little risk as possible. The main goal is to complete these tasks and initiatives with almost complete certainty of the outcome. We require multiple checks to confirm that the controls managing these risks are effective.
Minimal	We will only undertake activities that are low risk and where the outcome has a high degree of certainty. Any risk taking should be very limited and tightly controlled, with controls regularly tested to confirm effectiveness.
Cautious	We may take on activities that have higher risk, but only if we can mitigate most of that risk. We are willing to give up some certainty if it helps us improve efficiency or innovate, but we maintain strong governance and oversight and regularly test key controls.
Balanced	We are willing to accept moderate levels of uncertainty to achieve a high degree of benefit. Activities themselves may potentially carry, or contribute to, a degree of risk, even after mitigations.
Open	We are willing to consider and choose options that involve higher levels of uncertainty if they promise transformational benefits. We are prepared to accept significant risks, provided they are well understood and monitored.

How our levels match to our ratings

The diagram below shows the level of risk we are willing to take with each residual score. Risks outside of appetite should be considered for escalation, focus and implementing further actions, to bring them down to a level within our risk appetite. Guidance can be provided by the Risk Manager if required.

Appetite	Averse	Minimal	Cautious	Balanced	Open
Threat residual score	Low		Significant		Critical

Appetite	Averse	Minimal	Cautious	Balanced	Open
Opportunity residual score	Bronze	Silver		Gold	

Risk appetite Categories

Risk category	Risk Classification					Risk appetite statement
	Averse	Minimal	Cautious	Balanced	Open	
Technology Core systems and software						Our main goal is to maintain stability, security and reliability of our core IT systems and software.
Data Information management and security						We will not undertake information management activities or actions which breach ISO27001, BS10008 and the requirements of the Information Commissioner's Office.
Cyber risk Systems, software, and user policies						We will maintain high levels of system protection and user awareness, as well as robust disaster recovery and continuity arrangements, in the case of a cyber-attack.
Regulatory delivery Delivery of statutory functions						We will take a proportionate approach to delivering our regulatory functions, maximising output within the resources available, increasing regulatory scrutiny where issues emerge.
Trust and Confidence Stakeholder management, external influence, and perception						We will be open to opportunities to improve trust and confidence in the organisation, as well as be cautious to threats that may damage the trust and confidence in the organisation.
Influence Key stakeholders and wider healthcare						We will be proactive in developing relationships which support the GMC's ambitions, including those which allow us to extend our influence for patients and medical professionals across the wider healthcare and political landscape.
Financial Financial management, transparency, and integrity in relation to our finances						We expect to ensure that reserve levels remain within the upper and lower thresholds, at the end of each year, and in our medium-term financial projections. If this is not the case, a clear plan of action to correct our finances would need to be in place.

Risk category	Risk Classification					Risk appetite statement
	Averse	Minimal	Cautious	Balanced	Open	
Legal and Compliance Meeting legal, regulatory, charity requirements and other duties.						We will only undertake activities or actions that meet legal, regulatory, or charity requirements, as well as other duties, eg safeguarding, health and safety and procurement requirements.
People Recruitment, retention, leadership, and employee relations						We want to attract, retain, and maintain a diverse, skilled, high performing workforce. We also aim to develop capability, inclusivity, and leadership to deliver operational and strategic aims.
Diversity and Inclusivity Delivering our regulatory and employee functions fairly						We aim to be a fair, inclusive and diverse employer and regulator, whilst taking a careful and considered approach to ensuring we anticipate the needs of those who engage with our functions. As an employer our appetite is minimal but as a regulator, we are more open, therefore overall we have a balanced appetite. We will go beyond compliance requirements and are willing to commit time and resource to being as fair and inclusive as possible and be open to challenge about where we may not be achieving these aims.
Transformation and Change Programmes, projects, and local change activity						We will take a measured approach to the planning and delivery of change activities to ensure successful implementation and benefits realisation. We are open to being flexible in our ambition to transform the way we work.
Sustainability and Social Responsibility Environmental, net zero and ethical factors						We will actively push forward our environmental sustainability work: our aim is to become a fully net zero organisation by 2040. We will also carry out our work in a way that is ethical and benefits society.
Governance Oversight, decisions and monitoring						We will ensure decisions are consistently taken within our established oversight and monitoring arrangements. This is in place to support delivery of priorities and objectives, as well as risk and opportunity management.

Risk appetite guidance table

The below table has been produced to help colleagues understand the practical impacts of each risk appetite level. Given we are a patient safety focused organisation, we have structured the table in a way which we think is most useful – to help ensure that all activities we conduct are conducted in a sensible, effective, and proportionate way.

