

General
Medical
Council

Council Meeting - 27 April 2023

PUBLISHED
3 May 2023

Council

Meeting room: 2.64 – 2.66, Manchester

Agenda

Council meeting

Wednesday 27 April 2023 - 09:00 – 14:30

- | | | |
|----------------|------------|--|
| 10:30 – 10:33 | M1 | Chair’s business |
| <i>3 mins</i> | | |
| 10:33 – 10:35 | M2 | Minutes of the meeting on 1 March 2023 and actions log |
| <i>2 mins</i> | | |
| 10:35 – 10:55 | M3 | Chief Executive’s report |
| <i>20 mins</i> | | |
| 10:55 – 11:15 | M4 | Education quality assurance update |
| <i>20 mins</i> | | |
| 11:15 – 11:20 | M5 | Approval of Aston and Anglia Ruskin to award PMQ |
| <i>5 mins</i> | | |
| 11:20 – 11:35 | | Break |
| <i>15 mins</i> | | |
| 11:35 – 12:05 | M6 | ED&I annual report |
| <i>30 mins</i> | | |
| 12:05 – 12:30 | M7 | Draft response to DHSC's consultation on the AAPA Order |
| <i>25 mins</i> | | |
| 12:30 – 13:00 | M8 | 2022 Human Resources Report and Gender Pay Update |
| <i>30 mins</i> | | |
| 13:00 – 13:45 | | Lunch |
| <i>45 mins</i> | | |
| 13:45 – 14:05 | M9 | Clinical assessment centre expansion |
| <i>20 mins</i> | | |
| 14:05 – 14:15 | M10 | National reports final sign off |
| <i>10 mins</i> | | |
| 14:15 – 14:25 | M11 | Biannual section 40a report |
| <i>10 mins</i> | | |

14:25 – 14:30 **M12** **Any other business**

5 mins

Below-the-line items*

M13 **Council members' register of interest**

M14 **Council Forward Work Programme**

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

Contents

	Page
Meeting part 2	5
M2 - Minutes of the meeting on 1 March 2023 and actions log	5
M3 - Chief Executive's report	13
Annex A - Performance Annex	21
Annex B - Corporate Opportunities and Risk Register	36
M4 - Education quality assurance update	39
Annex A - Enhanced monitoring examples	49
M5 - Approval of Aston and Anglia Ruskin to award PMQ	51
Aston University	51
Annex A - Open requirement	56
Annex B - GMC response to Coronial Regulation 28	57
Anglia Ruskin University	62
Annex A - Open requirements and recommendations	67
M6 - ED&I annual report	68
Annex A - Annual equality, diversity, and inclusion (ED&I) progress update 2022	69
M7 - Draft response to DHSC's consultation on the AAPA Order	70
Annex A - Draft consultation response	74
M8 - 2022 Human Resources Report and Gender Pay Update	75
Annex A - Our recruitment, turnover, and absence monitoring data	86
Annex B - Our profile as an employer in terms of diversity	90
Annex C - Pay data by protected characteristic	102
M9 - Clinical assessment centre expansion	113
M10 - National reports final sign off	114
Annex A - Final draft 2022 Northern Ireland Report	
Annex B - Final draft 2022 Scotland Report	
Annex C - Final draft 2022 Wales Report	
M11 - Biannual section 40a report	115
Annex A - Details of cases considered by the s40A Executive Panel	119
Annex B - A summary of the status of all s40A appeals	120
Below-the-line items:	121
M13 - Council members' register of interest	121
M14 - Council forward work programme	130

Draft as of: 17 March 2023

To approve

Minutes of the meeting on 1 March 2023

Members present

Carrie MacEwen, Chair

Steve Burnett

Vanessa Davies

Anthony Harnden

Philip Hunt

Paul Knight

Deepa Mann-Kler (attending virtually)

Raj Patel

Suzanne Shale

Alison Wright

Others present

Charlie Massey, Chief Executive and Registrar

Shaun Gallagher, Director of Strategy and Policy

Colin Melville, Medical Director and Director of Education and Standards

Anthony Omo, Director of Fitness to Practise and General Counsel

Neil Roberts, Director of Resources

Stephanie McNamara, Assistant Director of Communications – deputising for Paul Reynolds,
Director, Strategic Communications and Engagement

Melanie Wilson, Head of Corporate Governance and Council Secretary

Agenda item 2

Minutes of the meeting on 1 March 2023

Chair's business (item M1)

- 1 The Chair welcomed members, the Senior Management Team (SMT) and observers to the meeting.
- 2 Council noted that apologies had been received from Paul Reynolds, Director, Strategic Communications and Engagement.
- 3 Council noted the following decisions approved by Council on circulation since the previous meeting:
 - a The reappointment of Joy Hamilton to the MPTS Committee until 8 February 2024.
 - b The extension of the external audit contract with Crowe LLP for a further year to 30 September 2024.

Minutes of the meeting on 14 December 2022 and actions log (item M2)

- 4 Council approved the minutes of the meeting on 14 December 2022 as a true record, subject to amendments to paragraphs 18a and b in relation to the Medical Licensing Assessment (MLA) as follows:
 - a Council agreed that access to MLA data at a granular level is vitally important to realising GMC ambitions in equality, diversity and inclusion for medical education but recognised the challenges in establishing the data sharing agreement (DSA) needed to obtain data via the Medical Schools Council's (MSC) systems. There was concern over the risks of not establishing a DSA.
 - b While clinical and professional skills assessment (CPSA) data will be provided directly by medical schools, and Applied Knowledge Test (AKT) data could be obtained directly, it will be more efficient if we obtain AKT data via the MSC systems which will already be collating it.

Chief Executive's Report (item M3)

- 5 Council considered the Chief Executive's Report.
- 6 The Chief Executive and other members of SMT gave oral updates. Council noted that:
 - a The consultation on the draft Anaesthesia Associates and Physician Associates Order (AAPAO) had been published by the Department of Health and Social Care on 17 February 2023. Although we do not believe that the details in the draft Order are quite right yet, the consultation is an important and positive step in the process. Council

Agenda item 2

Minutes of the meeting on 1 March 2023

would be considering the draft response to the consultation at the meeting on 27 April 2023.

- b** With impending industrial action by junior doctors, we are writing to Responsible Officers to remind them of our position that doctors have a right to take industrial action and that *Good Medical Practice* continues to apply. Additional material would also be available on our website's Ethical Hub.
 - c** Demand for the Professional and Linguistic Assessments Board (PLAB) 2 tests remain at a record high, so plans to build a fourth circuit with a capacity of 6,500 places per year were being prepared for Council to consider at its meeting on 27 April 2023. The cost was estimated to be £2.4 million, which should be recouped over a four-year period.
 - d** GMC financial data for 2022 showed a deficit of £4.4 million, against a budgeted figure of £4.3 million. Expenditure had been lower as a result of lower levels in operational activity in the early part of the year, and income was reduced by a fall in the investment portfolio and slightly lower income from PLAB fees and registrations.
 - e** The pension scheme recovery plan agreed in 2021 committed to the GMC contributing an extra £5 million per year and a one-off payment of £2 million is proposed in 2023. The trustees of the pension scheme were currently seeking a further contribution.
- 7** During the discussion, Council noted that the April 2023 paper on a new PLAB circuit would include the consideration that had been given to using space outside Manchester city centre.

Medical Licensing Assessment - oral update (item M4)

- 8** Council received an oral update on progress with discussions between the GMC and medical schools, represented by the MSC.
- 9** Council noted that:
- a** We are still on track with the critical path to deliver the MLA in January 2024.
 - b** We do not own the Medical Schools' AKT or the CPSA, and discussions are ongoing about how our regulatory role will operate in relation to those.
 - c** We are working to ensure consistency of candidate experience at 40 different universities across the UK on different days and in either the penultimate or final year of courses.
 - d** Risks in relation to the use of artificial intelligence applications by candidates were being worked through with the MSC.
 - e** The next update would be included in the Chief Executive's report in April 2023.
- 10** Council noted the oral update.

Agenda item 2

Minutes of the meeting on 1 March 2023

Equality, Diversity & Inclusion Update - Sex Gender and Gender Identity report (item M5)

11 Council received a paper setting out proposals for consultation on expanding the data we collect to encompass sex, gender reassignment and gender identity of our registrants, and whether or not we should continue to publish gender data on the List of Registered Medical Professionals (LRMP).

12 Council noted that:

- a** Since the last discussion of the issue by Council in June 2022, further pre-consultation engagement had been undertaken to help us understand how and why gender data is used by people accessing the medical register, in particular patients and members of the public.
- b** Our approach to publishing data on sex or gender is currently not consistent with other regulators and we do not publish data in relation to other protected characteristics.
- c** Changes to the legal framework meant that provision of sex or gender data cannot be a condition of registration, therefore we are no longer able to verify the information.
- d** An increasing proportion of new registrants are unwilling to provide the data; although this data is mandatory, in practice we do not apply any sanction if it is not provided.
- e** LRMP is not easy to use as a search tool, with 'gender' one of very few search options even in the advanced search mode. The gender option is therefore likely to be searched for in a high proportion of searches just to narrow down the results.
- f** The AAPAO would also limit what information we can publish on the register.

13 During the discussion, Council noted that:

- a** The additional stakeholder engagement and strengthened evidence base since the previous Council discussion on the topic were welcomed.
- b** Some compelling narrative about the benefits of providing the data and our data protection measures is needed to encourage registrants to provide it and meet the reasonable expectations of patients.
- c** There could be a risk in opening up a consultation on this issue at a time when the topic has generated heated public discourse.
- d** Although survey results indicated that there is a significant number of searches by the public and patients in relation to the gender of a doctor, the birth sex of each doctor is not something we could publish.

Agenda item 2

Minutes of the meeting on 1 March 2023

- e** Insufficient weight may have been given in the proposals for consultation to the legitimate wishes, particularly of some women, to be in the care of a doctor of their own sex.
 - f** The proposals should maintain the confidence of the public and should not act as a deterrent to some patients seeking care.
 - g** We may be able to learn from other regulators which do not currently mandate the provision of sex or gender data to improve response rates, in order to keep data as meaningful as possible.
 - h** We would not be in a position to signpost to other healthcare organisations for the data, as the same legal requirements in relation to birth sex apply universally.
- 14** Following the discussion, Council welcomed a revised proposal that the consultation could include an additional option that we continue publishing what gender data we have but with a clear disclaimer.
- 15** Council agreed that we publicly consult, ahead of the consultation on our rules for the regulation of AAs and PAs:
- a** On proposals to no longer mandate registrants to provide data about their gender.
 - b** With options on the question of publishing gender data which will include no longer publishing it and continuing to publish it in some form.

Report of the Investment Committee 2022 (item M6)

- 16** Council received the annual report of the Investment Committee for 2022.
- 17** Council noted that:
- a** Members' interest in the work of the Investment Committee at the seminar the previous day was welcomed by the Committee.
 - b** Members' views on the Investment Policy, in particular ethical considerations and exclusions, would be fed into the process of reviewing the Policy.
 - c** The target of 2% above the Consumer Prices Index (CPI) set by the GMC for the return on funds under investment had not been possible for 2022 because of the significant external factors during the year. However, the Committee remains happy with our external fund manager, CCLA.
 - d** The in-house 'treasury management' of cash balances is now part of the Committee's remit. The cash balances have been invested with an overnight interest rate of 3.21%, generating an additional £1 million per year.

Agenda item 2

Minutes of the meeting on 1 March 2023

18 Council:

- a** Noted the Report of the Investment Committee for 2022 and the Investment Policy.
- b** Approved the updated Statement of Purpose, in particular to make the Director of Resources a full voting member and be recognised as part of the quorum of the Committee, and a related change to Annex B1 of the Governance Handbook.

The Professional Standards Authority's annual review of our performance 2021/22 (item M7)

19 Council received a paper setting out the findings of the Professional Standards Authority (PSA) review of our performance for the period 2021/22 against their Standards of Good Regulation.

20 Council noted that:

- a** A revised process for performance reviews by the PSA involves lighter touch monitoring and a more risk-based approach to reviewing performance in three years out of four, such as in 2021/22. We are not scheduled to have a more substantive periodic review until 2024.
- b** The PSA concluded that we had met all 18 Standards of Good Regulation, which we have achieved every year since their introduction in 2012.
- c** The review recognised our continued work towards our equality, diversity and inclusion fairness targets and to bring PAs and AAs into regulation.
- d** The PSA recognised our overall improvement in reducing the time it takes to progress fitness to practise cases and reducing the number of old cases.
- e** The PSA is currently reviewing standard 3, about the regulator understanding the diversity of its registrants and their patients and service users and of others who interact with the regulator. The threshold for meeting the standard was likely to be higher in future.

21 During the discussion, Council noted that all who had contributed to successfully meeting all 18 standards were to be congratulated, including the Senior Management Team.

22 Council noted the PSA performance review report.

Agenda item 2

Minutes of the meeting on 1 March 2023

Council meetings in 2024 (item M8)

- 23** Council received a paper setting out the proposed dates of Council, Committee and Board meetings in 2024.
- 24** Council noted that:
- a** The proposals were intended to build on the new ways of working introduced for Council for 2023, including extended meetings, external speakers and scheduled private meetings.
 - b** The draft calendar of meetings includes a different pattern of Council meetings, spread out more evenly across the year, instead of concentrating half of Council’s meetings in a three-month period between the September and December.
- 25** During the discussion, Council noted that:
- a** A number of Council members have expressed a preference for meeting in person for more than the four out of six meetings proposed.
 - b** Virtual meetings of Council will continue to be part of the calendar, but the way they work can be looked at again to make best use of them.
 - c** The Council meeting in December 2024 should be in person.
 - d** The programme of external speakers would include patients and registrants.
 - e** The proposed Committee dates for 2024 would be reviewed to maximise potential attendance, in particular rescheduling the Audit and Risk Committee meeting in March 2024.
- 26** Council agreed the 2024 schedule of meetings.

Any other business: (item M9)

Council away day

- 27** The Council away day in Manchester on 11 and 12 July 2023 will focus on three themes: regulating with compassion; strategic education priorities; and multi-profession regulation.

Marx Fellows insight day

- 28** The GMC’s Marx Fellows were planning an insight day in Manchester on 16 June 2023 and would welcome Council member involvement in a panel discussion.

Agenda item 2

Minutes of the meeting on 1 March 2023

Below-the-line items

29 Council noted the following below-the-line agenda items:

- a** Corporate Social Responsibility (item M10), noting progress with Corporate Social Responsibility and Net Zero Carbon work. A reference in the paper to BDO should have stated that they are the providers of internal audit services and not external audit.
- b** Report of the Executive Board 2022 (item M11).
- c** 2023 Council forward work programme (item M12).

Date of next meeting

30 Council noted that its next meeting is scheduled for 27 April 2023 in Manchester.

Chief Executive’s report

Action	To note
Purpose	<p>This report outlines developments in our external environment and progress on our strategy since Council last met. Key points to note:</p> <ul style="list-style-type: none"> ● Our enhanced progression report, containing data on doctors’ progression in postgraduate education was published on 2 March 2023. It shows the inequalities that persist in medical education and training, for example UK graduates of Black and Black British have a pass rate of 62%, compared to 79% for their white peers. ● The National training survey launched on 21 March 2023 and will close on 4 May 2023. The survey provides us with the rich source of data we need to understand the experiences of doctors in training and those that train them. ● We have engaged with the BMA on our industrial action Q&A for doctors and have engaged regularly and positively with the Professional Regulation Committee (PRC)
Decision Trail	Council receives this report at each full meeting.
Recommendations	<p>a To consider the Chief Executive’s report.</p> <p>b To note the Performance Annex and the Corporate Opportunities and Risk Register.</p>
Annexes	<p>Annex A: Performance Annex</p> <p>Annex B: Corporate Opportunities and Risk Register</p>
Author contacts	<p>Iona Twaddell, Head of the Office of the Chair and Chief Executive</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Charlie Massey , Chief Executive

Agenda item M3

Chief Executive's report

Enhanced progression reports

- 1 We published our enhanced progression reports on 2 March 2023. These contain the latest data on the progression of doctors in postgraduate medical education across the UK and the accompanying report explored the extent to which inequalities persist, highlighting for the first time an 18-percentage point difference between the specialty exam pass rate of UK-trained black doctors and UK-trained white doctors. The report also considers good practice across the four countries of the UK on how we can tackle these inequalities.
- 2 The research shows that in speciality exams, Asian trainees have lower pass rates compared to their white peers, at 68% and 79% respectively. For UK graduates of Black and Black British heritage the difference is even starker at 62%. A doctor's socio-economic status compounds this disparity. UK black trainees from deprived areas, for example, have a pass rate of 59% compared to 76% for UK white trainees from equivalent backgrounds.
- 3 The report has generally been well received. There was coverage in [HSJ](#) (including an [op-ed](#) from Charlie), [Pulse](#) and the [BMJ](#). Stakeholders and doctors have commented on the data, including HEE, NHS Providers and Roger Kline. We have seen comments highlighting the importance of the data and interest in further breakdowns of the figures.

National training survey

- 4 The National training survey launched on 21 March 2023 and will run for six weeks until Thursday 4 May. There were positive reactions from stakeholders to the launch. The survey provides us with the rich source of data we need to understand the experiences of doctors in training and those that train them. It gives us a comprehensive picture of their progression and wellbeing, and supports our work with our key partners as we look to improve the quality across the four countries of the UK.
- 5 This year we have included new questions that will help us to better understand the impact discrimination and unprofessional behaviours has on training environments. The questions explore how often trainees experience discrimination and the support they receive when reporting it. They also look to understand how confident doctors feel in challenging discrimination from colleagues.

Parliamentary and stakeholder updates

- 6 We have maintained engagement with NHSE and HEE as their legal transition approaches, ensuring delivery of our key asks relating to HEE's functions, and priorities for the Long Term Workforce Plan and Medical Workforce Race Equality Standard. Between February and April, Carrie met with Sheona MacLeod and Wendy Reid from HEE in February as well as Sir David

Agenda item M3

Chief Executive's report

Behan who is now a NED on NHSE's Board. In addition, Charlie met several senior NHSE stakeholders including Amanda Pritchard, Steve Powis, Partha Kar and Navina Evans.

- 7** We had a series of frank conversations with the BMA on our industrial action Q&A for doctors in relation to the 72-hour walk out in mid-March and have engaged regularly and positively with the Professional Regulation Committee (PRC). Charlie attended the PRC meeting at the end of February and gave an update on GMC priorities. Our statement on industrial action remains in place. In summary, doctors are legally entitled to take part in lawful industrial action, including strike action. During strike action, doctors' employers will have a vital role in planning and preparing for how patients will be cared for. They play an important part in maintaining the continuity of patient care to the highest possible standard. We expect any doctors choosing to take part in strike action to continue to follow the principles of our guidance, Good medical practice. It highlights the importance of doctors working collaboratively with the healthcare team to keep patients safe, staying within the limits of their competence.
- 8** We attended a meeting with the four UK CMOs on 30 March to discuss our upcoming *State of medical education and practice* report. This was a useful meeting to get the CMOs' advice on positioning of the report and provide an early heads up on the findings.
- 9** We have progressed our engagement with employer organisations. Carrie will be meeting NHS Confederation Chair, Lord Victor Adebowale in April, following Charlie's insightful meeting with Matthew Taylor, the Chief Executive in March and NHS Providers' new Chief Executive Julian Hartley, in mid-February.
- 10** After briefing Peers on our concerns that the Retained EU Law Bill could impact our route to registration for EEA doctors, an amendment was submitted at committee stage in the House of Lords seeking to exclude the relevant regulations from the Bill. The Minister's response stated that the standstill amendments which operate the relevant European qualification pathway do not fall in scope of the Bill. That said, we are awaiting final confirmation from DHSC lawyers who have intimated that certain aspects of the regulations may still be impacted.
- 11** The PMET Order concluded its period of parliamentary scrutiny on 9 February. No objections were received since it was laid on 14 December. It will come into force as planned on 30 November this year.
- 12** Since the launch of the AAPAO consultation on 17 February, we have met with a number of stakeholders (Medical Schools Council, NHS Providers, NHS Employers, the Health Foundation) to highlight the importance of the legislation as a blueprint for doctor reform and encourage them to respond. We have also circulated a stakeholder narrative to highlight the aspects of the draft order that we support and the parts that require further attention.

Agenda item M3

Chief Executive's report

Stakeholders have welcomed this. In addition, we are preparing a regulatory reform roundtable with Peers to be held jointly with the NMC on 27 June.

- 13 More broadly we are continuing to build relationships with key politicians. As part of our efforts to engage the Labour health front bench, in March we met Feryal Clark MP, Shadow Minister for Primary Care and Patient Safety. We also met Jessica Morden MP, Parliamentary Private Secretary to Sir Keir Starmer MP, to discuss progress on bringing AA and PAs into regulation.

Welsh language standards

- 14 We responded to the Welsh language commissioner's consultation on Welsh language standards, which closed on 22 March. These will replace our current Welsh language scheme with Welsh language standards for healthcare regulators. The standards set out what the GMC and other regulatory bodies need to do to ensure that Welsh language is treated no less favourably than English.
- 15 We have engaged across the GMC to understand the impact of the Welsh language standards and have hosted three Joint Regulatory Forum (JRF) meetings focussed on the Standards to share views with other professional regulators. We see the Standards as an opportunity to increase our relevance as a four-country regulator and strengthen the way we interact with stakeholders in Wales. We are accepting the vast majority of standards as they are currently written in the Draft Compliance Notice. Where we feel it will help us comply in a more proportionate way we have asked for adjustments to the wording on some standards, and an additional six months to comply on others.
- 16 We will receive a final compliance notice in April/May and will need to implement the standards within six months (or later if we receive an extension to any standards).

Medical licensing assessment

- 17 The MLA programme continues to work towards January's implementation date. We are discussing the parameters of our oversight and regulation of the medical schools' applied knowledge test (MS AKT) with the MSC, which is coordinating the MS AKT on schools' behalf. We are exploring a process that will acknowledge medical schools' ownership of the MS AKT, its development and delivery; while recognising its part in the broader MLA framework, and the need for the GMC to gain reassurance and insight. Some progress has been made in our discussions with the MSC about whether it can provide the data we need for regulatory oversight. However, several key points remain to be resolved, and it remains possible that we will need instead to engage directly with each medical school directly for its data.

Agenda item M3

Chief Executive's report

- 18** Our MLA compliance process is underway, with all medical schools and PLAB submitting supporting documents and narratives. This allows us to check whether individual clinical exams are meeting our CPSA requirements, and whether MS AKT and PLAB part 1 are providing written tests which meet our AKT requirements. GMC associates (both assessment experts and lay associates) are reviewing the submissions. We are having individual discussions with schools where the reviews are revealing areas of non-compliance. In March we also provided comprehensive feedback to the MSC (which has now been passed to schools too) on their central submission. We are committed to providing each school with a decision about its CPSA's and AKT's compliance before the end of this calendar year.
- 19** The MLA content map (published in September 2019) sets out the core knowledge, skills and behaviours needed for UK practice. This needs to be kept up to date, and the Content Map Advisory Group (CMAG) first met on 14 March to discuss the criteria and plans for a first review of the content map next year.
- 20** We are also working on our strategy for reporting on the MLA, how we will evaluate whether the MLA is realising its benefits, how PLAB transitions to become the MLA and the functions needed to deliver the MLA once it transitions to become business as usual.

Enhanced monitoring

- 21** The volume of enhanced monitoring cases has been steady. There are currently 39 open cases, with conditions attached to GMC approval to deliver a programme of training at six sites. We have escalated two cases to enhanced monitoring over the past month, Neurology training at Royal Victoria Hospital, Belfast Health and Social Care Trust (QA12455) and Medical training at St Helier Hospital, Epsom and St Helier University Hospitals NHS Trust (QA12523). We have also closed two cases, Medical training at Warrington and Halton Teaching Hospitals NHS Foundation Trust and Obstetrics and gynaecology at University Hospitals Sussex NHS Foundation Trust.

Inquiries and reviews

Maternity Inquiries

- 22** We have started engaging with the Independent Maternity Review into Nottingham University Hospitals NHS Trust and are in the process of agreeing arrangements to support us to disclose information to support the work of the review.

UK Covid-19 Inquiry

- 23** The UK Covid 19 Inquiry is currently considering the implications of the pandemic for healthcare professionals, patients and the wider healthcare system. We recently met with the Inquiry to better understand what information it's likely to find helpful from the GMC so

Agenda item M3

Chief Executive's report

that we can start preparing our submission to the Inquiry accordingly. We will be preparing this over the coming weeks in anticipation of a formal request for this from the Inquiry. We will keep Council updated on key developments.

Inquiry publications

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

Operational performance

- 25** The annexed report details performance against our KPIs and priorities agreed in the Business Plan signed off by Council in December 2022. The same six corporate projects continue to report as amber for February. While the AAPAO consultation has gone live and marks a significant milestone for regulation of these professions and for wider Regulatory Reform, the delays to date still pose a threat to the overall delivery of these programmes. The MLA team continues to manage stakeholder dependencies. GMP review, Investing In our People, and Welsh Language Standards are continuing to address resourcing issues and are making progress.
- 26** There is just one Key Performance Indicator (KPI) exception to report during this period. In January, the KPI for commencing 100% of Interim Order Tribunal (IOT) hearings within three weeks of referral was missed at 94%. This is in relation to one case, however as outlined in Annex A, this was due to staff sickness and timing with the Christmas holiday period which led to the delay in sending a letter. The customer satisfaction measure that was introduced in the last report remains in the range of 78-85% for customers who rated their experience with the Contact Centre as positive (7 or above out of 10). While a target is still being considered, the overall feedback on customer experience is positive. In terms of call answer times, the KPI has exceeded 80% target for both January (92%) and in February (87%).
- 27** The annexed Corporate Opportunities and Risk Register (CORR) has had some minor amendments following an open risk discussion on each directorate's top three risks at Executive Board in January. There are no new risk escalations for this reporting period.

Finance

- 28** The February financial update shows that we were £1.4m ahead of budget year-to-date. Our operational surplus was £0.4m higher than budget, with a further £1.0m surplus linked to investments. Given the volatility of investments in recent times, this compares to budget of zero and partially offsets losses made in the previous year on investments. Our overall

Agenda item M3

Chief Executive's report

finances remain in good shape and we are confident our medium term financial forecasts are consistent with our reserves policy.

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

- a** Income is expected to exceed budget, this is due to increased PLAB 1 activity vs budget, with additional places released in the final quarter of 2022 coupled with increases in the Bank of England base rate increasing the predicted interest income achieved on cash balances.
- b** The vacancy factor at the start of the year exceeds the budgeted 5% level, so staffing spend is below budget to February.

Year to date there are no other significant variances between budget and actuals.

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

31 We are aware of some additional costs (yet to be approved) which could materially impact the forecasts presented in February. These include costs associated with building a fourth PLAB circuit, additional pension top-up payments and increased associate fees linked to both fee increases and the implications of worker status. The combination of these would impact reserves by c. £5m and reduce the forecast full year surplus of £1.7m to a deficit of £3.1m.

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

Executive Board

33 The Executive Board met on 27 February and 27 March 2023 to consider:

- a** The 2023 Pay Award given the cost of living pressures.
- b** The annual report prior to it being reviewed by Council.
- c** The logistics of expanding the Clinical Assessment Centre to create a fourth circuit.
- d** The organisation's progress to date on its Equality, Diversity and Inclusion commitments.
- e** The medium to long term need for office accommodation and the impact of varying the lease.

Agenda item M3

Chief Executive's report

- f** A review of the performance and risks of the organisation with a specific deep dive into risks of the Registration and Revalidation directorate.
- g** A potential roadmap for implementing worker status for associates.

M3 – Annex A - Performance annex

Data presented as at 24 March 2023 (unless otherwise stated)

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

Indicator		Jan	Feb	Exception commentary
Operations	Decision on 95% of all registration applications within 3 months	97%	98%	<p>IOT hearings KPI - January's performance was 92% as a result of staff sickness and absence over the Christmas period which led to a delay in sending a letter to a doctor and subsequently to their IOT being rescheduled. It had been agreed that in this case, it was more appropriate to send the invitation after the holiday period due to the difficulty it would present for the doctor in seeking representation and advice. The KPI was met for February.</p>
	Decision on 95% of all revalidation recommendations within 5 working days	96%	98%	
	Respond to 90% of ethical/standards enquiries within 15 working days	96%	94%	
	Conclude 90% of fitness to practise cases within 12 months	97%	94%	
	Conclude or refer 90% of cases at investigation stage within 6 months	97%	97%	
	Conclude or refer 95% of cases at the investigation stage within 12 months	98%	97%	
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	No Cases	
	Commence 100% of Interim Order Tribunal (IOT) hearings within 3 weeks of referral	92%	100%	
	Contact Centre sample survey - % of customers who rated their overall experience and satisfaction at 7 or above (out of 10)*	85%	79%	
	Answer 80% of calls within 20 seconds	92%	87%	
Organisation	2023 Income and expenditure [% variance +/- 4%]**	+2.38%	+1.89%	
	Rolling twelve month staff turnover within 8-12%***	10.3%	10.4%	
	IS system availability (%) – target 99.89%	100%	100%	

* An appropriate target is being considered and will likely be applied once we have accumulated at least 6 months of data for 2023.

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

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

Operational Key Performance Indicators (KPIs) – 12 month summary

		2022										2023	
Indicator		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Operations	Decision on 95% of all registration applications within 3 months	97%	99%	99%	99%	99%	98%	98%	98%	97%	98%	97%	98%
	Decision on 95% of all revalidation recommendations within 5 working days	94%	95%	96%	97%	98%	93%	94%	95%	96%	97%	96%	98%
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	94%	100%	100%	100%	100%	100%	93%	100%	100%	96%	94%
	Conclude 90% of fitness to practise cases within 12 months	93%	94%	95%	93%	95%	93%	93%	93%	94%	94%	97%	94%
	Conclude or refer 90% of cases at investigation stage within 6 months	96%	96%	97%	96%	97%	95%	96%	95%	95%	97%	97%	97%
	Conclude or refer 95% of cases at the investigation stage within 12 months	96%	97%	98%	96%	97%	98%	97%	96%	97%	97%	98%	97%
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	No Cases	100%	No Cases	100%	No Cases	No Cases	100%	0%	No Cases	No Cases	No Cases
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%	100%
	Contact Centre - % of customers who rated their overall experience and satisfaction at 7 or above (out of 10)*								79%	83%	78%	85%	79%
	Contact Centre - Answer 80% of calls within 20 seconds	64%	43%	23%	9%	20%	71%	81%	85%	82%	81%	92%	87%
Organisation	2023 Income and expenditure [% variance +/- 4%]**	+2.23%	+2.94%	+2.93%	+2.67%	+2.88%	+3.16%	+3.31%	+3.29%	+2.52%	+2.57%	+2.38%	+1.89%
	Rolling twelve month staff turnover within 8-12%***	8.7%	9%	9.6%	9.5%	9%	8.9%	9.7%	10.1%	10.3%	10%	10.3%	10.4%
	IS system availability (%) – target 99.89%	99.93%	99.96%	99.9%	100%	100%	100%	100%	100%	100%	100%	100%	100%

*An appropriate target is being considered and will likely be applied once we have accumulated at least 6 months of data for 2023.

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

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

Corporate Strategy Delivery: Priority activities forecast

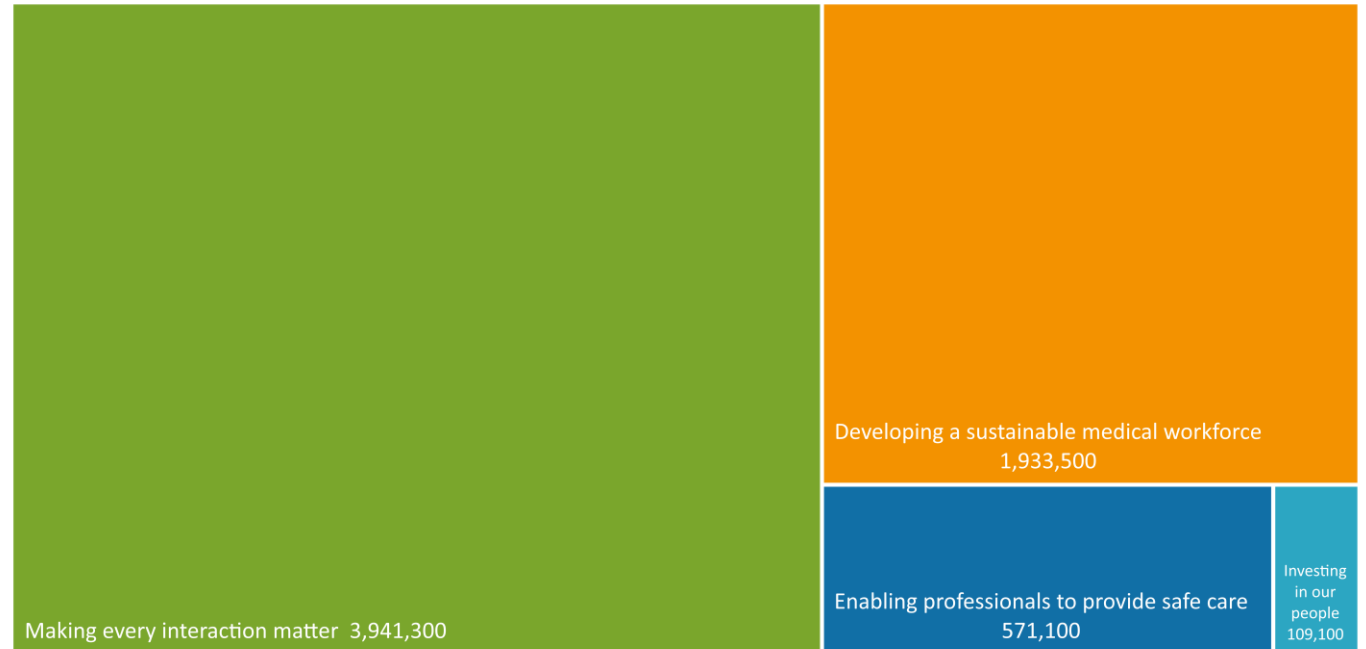
February – December 2023 estimated investment (project team resource)

Our strategy 2021-25

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



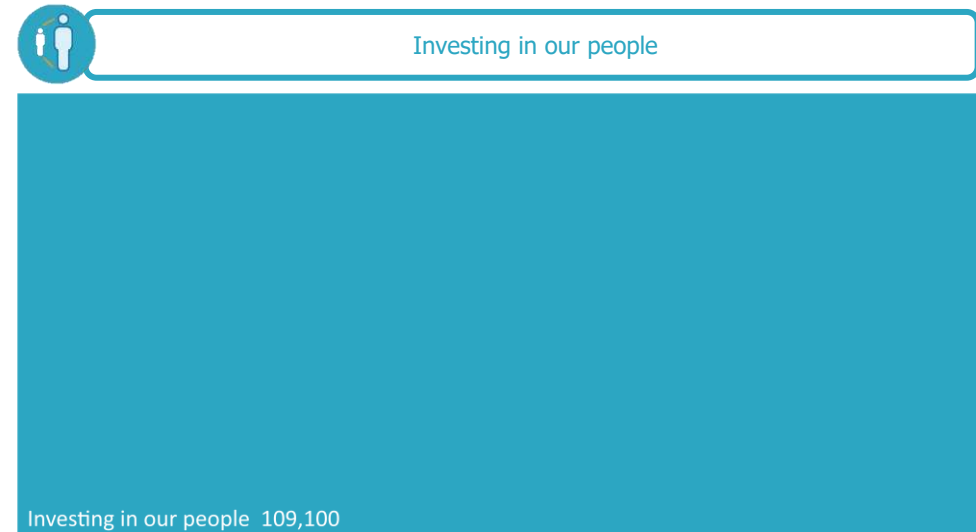
Committed project resource for remainder of 2023 by Strategic Aim



Themes	Project resource costs to deliver tier 1 priorities
Making every interaction matter	3,941,300
Developing a sustainable medical workforce	1,933,500
Enabling professionals to provide safe care	571,100
Investing in our people to deliver our ambitions	109,100
Total	6,555,000

Corporate Strategy Delivery: Priority activities forecast

February – December 2023 estimated investment (project team resource)



*Cost for Regulatory reform includes resource from enabling teams to deliver programme

**The Regulation of AAs and PAs programme (or MAPs) resource is funded by DHSC and nil cost to the GMC



Enabling professionals to provide safe care

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

2023 Priority change activities		RAG	Status
Review of Good Medical Practice (GMP)	<p>Why: Want to make sure our standards for professions we regulate reflect current patient and public expectations – and that our approach to embedding those with the profession maximises their relevance and application to care. Our guidance will be publicly consulted on and we will have launched an updated GMP.</p> <p>When: Complete by Q3 2023 Who: Colin Melville; Mark Swindells</p>		<p>We are continuing to report as amber as we are still experiencing reduced capacity within the team due to sickness absence and turnover, and in reflection of this being a crucial phase of the project with the redrafting of the core GMP underway. A sub team is currently tasked with reviewing the explanatory guidance in scope. To address increased pressures on team members and to protect wellbeing, we have reviewed workloads and assignments to ensure there is a balanced spread across team members. We have also reassessed regular meetings and attendance to ensure value and efficiency. The team is currently finalising the draft and we will share the final policy decisions with SMT on the 4 April.</p>
Fairer Employer Referrals	<p>Why? To eliminate differentials in employer fitness to practise referrals</p> <p>When: by 2026 Who: Anthony Omo</p>		<p>Research relating to overrepresentation in primary care is nearing completion and the findings will be reviewed to support next steps for the Fairer Employer Referrals project. We are also assessing the best way to expand and roll out anti bias training to all FTP staff to support them in making fair decisions.</p> <p>Measures have been identified to help us review the impact of the work we are doing under phase two of the plan. The identified measures have been reviewed and agreed with the Assistant Director supporting this project.</p>
Fairer Training Cultures	<p>Why? To deliver on our commitment to eliminate discrimination, disadvantage and unfairness for all index measures of fair medical education and training pathways.</p> <p>When: September 2031 Who: Colin Melville</p>		<p>We published an evaluation paper on our website for one of our industry pilot trials, Embedding compassionate, courageous, cross-cultural conversations into training. This is a train-the-trainer style evaluation in which the aim is to raise awareness of unseen cultural barriers in training and how to overcome or negate them. Written by Edge Hill University, this is the first of two evaluations we have commissioned and will form one plank of our communications plan for the remainder of the year as we seek to persuade organisations to consider or invest in innovations to reduce disproportionate levels of disadvantage in their training. In addition, we launched enhanced progression reports and the Communications team delivered our companion narrative report along with this launch. The enhanced progression reports shed deeper light onto issues of ethnic attainment disparities, as well as attainment grouped by other protected characteristics.</p>



Developing a sustainable medical workforce

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

2023 Priority change activities		RAG	Status
Introducing the Medical Licensing Assessment (MLA)	<p>Why? Want to give patients greater confidence that they will receive a consistent level of core knowledge, skills and behaviours from any doctor practising in the UK. UK medical schools will deliver the Assessment embedded within final exams for a UK medical degree, overseen and regulated by us, and we will administer the assessment for IMG doctors.</p> <p>When: Q4 2025 Who: Colin Melville; Judith Chrystie</p>		<p>Our current operational focus has been establishing the MLA Content Map Advisory Group (CMAG) which meets for the first time in March 2023, and on assessing evidence submitted by all Medical Schools' for compliance with our Clinical and Professional Skills Assessment (CPSA) and Applied Knowledge Test (AKT) requirements before the MLA goes live in January 2024.</p> <p>Work also continues on planning for the transition from PLAB to the MLA for international candidates (including assessing the PLAB exam's compliance with the MLA requirements); establishing processes and structures for data gathering, analysis and reporting; planning for MLA go live including transition to business as usual across the GMC; and scoping research and evaluation projects.</p> <p>Managing a complex relationship with stakeholders and delivery partners, while meeting a challenging timetable, presents some risk to the programme's successful delivery. While activities remain on track, the MLA is a high-profile change programme which is resource-intensive in the near-term and is being delivered with, and in some aspects through, external delivery partners. Therefore, the overall programme is likely to remain at amber for the foreseeable future.</p>
Post-Brexit Registration Pathways	<p>Why? To ensure we have efficient and effective routes for skilled professionals to gain registration and maximise the number of skilled doctors available to the UK medical workforce. To start, we will expand our Clinical Assessment capacity for international medical graduates to respond to Covid and manage the UKs post-Brexit registration approach for EU professionals.</p> <p>When: Q3 2024 Who: Una Lane; Kirstyn Shaw</p>		<p>The European Free Trade Association (EFTA) consultation closed on 10 March but as there is a delay in receiving the draft legislation for healthcare from The Department for Business, Energy & Industrial Strategy (BEIS), we have been granted an extension for providing our response. We expect to obtain confirmation of the new deadline at the end of March, which is when we expect to receive the Statutory Instrument. We have also compiled a list of broader issues and clarifications which the consultation has prompted and will seek discussion with BEIS. The Retained EU Law bill reached committee stage in the House of Lords, however the discussion turned to whether healthcare should be considered 'in scope' for the bill. Both ourselves and the DHSC view regulation amendments to be in scope so we will be seeking clarification on this. In light of this discussion, we have developed a plan to scope work to mitigate the effects of standstill regulations being revoked, and we will seek approval to proceed at our next programme board before presenting this to R&R senior management. The Postgraduate qualification (PGQ) expansion project is making amendments to the PGQ policy framework; once these are approved by R&R senior management, phase 1 of the project will be closed and the project will be paused pending a restructure. They have also prepared a plan to add Annex v qualifications to the PGQ list if standstill arrangements come to an end. The Sponsorship expansion project will hold one more meeting to sign off the lessons learnt and the closure report before the project is formally closed. The Cross border working project has continued to work on their eligibility criteria and the related materials, and will attend R&R senior management for approval of this next month. The Portfolio assessment pathways project have continued engagement with Royal colleges and Faculties (RCFs), and the project board approved a comms approach, EQIA and RCF criteria for escalation. Further engagement with RCFs will take place to discuss their progress and preparation for the new standard and general improvements to the Certificate of Eligibility for Specialist Registration / Certificate of Eligibility for GP Registration process. The Direct assessment pathways project held workshops to develop the high level process for managing the Recognised Specialist Qualification (RSQ) list, and to develop an applications process for the Specialist applications team to process RSQ applications. They also began their engagement with external stakeholders to propose their model for the RSQ pathway and gather their feedback.</p>



Making every interaction matter

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

2023 Priority change activities		RAG	Status
Regulation of Anaesthesia Associates (AAs) and Physician Associates (PAs)	<p>Why? To expand the medical workforce and the contribution by our professionals to quality patient care, while continuing to safeguard patients. We will deliver equivalent statutory functions across MAPs and doctors.</p> <p>When: End of 2024 Who: Una Lane; Clare Barton</p>	Amber	<p>On 17 February, the Department of Health and Social Care (DHSC) opened consultation on the draft Anaesthesia Associates (AA) and Physician Associates (PA) Order. This is a key milestone towards AA and PA regulation, and we wrote to external stakeholders welcoming the consultation. Our own work to prepare for regulation is on track but we are dependent on DHSC meeting their next milestone to lay the legislation in parliament by the end of this year if we are to commence regulation before the end of 2024. We have graded this programme as amber to reflect the inherent uncertainty of this process.</p> <p>During February, we successfully recruited an internal secondee to work part-time at the Faculty of Physician Associates to make sure we have a complete and verified set of data on voluntary registrants prior to regulation. We're making good progress on the design of the new registration assessment for AAs and are working well with external stakeholder on this. Additionally, we held the second meeting of our internal PA/AA prescribing working group.</p>
Regulatory Reform	<p>Why? To improve the design and delivery of our functions so that we can be more responsive to the changing needs and expectations of patients, the health system, and the professions.</p> <p>When: Expected by Q4 2025 (dependent on when DHSC consult on the Medical Professions Order and lay this in parliament). Who: Shaun Gallagher; Tim Aldrich</p>	Amber	<p>The DHSC's AA/PA consultation also marks a significant milestone for the Regulatory Reform programme as it will form the blueprint for wider reforms in regulation. Although some of the feedback we have provided previously to DHSC on the drafting has been addressed ahead of this consultation, there still remain some areas where we believe that the drafting could be improved, or where we take a different view on the policy. We have workshops scheduled with DHSC to discuss these over the next few weeks. Further to this, we are preparing for a number of stakeholder meetings where Regulatory Reform is high on the agenda over the next few months.</p> <p>Our timeframes for the programme are dependent on DHSC meeting their milestones, therefore we continue to keep our plans under review. The overall rating for the programme is amber.</p>
Transition to Welsh Language Standards	<p>Why? We are getting ready to comply with the incoming Welsh Language Standards for healthcare regulators, an important part of the Welsh Government's Cymraeg 2050 strategy. This is an opportunity to enhance our Welsh language offer to those accessing our services, and we're planning activities to implement the standards across all functions of the GMC.</p> <p>When: Q1 2024 Who: Neil Roberts; Tista Chakravarty-Gannon:</p>	Amber	<p>We have a cross-directorate Project Board in place and a high level plan for responding to the Welsh Language Standards has been endorsed. The Welsh Language Standards Draft Compliance Notice arrived on 13 Dec 2022 with a 22 March 2023 deadline. Prior to being shared with the Commissioner, our response to the consultation was signed off by SMT on 13 March 2023. Once this stage is complete we will move into implementation planning. The project continues to report amber as further resource is required to support this work. A Gateway bid is being produced to secure resource.</p>
Regulatory Fairness	<p>Why? We are focussed on making fairness central to our work and we're reviewing the fairness and transparency of high-stakes decision we make.</p> <p>When: Q1 2023 Who: Shaun Gallagher</p>	Green	<p>The Regulatory Fairness Review was published in February and had been received well by Council and by our stakeholders. We have set up a Regulatory Fairness Review Board to support the development and implementation of action plans in response to the review recommendations. We are in the process of establishing reporting of progress against the recommendation to SMT, Executive Board, and Council.</p> <p>As the review has now been delivered, this project is closed and will be removed from project reporting.</p>