Level	Core Attitude	Certainty vs. Opportunity	Governance Style	Minimum Assurance needed
Averse	Not willing to compromise	Requires near-total certainty; outcomes must be guaranteed	Strict avoidance, heavy controls	Three lines
Minimal	Very limited risk	Almost certain outcomes; only low-likelihood/low-impact risks accepted	Rigorous controls, strong monitoring	Three lines
Cautious	Low risk accepted	Slight compromise allowed if benefits are clear	Strong oversight, proportionate mitigation	Two lines
Balanced	Moderate risk	Balanced approach between certainty and opportunity	Flexible but managed, deliberate risk-taking	Two lines
Open	High risk	Willing to trade certainty for upside potential	Adaptive governance, learning-focused	One line

Governance Handbook Amendments

Action	To approve
Purpose	This paper sets out two proposed amendments to the Governance Handbook. These are: ● Amendments to the Schedule of Authority to bring further clarity and consistency to our delegation arrangements in relation to re-entry under the Anaesthesia Associate and Physician Associate Order (AAPAO). ● A change of name for the GMC/MPTS Liaison Group to the Fitness to Practise/MPTS Liaison group to better reflect its purpose.
Decision Trail	Council last approved changes to the Governance Handbook, including the Schedules of Authority, in February 2026. Council also approved updates in December 2024, as part of bringing physician associates (PAs) and anaesthesia associates (AAs) into regulation.
Recommendation	To approve the proposed amendments to the Governance Handbook, in the Schedules of Authority under the AAPAO and the GMC (Registration) PA and AA rules (the registration rules) and the name change of the liaison group which will be reflected in Chapter 4 and Annex B of the Handbook. .
Annexes	Annex A: Proposed amendments to the Schedules of Authority
Author contacts	Dale Langford, Senior Corporate Governance Manager and Deputy Council Secretary Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Sophie Brookes , Assistant Director – Corporate

Agenda item M13

Amendments to the Governance Handbook

Background

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

Amendments to the Schedule of Authority under the AAPAO

- 2 The proposed amendments to the schedules at Annex A are intended to bring further clarity and consistency to our delegation arrangements in relation to assessing fitness to practise as part of a PA or AA's re-entry application to the Register of PAs and AA (the register) under the AAPAO and associated registration rules.
- 3 Currently, the schedules delegate determining whether an applicant's fitness to practise is not impaired at the point of re-entry (A-REG-012) to Authorised Decision Makers (ADMs) in the Registration and Revalidation (R&R) Directorate. We are proposing this function should also be delegated to ADMs in our Fitness to Practise Directorate (FPD).
- 4 Amending the schedules in this way will enable FPD ADMs to determine whether an applicant's fitness to practise is not impaired in certain circumstances where appropriate. This is likely to include where regulatory action was previously taken against the registrant relating to their fitness to practise or an unresolved concern about their fitness to practise was being assessed prior to the applicant being removed from the register. It would not include determinations of whether fitness to practise is impaired where the applicant's registration was previously removed for fitness to practise reasons as these must be carried out by an Associates Tribunal under the AAPAO.
- 5 We are also proposing minor wording changes to improve clarity. These include more detailed legal references within the titles of the functions, A-REG-012 and A-REG-011, and to remove the unnecessary references to 'not including FtP requirements' in function A-REG-011.
- 6 Subject to approval by Council, the amendments to the Governance Handbook will come into effect on 23 April 2026. This will then support development of the FPD guidance to assess the fitness to practise of applicants looking to re-enter the register which will complement R&R policy and decision-maker's guidance for re-entry, currently in place.

Updating the name of the GMC/MPTS Liaison Group

- 7 The GMC/MPTS Liaison group is long-standing internal working group that was formed when MPTS came into being to manage the relationship between the GMC and the MPTS and to underline organisational separation. However, as the relationship has matured, it is

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Amendments to the Governance Handbook

the separation of fitness to practise (FtP) from the adjudication role performed by MPTS which is more accurate, given the MPTS committee is a statutory committee of the General Medical Council.

- 8** In order to better reflect the work of the group, it is proposed to rename the group as the Fitness to Practise/MPTS Liaison Committee (FtP/MPTS Liaison Committee for short) with effect from May 2026, with work ongoing to refine the statement of purpose, including its membership.
- 9** Council is asked to note this change, because it will be included in the Governance Handbook. All references to this group will be amended. These are principally found in chapter 4 and Annex B of the Governance Handbook.