Investing in our people to deliver our ambitions

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

2023 Priority change activities	RAG	Status
<p>Investing In Our People</p>	<p>Why? To ensure our approach as an organisation to leadership, support and ongoing improvement attracts and retains the right people to meet our ambitions - we're expanding the diversity of our people and targeting the barriers some colleagues experience so we can become a more inclusive work environment. We're also working to achieve Gold accreditation under Investors in People (IiP).</p> <p>When: Q3 2023 (IiP), 2026 for wider diversity. Who: Neil Roberts; Andrew Bratt</p>	<p>SMT endorsed the February Planning Gateway recommendation to undertake further work to assess ED&I learning needs, and that the Learning & Organisational Development team should carry out a scoping exercise with oversight from a group of Assistant Directors from across the business. In terms of other training, the Leadership Everywhere part two sessions have begun rolling out and colleagues are able to book on and attend. We will be evaluating the impact of the Professional behaviours training this year which will inform our plans for 2024. The tender for the inclusive career programmes is now live and we are aiming to appoint a provider at the end of April. Additionally, our Feedback for Success programme for Q1 2023 has now rolled out and colleagues have been asked to request and / or provide feedback by 24 March to support the personal development of themselves and others.</p> <p>Our new apprentices have continued to settle into their roles and have all begun their official training programmes. Work is currently underway to identify apprenticeship roles for recruitment for our September 2023 cohort. All graduates are now in post, fully supported through their induction programme and ongoing. The next milestone will be when they are ready to progress from L5 to L4 in around 12 – 18 months and for managers at this point to consider funding arrangements from existing headcount. The intern project is now closed, and a gateway bid was submitted and approved for funding for the 2023 programme.</p> <p>The overall programme remains amber due to the delays with Learning Needs Analysis (LNA) and acquiring a training provider for the Inclusive Careers programme for staff.</p>



Investing in our people to deliver our ambitions

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

Underlying measures and targets		Actual				Target		
		2022 (%)	2022 (Vol)	2023 ¹ (%)	2023 ¹ (Vol)	End of 2023	% points off 2023 target	2026
Increase the level of Minority Ethnic representation at Level 3 and above	Applications	34.9%	236	35.4%	306	27%	+ 8.4%	30%
	Interviews	23.1%	42	21.0%	42	22%	- 1.0%	25%
	Offers	12.1%	^	10.8%	^	17%	- 6.2%	20%
	Workforce	14.0%	86	13.7%	86	16%	- 2.3%	20%
level of Minority Ethnic representation at Level 2+ (workforce)		12.7%	27	12.2%	26	14%	- 1.8%	20%
level of Minority Ethnic representation at level 3 (workforce)		14.7%	61	14.5%	60	16%	- 1.5%	20%
Increase the level of Minority Ethnic representation at all levels	Applications	44.4%	1,697	43.6%	2,031	37%	+ 5.4%	40%
	Interviews	28.1%	260	26.7%	261	32%	- 5.3%	35%
	Offers	24.3%	61	25.4%	64	27%	- 1.6%	30%
	Workforce	17.3%	278	17.5%	284	17%	+ 0.5%	20%
Reduce differential turnover rates for Minority Ethnic staff compared to the average to improve retention and for rates to be within 1-2% of each other by end of 2023*		3.7%	-	Minority Ethnic (%)	Non-minority Ethnic (%)	1-2%	% points between groups	1.0%
				13.7%	9.4%		4.3%	
Proportion of Minority Ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level**		-1.8%	-	Minority Ethnic (%)	Non-minority Ethnic (%)	18%	% points between groups	18%
				9.3%	11.0%		0.7%	
Pay differentials within a confined band limited to 2% from 2023 ² <i>(table shows the proportion of bands that are outside of the tolerance)</i>		58.3%	7/12	50.0%	6/12	2.0%	N/A	2.0%

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

² Specialist bands are not included

* 2020 is an unrealistic baseline year given the pandemic. Retention rates for Minority Ethnic staff have historically been outside of this range – in 2019 the difference in retention rates against the average for Minority Ethnic staff was 3.9%.

** Difference is not set against the 2023 figure, the target is that the proportion of staff will be equal across Minority Ethnic and Non-Minority Ethnic.

^ All volumes fewer than five are redacted to preserve anonymity.

Financial summary (February)

Financial summary as at Feb 2023	Budget Feb	Actual Feb	Variance	
	£000	£000	£000	%
Operational expenditure	22,099	21,736	363	2%
Capital expenditure	990	991	(1)	(0)%
Total expenditure	23,089	22,727	362	2%
Operational income	23,541	23,575	34	0%
Operational surplus/(deficit)	452	848	396	

Budget 2023	Forecast 2023	Variance	
£000	£000	£000	%
135,199	134,978	221	0%
9,127	9,127	0	0%
144,326	144,105	221	0%
144,483	145,024	541	0%
157	919	762	

Financial summary as at Feb 2023	Budget Feb	Actual Feb	Variance	
	£000	£000	£000	%
Investment income	0	1,035	1,035	0%
Investment management fees	0	0	0	0%
Net investment return	0	1,035	1,035	

Budget 2023	Forecast 2023	Variance	
£000	£000	£000	%
0	1,035	1,035	0%
194	194	0	0%
(194)	841	1,035	

Total surplus/(deficit)	452	1,883	1,431	
--------------------------------	------------	--------------	--------------	--

(37)	1,760	1,797	
-------------	--------------	--------------	--

Financial detail (February)

Expenditure as at Feb 2023	Budget Feb	Actual Feb	Variance	
	£000	£000	£000	%
Staff costs	13,471	13,357	114	1%
Staff support costs	506	475	31	6%
Office supplies	195	191	4	2%
IT & telecoms costs	894	864	30	3%
Accommodation costs	1,371	1,344	27	2%
Legal costs	701	703	(2)	(0)%
Professional fees	359	291	68	19%
Council & members costs	49	59	(10)	(20)%
Panel & assessment costs	3,112	3,011	101	3%
Associate fee changes	0	0	0	0%
PSA Levy	141	141	0	0%
Contingency fund	0	0	0	0%
Gateway fund	0	0	0	0%
Pension top up payment	1,300	1,300	0	0%
Total operational expenditure	22,099	21,736	363	2%

Budget 2023	Forecast 2023	Variance	
£000	£000	£000	%
84,559	84,336	223	0%
3,481	3,462	19	1%
1,212	1,208	4	0%
5,647	5,644	3	0%
8,726	8,765	(39)	(0)%
3,960	3,962	(2)	(0)%
3,052	3,024	28	1%
365	374	(9)	(2)%
18,177	18,186	(9)	(0)%
600	600	0	0%
895	892	3	0%
1,000	1,000	0	0%
2,025	2,025	0	0%
1,500	1,500	0	0%
135,199	134,978	221	0%

Income as at Feb 2023	Budget Feb	Actual Feb	Variance	
	£000	£000	£000	%
Annual retention fees	18,185	18,192	7	0%
Registration fees	799	766	(33)	(4)%
PLAB fees	3,608	3,626	18	0%
Specialist application CCT fees	430	486	56	13%
Specialist application CESR/CEGPR fees	249	207	(42)	(17)%
Interest income	224	244	20	9%
Other income	46	54	8	17%
Total Operational Income	23,541	23,575	34	0%

Budget 2023	Forecast 2023	Variance	
£000	£000	£000	%
112,193	112,200	7	0%
6,262	6,229	(33)	(1)%
19,569	19,924	355	2%
3,138	3,194	56	2%
1,518	1,512	(6)	(0)%
1,259	1,413	154	12%
544	552	8	1%
144,483	145,024	541	0%

Finance - GMCSI summary (February)

GMCSI summary as at Feb 2023	Budget Feb	Actual Feb	Variance	
	£000	£000	£000	%
GMCSI income	35	41	6	17%
GMCSI expenditure	47	46	1	2%
Profit/(loss)	(12)	(5)	7	

Budget 2023	Forecast 2023	Variance	
£000	£000	£000	%
408	408	0	0%
393	393	0	0%
15	15	0	

Finance - Investment Committee Update (February)

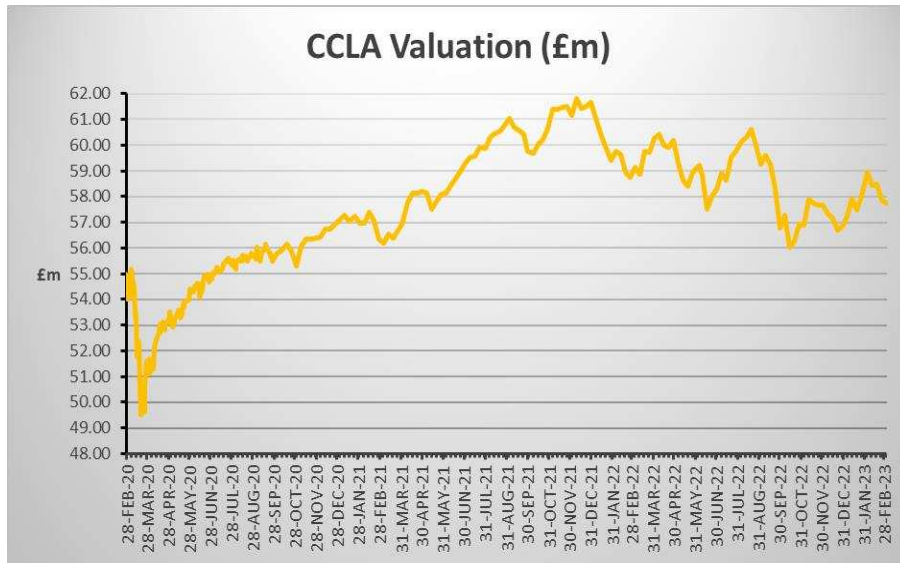
1) The Investment mandate, approved by Council, given to our Investment managers CCLA

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

2) Holdings as at 28 February 2023

	£millions	%
Total Equities	16.7	29.0%
Fixed Interest	11.7	20.4%
Property	2.5	4.3%
Infrastructure	4.6	8.0%
Other Income	2.0	3.5%
Private Equity	1.3	2.2%
Cash	18.9	32.7%
Total	57.6	100.0%

3) History of portfolio valuation - as at 3 March 2023



4) Performance Overall

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

As at 31 Dec 2022	Performance Period		
	3 Months	12 Months	3 Years (p.a)
Our Actual Portfolio	(0.08)%	(7.86)%	1.51%
Target: CPI + 2%	3.24%	12.51%	7.44%
Actual minus Target Performance	(3.32)%	(20.37)%	(5.93)%

Conclusion: In a quarter when inflation remained very high and markets gave mixed results, the fund's total return for the quarter was -0.08%, behind the CPI+2% pa target (3.24%) and the index-based comparator (0.40%). The return for the year to end December 2022 was -7.86%, behind the target (12.51%) but well ahead of the comparator (-19.33%).

Litigation summary – Q4 2022

The graph on incoming litigation shows all new litigation records opened between 1 October 2022- 31 December 2022.

Total Open Litigation: 64 - as at 10 January 2023.

Concluded litigation: 10

8 = GMC Successful

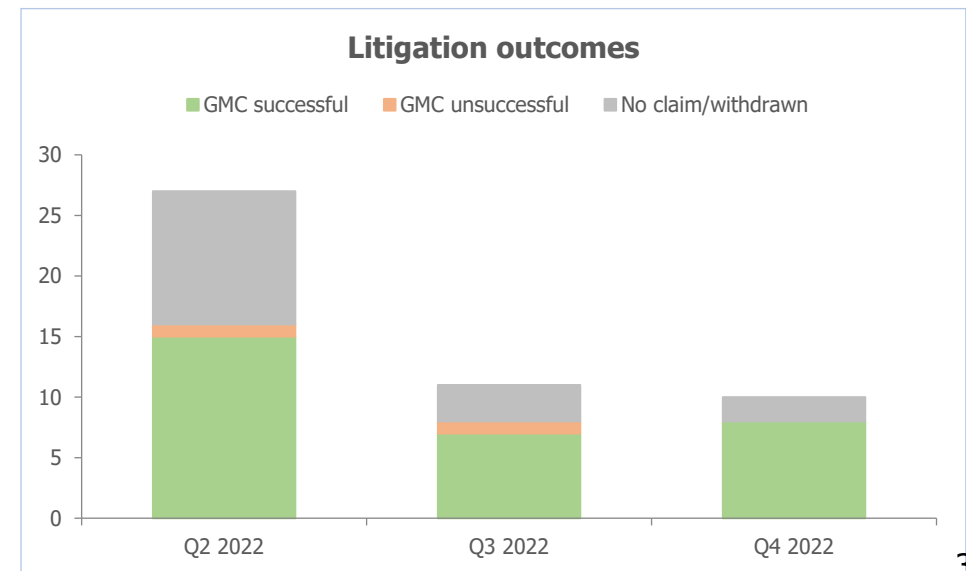
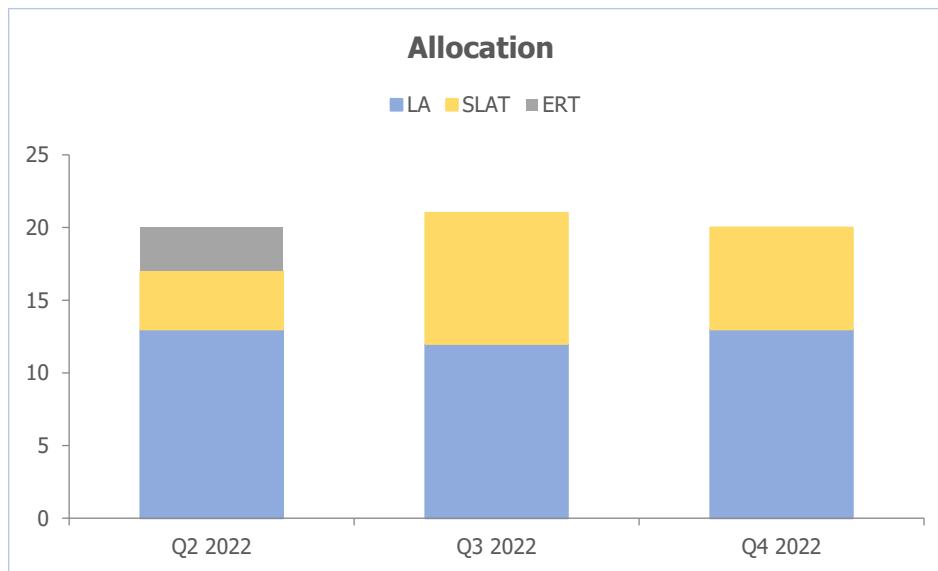
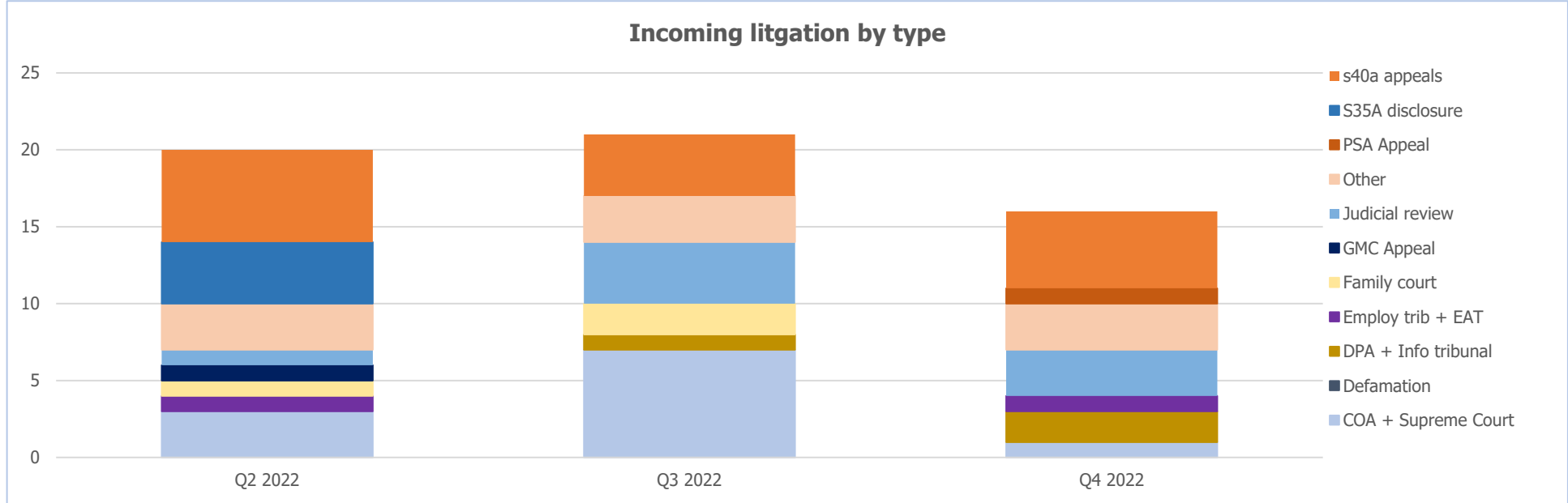
- x5 = s40 (doctor) Appeals
- x1 = Judicial Review
- x1 Supreme Court Appeal
- x1 Court of Appeal

2 = Claim withdrawn

- x1 Court of Appeal
- x1 s40 (doctor) Appeal

Key:

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



Corporate Opportunities and Risk Register - April 2023

Risk ID	Title / Date Raised	Category	Detail	Owner	Likelihood / Impact / Reputational	Mitigation/Enhancement	UK/NI/IR/PSA/Other	Importance / Reputational	Council and/or Board Assurance	Assurance	Further Action Detail	Risk Appetite
207	Pension Deficit 21/09/2020	Financial	Due to the impact of economic instability in the final quarter 2022, both asset and liability value of the pension scheme have reduced, with assets reducing to a greater extent. This has led to an increased size of the pension deficit, which could result in the need for additional financial support from the employer.	Neil Roberts	HIGH/LIKELY MAJOR	<ul style="list-style-type: none"> Trustees meet regularly and continue to take professional advice in relation to the existing deficit. The employer and trustees work together to ensure suitable funding arrangements are in place to address the deficit. The employer factors annual payments into the budget to cover the agreed funding arrangements. Trustees are reviewing current investment strategy. 	HIGH/LIKELY MAJOR	CRITICAL			<ul style="list-style-type: none"> At the time of reporting - the employer is continuing to discuss funding arrangements with trustees. Council will be updated on the outcomes of discussions. 	Medium
303	Welsh Language Standards 10/10/2022	Legal	We were issued with the draft Welsh Language Standards in December 2022 and are expected to be legally compliant by Autumn 2023. If all directors do not fully engage with, prepare for and then comply with the new Standards, we risk legal, reputational and financial damage.	Neil Roberts	QUITE LIKELY MAJOR	<ul style="list-style-type: none"> Senior Sponsor in place. Consultation response (in Welsh and English) submitted to Commissioner 22 March 2023. Senior Project Manager appointed (from 24 October 2022 until May 2024). Ongoing engagement with the Welsh Language Commissioner's office on readiness. Welsh Language Consultants retained to support regulators with the WL Commissioner. Project Governance established (November 2022) with representation from all Directorates. Gateway funding received for support from Welsh Language consultancy firm for priority activities (Dec 2022). Project established to Corporate Priority number 5, which has helped increase prioritisation of this work amongst other directorate priorities. Project Manager has coordinated compliance mapping by each Directorate and workshops to agree which standards we need to challenge. 	QUITE LIKELY MAJOR	CRITICAL	<ul style="list-style-type: none"> Presentation to SMT on 8 August. We plan to return to SMT in Q1 2023 before submitting our consultation response. SMT received a project update and signed off the Consultation Response to the Welsh Language Commissioner 13 March 2023. 	<ul style="list-style-type: none"> GMC Wales to convene group of regulators to align and share information (Complete - regular Board Regulatory Forum meetings in place). GMC Wales liaise with the Commissioner's office, negotiating on draft compliance notice (December 2022 onwards). Transition service in place to carry out translation of relevant documents – QA review required. Sign off of the consultation response including the standards we plan to challenge - March 2023 (Completed). Compliance implementation planning - April 2023. Await the response and final compliance notice from the Welsh Language Commissioner and enter into further negotiations. Gateway bid submitted 21 March 2023 to request necessary funds to support Stage 2 - implementation planning and delivery - including a request for funding for a Welsh Language Standards Manager role to be piloted for a year. 	Low	
315	MAPs regulation delay 10/03/2022	Reputational	If there are further delays to the timetable for commencing regulation of PAs and AAs, we could lose the confidence of stakeholders, and numbers of PA/AAs in education and employment may fail to increase as expected. As well as adverse affecting workforce objectives, this would delay the increase in the income and further increase our funding requirement from DHSC, which is subject to approval annually. The workforce impact of delay is magnified by the fact that extension of prescribing responsibilities to PAs and AAs is subject to a separate legal process that cannot start until these professions are regulated.	Una Lane	HIGH/LIKELY MAJOR	<ul style="list-style-type: none"> Regular communication with key stakeholders, including promoting achievements from the programme so far and upcoming activity. We will maintain some dedicated staffing resource on each workstream until regulation starts, in order to retain expertise and ensure readiness for implementation. Programme cost projections updated quarterly and reported to DHSC/GMC Financial Accountability Group, providing advance notice of funding needs. Principle clearly established that costs of MAPs regulation will not be met from doctor fees. 	HIGH/LIKELY MODERATE	CRITICAL	DHSC opened the AAPAD consultation in February 2023.	<ul style="list-style-type: none"> Continue liaison with DHSC to ensure they understand our relationships with key PA/AA stakeholders and the importance of maintaining trust for our continuing progress on regulatory development. Use our influence with Governments, SEBs and other stakeholders to press for actions that would help mitigate the workforce impact of continuing delay to regulation. 	Low	
120	ED&I compliance 17/02/2020	Strategic / Policy	The assurance we can evidence that our regulatory decision-making is fair, is not persuasive to key stakeholders and walkers confidence in regulation.	Shua Galagher	QUITE LIKELY MAJOR	<ul style="list-style-type: none"> Equality, Diversity and Inclusion (ED&I) objectives published within the corporate strategy and supported by focused targets based on evidence and routine monitoring and reporting of progress. Supporting governance including the Strategic EDI Advisory Forum (external) and ED&I Steering Group (internal) provides senior oversight and guidance to inform action. Skilled ED&I team provide strategic advice across the GMC. Mandatory training for all staff and associates. Guidance and tools for equality impact assessment as a requirement of project and policy activity to consider fairness impacts of approach (being reviewed and revised). Regulatory fairness review now complete and actions will be taken forward. 	UNLIKELY MAJOR	SIGNIFICANT	<ul style="list-style-type: none"> Reporting to council on Fairer training cultures, Fairer referrals and the inclusion programme, deep dive reporting annual cycle in place. Regulatory fairness review is now in implementation phase. A new regulatory fairness board has been established to govern the implementation of all of the recommendations. ED&I steering group has forward plan for reporting and will report to Executive Board annually on progress the Steering Group has made. 	<ul style="list-style-type: none"> Howlett Brown project considering future approach to fairness assurance. Strategy and policy ED&I compliance and governance review - Campbell Tisdall (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). Primum University Review of decision-making in the GMC's FTP procedures (2014). 	<ul style="list-style-type: none"> Consider key decision-points in our operations for process controls to mitigate the risk of bias/unfairness (such as separated decision making) and our quality assurance regime for decisions (part of reg fairness) Assess staff learning and training needs from first principles through a Learning Needs Analysis (LNA) and the most current evidence base on learning approaches with the greatest impact (part of reg fairness) Consider the adequacy of how we report the timeliness of our regulatory processes to better understand the characteristics of the individual in that process and possible real-time interventions required to address risks of unfairness Review our approach to a regulatory Equal Opportunities Policy (new policy launched) Consider the coverage and credibility of past independence assurance on the fairness of our processes in design and operation to identify gaps or required change in approach Launch new templates and guidance on equality impact assessment and strengthen the tracking and oversight (through ED&I SG) 	Low
148	Delivery of statutory functions 31/03/2020	Operational	If we fail to deliver our core statutory functions, there is a potential impact on patient safety, public confidence, and the GMC's reputation as a leading regulator.	Charlie Massey	QUITE LIKELY MAJOR	<ul style="list-style-type: none"> Monitoring and reporting against statutory delivery to Executive Board and Council Forecasting of operational demand is built into budget planning Active engagement with doctors about potential situations which may put patients at risk Outreach structure in place (ensures statutory process for responsible officers to continue effectively) to help identify and manage concerns (pre-investigation) Available staff with relevant training and skills Information exchange with competent authorities informs our processes Documented operational processes and procedures, that are subject to regular review and continuous improvement by specialist staff Auditing our decisions on a regular basis GMC SMT oversight of pandemic response and recovery planning Measurements teams running three PA&A circuits concurrently through 2023 in order to accommodate as many candidates as possible. Whilst developing our digital ID checking solution we have implemented an interim solution for managing ID checks in the intervening period. 	QUITE LIKELY MODERATE	SIGNIFICANT	<ul style="list-style-type: none"> Council Review of performance metrics through the quarterly CEO report Executive Board Review of performance metrics through the bi-monthly Performance and Risk Report. Risk deep dive (November 2020). 	<ul style="list-style-type: none"> Internal Audit Legal Services (May 2022, green-amber) Recovery and renewal (November 2021, green-amber) FTP Covid-19 Response (Aug 2021, green-amber) Quality Control Audit CE IOT decisions (Aug 2021) Quality Control Audit CE Rule 8 decisions (July 2021) Review of progress in implementing Outreach (May 2021, green-amber) Quality Control Audit Triage decisions (April 2021) Education Quality Assurance (February 2021, green) Curricula approvals (January 2021, green-amber) Virtual hearings (September 2020, green) Temporary registration (September 2020, green) Interim Order Tribunals (January 2020, green-amber) Standards and Ethics (September 2021, green-amber) <p>Other Assurance:</p> <ul style="list-style-type: none"> Covid training reviews (GMC Case Studies): How the regulator responded to emerging evidence of higher prevalence of Covid-19 infection in BAME people: Temporary registration implementation: The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response (December 2020). The MPTS continues to meet our service level agreement to commence 100% of new interim referrals within 21 days. The MPTS continues to hear reviews of all MPT sanctions and IOT orders within statutory deadlines. Passed all PSA standards of good medical regulation in 2022. 	<ul style="list-style-type: none"> Continue to engage with the Professional Standards Authority and other regulatory partners, coordinating the Covid-19 response and reviewing our approach as the situation evolves. We'll consider and trial all new concerns, progressing those requiring investigation. We have identified a new supplier for digital identity checking software for managing doctors' ID checks and are making good progress towards implementing the new system in the first half of this year. We are in the planning stage of the creation of a fourth PLAB 2 circuit to help manage demand from UK&EA seeking registration. 	Low
149	Availability of resources 31/03/2020	Resource	If we don't secure and retain an appropriately skilled and experienced workforce, a resilient and secure IT and facilities infrastructure, and maintain a sound financial position, it will threaten the delivery of our statutory functions, change and development programmes and capacity to deal with unplanned events.	Neil Roberts	HIGH/LIKELY MAJOR	<ul style="list-style-type: none"> Our people practices and leadership strategy is aimed towards attracting and retaining a high calibre workforce We have processes in place to identify and manage key staff risks We consider recruitment market surveys and data to identify potential skills shortages. Our health and safety policies and procedures are robust in regards to our workforce Clear Financial management practice and controls and safeguards including around investment (GMCIS), fraud policies and pensions. New activity, including Gateway Fund initiatives and existing project work routinely considered by Planning Gateway process to form a cross-organisational recommendation on the priority and deliverability of proposals for SMT to consider collectively Routine monitoring and reporting of operational performance and the volume and complexity of our work Process regularly mapping workload pressures across teams to help focus resourcing and prioritisation decisions Reactivated Recovery and Renewal Taskforce to coordinate our transition to resuming paid activities and use of office space We are working closely with the Pension Trustees to address the increased scheme liability arising from the Govt decision to align RPI and CPI Financial reserves and management provide financial resilience to risks that are realised and effective business continuity processes manage and minimise the impact of such risk We continually invest in our IT infrastructure and systems to ensure availability and protect against cyber-security threats and maintain ISO 27001 accreditation 	QUITE LIKELY MODERATE	SIGNIFICANT	<ul style="list-style-type: none"> Council Review of annual Budget and Annual Accounts. Executive Board. Executive Board regular review of finance, HR, project and operational performance and risks. Risk deep dive (June 2020). 	<ul style="list-style-type: none"> Internal Audit Social engineering (Nov 2021 green/amber) Recovery and renewal (Nov 2021 green/amber) Virtual hearings (September 2020, green) Procurement (March 2021, green-amber) Fraud arrangements (March 2021, green) Raising concerns arrangements (March 2021, green) Risk Management (October 2020, green) Covid training reviews (August, 2020) Assurance Spot-check - Business Planning & Budgeting changes (May 2020 green-amber) <p>Other assurance</p> <ul style="list-style-type: none"> Covid training reviews (GMC Case Studies): The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response (December 2020). 	<ul style="list-style-type: none"> 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 be able to achieve the ambitions of the corporate strategy and change priorities, reducing our potential impact on patient safety and doctors' practice.	Paul Reynolds	QUITE LIKELY MODERATE CRITICAL	<ul style="list-style-type: none"> Engagement with other regulatory bodies to identify opportunities for collaboration and alignment (such as through the Chief Executive and Regulatory Body (COB) Group). Proactive engagement on all major policies and issues, including active engagement with the four UK Governments over the future of our legislation. Development and management of stakeholder relationships of strategic importance at national and regional levels of the UK, supported by relationship plans delivered by our external affairs teams and sponsorship of key relationships by SMT. Regular evaluation of our relationships with key partners, using insights from our internal systems and periodic surveys of our stakeholders' perceptions, to identify opportunities for improvement. Relationships stakeholders on annual basis with Chief Executive and Directors. 	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> Council Seminar: Findings of our 2022 perceptions survey (December 2022). Annual update on communications and engagement (including four country updates) (April 2022). Audit and Risk Committee Seminar: building the trust and confidence of our audiences and stakeholders (Jan 2022). Executive Board Four country public affairs update (March 2021). SMT Stakeholder of four country strategic relationships (December 2022). 	<ul style="list-style-type: none"> Internal audit Internal audit: Managing UK-wide stakeholder relationships (March 2022) (Control design - Green; Control effectiveness - Green/Amber). Review of progress in implementing Outreach (May 2021) (Green-amber). Other assurance Bi-annual health assessments by our external relations teams of GMC's major relationships (next assessment due Q2 2023). 	<ul style="list-style-type: none"> Relationship health assessments to be conducted twice a year (Q1 and Q3) in the future, with the Q2 assessment informing annual relationship stakeholder with Directors. External relations and Outreach teams in England carefully monitoring impact of Health Education England's merger with NHS England on 1 April 2022. Changes are causing uncertainty in our local relationships and key programmes (such as ED&I). 	Medium
152	Unplanned event 31/03/2020	Reputational	The impact of an event in the external or internal environment causes our systems to be compromised or our activities to be publicly challenged, potentially leaving us vulnerable to delivery of key functions central to patient safety and reputational damage.	Neil Roberts	QUITE LIKELY MODERATE CRITICAL	<ul style="list-style-type: none"> Crisis management policies (including crisis communications plan) & procedures; pandemic response plan. Business continuity chapters and emergency response plans in place with regular testing. Mandatory e-learning for GMC staff and support from business continuity consultants. Continuous proactive monitoring of our external environment with processes and products in place to share and escalate emerging issues likely to affect our regulatory operations and external confidence in the organisation. Arrangements in place between our regulatory operations and communications teams to identify and plan for events which could negatively impact on our functions and external confidence in the organisation. Analysis of range of qualitative and quantitative information about the external environment through the Patient Safety Intelligence Forum. Regular engagement with the Professional Standards Authority to assure them on the exercise of our statutory powers - including emergency powers under section 18A of the Medical Act 1983 (Covid-19). 	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> Deep Dive Executive Board (June 2021). 	<ul style="list-style-type: none"> Internal audit Cyber security (July 2021, green-amber). Cyber security (November 2020, green-amber). Audit and Risk Committee Significant Event Review: Fraudulent registration application, Teodora Cirovan (March 2021). Report on Significant Event Review Follow-up (March 2021). Significant Event Review: Fraudulent doctor, Zholla Alem (November 2019). Significant Event Review: Fraudulent registration application, Teodora Cirovan (March 2021). Other assurance Covid learning reviews (GMC Case Studies): How the regulator responded to emerging evidence of higher prevalence of Covid-19 infection in BAME people. Temporary registration implementation: The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response: Approach to producing Covid specific guidance (December 2020). 	<ul style="list-style-type: none"> Annual training and exercise sessions for all incident responders. 	Medium
200	Regulatory Reform 06/08/2020	Strategic / Policy	There is a risk that we do not secure and deliver the full range of benefits that the reforms provide.	Shaun Gallagher	HIGHLY LIKELY MODERATE CRITICAL	<ul style="list-style-type: none"> Governance and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk assessment and robust plans for delivery. Stakeholder influencing plan developed to ensure we secure external support for changes. Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and manage potential implementation risks associated with drafting of the legislation. Routes for escalation identified (and have been used) for raising concerns with senior officials at DHSC, where required. Cross-department working built into project governance, to ensure that policy is developed in conjunction with operational teams, encouraging a 'one GMC' approach and making sure that opportunities are maximised and changes can be operationalised as soon as policy is agreed. 	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> Council meeting (3 Nov 2022) to provide an update on progress and program timelines, an overview of our initial feedback on draft ANAO Order and plans for responding to DHSC's consultation when this goes live. Council meeting (14 Dec 2022) to provide an overview of the regulation and our provisional view of the key themes we anticipate raising in our consultation response. Council meeting (1 Mar 2023) to provide an update on the key issues we intend to highlight in our response, and further detail on our approach to engaging key stakeholders during the consultation. Council meeting (27 April 2023) to discuss final consultation response, ahead of this being signed off by the Chair on behalf of Council. 	<ul style="list-style-type: none"> Previous spot checks completed in Sep 2022, June 2022, March 2022 and Nov 2021. 	<ul style="list-style-type: none"> Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear events and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). Use existing structured/communication channels internally as a way of reinforcing messaging and maintain momentum and morale. Continue to use internal audit assurance to provide ongoing scrutiny and give assurance that the programme is being run appropriately. Be prepared to continue to escalate concerns to senior DHSC officials as appropriate. Next BDO spot check planned for June/July 2023 - final report will be shared at ARC at meeting on 12 Sep 2023. 	Medium
231	ED&I Strategic Ambition 02/03/2021	Strategic / Policy	The actions we take to influence change across the health and education system, and within the GMC, do not deliver progress at a pace to meet our strategic ED&I targets, sustaining known areas of inequality.	Shaun Gallagher	HIGHLY LIKELY MODERATE CRITICAL	<ul style="list-style-type: none"> Clear timebound targets to focus system-wide efforts. Nominate Executive leads for each of our strategic commitments. Skilled and resourced teams designing interventions to deliver against the targets. Established plans of action to deliver against the targets both internally and externally. Annual and bi-annual progress reporting. Scrutiny and monitoring and reporting from the ED&I Steering Group, Executive and Council to allow refinement of plans in response to progress. Established Outreach and engagement functions to understand and influence the system with broader calls for action and support to facilitate system-wide change. Supporting and aligned commitments of others (i.e. reducing differential in disciplinary processes). Research and data assets including our surveys and insights to highlight relevant issues and support calls for action. 	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> Council Regular agenda item on ED&I. Executive Board Twice yearly review by Executive Board and performance against internal targets embedded in Performance and Risk Reporting. Risk 'Sleep Dive' embedded throughout the year. 	<ul style="list-style-type: none"> Strategy and policy ED&I compliance and governance review - Campbell Tickell (2020). 	<ul style="list-style-type: none"> Annual report has been published in 2022 and further annual report due in May 2023. Council directed the need to extend our understanding of inequalities impacting on other protected groups, specific disaggregated groups and also intersectional groups - work ongoing. 	Medium
309	Safeguarding at the GMC 12/01/2022	Reputational	If there isn't sufficient corporate understanding and visibility of our safeguarding activities, we may not meet our safeguarding obligations as a regulator and as an employer.	Neil Roberts	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> Safeguarding Working Group in place since 2019 and Neil Roberts chairs. Advisory Review conducted by BDO using a specialist social worker to review our practices and recommend Action plan Action plan in place - Project team assembled to take forward recommendations. Presentation given to SMT and Council (Feb 2022) on direction of project Designated Safeguarding Manager in place and providing safeguarding advice and support to staff Presentation to Council and SMT in October 2022 on progress of project and the plans for a Pilot - to start November 2022 SCIE appointed as specialist consultants Comms strategy drafted Pilot completed - 90 referrals made to the safeguarding manager. Analysis taking place on results along with capacity modelling. Draft policy presented to the Policy Leadership Group on 1 March and engagement with external stakeholders (BMA, HDU etc) is currently taking place. Safeguarding Project Manager joined the project on 12 month secondment in January 2023 	QUITE LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> Audit and Risk Committee: Advisory report - Safeguarding, (September 2020). 	<ul style="list-style-type: none"> Internal Audit: Safeguarding progress green, (November 2020). BDO audit - November 2022 Green with advisory recommendations. 	<ul style="list-style-type: none"> Policy and process has been developed along with supporting guidance documents to ensure we have corporate agreement and consistency in decision making. These will be evaluated in our plan and rebuffed if appropriate. Development of training package for pilot and implementation - level one for all staff to be delivered by e-learning and level two for specialist colleagues. Work started on developing a new reporting system for staff to use to refer safeguarding to the Designated Safeguarding Manager. The internal audit findings and pilot will be used to evaluate our proposed policy, process and training to ensure its fit for purpose prior to implementation across directorates in Q2 of 2023. External consultant procured to support the design and delivery of safeguarding training. The policy and process will go to Executive Board for sign off before GMC wide release. The release dates will be subject to available resources in the safeguarding team to review and refer concerns and support policy/process implementation. The availability of resources will be subject to a successful gateway bid in May 2023 - then recruitment timescales. Team are working with Safeguarding Alliance to develop training content. 	Low
151	Responding to a changing environment 31/03/2020	Strategic / Policy	Inability to respond effectively to changes in the external environment, including legislative, healthcare and wider social impact changes, could lessen our influence and relevance and reduce public, professional and political confidence in our role.	Paul Reynolds	QUITE LIKELY MODERATE CRITICAL	<ul style="list-style-type: none"> Proactive, senior-level engagement with stakeholders to understand their agenda. 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 (DWG and PSF meetings). Systems and products in place to share insights and intelligence from external environment with organisation's leadership community to aid them with planning and decision-making. 	UNLIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> Council: Seminar: Findings of our 2022 perceptions survey (December 2022). Annual update on communications and engagement (incorporating extensive four country updates) (April 2022). Audit and Risk Committee: Seminar: building the trust and confidence of our audiences and stakeholders (January 2022). SMT: Discussion about health service winter pressures and GMC response (January 2023). 	<ul style="list-style-type: none"> Internal audit Internal audit: Managing UK-wide stakeholder relationships (March 2022) (Outcome: Control design - Green; Control effectiveness - Green/Amber). Review of progress in implementing Outreach (May 2021) (Outcome: Green-Amber). Bi-horizon scanning rated green for both control design and control effectiveness. 	<ul style="list-style-type: none"> Enhancing and providing substantial ED&I data for EQIAs and to identify inequalities in referrals to us; we are also commissioning as part of the research programme a sequence of independent audits on the fairness of our regulatory processes. Development of a new platform for our data that will allow more interactively and self-service and are planning to develop during 2023 a GMC data hub bringing together all our data into a single entry point on the GMC's web site. 	Low
27	Deriving more insight from our data capability 31/03/2020	Strategic / Policy	Developing, sharing and working with others using our insight capability provides an opportunity to shape public debate, influence the external environment and deliver more productive regulation.	Shaun Gallagher	QUITE LIKELY MODERATE GOLD	<ul style="list-style-type: none"> Use of our research and insight activity to highlight key issues facing the medical profession, suggesting courses of action which healthcare systems can take to tackle workforce and workplace issues that might directly or indirectly impact on patient safety. Take every opportunity for it to contribute to mailshots, briefings and other external engagement. Leverage our communications channels (such as media and social media) and engagement opportunities to raise awareness of our research and insights and secure external support for the issues and recommendations we are highlighting. Use new data and research insights as a 'peg' for bringing together regulatory partners and key stakeholders together to drive positive changes in policy and practice. Provide data support to the rest of the GMC to inform our response external developments such as the Covid-19 pandemic. Provide data to support the development of policy and process plans for MAPs and regulatory reform. 	HIGHLY LIKELY MODERATE GOLD	<ul style="list-style-type: none"> Council Seminar: Findings of our 2022 perceptions survey (December 2022). Annual update on patient and public involvement (November 2022). Annual update on communications and engagement (April 2022). Executive Board: Risk 'Sleep Dive' (March 2021). 	<ul style="list-style-type: none"> Internal audit Arrangements for assessing progress in the delivery of the Corporate Strategy (July 2021, green-amber). Other assurance Corporate strategy and stakeholder perceptions baseline survey (published March 2019). Corporate strategy and stakeholder perceptions baseline survey (published March 2021), provides data for our assessment on progress on the corporate strategy. Tracking survey, undertaken every two years, currently underway and due to report findings in Q4 2022. 	<ul style="list-style-type: none"> Enhancing and providing substantial ED&I data for EQIAs and to identify inequalities in referrals to us; we are also commissioning as part of the research programme a sequence of independent audits on the fairness of our regulatory processes. Development of a new platform for our data that will allow more interactively and self-service and are planning to develop during 2023 a GMC data hub bringing together all our data into a single entry point on the GMC's web site. 	High
28	Working with patients and public 31/03/2020	Operational	Understanding and improving the experiences which patients and the public have of our regulatory services and involving them effectively in our work (such as strategy and policy development) will help us gain their trust and confidence as an effective and transparent regulator.	Paul Reynolds	QUITE LIKELY MODERATE SILVER	<ul style="list-style-type: none"> Champion for patients established at SMT level to ensure senior-level overview of our engagement and signal importance of this to the organisation. Strategic ambition to improve patient and public involvement agreed (by Executive Board in November 2020). Clear information easily accessible for patients and public about how we work and can support them (such as on our website). Involvement of patients and the public in our policy development activity. Regular assessment of patients and the public's perceptions of the GMC and experiences of our work through regular evaluation and research (such as our perceptions survey). Regular engagement with patient leaders in all four countries of the UK (such as through our bi-annual roundtable, our UKAF meetings in the devolved nations, and other activities). Acceding stakeholder networks to learn how other organisations engage meaningfully and well with patients and public. Insights and perspectives from patients regularly shared with the organisation to inform their work. 	QUITE LIKELY MODERATE SILVER	<ul style="list-style-type: none"> Council Seminar: Findings of our 2022 perceptions survey (December 2022). Annual update on patient and public involvement (November 2022). Annual update on communications and engagement (April 2022). Executive Board: Opportunity deep dive planned for Autumn 2023. Opportunity deep dive (February 2021) Audit and Risk Committee: Update on how we involve patients and the public in our work (March 2023). Review of arrangements for patient and public engagement (November 2023). 	<ul style="list-style-type: none"> Annual perceptions survey showing the public's confidence in how doctors are regulated and feedback on our working relationships with patient and public bodies. Insights and perspectives from patients and their organisations shared in weekly external update for GMC leadership community. Review of arrangements for patient and public engagement (November 2022). Control design: Amber; Control effectiveness: Amber. 	<ul style="list-style-type: none"> Our most roundtable with patient bodies will be on 23 May 2023. Agreed agenda items on: collecting diversity data from patients; and exploring patient perspectives about research and leadership. UK&I team organising workshop with PPI leads from medical schools on 3 May 2023. Taking forward support and materials for GMC's policy profession during 2022. Deep dive discussion about this corporate opportunity scheduled for Executive Board meeting in autumn 2023. Next annual update for Council will be due end of 2023. Drafting of paper to commence in the summer. 	Medium

59	Corporate Social Responsibility 30/11/2022	Reputational	There is a potential opportunity for the GMC to lead the health regulatory sector in identifying, delivering and sharing how to be a more responsible regulator and demonstrating the positive impact this can have on those we regulate, our colleagues, suppliers, communities and patients. This could have multiple benefits, including the GMC becoming an employer of choice; increased diversity in our recruitment campaigns; new organisational partnerships; a positive impact on the environment; an increased regulatory reputation; and increased engagement and satisfaction with medical professionals.	Jane Durkin		QUITE LIKELY	MODERATE	SILVER	<ul style="list-style-type: none"> • Our Corporate Strategy 2021-26 includes clear commitments to be a more responsible organisation both socially and environmentally. Every Annual Report includes a CSR round-up of the previous year. • We have improved external visibility of our CSR work on the GMC website and internally on the GMC intranet. We have used blogs to promote our support for widening participation (in medical training) initiatives and new CSR related partnerships e.g. our combined presentation with the Greener NHS Programme at JAMRA. • The GMC established the Cross Regulator CSR Group early in 2022 after the proposal (by the GMC) was agreed by the CEORB group. • External recruitment campaigns now include reference to our CSR initiatives with the intention that this will be a 'pull' factor for potential candidates. • The GMC is increasingly engaged with new stakeholders, such as KPMG, on regional and national CSR bodies. These are new relationships which are increasing the profile of the GMC beyond the regulatory, health and education sectors. 	QUITE LIKELY	MODERATE	SILVER			<ul style="list-style-type: none"> • Annual update on progress for Council given in March 2023 	<ul style="list-style-type: none"> • Corporate Volunteering evaluation underway. • CSR Policy under development. 	High
----	---	--------------	--	-------------	--	--------------	----------	--------	---	--------------	----------	--------	--	--	---	--	------

Education quality assurance update

Action	To note
Purpose	<p>We have now been operating our revised approach to proactive quality assurance (QA) of undergraduate and postgraduate medical education and training for more than 3 years. In the last year we have aligned our approach to the oversight of new medical schools and anticipatory work with MAPs programmes to our main QA process. This year has also provided the opportunity to fully implement a hybrid approach to our activities, visiting in person but using virtual approaches for certain quality activities.</p> <p>This paper summarises the main developments in our QA in 2022, including the development of new medical schools, our ongoing oversight of postgraduate training (including enhanced monitoring) and our ongoing work to engage with MAPs providers. We are also anticipating a substantial expansion of undergraduate medical education in England alongside the merger of Health Education England into NHS England.</p>
Decision Trail	Council approved a revised approach to quality assurance in February 2020 (paper M5).
Recommendation	To note the Education quality assurance update.
Annexes	<p>Annex A: QA process diagrams</p> <p>Annex B: Enhanced monitoring activity</p> <p>Annex C: Enhanced monitoring examples</p>
Author contacts	<p>Martin Hart, Assistant Director, Education and Standards</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Colin Melville , Director of Education and Standards

Agenda item M4

Education quality assurance update

Background

- 1 Our approach to the quality assurance of medical education and training is as follows:
 - a The Medical Act requires us to secure our standards. We do this by first approving medical schools, postgraduate programmes and training locations, and postgraduate curricula.
 - b We then check that organisations continue to meet our standards through our proactive quality assurance (PQA) processes. This includes checking that the education bodies have mechanisms for checking the standards are met by the organisations they commission to deliver training.
 - c Our reactive quality assurance processes, including monitoring, enhanced monitoring and setting conditions, enable us to respond to any concerns arising from anywhere in the medical education system. Diagram 2 in Annex A shows how our proactive and reactive processes are aligned, and the responsibilities of the various organisations involved in the processes.
 - d Our approach is underpinned by our intelligence, data and evidence, including the national training surveys. These inform and enhance all parts of our assurance processes.
- 2 Following extensive piloting and feedback, Council agreed to roll out the model overseen by colleagues in the Quality Assurance Monitoring and Improvement (QAMI) team:
 - a Medical schools and postgraduate training organisations (PTOs)* sign a declaration every four years that signifies their intention to meet the standards. This is a confirmatory process for organisations, similar to our revalidation model for individual doctors.
 - b Every year (with a staggered initial roll out to manage GMC capacity and the fact that some institutions will have had greater recent scrutiny by the GMC) they complete or update a self-assessment that asks them to demonstrate how they meet the standards of *Promoting Excellence* through the outcomes of their day-to-day activities, policies and processes.
 - c We scrutinize their submission along with the data and evidence we hold and identify areas where either a) we aren't assured or b) there is potential good practice. We meet each organisation to discuss their submission and agree activities that we will undertake to gain the assurance that we need.