Proposed amendments to the Schedules of Authority

Annex A

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

Function	Description of Function	Function or decision vested in	Function or decision assigned to
Provisions in relation to the Register in the AAPAO and Rules Sections of this Schedule on The Regulator (A-GOV), revisions (A-REV), appeals (A-APP), evidence gathering, notifications, publication and data (A-DAT) and fees (A-FEE) also include provisions assigned to the Registration & Revalidation directorate.			
Determining whether an applicant meets the standards/ requirements ~~(outside of FTP)~~ for registration where previously removed other than due to the imposition of a Final Measure – AAPAO 6(3)(a) and Reg (AA/PA) Rules 25(4)(b)(ii)-(iv)	A-REG-011 Whether an applicant meets the standards/ requirements ~~(outside of FTP)~~ for registration	Registrar	Registrar and delegated to ADMs in Registration & Revalidation directorate
Determining fitness to practise of a person previously removed other than due to the imposition of a Final Measure – AAPAO 6(3)(b) and Reg (AA/PA) Rules 25(4)(b)(i)	A-REG-012 Whether the fitness to practise is impaired of a person who was previously removed other than due to the imposition of a Final Measure	Registrar	Registrar and delegated to ADMs in Registration & Revalidation directorate or ADMs in Fitness to Practise directorate

Council forward work programme

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

Agenda item M14**Council forward work programme**

Background

- 1 This paper sets out the planned items for future meetings of Council. The content of agendas is liable to change.
- 2 Items marked as ‘below the line’ are included on an agenda where no discussion is required, although members may request a discussion at the meeting.

9/10 June 2026 – London

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

Agenda item M14

Council forward work programme

22/23 July 2026 - Manchester

	Item	Sponsor
Seminar	• Hearing from the Marx Fellows	Push Mangat
	• Engaging with Medical students	Paul Reynolds
	• Update on GMC Professional Standards consultations	Push Mangat
	• Investment Committee – Investment strategy background and approach	Neil Roberts
Confidential session	•	
Public session	• Chief Executive's report	Charlie Massey
	• Financial update including mid-year review	Neil Roberts
	• Response to the Leng Review	Shaun Gallagher
	• ED&I Annual report	Shaun Gallagher
	• Safeguarding annual report	Neil Roberts
	• Regulatory reform update [placeholder]	Shaun Gallagher
	• Strategic Communications and engagement update – strategic priorities	Paul Reynolds
	• Fairer Employer Referrals options	Anthony Omo
	•	
Below the line	• Council forward work programme	Carrie MacEwen

1 October 2026 – Northern Ireland

	Item	Sponsor
Seminar	• Northern Ireland focus	Paul Reynolds

Agenda item M14**Council forward work programme**

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

9 December 2026 - London

	Item	Sponsor
Seminar	• Perceptions survey report	Paul Reynolds
	• External speaker	
Confidential session	• PA/AA revalidation rules - sign-off	Una Lane
Public session	• Chief Executive's report	Charlie Massey
	• Financial update	Neil Roberts
	• Fairer Employer Referrals annual report	Anthony Omo
	• Fairer Employer Referrals – where next?	Anthony Omo / Push Mangat
	• Fairer Training Cultures	Push Mangat
	• 2026 Budget and Business Plan	Neil Roberts/Shawn Gallagher
	• Report of the MPTS committee	MPTS Chair

Agenda item M14**Council forward work programme**

	• Report of the Audit and Risk Committee	Vanessa Davies/Neil Roberts
	• Report of the Remuneration Committee	Raj Patel/Charlie Massey
	• Patient and Public Involvement update	Paul Reynolds
	• Reg Reform update	Shaun Gallagher
	• Compliments and Complaints report	Charlie Massey
Below the line	• Council forward work programme	Carrie MacEwen
	• Annual report on the DC pension scheme	Neil Roberts

February 2027 - London

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

April 2027 – Manchester

	Item	Sponsor
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Agenda item M14**Council forward work programme**

Seminar	TBC	
Confidential session	Annual Review of Governance Framework: GMC/GMCSI	Paul Reynolds
	6 monthly SC&E Impact report	Paul Reynolds
Public session	Chief Executive's report	Charlie Massey
	Financial update	Neil Roberts
	2025 national reports	Paul Reynolds
	Annual QA update	Push Mangat
	Annual section 40A report	Charlie Massey
	Regulatory reform update [placeholder]	
	Investment committee annual report	Douglas Millican/Neil Roberts
Below the line	Council forward work programme	Carrie MacEwen
	Council members' register of interest	Carrie MacEwen