* Postgraduate training organisations are Health Education England and its local offices, NHS Education for Scotland, Health Education and Improvement Wales and the Northern Ireland Medical and Dental Training Agency.
gmc-uk.org

Agenda item M4

Education quality assurance update

- d** We undertake a range of activities including document requests, observing their various quality management activities, and potentially full-scale GMC visits. Some of these activities will involve GMC associates.
- e** We gather structured feedback directly from students, trainees and trainers on a regular basis to ensure that these groups have opportunities to report directly to the regulator about their training provider. We also gather structured feedback directly from local education providers about their relationships with medical schools and PTOs. The GMC's outreach teams will also be engaged with this work.
- f** If we are not assured, we may set requirements and recommendations which we will then monitor until we have the requisite assurance. If we identify notable or good practice (this could be areas working well or innovation and excellence), we will seek to promote this to other organisations who may be able to benefit from this.
- g** We publish annual summaries for each organisation which includes information about the self-assessment, activities we've undertaken and any requirements, recommendations, good or notable practice we've identified.
- 3** We have also embarked on a further phase of QA review to consider our education relationship with the medical royal colleges (known as QA Phase 3). This is led by colleagues in our Approvals team but works closely with QAMI colleagues to ensure holistic oversight of postgraduate medical education and training.
- 4** The remainder of this paper is devoted to short updates on our activities since February 2022 covering:

 - a** Our QA activities and the Proactive Quality Assurance (PQA) process.
 - b** The growth in undergraduate medical education, both from universities seeking to establish medical schools (including private medical schools) and the expansion of medical student numbers (both expected as part of the NHS Long Term Workforce Plan and unplanned as a result of changes to A levels in 2020 and 2021).
 - c** Our work with postgraduate training bodies and our work with locations that have particular training challenges (enhanced monitoring).
 - d** An update on our work overseeing Council's ambitions with respect to Fair Training Cultures and against our commitment to eliminate discrimination, disadvantage, and unfairness for all index measures of fair medical education and training pathways by 2031.
 - e** Our continuing work with medical associate professional (MAPs) course providers to baseline our understanding of the courses and to satisfy ourselves that they meet our standards ahead of statutory regulation in 2024.

Agenda item M4

Education quality assurance update

GMC's approach

- 5 The GMC's approach to the regulation of education and training remains focussed on the maintenance of standards and outcomes. Across undergraduate and postgraduate, we have sought to embed the following principles in our approach:
- Patient safety
 - Maintaining standards
 - Meeting outcomes
 - Competence
 - Proportionate approaches
 - Supporting diverse patient and doctor populations

QA activities

- 6 We are wary of simple numeric measures of our activity as it is important that any interventions we undertake are designed to improve and promote the education and training experience. That said, in 2022, we undertook 49 enhanced monitoring visits, made 34 visits to new medical schools and programmes and undertook 175 quality activities (109 undergraduate and 66 postgraduate). Quality activities are designed to allow organisations to demonstrate how they quality manage their education and training and include observation of key committee meetings, attending quality management visits, document requests and reviews and meeting students and trainees.
- 7 We now publish our Annual Quality Assurance Summaries (AQAS) which note the self-assessment, quality activities and summarises our engagement with the organisation over the year. For postgraduate organisations, this includes a summary of enhanced monitoring activity and differential attainment. We list any areas of notable practice, areas working well, requirements and recommendations. We also detail the areas of focus and next steps in the process.
- 8 We have also taken the opportunity this year to align our new schools process with our proactive quality assurance process. This has been designed to make the process more adaptable, to align with elements of our proactive process (e.g. a more significant role for self-assessment) and to prepare for legislative change when we expect to be approving at programme, rather than institution, level for both medical and medical associate professions (MAPs) programmes.
- 9 We remain committed to achieving the highest standards of medical education and the robustness of our processes has been reflected in some of the difficult decisions made with new medical schools this year (discussed in paragraph 15 below).

Agenda item M4

Education quality assurance update

Merger of Health Education England (HEE) with NHS England

10 The merger of Health Education England (HEE) into NHS England took place on 1 April 2023. The vision for the merger is the creation a stronger organisation that aligns workforce, financial and service planning with education and training. At the time of writing, we are aware of significant changes being made to HEE’s staffing and we wait to see whether the new Workforce Training and Education Directorate of NHS England will continue to prioritise concerns about training and trainee experience in the new merged organisation. We sometimes make difficult decisions with HEE to withdraw trainees and to impose conditions on training environments and it remains to be seen how these decisions will be supported when they have significant operational implications for the NHS.

Impact of industrial action

11 It is worth noting that ongoing industrial action (both in the NHS and higher education) has had an impact on our quality assurance activity. To date this has been relatively limited, requiring either rescheduling or moving from an in person to a virtual activity. However, as the industrial action continues and spreads to the medical workforce the impact on our work could be more significant.

New medical schools and expansion of medical student numbers

12 We continue to closely monitor the five ‘new’ medical schools in England that were created in the 2017 expansion. Council is invited at this meeting to add Anglia Ruskin and Aston universities to the list of bodies entitled to award a primary medical qualification. We expect to ask Council to approve the addition of Sunderland in 2024 and Kent Medway and Edge Hill in 2025.

13 As the Medical Act requires us to consider accreditation of all undergraduate medical education in the UK (irrespective of whether or not it is publicly funded) Council are aware that there are three schools that are planning to admit students from on a private basis (i.e. outside the Office for Student’s (OfS) intake controls). Due to OfS rules, they will be largely restricted to taking students from overseas only. All three universities have experienced challenges in their development and, following GMC advice, all deferred their start date for admitting students. Brunel admitted its first students in 2022, Worcester (Three Counties) are now aiming for 2023 and Chester for 2024.

14 We also continue to get inquiries and engagement from a number of universities keen to establish a medical school ahead of any government funded expansion in England (see below).

Agenda item M4

Education quality assurance update

- 15** Both Labour and Conservative parties have committed to a substantial increase in the number of medical students. Labour have suggested ‘doubling’ medical student numbers, and we expect the (England) Long Term Workforce Plan to propose significant expansion. The GMC does not have a role in determining medical student numbers, but we have contributed to discussions around a future expansion, including engaging with HEE and DHSC, and contributing to the work of the Policy Exchange think tank ‘roadmap’ on doubling medical student numbers.
- 16** As a regulatory body with responsibility for standards and quality, we have advocated some caution with respect to expansion on this scale, whilst recognising our role in supporting the need to enhance the medical workforce. There will be inevitable challenges around clinical placement capacity and education workforce as well as crucial decisions about the location of any new medical schools and the potential scale of expansion of existing schools.
- 17** In Northern Ireland, the University of Ulster admitted its first students in 2021 and we undertook a further in person visit in March 2023.
- 18** In Wales, plans are developing for a third medical school at the University of Bangor. We have had meetings with Cardiff University (the contingency school), the Welsh Government and Health Education Improvement Wales. The school is hoping to admit its first students in 2024.
- 19** ScotGEM (a graduate entry programme delivered by the University of Dundee and the University of St Andrews) has also graduated its first students and Council added the joint universities to the list of bodies able to award a PMQ in 2022. We continue to monitor the Edinburgh HCP (Health Care Professions) programme (a programme designed to enable existing healthcare staff to become doctors).
- 20** Also in Scotland, the government is making a commitment to a significant increase in the number of medical students. It has not yet committed to a new medical school although this remains under discussion in Scotland.
- 21** We continue to have responsibility for the oversight of a number of programmes delivered by UK universities overseas. We have advised Kings College London and Sustech University in Shenzhen, China that we think its programme is unlikely to meet the standards and outcomes required to deliver a UK PMQ due to the challenges of meeting UK requirements in China. The two universities are likely to continue their joint venture and may seek a form of UK recognition that stops short of PMQ awarding powers.
- 22** QAMI colleagues have also worked with GMC Services International on two projects this year. The first was to undertake a review of standards and outcomes at the Armed Forces College of Medicine in Cairo, Egypt. The second was a programme of training in quality assurance delivered to the Indonesian Accreditation Agency for Higher Education in Health.

Agenda item M4

Education quality assurance update

Both were very well received and, subject to capacity, QAMI colleagues are keen to work with GMC SI whenever possible.

Postgraduate training and enhanced monitoring

- 23** We use enhanced monitoring to promote and encourage local management of concerns about the quality and safety of medical education and training.
- 24** We require more frequent progress updates from those responsible for managing these concerns. We also attend locally-led visits to investigate a concern or check on progress. Information on enhanced monitoring cases is published on our website and we share information with other healthcare regulators where appropriate.
- 25** Issues that require enhanced monitoring are those that could affect patient safety or training progression or quality. Issues are usually referred to us if there are concerns that the standards in Promoting Excellence are not being met and they meet the following criteria:
 - Persistent and serious patient safety concerns
 - Doctors in training’s safety is at risk.
- 26** There are currently 40 enhanced monitoring cases across the UK – 8 in Scotland, 2 in Northern Ireland, 5 in Wales and 25 in England. Six of these are the most serious cases where the GMC has imposed conditions (one in Scotland, five in England). The overall number of cases has remained reasonable static with six cases having GMC imposed conditions in place (one in Scotland and five in England).

Number of enhanced monitoring cases by risk rating level

Number of enhanced monitoring cases by risk rating level			
(01/03/2023)			
Level	No conditions	With conditions	Total
Level 1	4	0	4
Level 2	21	1	22
Level 3	8	2	10
Level 4	0	3	3
Level 5	1	0	1
Grand Total	34	6	40

Enhanced monitoring risk rating level
Level 1 – assurance that issues can be managed locally, with a potential serious risk to patients and/or safety/well-being of trainees.
Level 2 - some assurance that issues can be managed locally with a potential serious risk to patients and/or safety/well-being of trainees.
Level 3 - limited assurance that issues can be dealt with locally, with a potential or current risk to patient and/or safety/well-being of trainees.
Level 4 – no assurance that issues can be improved, with a current risk to patient safety and safety/well-being of trainees. Plans to remove trainees are being/have been put in place.
Level 5 – trainees have been removed , although the key issues within the healthcare environment may not have been resolved.

- 27** All enhanced monitoring cases are assigned a risk rating, and the current risk profile of the cases is indicated in the table below:

Agenda item M4

Education quality assurance update

- 28** In annex A we highlight three cases that illustrate the range of enhanced monitoring interventions and outcomes. In each case, we illustrate how the direct involvement of the GMC is helping to support improvement and ultimate resolution of challenging training environments.
- 29** Full details of all our enhanced monitoring cases are published on [our website](#) (with the exception of those cases that could identify individuals or are not yet in the public domain).
- 30** We continue to largely have good support from postgraduate training organisations and many of them value the input the GMC brings to often very challenged training providers. Our ability to impose conditions and ultimately the threat of withdrawing training recognition often helps focus attention of local education providers on finding sustainable solutions to problems that ultimately undermine training and patient experience. It remains the case that some departments remain in enhanced monitoring for lengthy periods and that progress in resolving issues, even with GMC intervention, can be very slow.
- 31** We noted above the forthcoming merger of HEE into NHS England and we await to see how effective the new Workforce Training and Education directorate is in supporting interventions concerning training. Last year we also hosted a meeting in our Edinburgh office with Humza Yousaf, the Cabinet Secretary for Health and Social Care in the Scottish Government, to explain in detail our enhanced monitoring process and its role in securing improvement in training environments.

Fair Training Cultures

- 32** In 2022 we asked all postgraduate training organisations (PTOs) to submit an action plan detailing how they are working to address the attainment gap in their region. Our regional quality assurance teams have analysed these action plans and conducted engagement meetings with all postgraduate training organisations to explore this work in more detail. From January 2023 we require each PTO to submit an updated action plan on an annual basis as part of our proactive quality assurance process. Much of our work to date has focussed on building the evidence of what interventions are having an impact.
- 33** We have been working closely with medical schools through our proactive quality assurance process to understand how they are working to address issues relating to equality, diversity and inclusion (EDI). This year we will be developing our quality assurance processes to increase our asks of organisations with a particular focus on support for learners and inclusive learning environments.
- 34** We also held two quality leads meetings, one with postgraduate training organisations (in November 2022) and one with medical schools (in February 2023). Here, we discussed the GMC targets to eliminate discrimination disadvantage and unfairness with medical education and training and the progress of the Fair Training Cultures programme of work. We shared

Agenda item M4

Education quality assurance update

the GMC [guidance on undergraduate clinical placements](#) which includes a number of sections on EDI. At the meetings we also invited organisations to share practice, including presentations from medical students who are leading on EDI related work at their respective schools. We heard many examples of the work that is being done and it is clear that all of our stakeholders are undertaking a significant amount of work to address issues relating to equality, diversity, and inclusion.

- 35** We have seen a good level of engagement from postgraduate training organisations and medical schools in relation to work to address our targets. A key message we have heard from many of our stakeholders relates to the importance of sharing practice and the findings of evaluations to drive change across all levels of medical education and training. We recognise that we have a role in bringing organisations together to share ideas and practice, and we will continue to consider the routes to do this.

Our work with MAPs course providers

- 36** As we noted last year, ahead of statutory regulation, we have begun a programme of engagement with those higher education institutions that deliver Physician Associate or Anaesthesia Associate courses.
- 37** Mirroring our process for medical schools, we have developed a self-assessment questionnaire (SAQ), mapped to *Promoting Excellence*. We have used the results of this to ‘baseline’ our understanding of MAPs courses and we have had 37 virtual meetings and visited seven course providers, with further visits planned in 2023.
- 38** We continue no major concerns about overall compliance of PA courses with our standards. In the main, PA course providers have good processes for raising and dealing with concerns, have established close links with students and educators and have fostered open and supportive environments. All course providers comply with the PA national curriculum and students are required to sit the national exam upon graduation.
- 39** The baselining exercise has identified some gaps in compliance with our standards for AA courses. We believe this is mainly because AA programmes are distance learning, vocational style courses. AA students are based only in one trust for the whole duration of their course. We are currently undertaking some further research to determine whether we need to make adjustments in our QA approach to fit in with the structure of these courses, or whether we need to ensure HE providers have more appropriate oversight of the courses.
- 40** HEE have plans to deliver a number of PA programmes as apprenticeships. We will need to ensure that these programmes, with their greater emphasis on employer responsibility, are appropriate quality managed by the awarding higher education institution.

Agenda item M4

Education quality assurance update

- 41** Once statutory regulation begins quality assurance of PA and AA courses will be incorporated into our existing quality assurance processes. We will also have in place a process for approving new courses.

Annex A

Enhanced monitoring cases

University Hospitals Bristol and Weston NHS Trust

- 1 We had concerns at University Hospitals Bristol and Weston NHS Trust (UHBWT), namely Weston General Hospital around training in the Medicine and Emergency departments. In 2021, at our visits to Weston General Hospital we heard about serious patient safety concerns. Therefore, following GMC-led meetings with CQC, Health Education England South-West (HEE SW) and NHSE, HEE SW issued a decision to relocate 10 F1 doctors to Bristol Royal Infirmary and the removal of F2 and Higher Specialty Care of the Elderly trainees.
- 2 In 2022, we found some improvements in the training in Medicine departments although concerns remained with handover and rota gaps. Clear improvements had been made in the emergency department and no significant concerns were evident. We are in the process of de-escalating the emergency department out of enhanced monitoring and will focus on departments in medicine.
- 3 Our next joint visit with HEE SW to UHBWT is on 29 March 2023. The purpose of this is to reassess the medicine departments with the potential to reintroduce trainees for the rotations later this year (August/December 2023).
- 4 We continue to be encouraged by UHBWT and the long term and sustainable approach to the issues being taken.

Belfast Health and Social Care Trust

- 5 In 2022, Northern Ireland Medicine and Dental Training Agency (NIMDTA) contacted us to suggest that they were expecting concerning NTS results in Neurology at Belfast Health and Social Care Trust (BHSCT). The results were indeed poor and, together with NIMDTA, we met with the trust in July to agree a way forward. We heard that the trust had undertaken listening exercises, were aware of the issues and had started to address these. We asked for an action plan to be developed. Recognising that putting Neurology into enhanced monitoring at this stage would have a negative impact on the department, we agreed to give the trust time to work with NIMDTA before deciding whether enhanced monitoring was required to drive the necessary improvements.
- 6 Following a discussion with senior leaders at the GMC, in October 2022, we wrote to the trust stating that they had three months to address our concerns before our joint visit with

NIMDTA in early 2023. We stated that if we did not see sufficient improvements at this visit, we would consider escalating the case to enhanced monitoring.

- 7** On 10 January 2023, NIMDTA and the GMC visited Neurology at BHSCT. We found progress had been made in relation to formal teaching but opportunities to maximise learning outside of this were being missed. We also found issues with the way concerns were raised and dealt with in the department. Therefore, jointly with NIMDTA, we made the decision to escalate the department to enhanced monitoring. The Trust were notified of our decision in February 2023. We met with the trust in March 2023 to discuss their action plan in response to the January visit, and we are content that the action plan appears appropriate. We will arrange a visit later in 2023 to check on progress.
- 8** This was the first time we have written a ‘warning’ letter prior to deciding on enhanced monitoring, clearly stating our concerns and expectations before a visit and the risks of lack of progress. We found this approach was successful in highlighting the seriousness of our concerns with senior leaders early and to encourage the trust to start addressing our concerns locally. We are now adding this as a step to be used in our process when needed and have already successfully replicated this approach with General Internal Medicine at Forth Valley Royal Hospital, Scotland.

University Hospitals Birmingham NHS Foundation Trust

- 9** In February 2022, Obstetrics and Gynaecology at University Hospitals Birmingham NHS Foundation Trust (UHBFT) was escalated to enhanced monitoring. This was due to long standing concerns around the availability of adequate training opportunities, and patient safety issues with out of hours gynaecology provision. Although previously monitored by Health Education England West Midlands (HEE WM), little progress had been seen and the decision was taken to escalate to enhanced monitoring. Further serious patient safety concerns were identified at a visit later in the year around the lack of consultant presence and supervision and therefore conditions were set on the programme in September 2022.
- 10** At first, there was little engagement with senior leaders at UHBFT on our enhanced monitoring concerns. However, now there are monthly meetings between HEE WM, GMC and the senior trust colleagues to discuss progress. This has provided assurance that the patient safety issues identified are being addressed. Also, close working with outreach colleagues has helped keep the enhanced monitoring case on the agenda especially in discussions with the trust and other regulators
- 11** However, informal feedback from trainees suggests there are still issues regarding the learning environment that requires further work. At a recent Junior Doctors’ Forum that HEE WM attended, trainees commented that there had been little change in the overall culture of the department and provided examples of issues with accessing senior support and being asked to work beyond their competence. We plan to conduct a formal visit to the department in March 2023 where we intend to speak to trainees to assess progress.

Amending the list of bodies entitled to award a UK primary medical qualification - Aston University

Action	To approve an addition to the GMC’s list of bodies that can award UK Primary Medical Qualifications (PMQs).
Purpose	This paper summarises progress of the quality assurance of the MBChB programme delivered by Aston Medical School (Aston; the school). It gives an overview of the programme, the QA process undertaken and areas of note/concern.
Decision Trail	The Director and Assistant Director of Education and Standards have approved this recommendation to Council to amend the GMC’s list of awarding bodies.
Recommendation	To approve Aston University being added to the GMC’s list of bodies that can award UK PMQs
Annexes	Annex A: Open requirement
Author contacts	Jamie Field , Education QA Programme Manager Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Professor Colin Melville , Medical Director and Director of Education and Standards Martin Hart , Assistant Director - Education

Agenda item M5a

Amending the list of bodies entitled to award a UK primary medical qualification - Aston University

Background

- 1** Maintaining the list of bodies entitled to award primary medical qualifications (PMQs) is a key component of our regulation of undergraduate medical education. The current list of bodies and combinations of bodies entitled to award UK PMQs is published on our [website](#).
- 2** Standards of proficiency are set out in [Promoting excellence: standards for medical education and training \(2016\)](#) and compliance with the standard is demonstrated through the Quality Assurance Framework, which includes annual returns from medical schools and a rolling programme of visits.
- 3** As per the Schedule of Authority of the Governance Handbook, Council is required to maintain and amend, as required, a list of bodies and combinations of bodies entitled to hold examinations for the purpose of granting one or more primary UK qualifications.
- 4** We received an application from Aston to establish a new medical school in February 2016. Since then, the application has been subject to our new schools quality assurance process.