Council members' register of interests

Action	To note
Purpose	In accordance with best practice, members of Council (and indeed the Senior Management Team) are asked to update their Register of Interests biannually, and whenever a material change is required. This register is published on the GMC's website. In order to enhance this practice and to maintain awareness of each other's interests and areas of expertise, the Register of Council Members' Interests is included below. This will continue to be presented to Council to note on an annual basis. SMT interests continue to be published on the website, but Council members, as the Charity's trustees, will also have their register noted by Council.
Recommendation	Council is asked to note the Register of Members' Interests.
Annexes	Annex A – Register of interests.
Author contacts	Melanie Wilson, Head of Corporate Governance and Council Secretary Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Charlie Massey , Corporate Directorate

Agenda item M15

Council members' register of interests

Background

- 1** In accordance with best practice, members of Council (and indeed the Senior Management Team) are asked to update their Register of Interests biannually, and whenever a material change is required. This register is published on the GMC's website.
- 2** In order to enhance this practice and to maintain awareness of each other's interests and areas of expertise, the Register of Council Members' Interests is included below. This will continue to be presented to Council to note on an annual basis. SMT interests continue to be published on the website, but Council members, as the Charity's trustees, will also have their register noted by Council.
- 3** The Corporate Governance team is available for advice and support on any matter in relation to the register of interests. There may be rare occasions where a declared interest is not published on the website, but this is managed on a case by case basis depending on assessed risk and the potential for a conflict to arise, by the Corporate Governance team.

The Register of Interests

- 4** The Register of Interests is published on the GMC website at the following address:
<https://www.gmc-uk.org/about/how-we-work/governance/council/council-member-register-of-interests>
- 5** The current Register of Interests can be found at Annex A.

Annex A

Register of Interests

Members

Professor Dame Carrie MacEwen (GMC Ref No: 2553610): Chair of Council and registrant member, Scotland

Professor Keith Lloyd (GMC Ref No: 2954125): Registrant member, Wales

Dr Raj Patel MBE (GMC Ref No: 3103487): Registrant member, England

Dr Olamide Oguntimehin (GMC Ref No: 7843585): Registrant member, England

Dr Jeeves Wijesuriya (GMC Ref No: 7410352): Registrant member, England

Ms Alison Wright (GMC Ref No: 3498288): Registrant member, England

Dr Vanessa Davies: Lay member, Scotland

Professor Deepa Mann-Kler: Lay member, Northern Ireland

Mr Douglas Millican: Lay member, Scotland

Baroness Ramsey of Wall Heath: Lay member, England

Professor Suzanne Shale: Lay member, England

Ms Wendy Williams CBE: Lay member, England

Co-opted members

Aneen Blackmore - Audit and Risk Committee

Jon Hayes - Audit and Risk Committee

Dr Paul Cox - Investment Committee

Mike Jennings - Investment Committee

Register of Interests

Professor Dame Carrie MacEwen (GMC Ref No: 2553610)

Organisation	Position
NHS Tayside	Consultant Ophthalmologist
University of Dundee	Honorary Professor
Royal College of Ophthalmologists	Fellow (Past President)
Royal College of Surgeons (Edinburgh)	Fellow
Royal College Surgeons and Physicians of Glasgow	Honorary Fellow
Royal College of General Practitioners	Honorary Fellow
Royal College of Pathologists	Honorary Fellow
Faculty of Sport and Exercise Medicine	Honorary Fellow
College of Optometrists	Honorary Fellow
British and Irish Orthoptic Society	Honorary Fellow
Royal College of Physicians of Edinburgh	Honorary Fellow
Faculty of Public Health	Honorary Fellow
Royal College of Surgeons (England)	Honorary Fellow
Royal College of Physicians	Honorary Fellow
Faculty of Medical Leadership and Management	Senior Fellow
Moorfields Eye Charity	Trustee
Oxford Ophthalmological Congress	Member of Council
The Worshipful Company of Barbers of London	Honorary Freeman
Eye (Nature group)	Associate Editor

Register of Interests

MDDUS	Member
BMA	Member
Academy of Medical Royal Colleges	Past Chair

Dr Vanessa Davies

Organisation	Position
Honourable Society of the Inner Temple	Governing Bencher
GMC Pension Scheme	Trustee
Scottish Government	Decision Maker for complaints about Ministers or former Ministers
Scottish Criminal Cases Review Commission	Chair
Edinburgh Napier University	Lay Member of Court
Joint Standing Committee on Legal Education (Scotland)	Lay Member

Dr Lucinda Etheridge

Organisation	Position
St George's University Hospitals NHS Trust	Consultant Paediatrician
South West London and St George's Mental Health Trust	Honorary Consultant Paediatrician
Royal College of Paediatrics and Child Health	Fellow
Higher Education Academy	Fellow
Hunter Healthcare Health Consultancy	Freelance Medical Workforce Consultant
Joint Standing Committee on Legal Education (Scotland)	Lay Member

Register of Interests
Professor Keith Lloyd

Organisation	Position
Swansea University	Professor of Psychiatry
Swansea Bay University Health Board	Honorary Consultant Psychiatrist
Royal College of Psychiatrists	Fellow
Royal College of Physicians of Edinburgh	Honorary fellow
Learned Society of Wales	Fellow
Health Technology Wales	Chair of Appraisal Pane
Heartbeat Trust Charity	Board member & Trustee
British Medical Association	Member
Volcano Theatre Company Swansea	Director
Welsh Psychiatric Society	Chair
Professor Pushpinder Mangat, Medical Director and Director of Education and Standards also holds an honorary professorship at the University of Swansea	

Professor Deepa Mann-Kler

Organisation	Position
Neon*	Chief Executive
Ulster University	Visiting Professor in Inclusive Innovation
Royal Holloway University London	Inclusion Executive Producer, CoSTAR National Lab, StoryFutures
Belfast XR Festival	Director
DHSC Public Appointments Unit	Independent Panel Member
DCMS Creative Industries Council	Council Member
IDA Advisory Board	Board Member

* Neon creates virtual and augmented reality apps and experiences, often focussing on health and wellbeing, by facilitating and working directly with consumers and patients.

Register of Interests
Mr Douglas Millican

Organisation	Position
World Vision UK	Chair
University of Edinburgh	Court member and Chair of the Audit & Risk committee
Uisce Éireann (Irish Water)	Non-executive director
Institute of Chartered Accountants of Scotland	Member
Scottish Government National Strategy for Economic Transformation Delivery Board	Board member

Dr Olamide Oguntimehin

Organisation	Position
Royal College of GPs	Member
MDDUS	Member
The Association for the Study of Medical Education	Member
Medway NHS Foundation Trust	Resident Doctor (Bank)
Melanin Medics	Founder and Chief Executive
Made By Midé	Freelance Graphic Designer
Anglia Ruskin University	Postgraduate student
Olamide was previously a Marx Leadership Fellow at the GMC, from September 2023 to August 2024.	

Dr Raj Patel MBE

Organisation	Position
Royal College of General Practitioners	Fellow
British Medical Association	Member
GMC Pension Scheme	Trustee

Register of Interests

Review Body on Doctors' and Dentists' Remuneration (DDRB)	Panel Member
Ninety-Days Health	Consultant
University of Greater Manchester	Visiting Professor
Faculty of Medical Leaders and Managers	Senior Fellow (awarded 2025)
Raj is listed as a director in his partner's retail company. The business has no links with healthcare. Until 31 January 2023 Raj was the Medical Director for Primary Care at NHS England and NHS Improvement. Raj was a former member of the Medical Defence Union for 35 years.	

Baroness Ramsey of Wall Heath

Organisation	Position
House of Lords	Life peer, Labour
House of Lords, Delegated Powers and Regulatory Reform Committee	Chair
House of Lords, Social Mobility Committee	Member
Department for Business and Trade	UK Trade Envoy, Ethiopia
Natasha Allergy Research Foundation	Parliamentary Ambassador
Jane was a senior adviser on standards and ethics to the Labour Party, and a member of the Committee on Standards in Public Life.	

Professor Suzanne Shale

Organisation	Position
Oxleas NHS Foundation Trust	Vice Chair
The Ethicist Ltd	Director
Mayor's Office for Police and Crime (MOPAC)	Chair of London Policing Ethics Panel
Royal Trinity Hospice	Chair of Board of Trustees
Canterbury Christchurch University	Visiting Professor

Register of Interests

Suzanne was previously a GMC Education Associate, prior to being appointed as a Council member.

Suzanne was Chair of the charity Action against Medical Accidents from 2015-2020.

Dr Rajiv Wijesuriya

Organisation	Position
Belvoir Health Group	GP Partner
Association for the Study of Medical Education	Director of Networks
BMA Charities	Chair
British Medical Association	Member
Royal College of General Practitioners	Member
Medical Protection Society	Member
Changing Face of Medicine	Member

Ms Wendy Williams CBE

Organisation	Position
Financial Services Compensation Scheme	Board Member
Independent Expert Panel, UK Parliament	Independent Panel Member
Cambridge Judge Business School Advisory	Board Member
Orgreave Inquiry	Panel Member