About Aston

- 5** Aston's MBChB course is a 5-year programme, taught across two phases. The first phase focusses on expanding basic science knowledge, covering the fundamentals of body structure, infection and pathological processes. Phase Two largely takes place in clinical learning environments across Birmingham and the surrounding areas, where students work with doctors and healthcare professionals in a range of placements.
- 6** The school enrolled its first students in September 2018. The cohort size was 69; 20 students were recruited via widening participation methods and the rest of the students were recruited from overseas. From 2019 onwards, the school received Office for Students funding for 100 students per cohort.

Quality assuring Aston

- 7** The Quality Assurance – Monitoring & Improvement (QAMI) team, with support from medical education associates, has undertaken a range of quality assurance activities since 2016 following the school's initial application. This has included extensive document reviews, as well as visits to the programme each year since 2017 (except 2021 which was affected by the pandemic). During our visits, we spoke to students, staff, and other key stakeholders such as placement partners. We have also conducted assessment observations, including the final Objective Structured Clinical Examination (OSCE).
- 8** Although we were unable to visit the programme in person in 2021, we conducted our visits virtually via Microsoft Teams. This allowed us to address key areas, albeit in less detail, to gain the assurance needed.

Agenda item M5a

Amending the list of bodies entitled to award a UK primary medical qualification - Aston University

- 9 Through our regular processes, we have identified a number of areas working well at the school. Of note, we have regularly found evidence of a supportive culture at the school for both staff and students. Students across different year groups have often reflected positively on the support they have received, finding staff responsive to their concerns. It is evident that the school has a dedicated teaching faculty that is fully invested in the development of the school. We have also found that the school collaborates well with its clinical partners, with robust governance structures in place to ensure placement quality.
- 10 Additionally, the Medical Licensing Assessment (MLA) team has met with the school on several occasions to discuss how the school is progressing towards meeting the requirements of the clinical and professional skills assessment (CPSA) and the applied knowledge test (AKT) elements of the MLA. QAMI has collaborated with the MLA team on this, specifically exploring MLA readiness during our latter quality assurance visits.
- 11 Over the course of our quality assurance, we have also identified some concerns, which are outlined below.

Addressing concerns

- 12 We have been pleased with the school's engagement on the concerns we have identified over our rolling quality assurance process, and the steps taken to address them. This includes the openness the school has shown in proactively highlighting issues to us when they arise.
- 13 During our first cycle of activity in 2018/19, we encouraged the school to continue to develop peer support for its pioneer cohort and set a recommendation in relation to this. We also identified issues with the required facilities, and small core teaching faculty, which we confirmed to the school that we would keep under review over future cycles.
- 14 At our next visit in January 2020, the visiting team was pleased to note that there had been timely development of facilities for the early years of the programme and plans for future years were in place. The school had also worked with its contingency partner, Leicester Medical School (LMS) to allocate peer mentors for Aston students. Concerns remained around the staffing levels at the school, as although new staff had joined others had left. We were pleased to find this had not had an impact on students perceptions of the programme, which remained positive.
- 15 During the 2020/21 visit cycle, we were unable to visit the school in person due to the pandemic. However, we conducted a series of shorter, focussed virtual visits to gain the assurance needed. We commended the school in its efforts to support its stakeholders during the pandemic. Although the school had been working to address previous concerns, national restrictions meant that progress had been slow. We also set a recommendation that the school should revisit how it communicates with students on processes and opportunities across cohorts.

Agenda item M5a

Amending the list of bodies entitled to award a UK primary medical qualification - Aston University

- 16** We were able to visit the school again in person in February and June 2022. We were pleased to see that the school had dedicated facilities in place for all cohorts of students. The school had completed all renovation works and has an estate dedicate to its students. Peer support networks had developed between different cohorts, as well as between Aston and Birmingham Medical School students, with whom Aston students share placements. It was also encouraging to hear a school student council had been developed, and that the Dean held meetings with student representatives across all years to discuss global processes and opportunities. However, we were concerned to hear that the school had lost dedicated administrative staff due to a restructure within the university. This compounded issues already noted in relation to the small core faculty, and we found evidence of this impacting on staff and students. We set a requirement for this to be addressed.
- 17** Ahead of our final year visit, the school informed us of an error in that two of its Year 1 students were given the wrong outcome decisions at the end of their resit examinations. The school had inadvertently told one student they had passed when they had failed and the other student they had failed when they had passed. As soon as this was noted, the students were notified of the error and supported through the appropriate pathways for their results. Following the event, the school carried out a significant event analysis, which highlighted that a key step of checking was missed. This had been impacted by the loss of dedicated assessment administrative staff. Processes have been restructured to ensure this does not happen again, with a step-by-step protocol created which must be signed off by the responsible member of staff. We explored this further at our visit and overall were satisfied with the response from the school and the commitment to learn from this mistake.
- 18** During our final cycle of rolling quality assurance in 2022/23, we found several areas working well. We were pleased to find that the students we met felt well supported across a range of clinical placements. Furthermore Year 5 students found sessions for preparedness for foundation years well organised by the school. We commended the school on its continued and strong ethos of inclusivity and widening participation. We were also pleased to see the school had worked with the university around our requirement in relation to staffing needs; college structures are now in place which gives the school administrative support. We did find evidence of some staffing pressures and as such have kept our requirement open to ensure the school continues to monitor any vulnerabilities. We conducted a final visit to Aston in March 2023 to observe the Year 5 summative OSCE. We found this to be extremely well organised, underpinned by exceptional planning and preparation for staff, assessors, simulated patients and students.
- 19** As a result of our continued quality assurance and collaboration with the school, we have closed all requirements and recommendations set during our process, except the remaining open requirement in relation to staffing levels. However, we are confident that this will not adversely affect students' ability to meet [Outcomes for graduates](#) and should not affect

Agenda item M5a

Amending the list of bodies entitled to award a UK primary medical qualification - Aston University

council's decision to add Aston University to the list of bodies entitled to award a PMQ. The remaining requirement can be found in **Annex A**. We will ensure this is monitored through our routine assurance processes for established medical schools.

Serious incident

- 20** Outside our rolling quality assurance, in November 2020 the school also informed of a serious incident that had taken place regarding one of their students. The student, supervised by a junior doctor, took a blood sample from a patient using existing central line used for dialysis. In the process of taking the blood the dialysis line cap was removed to clean the line and at the same time the line was left unclamped which allowed air to enter the patient's line. They suffered a cardiac arrest and although they were resuscitated sadly died two days later.
- 21** Following the coroner's report, we met with the school to discuss the issue and the steps the school had taken following the incident. We also clearly outlined the position of the GMC; taking bloods from a central line is not on the list of procedures outlined in [Outcomes for graduates](#) and as such medical students should not be taught or practise this. The school subsequently produced a robust action plan outlining the steps taken to ensure this would not happen again. It also outlined the support package they had put in place for the student involved in the incident. Aston also evidenced discussions with Health Education England and the trust where the incident took place to share wider learning and discuss responses to the issue; the fault was not solely with the medical school. Following this, other medical schools have changed procedure, as they taught students to take blood from a central line. Overall, we were pleased with the candour shown by the school in addressing this issue, and the robustness of its response.
- 22** Our response to the coroner's report can be found in **Annex B**. The Healthcare Safety Investigation Branch (HSIB) has conducted an inquiry into this issue and will soon be publishing a report. We are collaborating with HSIB on this and considering how to feed this into our guidance and quality assurance of all medical schools.

Recommendation

- 23** The school has responded well to the requirements and recommendations we have set during our rolling quality assurance. Additionally, we are pleased with the level of active engagement from the school during this period. We have found the school to be committed to providing a high-quality experience to its students, highlighted by the school's candour and robust responsiveness to the challenges it has faced over the course of its development. As such, we have no concern in recommending to Council that Aston University be added to the GMC's list of awarding bodies.

Annex A – Open requirement

Theme	Standard/requirement	Requirement	Update
<p>Theme 1: Learning environment and culture</p> <p>Theme 5: Developing and implementing curricula and assessments</p>	R1.7; R5.8	<p>The school has a small teaching faculty with insufficient administrative support. This has led to an unsustainable burden on faculty educators. The school must mitigate this to ensure there is a sufficient level of administrative support and educator expertise to deliver its curriculum and assessment to Aston Medical School students.</p>	<p>The school has partially met this requirement. An interim assessment lead has been appointed, as have sufficient assessment administrative support staff. A new college assessment group has been founded and includes the interim assessment lead, meaning the needs of the school can be met through college discussions and opportunities for escalation if needed. We will continue to monitor this area to ensure changes provide a sustainable workload model for all staff within the school.</p>

Annex B – GMC response to Coronial Regulation 28

25 May 2021

Louise Hunt
HM Senior Coroner for Birmingham and Solihull

Dear Mrs Hunt

Regulation 28: Report to Prevent Future Deaths

I was really sorry to hear of the tragic circumstances that led to the death of Joan Mavis Coley. I extend my sincere condolences to Joan's family and all others affected.

You raise six concerns in your report. Before I turn to those, let me summarise the role of the GMC as a regulator and how it relates to the education and training of medical students and doctors. Then I will explain our involvement in the case prior to your letter, and finally I will respond to the important questions and recommendations you raise.

Our role as a medical regulator

Our powers in medical education, as set out in the Medical Act 1983, are two-fold: to set the outcomes for graduates of UK medical schools leading to entry on to the medical register and to approve the curricula for postgraduate training of doctors. We quality assure both aspects of medical training against our standards for the management and delivery of medical education and training. The principle of patient safety drives our work.

Undergraduate education

Our powers don't extend to mandating specific content in undergraduate curricula, but we determine and publish the high-level outcomes all medical students are required to demonstrate in order to graduate and be awarded a Primary Medical Qualification (PMQ). We updated our [Outcomes for graduates](#) in 2018 after extensive consultation. This is supplemented by a set of core [Practical skills and procedures](#) graduates must have achieved when they start work for the first time so they can practise safely.

Agenda item M5a

Amending the list of bodies entitled to award a UK primary medical qualification - Aston University

Foundation Programme

All doctors enter the two-year Foundation Programme after graduating from a UK medical school. It provides new graduates with a range of essential interpersonal and clinical skills for managing acute and long-term conditions. The Academy of Medical Royal Colleges develops the Foundation Programme curriculum, which describes specific outcomes all Foundation doctors should demonstrate on completion of the programme. Our regulatory role is to approve the curriculum.

The Foundation Programme curriculum requires first year trainees (FY1) to meet the outcomes we have set out in [Outcomes for provisionally registered doctors with a license to practise](#), which includes fifteen core clinical and procedural skills. This enables the trainee to apply to the GMC for full registration and a license to practice, which is a requirement of entry to the second year of the Foundation Programme.

Quality assurance of education and training

We also have a duty to make sure medical education and training in the UK is meeting our standards. We expect organisations responsible for educating and training medical students and doctors in the UK to meet the standards set out in [Promoting excellence: standards for medical education and training](#).

We quality assure medical schools, postgraduate deaneries and local offices, and local education providers (such as NHS trusts and health boards) to check they are meeting our standards. Our quality activities are risk based, which means we look at our evidence and decide which areas are likely to be of concern. We provide feedback to organisations on how well we think they are meeting our standards.

If we are concerned about something, we ask for more information to seek assurance that any issues are being dealt with appropriately, and if we're not satisfied with the response we can intervene.

We can place organisations providing postgraduate training under 'enhanced monitoring', which we do to promote and encourage local management of concerns about quality and safety. This involves more frequent progress updates and we can provide representation on a locally led visit to investigate a concern or check on progress. Where possible we work with all organisations to address the concern and develop a sustainable solution. Sometimes we need to work with other regulators to make improvements.

We also approve new medical schools, which we subject to an extensive period of quality assurance to ensure their programmes will deliver *the Outcomes for graduates* and meet the *Promoting Excellence* standards.

Agenda item M5a

Amending the list of bodies entitled to award a UK primary medical qualification - Aston University

Our response to this incident

Since being notified of the incident by Aston Medical School in December 2020, we have been engaging with local organisations regarding the immediate and long-term measures that will be taken to protect patients and to support those involved.

Our West Midlands Employer Liaison Adviser has met with Sandwell and West Birmingham NHS Trust to discuss the incident and their response. He has also held discussions with Health Education England West Midlands (HEE WM). We will work with both organisations to monitor the situation and ensure appropriate measures are being implemented.

Aston Medical School is subject to the enhanced quality assurance measures we apply to all new medical schools, we will continue to liaise with Aston about this incident and their response to your report will feed into this quality assurance activity.

We will organise a meeting with local organisations to ensure that the issues identified in your report are being satisfactorily addressed. We will also share our response to your report with local and national organisations to reinforce the learnings from this incident to prevent a similar incident happening again locally or nationally.

Addressing your specific concerns and recommendations

Against the general background of our regulatory powers and the specific actions taken already, I will now address each of the recommendations in your report.

In doing so I will refer to our standards, which state that learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.

Medical school and Foundation Year 1 training

You recommend urgent action is taken to review the training provided to medical students. The inquest heard there is limited training on taking bloods from a central line, the physiology of the procedure and its potential risks, and that the FY1 doctor felt she did not have adequate understanding of the risks of performing this procedure.

Procedures using central lines are not included in our *Outcomes for graduates* as we consider it to be beyond the level of competence required for newly qualified doctors. However, medical students should be taught about the general risks associated with central lines. It would be unsafe for them to access these lines given their complexity and the high level of risk involved.

Agenda item M5a

Amending the list of bodies entitled to award a UK primary medical qualification - Aston University

You have advised that we should also consider including the procedure on the checklist of tasks for junior doctors. The inquest heard that the procedure is not on the checklist, which meant there was no process in place to determine individual competency.

Taking bloods from central lines is not included in our *Outcomes for provisionally registered* doctors that all FY1 doctors must achieve. It is a procedure undertaken by specialists or in specialist units, and it would be inappropriate for this to be a requirement for all Foundation Programme doctors. A doctor in training, and especially a recently graduated FY1 doctor, should only undertake this procedure on the specific advice of, and under the direct supervision of, a suitably qualified senior colleague. They also must receive specific authorisation and training.

Doctors in training are expected to acknowledge the limits of their capabilities and understand the risk of performing procedures beyond their level of competence. However, there must be effective systems, policies, and processes for determining their competency to undertake procedures, whether they have received appropriate training, and the level of supervision needed to ensure patient safety.

Systems for determining trainee competency

In the absence of a formal system for assessing a doctor's competence to undertake a particular procedure, a doctor's agreement to perform a task was taken as an indication of their competency. This put the onus on to the doctor to decline tasks beyond their competency or ensure an appropriate level of clinical supervision was provided.

The more senior doctor in training and FY1 doctor both lacked an appropriate level of understanding of the procedure and the competency to perform it unsupervised, although neither realised this when the task was delegated. The doctor in training determined that the FY1 doctor was competent and could, with the assistance of the medical student, undertake it safely. An appropriate employer process should be in place to approve a doctor's competency to undertake specialist and high-risk procedures.

Your report notes the absence of a system to share information about trainee competency between wards. The FY1 doctor was shadowing the ward and the consultant had no understanding of the FY1 doctor's competencies, as no such system was in place.

Our standards state that organisations must have a reliable way of identifying learners at different stages of education and training. They must also make sure all staff members take account of this, so that learners are not expected to work beyond their competence.

Our standards also require organisations to make sure that there are enough suitably qualified staff members to provide learners with appropriate clinical supervision, at all times. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision. Foundation

Agenda item M5a

Amending the list of bodies entitled to award a UK primary medical qualification - Aston University

doctors must have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the shift.

We will continue to work with employers, HEE WM and the medical schools to monitor the actions being taken, and to ensure sustainable changes are made that will improve the quality and safety of the training environment.

Awareness of all doctors and proposal for a standard operating procedure

Your report recommends that consideration is given to ensuring all doctors are fully aware of the basic principles and risks when taking bloods from a central line. This includes the development of a national standard operating procedure that could be linked to training and assessment of competency. As any such measures would be aimed at all doctors employed across the UK's health services, rather than those currently within GMC-regulated training programmes, national service and education providers such as HEE and NHS England would be best-placed to comment on such proposals.

Specialist associations or representative bodies may also be able to assist with these recommendations. As an example of where these bodies have responded to earlier incidents, the removal of dialysis lines was reported to the National Patient Safety Agency in 2018 and the Renal Association, British Renal Society, and Intensive Care Society set out [advice and an action plan](#) in response. This recommended a number of precautions and monitoring measures and indicated national guidelines would be developed.

Final reflections

We welcome the publication of this Report to Prevent Future Deaths as an important measure to raise awareness of the incident with those who can take action to prevent future deaths. We have carefully considered your concerns. I hope this information provides reassurance of the actions we have been taking and will take with local and national organisations to ensure a similar incident does not happen again.

Yours sincerely



Professor Colin Melville

Medical Director and Director of Education and Standards

Telephone: 0161 923 6772

Email: colin.melville@gmc-uk.org

Amending the list of bodies entitled to award a UK primary medical qualification - Anglia Ruskin University

Action	To approve an addition to the GMC’s list of bodies that can award UK Primary Medical Qualifications (PMQs).
Purpose	This paper summarises progress of the quality assurance of the MBChB programme delivered by Anglia Ruskin School of Medicine (ARU; the school). It gives an overview of the programme, the QA process undertaken and areas of note/concern.
Decision Trail	The Director and Assistant Director of Education and Standards have approved this recommendation to Council to amend the GMC’s list of awarding bodies.
Recommendation	To approve Anglia Ruskin University being added to the GMC’s list of bodies that can award UK PMQs
Annexes	Annex A: Open requirements and recommendations
Author contacts	Jamie Field , Education QA Programme Manager Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Professor Colin Melville , Medical Director and Director of Education and Standards Martin Hart , Assistant Director - Education

Agenda item M5b

Amending the list of bodies entitled to award a UK primary medical qualification - Anglia Ruskin University

Background

- 1 Maintaining the list of bodies entitled to award primary medical qualifications (PMQs) is a key component of our regulation of undergraduate medical education. The current list of bodies and combinations of bodies entitled to award UK PMQs is published on our [website](#).
- 2 Standards of proficiency are set out in [Promoting excellence: standards for medical education and training \(2016\)](#) and compliance with the standard is demonstrated through the Quality Assurance Framework, which includes annual returns from medical schools and a rolling programme of visits.
- 3 As per the Schedule of Authority of the Governance Handbook, Council is required to maintain and amend, as required, a list of bodies and combinations of bodies entitled to hold examinations for the purpose of granting one or more primary UK qualifications.
- 4 We received an application from ARU to establish a new medical school in April 2016. Since then, the application has been subject to our new schools quality assurance process.

About ARU

- 5 ARU's MBChB course is a 5-year programme, taught across three phases. The first phase focusses on fundamental principles of medicine through systems-based teaching. Phase 2 covers the second and third years of the course and take and introduces student to further systems-based learning. In Phases 1 and 2 students learn in lectures, specialist facilities and in clinical placement. Phase 3 is strongly focussed on practical experience and preparing students to work as a junior doctor, with learning mainly taking place on placement.
- 6 The school enrolled its first students in September 2018. The intended cohort size is a steady 100 students, which has increased slightly in some years due to fluctuating numbers during the pandemic. The school ran a compressed admissions cycle in 2018 due to only receiving notification of government funding in March 2018 for a September 2018 start. Following this, admissions have run as planned.

Quality Assuring ARU

- 7 The Quality Assurance – Monitoring & Improvement (QAMI) team, with support from medical education associates, has undertaken a range of quality assurance activities since 2016 following the school's initial application. This has included extensive document reviews, as well as visits to the programme each year since 2017 (except 2021 which was affected by the pandemic). During our visits, we spoke to students, staff, and other key stakeholders such as placement partners. We have also conducted assessment observations, including the final Objective Structured Clinical Examination (OSCE).

Agenda item M5b

Amending the list of bodies entitled to award a UK primary medical qualification - Anglia Ruskin University

- 8 Although we were unable to visit the programme in person in 2021, we conducted our visits virtually via Microsoft Teams. This allowed us to address key areas, albeit in less detail, to gain the assurance needed.
- 9 Through our assurance processes, we have identified a number of areas working well at the school. In particular, we have been pleased with the strong and cohesive relationship with the school's contingency partner, University of Dundee School of Medicine. We have also commended the school's engagement with its local stakeholders, including other local medical schools, Health Education England (HEE), and the regional Integrated Care System (ICS). Educators, both academic and clinical, reported that they are well supported by the school and feel able to influence decisions made regarding the programme. Additionally, we were impressed by the school's response to the pandemic, ensuring students were well supported and that learning continued.
- 10 Additionally, the Medical Licensing Assessment (MLA) team has met with the school on several occasions to discuss how the school is progressing towards meeting the requirements of the clinical and professional skills assessment (CPSA) and the applied knowledge test (AKT) elements of the MLA.
- 11 Over the course of our quality assurance, we have also identified a number of concerns. These are outlined below, as well how these have been mitigated by the school.

Addressing concerns

- 12 We have been pleased with the school's engagement on the concerns we have identified over our rolling quality assurance process, and the steps taken to address them. During our first cycle of assurance in 2018/19, we encouraged the school to keep its personal tutor system under review to ensure that personal tutors were not overburdened, and students were able to receive appropriate support. We also expressed concerns over the volume of assessment and the sustainability of this moving forward. We also were concerned to hear some students received poor experience on clinical placements and recommended the school monitor this and redistribute student clinical placements where appropriate.
- 13 At the next visit to the school in February 2020, we were pleased to see the school had amended its assessments schedule to ensure this was appropriate for students. However, we noted issues with exam security, standard setting, and reliance on senior roles for assessment. Work regarding the personal tutor model was ongoing, with some students reporting they had not received a mandatory meeting. We were particularly concerned to find Year 2 students felt their relationship with the school had broken down. These students raised several concerns regarding a lack of communication and responsiveness from the school. We set a requirement for the school to address this.

Agenda item M5b

Amending the list of bodies entitled to award a UK primary medical qualification - Anglia Ruskin University

- 14** Our visits during the 2020/2021 cycle took place virtually due to the pandemic. However, it was evident that the school had addressed the issue with Year 2 students and that significant improvements had been made. This was done through weekly meetings, shared action logs and increased Staff Student Liaison Committees. We also noted progress against our concerns relating to assessment. However, concerns remained regarding the personal tutor model, with students reporting variable experiences. We heard that the school intended to develop a local medical school support service, which we encouraged. We also heard concerns that expected competency levels of students were not always clear on placement.
- 15** During our 4th cycle of visiting in 2021/2022, we noted some progress against our previous concerns. The school had clarified its processes for quality assuring and standard setting assessments and had also taken clear steps to improve examination security. However, concerns remained regarding a lack of clarity over expected level of competence. We were also concerned to hear from students that they had not seen an improvement in the personal tutor model, and that issues had been exacerbated when their learning moved to being predominantly in clinical practice. Additionally, students in a number of years reported feeling bullied and undermined whilst on placement. This related to perceived negativity about ARU's relatively new status as a medical school. This also extended to sexist comments. We set a requirement for the school to address this urgently.
- 16** We were pleased to see the school had taken active steps to address the remaining concerns during our final cycle of visiting in 2022/23. A new system personal tutor had been introduced, whereby all students in clinical years would receive a dedicated clinical personal tutor. Although not all students had met their personal tutor at the time of our visit, those who had reported positively on the experience. We were also pleased to find evidence that the school had clearly communicated expectations of clinical competence to clinical educators. Supervisors were enthusiastic about their interactions with the school.
- 17** We were also pleased to see the school had addressed concerns regarding bullying and undermining on placement. Students had been reminded on what constitutes unacceptable behaviour on placement, and sessions had been developed to help empower students to speak up. Raising concerns processes had also been refined. The Head of School told us that there are now regular meetings between the medical school, trusts, HEE and the ICS to discuss quality issues pertinent to all parties. Students did not report any further instances of bullying and undermining behaviour. We will continue to monitor this area as the school embeds its new structures.
- 18** We intended to conduct an observation of the school's final OSCE but were unable to do so due to industrial action. However, we have investigated assessments each year as part of our visiting cycle, including reviewing the school's assessment strategy, assessment handbooks and external examiner reports. We have also kept in contact with the MLA team to share

Agenda item M5b

Amending the list of bodies entitled to award a UK primary medical qualification - Anglia Ruskin University

knowledge. We intend to complete the OSCE observation as part of our routine monitoring processes with the school in the next academic year.

- 19** As a result of our continued quality assurance and collaboration with the school, we have addressed the majority of concerns identified through our rolling quality assurance. One requirement and one recommendation remain open. However, we are confident that this will not adversely impact students' ability to meet [Outcomes for graduates](#) and should not affect council's decision to add Anglia Ruskin University to the list of bodies entitled to award a PMQ. Updates against the remaining requirements and recommendations can be found in **Annex A**.
- 20** All remaining requirements and recommendations will be monitored through our routine proactive quality assurance processes.

Recommendation

- 21** The school has responded well to the requirements and recommendations we have set during our rolling quality assurance. Additionally, we are pleased with the level of active engagement from the school during this period. We have found the school to be committed to providing a high-quality experience to its students, highlighted by the school's candour and robust responsiveness to the challenges it has faced over the course of its development. As such, we have no concern in recommending to Council that Anglia Ruskin University be added to the GMC's list of awarding bodies.

Annex A – Open requirements and recommendations

Theme	Standard/requirement	Requirement	Update
Theme 1: Learning environment and culture Theme 3: Supporting learners	R1.2; R3.3	The school must review its processes for gathering and analysing students' experiences in clinical settings, including clear processes for raising concerns regarding supervision, patient safety and undermining or discriminatory remarks.	The school has partially met this requirement. Students have been reminded on what constitutes unacceptable behaviour on placement through sessions developed to help empower students to speak up. The raising concerns processes had also been refined. There are now regular meetings between the medical school, trusts, HEE and the ICS to discuss quality issues pertinent to all parties. Students did not report any further instances of bullying and undermining behaviour. We will monitor this area to ensure changes are sustained.

Theme	Standard/requirement	Recommendation	Update
Theme 4: Supporting educators	R4.2	The school should monitor the workload of personal tutors, as well as the scalability of the current model.	The school has partially met this recommendation. A new personal tutor model has been introduced so that students in clinical years have a dedicated personal tutor. As this model was being rolled out at the time of our last visit, we will keep this area under review to ensure the workload of personal tutors is reasonable and these changes are sustainable.

Annual equality, diversity, and inclusion (ED&I) progress update 2022

**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.

Annual equality, diversity, and inclusion (ED&I) progress update 2022

Annex A

**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.

Responding to the DHSC’s consultation on the Anaesthesia Associates and Physician Associates Order

Action	To approve
Purpose	DHSC published its consultation on the proposed legislation for AAs and PAs (the AAPAO) on 17 February. The purpose of this paper is to share our draft consultation response for Council discussion and approval.
Decision Trail	We shared our preliminary analysis of a previous draft of the legislation at the December Council meeting, with an update provided at the March Council meeting. The draft consultation response has been discussed by the MAPS and Regulatory Reform Programme Board, and approved by the Senior Management Team
Recommendations	To discuss and comment on our draft consultation response, and subject to those comments, to approve our response.
Annexes	Annex A – Draft consultation response
Author contacts	Thomas Jones , Head of Regulation Policy Tim Aldrich , Assistant Director – Regulatory Reform Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director/ Senior Responsible Owner	Shaun Gallagher , Director of Strategy and Policy

Agenda item M7

Responding to the DHSC's consultation on the Anaesthesia Associates and Physician Associates Order

Introduction

- 1 The Department of Health and Social Care (DHSC) published their [consultation](#) on the section 60 Anaesthesia Associates and Physician Associates Order (the AAPAO) on 17 February. The consultation will close just before midnight on the 16 May.
- 2 Our proposed response, subject to any final revisions following Council discussion, is at Annex A.

Overview

- 3 We continue to hold the position that the publication of the consultation represents a significant milestone for the introduction of statutory regulation for both AAs and PAs. We also recognise that the Order brings us a step closer to the delivery of wider reforms for doctors. Therefore, we welcome the publication of the draft Order and, as we have noted previously, continue to view the legislation positively.
- 4 However, as our last public opportunity to influence the substantive content of the Order, we have used our consultation response to draw DHSC's attention to a number of key issues that, in our view, require resolution to fully realise the core benefits of the reforms.
- 5 As we have discussed with Council previously, these focus on:
 - Areas where we disagree on policy intent*
 - Fitness to Practise grounds for action
 - Areas where we agree on policy intent but disagree on the drafting*
 - Fitness to practise Initial Assessment
 - Revisions and Appeals
 - Fees and financial provisions
- 6 Within our response, we have also stressed that there are further points of detail that require consideration by DHSC to ensure that the proposed drafting clearly delivers the policy intent that is outlined in both the [consultation document](#) itself, and the [response](#) to the 2021 policy consultation that was published alongside this.

Outstanding issues

- 7 Following the March Council meeting, we have held workshops with DHSC to discuss three of the issues highlighted above – those areas for which we agree on policy intent but disagree on the way in which that has been translated into drafting. The workshops have helped to develop a shared understanding of how the drafting could be operationalised, and the extent

Agenda item M7

Responding to the DHSC's consultation on the Anaesthesia Associates and Physician Associates Order

to which this delivers the policy intent. Following these workshops DHSC have agreed to review relevant provisions in the light of our feedback.

- 8 However, whilst these discussions have been helpful our formal consultation response will still reflect, and put on public record, our views about the draft AAPAO as published.

Framing our response

- 9 In drafting the response, we have attempted to strike the right balance between welcoming the Order and pushing back firmly on those areas that, in our view, require significant change. We recognise that at times our emphasis is more on the latter, but as our last public opportunity to influence the direction of the Order (which in turn will provide template legislation for subsequent Orders for the regulation of doctors and other professions), it is necessary to focus attention on those areas where revisions need to be made.
- 10 Where necessary, we have drawn comparisons with the Medical Act to provide examples of drafting that addresses some of the issues we have highlighted. However, we have used these selectively given our stated aim to move away from the prescriptive detail and limited flexibility that the Act currently affords.
- 11 Our response also aims to highlight some of the practical implications and challenges that are associated with implementing certain provisions and makes suggestions for how the problems with the drafting could be addressed.
- 12 We would welcome Council's view as to whether we have framed our response appropriately and struck the right balance between welcoming the AAPAO overall while challenging various points of detail.

Stakeholder engagement

- 13 We're continuing to encourage stakeholders to respond to the AAPAO consultation. We've had a positive response, with many national bodies including employer groups, AA and PA representative groups, doctor representative groups and patient groups noting they'll respond. Some stakeholders have remarked on the complexity of the consultation documents: we've supported a better understanding of key issues within the AAPAO by sharing our external briefing with them, as well as organising in-depth policy meetings with several organisations. We're encouraging stakeholders to highlight the benefits of reform in their own response and raise any remaining concerns we have with the drafting.

Agenda item M7

Responding to the DHSC's consultation on the Anaesthesia Associates and Physician Associates Order

Finalising our response

14 We will amend our response to take into account any feedback from Council on our approach. Following final checks on style and presentation we will invite the Chair of Council to sign-off the final response on behalf of Council.

Recommendations:

- a** Council is asked to discuss our proposed approach with a view to assessing whether:
 - It strikes the right tone
 - It is clear in its messaging
- b** Subject to our addressing any comments raised in the discussion, Council is asked to approve our draft response.

Responding to the DHSC's consultation on the Anaesthesia Associates and Physician Associates Order

Annex A

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.

2022 Human Resources Report and Gender Pay Update

Action	To Note
Purpose	<p>This report provides a summary of the main HR monitoring data for 2022 including more detailed information on diversity and pay.</p> <p>The report includes the 2022 gender pay figures and an update on the work being undertaken in this area.</p>
Decision Trail	<p>Our HR data is considered by the People Board ahead of Council receiving this report. The monitoring data relating to our EDI targets is regularly reported to Council.</p>
Recommendation(s)	<p>The Board is asked to note the 2022 Human Resources and Gender Pay Reports.</p>
Annexes	<p>Annex A: Our recruitment, turnover, and absence monitoring data</p> <p>Annex B: Our profile as an employer in terms of diversity</p> <p>Annex C: Pay data by protected characteristic</p>
Author contacts	<p>Andrew Bratt, Assistant Director – People</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	<p>Neil Roberts, Director of Resources</p>

Agenda item M8

2022 Human Resources Report and Gender Pay Update

Background

Human Resources Report 2022

- 1 Our People policies, procedures and infrastructure exist to ensure that we recruit, retain, and develop a diverse, talented, and committed workforce while meeting our statutory obligations as an employer.
- 2 The report covers:
 - Our recruitment, turnover, and absence monitoring data (Annex A)
 - Our profile as an employer in terms of diversity (Annex B)
 - Pay data by protected characteristic (Annex C).
- 3 The pay data includes our statutory calculation for last year. This is our reported March 2022 figure. The wider set of pay data is our own average by pay band and is based on average full time equivalent salary. This is based on our payroll as of December each year.

2022 Overview: A more challenging pay, employee relations and recruitment environment

- 4 Our work in 2022 saw the establishment of new post pandemic working patterns and our supporting policies have operated well.
- 5 Our 2022 data, along with the People Survey and pulse surveys on post-covid working arrangements were indicative of a good employee relations environment. Colleague feedback is generally positive, but within this overall picture we know the experience of the workplace and our employment practices is less positive for some groups.
- 6 The main themes that have impacted on our work as an employer have been a much more competitive labour market and the impact of the cost-of-living crisis. In 2022 we continued to adjust our recruitment approach to allow us to secure new hires more quickly and overall, we were successful in meeting our recruitment needs. This has been supported by additional measures on new joiner pay, agreed in Q4 and we have started to see slightly better conditions for recruitment in Q1 of 2023.
- 7 While employee engagement has remained high, pay continued to be a significant issue in 2022. We made a one-off payment to staff below senior management (level 2) in November and late in 2022 confirmed a two stage pay award with further support for colleagues at levels 4,5 and 6 (that is below 'middle management' level.)

Agenda item M8

2022 Human Resources Report and Gender Pay Update

- 8 While 2022's pay award was not a significant issue at the time, subsequent feedback on pay, especially for longer serving colleagues has become a more contentious issue. We are looking to address several priorities on pay, in particular fairness and equity, but we will also need to consider how we retain our most capable staff at level 4 (officer level).

Turnover: Slightly up on 2021

- 9 Voluntary staff turnover has risen in 2022. Our longer-term trend has been at the bottom end of our target range of 8 to 12 %. In 2020 it fell significantly from 8.8% to 3.6% as job security and a significant reduction in labour market activity had an impact. In 2021 we saw turnover at 8.2% and it has risen to 10% in 2022.
- 10 Concerns that turnover would continue to rise to much higher levels have not materialised and the position on recruitment and retention has seen some improvement both in Q4 and early this year with longer shortlists and fewer candidate dropouts. We remain a low turnover organisation but having enjoyed a very stable workforce we are sensitive to relatively modest increases in staff movements.
- 11 Promotions in 2022 totalled 48 (45 in 2021) while internal transfers dipped in 2022, 123 down from 202 in 2021.
- 12 Within all staffing movements we had 12 probation periods extended, and none were failed. This is a slight decrease on 2021 when 13 were extended. No 2022 probations were failed. We have good support for inducting new employees and there is no evidence, at this point, that recruiting during the pandemic has generated any issues in terms of new starters' suitability for roles.

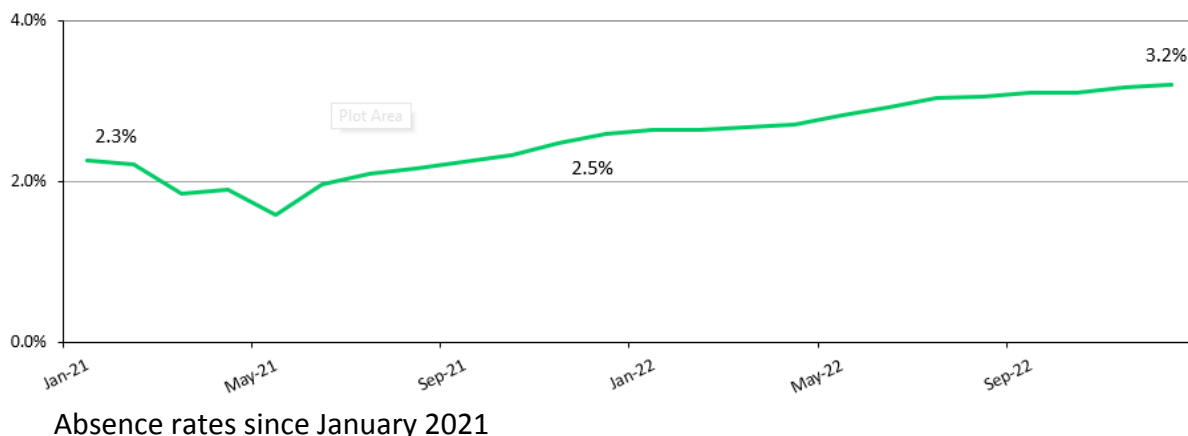
Absence: Covid causes a slight increase on 2021, mental health remains the main reason for absence issues

- 13 In 2020 our absence rate fell to 2.3% (5.9 days/year) and in 2021 we saw a slight increase to 2.6% (6.9 days/year) partly covid related.
- 14 In 2022 absence rose to 3.2%, (8.2 days per year) with Covid having a further, and more significant, impact. The 2022 external benchmarks are not yet available, but our absence aligns with the wider UK trends over the last few years.
- 15 The underlying causes of absence (other than covid) are broadly unchanged.
- 16 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 network of mental health first aiders and supported a programme of pandemic specific support on wellbeing. We have a mental health champions network and an employee lead mental health interest group.

Agenda item M8

2022 Human Resources Report and Gender Pay Update

17 Our feedback on this area, and the support of line managers, via our pulse surveys has been very positive which suggests our actions have supported employees and contributed in this area.



Equality, Diversity and Inclusion

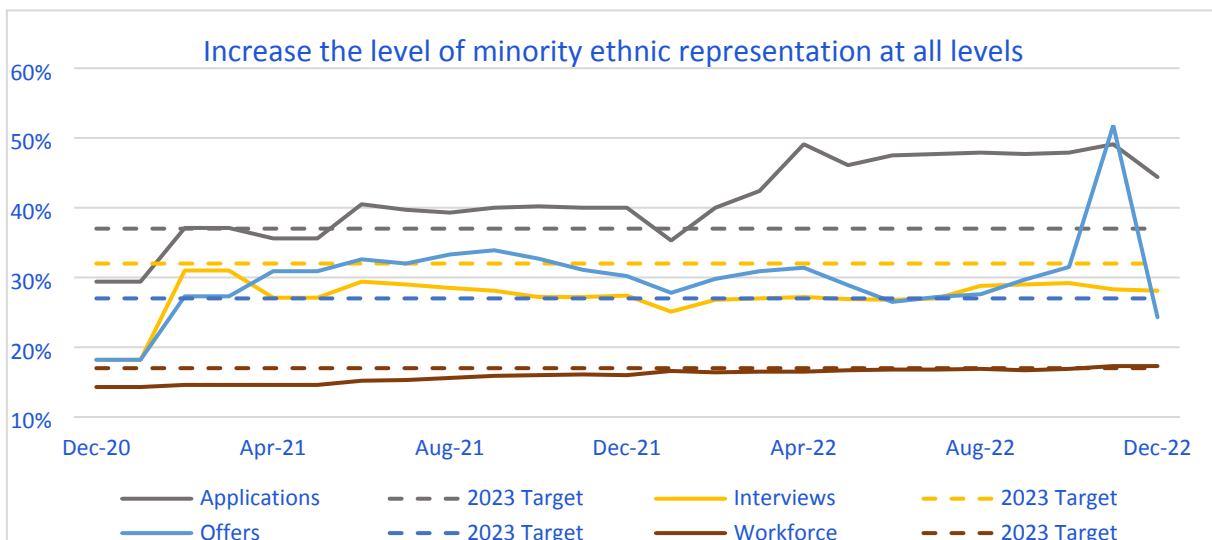
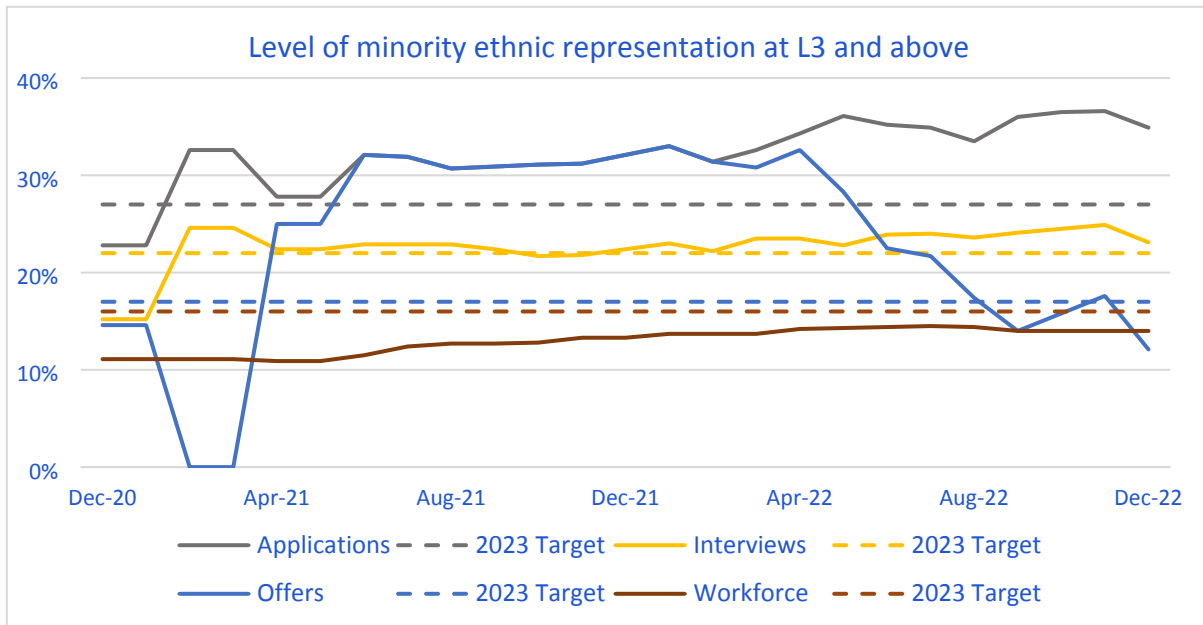
- 18** Council have agreed a series of employment related EDI targets and we updated Council in February. This report sets out in more detail our current position on our staffing profile, recruitment and pay. We have also included some initial analysis on age and sex in relation to our EDI targets to help inform our work.
- 19** We monitor and analyse our data for our major processes and monitor the composition of our workforce. An overview of this is set out at Annex B. We have reported pay data on sex and ethnicity for several years, ahead of the legal requirement on the former. This year we have expanded this reporting and will publish this internally alongside our reporting to Council.
- 20** This data along with our staff survey analysis highlights several areas where we are making progress, and others where we are looking to make significant improvements.
- 21** In 2021 we saw a step change in our recruitment performance with 30% of appointees being from a minority ethnic background. This has supported a small, but steady increase in the diversity of our workforce (slightly ahead of our target) and in management roles (slightly behind). In 2022 the offer rate was 25% but we did see a fall-off in offer levels for management roles as the year went on.
- 22** We are analysing the potential reasons for this. Between 2021 and 2022 we saw a decline in candidate numbers for the same level of recruitment activity, reflecting a more competitive

Agenda item M8

2022 Human Resources Report and Gender Pay Update

market, but the level minority ethnic representation has remained stable at the attraction stage. Over the latter half of 2022 period we have seen more internal recruitment (often to cover secondments) and more Manchester based recruitment activity.

- 23** We are currently reviewing our Q1 campaigns to assess whether the 2022 experience has continued.



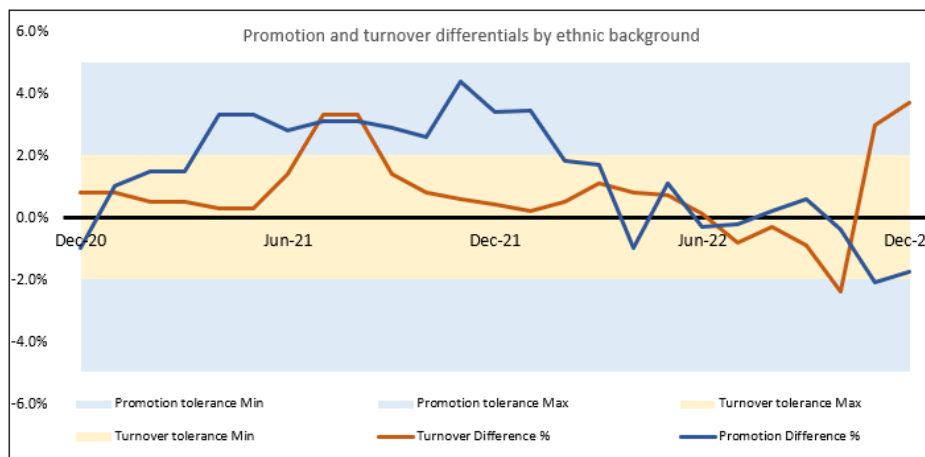
- 24** Internal promotion and turnover affect our progress. Historically promotion rates have varied between years, our target has been to see rates for ethnic minority colleagues within 5 percentage points of our average (within the blue zone below). For all of this period

Agenda item M8

2022 Human Resources Report and Gender Pay Update

promotion rates are within the band expected and for almost all of the last two years at a higher rate for ethnic minority colleagues (blue line).

- 25** Turnover historically has tended to be higher for minority ethnic colleagues. Our target has been to see rates within 2 percentage points of our average (yellow zone below). Turnover has largely remained within our target band, but rates for ethnic minority colleague were higher in Q3.



Ethnicity and Gender

- 26** Given the changing pattern of recruitment in 2021 we have also looked at gender balance. For female applicants, we have historically seen women becoming increasingly well represented as our recruitment process moves forward. Back in 2019 women were twice as likely to get appointed. In 2021 these differentials were still apparent but had reduced: and this pattern has continued in 2022.

	Applications		1st Interview		2nd Interview		Offer	
Female	2,021	55.6%	549	61.4%	20	57.1%	159	64.1%
Male	1,614	44.4%	345	38.6%	15	42.9%	89	35.9%

- 27** The positive impact of this is that at Level 3, where 62.1% are women almost in line with the GMC’s overall gender profile. We also continue to see a steady increase in representation of women in senior management roles with a further increase in women at Level 2 to a similar

Agenda item M8

2022 Human Resources Report and Gender Pay Update

level (61.4%). The AD cohort has seen a similar trend (a female recruit replacing a male would see this cohort match the GMC’s workforce).

- 28** This does mean that female managers have typically shorter periods of service in management roles than their male peers, which in part explains some pay differences and highlights the importance of getting starting salaries and pay progression in years 2 and 3 right.
- 29** Despite these improvements, our workforce gender balance (at 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, other factors that have an influence include the male/female balance in higher pay areas (IS), net salary figures after reductions for childcare voucher and more men exchanging pension for pay.
- 30** When we look recruitment trends for ethnic minority candidates, we have seen a change since 2021 when 80% of ethnic minority appointees were women.

applicants	Female	Male
Ethnic minority	53.0%	47.0%
Non-Ethnic minority	58.1%	41.9%

- 31** In 2022 this pattern didn’t continue, and the experience of men and women was more balanced.

Ethnic Minority female	Applications	44.9%
	Appointments	26.1%
Ethnic Minority Male	Applications	50.1%
	Appointments	27.3%

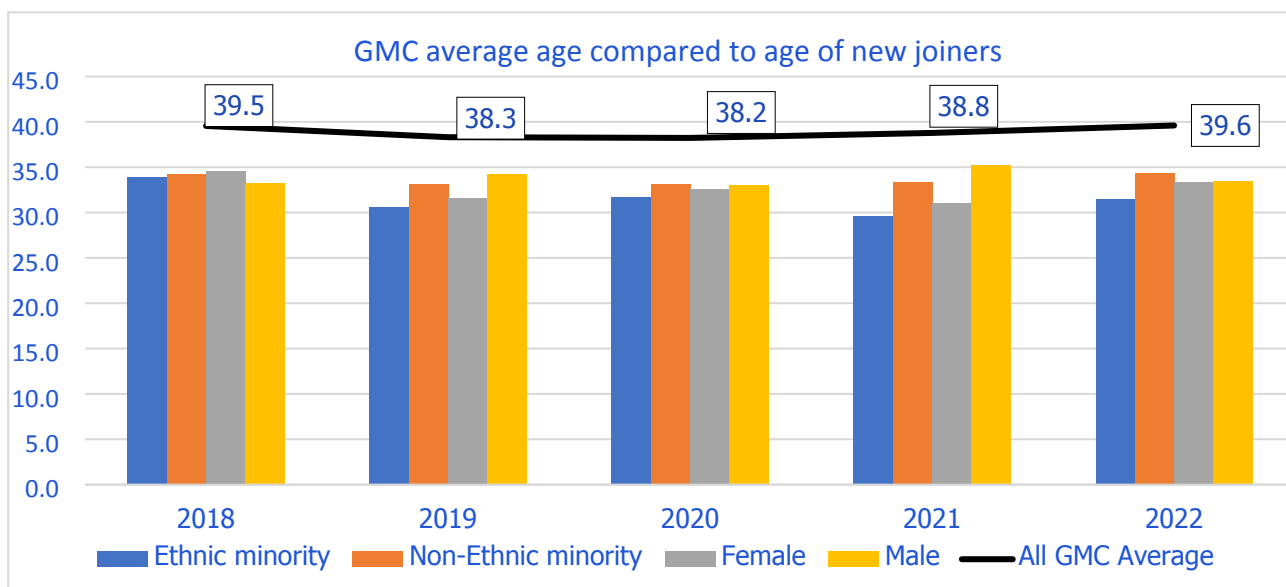
Ethnicity and Age

- 32** 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, it is particularly important in relation to the overall structure of our EDI programme on training.
- 33** 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.

Agenda item M8

2022 Human Resources Report and Gender Pay Update

34 The age profile of the organisation remains stable, and recent lower turnover has reversed a very gradual reduction in average age in recent years. Minority ethnic candidates are, on average, younger and this was a little more pronounced in 2022.



35 This younger minority ethnic joiner profile by age applied at almost all levels in the organisation in 2021:

	Minority Ethnic	Volume	Non-Minority Ethnic	Volume	Age diff.
LEVEL 3	31.8	5	37.1	12	5.3
LEVEL 3A	40.5	2	43.0	3	2.5
LEVEL 4	35.7	10	33.3	30	-2.4
LEVEL 4A	25.0	2	27.0	3	2.0
LEVEL 5	32.1	29	35.2	70	3.1
LEVEL 6	27.6	16	32.1	32	4.5

36 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. Our experience in 2021 reflects this with 17.7% of minority ethnic colleagues promoted or transferred compared with 14.3% of other colleagues. In 2022 9.4% of minority ethnic colleagues were promoted or transferred compared with 11.2% of other colleagues. The numbers of moves were however lower than in 2021.

37 Our People survey provides engagement and inclusion scores which are calculated by the proportion of colleagues who provide positive responses to specific questions in each area.

Agenda item M8

2022 Human Resources Report and Gender Pay Update

An engaged colleague is positive about the GMC and is committed to their work. Eight inclusion questions assess areas such as equal treatment irrespective of background, raising concerns and exposure to bullying, harassment or discrimination.

- 38** Age is especially significant as although engagement and inclusion scores are typically lower on average for minority ethnic colleagues, this is primarily driven by younger employees and differentials close with age. At a GMC level ethnic minority colleagues’ average score do vary by gender, and the inclusion index for women shows quite a significant variation.:

	Engagement index	Inclusion index
Ethnic minority men	68%	74%
Ethnic minority women	71%	68%
Non-Ethnic minority men	74%	80%
Non-Ethnic minority women	78%	79%

- 39** However, these clear differences are more prominent for younger employees (we do not have sufficient numbers to look at under 25s or over 55s). Here we see engagement levels start to align with age (almost the same for 45 years+) but inclusion levels do vary significantly for the over 45s.

	Ethnic minority engagement	Non ethnic minority engagement	Ethnic minority Inclusion	Non-Ethnic minority Inclusion
age 16-24	70%	78%	76%	79%
age 25-34	66%	74%	67%	77%
age 34-44	72%	76%	72%	80%
age 45-54	75%	79%	65%	83%
age 55+	-	79%	-	83%

- 40** This overview reinforces the:

Agenda item M8

2022 Human Resources Report and Gender Pay Update

- Potential of apprenticeships and graduate programmes to help meet our workforce profile ambitions.
- Importance of continuing to invest in early career stage development to support our workforce targets.
- Need to focus on engagement and inclusion for younger employees.

Age Profile

41 Our age profile generally has seen little change, but in 2022 we saw a much more balanced pattern of applications and offers. In 2021 older applicants (45+) were underrepresented at offer stage and this reversed in 2022. We need to understand the reasons for this, especially with a wider focus on increasing participation rates for 50+ workers.

2022 recruitment by age:

Age group	Applicants age band	Joiners	Difference
16-24	22.7%	22.4%	-0.4%
25-34	38.7%	41.8%	3.0%
35-44	23.5%	18.6%	-4.9%
45-54	10.3%	14.3%	4.1%
55+	4.8%	3.0%	-1.9%

Disability

42 Our recruitment data does indicate that our processes operate fairly, with 11.2% of candidates advising of a disability and 15.5% of this cohort receiving job offers.

Sexual Orientation

43 As with disability our insights are limited due to our data and very small numbers in some categories (so we cannot publish), but we will expand our reporting on recruitment during this year and work to improve our data to aid monitoring. Overall LGBT+ candidates secured 19.4% of job offers in 2022 and made up 13.5% of applicants.

2022	Applications	Joiners
LGBT+	13.5%	19.4%
Heterosexual	86.5%	80.6%

Agenda item M8

2022 Human Resources Report and Gender Pay Update

Pay and Gender Pay Reporting

- 44** Annex C sets out our March 2022 figures (the statutory reporting requirement). We have also included more detailed monitoring data, including high level pay comparisons covering a wider set of protected characteristics for the whole of 2022 (using December 2022 data).
- 45** This needs to be treated with some caution, in some areas we do not always have complete employee data as some colleagues choose not to disclose. For some protected characteristics small numbers make any comparisons very difficult. However, at a high level, pay and grade information, does give insights into the outcomes of our decisions on recruitment, pay, progression and promotion.
- 46** We have reported pay by gender and ethnicity on an annual basis since 2012. To allow comparisons we have included updated data for each grade by gender and ethnicity as of 31 December 2021 and 2022.
- 47** Annex C includes our 2022 equal pay data calculated in line with the Gender Pay Gap Reporting requirements.
- 48** On gender we reported an overall pay gap of 15% for March 2018. For March 2019, the gap had fallen to 14%. In 2020 it increased to 14.5% and fell again in 2021 figure to 13.5%. The 2022 figure was higher at 14.5%.
- 49** We do not yet know the final 2023 figure and the statutory requirements for pay gap reporting mean a variety of factors in one month (March) will impact on the result. But our initial estimates indicate a further reduction as of March 2023 and the April 2023 pay award will have a further positive impact of up to 1%. This is however highly sensitive to promotion patterns. We are currently modelling pay award scenarios for 2024 and 2025 to assess medium term trends.
- 50** The main causes of our gender pay gap are:
- a** Our senior management cohort not reflecting the make-up of our workforce on gender.
 - b** Our higher paid specialist pay grades (IS and data) have a 65/35 male/female split, the opposite of the GMC overall.
 - c** A lower proportion of male employees in lower grades
 - d** Differentials within pay bands for senior manager (linked to length of service: Men at level 2 have on average twice the length of service as woman at that grade)

Annex A

HR Monitoring Overview

Recruitment and retention

- 1 Recruitment activity continues to be heavily impacted by the global pandemic throughout 2022 with 265 (253 – 2021) offers being made throughout the year.
- 2 The diversity monitoring aspects of the recruitment process are set out in Annex B.
- 3 We use a range of media for advertising, including social networks and specialist websites and use open evenings to market opportunities for some roles. Our own website plays an increasingly important role and candidates can register for vacancy updates.
- 4 Our recruitment process is based around a competency-based application form, anonymised shortlisting, and then a range of assessment options tailored to suit individual job groups. These include competency-based interviews, group exercises and ability testing. For senior roles we retain the services of agencies although appointments up to and including Assistant Director level are typically managed in-house.
- 5 Our recruitment processes are all on-line and helping us to run a process that averages four weeks from when an advert goes live, through the selection process to the offer stage.
- 6 All staff go through a probationary review process at three and six month stages before being confirmed in role. The number of staff who have this period extended or their employment terminated remains very low.

Recruitment

- 7 A more detailed analysis of our recruitment outcomes in terms of diversity is set out in Annex B.

Agenda item M6

2022 Human Resources Report and Gender Pay Update

Internal Recruitment

	2019	2020	2021	2022
Promotions	83	60	45	48
Transfers / Temporary Transfers*	203	159	202	123
Total	286	219	247	171

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).

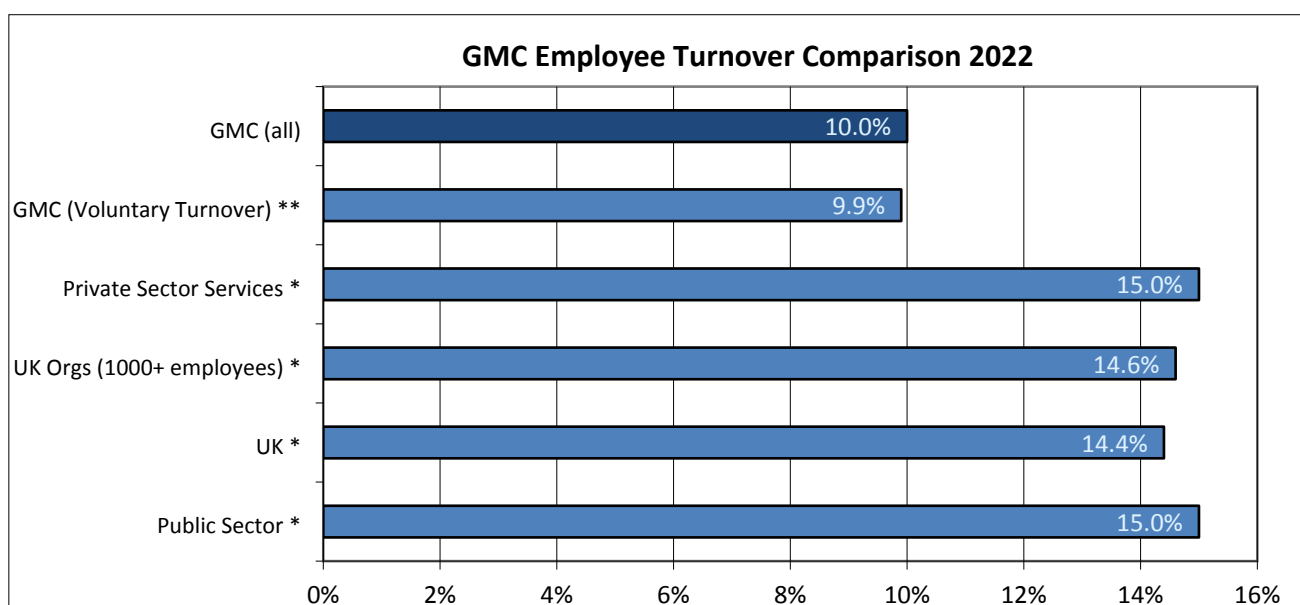
Temporary Transfers includes temporary transfers at the same grade, secondments and temporary promotions.

Probation analysis

- In 2022 we have had 12 probation periods extended down from 13 in 2021. 7.0% of all probations completed in 2021.
- There were no colleagues dismissed due to not passing their probation during 2022, the last time this happened was 2020.

Turnover

8 After seeing very few leavers during 2020, we saw the number of leavers in 2021 return to pre covid levels.



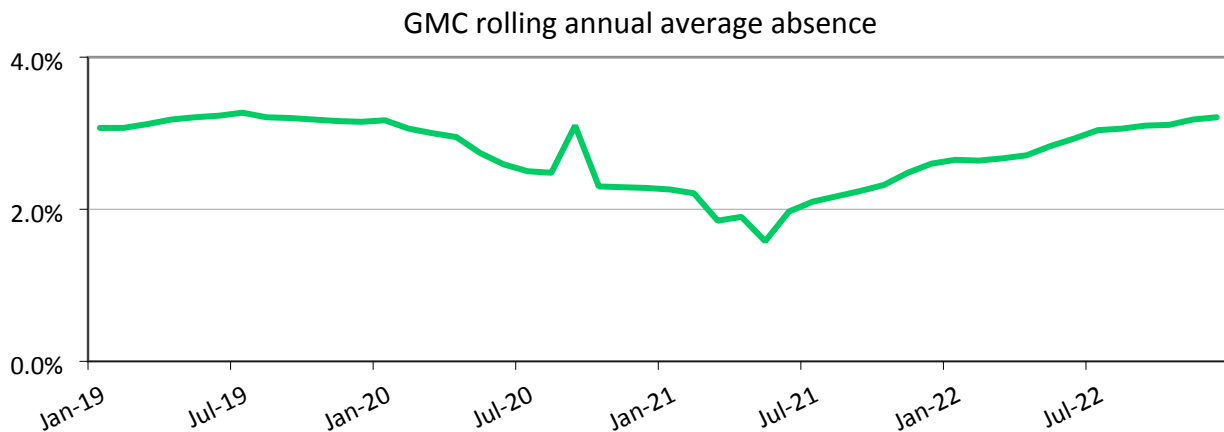
Agenda item M6

2022 Human Resources Report and Gender Pay Update

**Labour turnover rates: 2022 XpertHR Survey*

***Voluntary turnover includes resignation, voluntary redundancy and normal retirement. Total turnover includes voluntary plus compulsory redundancy, fixed term contracts and dismissal.*

Employee Absence



9 Absence levels continued to increase throughout the year. Covid has been the highest contributing factor especially during the summer months, peaking in July. Q4 saw a large increase in cold/flu as expected for the time of year. Stress is only the fifth highest reason for absence, however the amount of days lost to this reason have increased 22.5% from 2021 and increase 30.1% when including the reason code of work stress.

Top 10 reasons for sickness absence

2022

COVID19	SURGICAL RECOVERY	STRESS	CANCER	MENTAL HEALTH
17.5%	12.9%	9.5%	7.4%	7.1%
ANXIETY	COLDFLU	DEPRESSION	WORKSTRESS	OTHER
15.1%	12.3%	7.6%	5.4%	5.3%

Agenda item M6

2022 Human Resources Report and Gender Pay Update

2021

ANXIETY	COLDFLU	COVID19	OTHER	MENTAL HE...
19.4%	11.4%	9.8%		
DEPRESSION	STRESS	SURGICAL RECOVERY	7.5%	6.2%
17.9%	10.3%	8.8%	WORKSTRESS	MIGRAINE
			4.8%	3.9%

Percentage split is only between the top 10 reasons

12 Figures Sickness absence - average days lost per employee

	2019	2020	2021	2022
GMC average days lost	7.9	5.9	6.9	8.2
XpertHR Average days lost	6.5	5.7	7.3	N/A

taken from the XpertHR survey 2022: Absence rates and costs.

13 Approximately 56.4% (49.0% in 2021) of all absence would be classified as long term i.e. the absence totals 20 days or more.

Council meeting – 27 April 2023

Agenda item M8

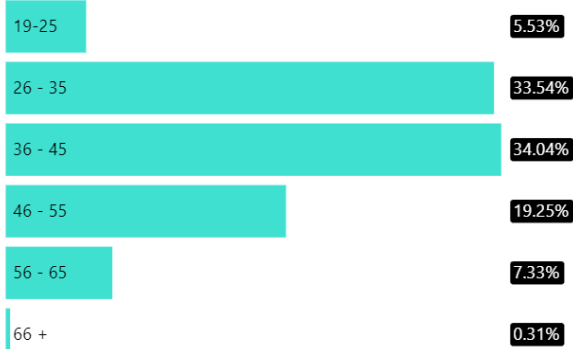
2022 Human Resources Report and Gender Pay Update

Annex B

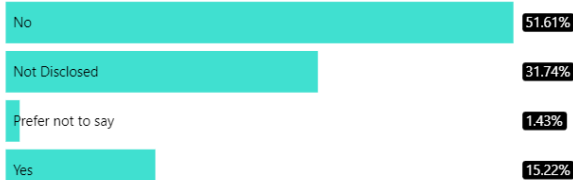
Our Workforce

Workforce profile end of 2022

Age



Caring Responsibility



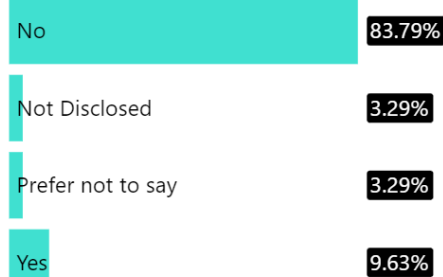
Sexual Orientation



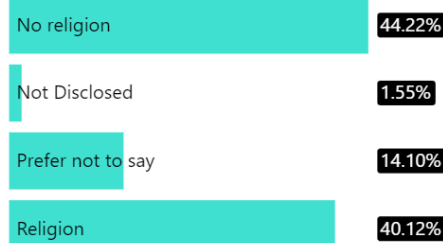
Gender



Disability



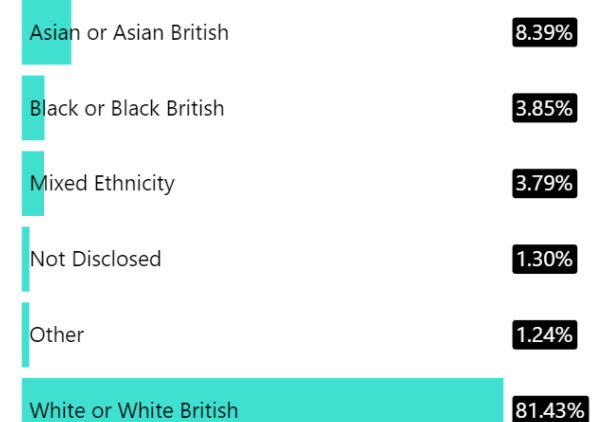
Religion (Grouped)



BME/Non-BME

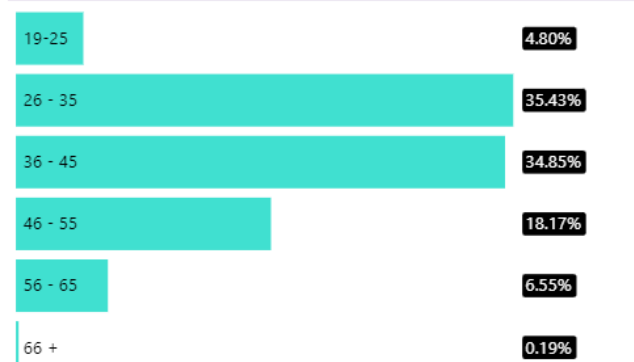


Ethnicity (Grouped)

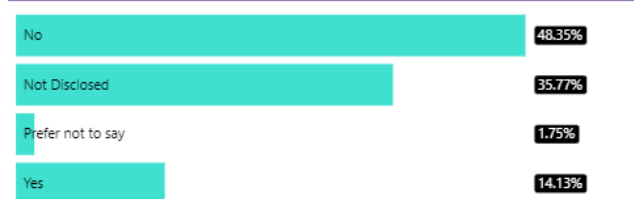


Workforce profile end of 2021

Age



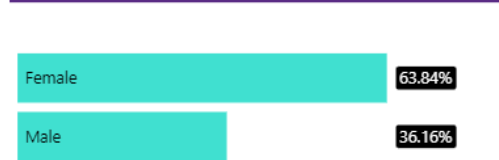
Caring Responsibility



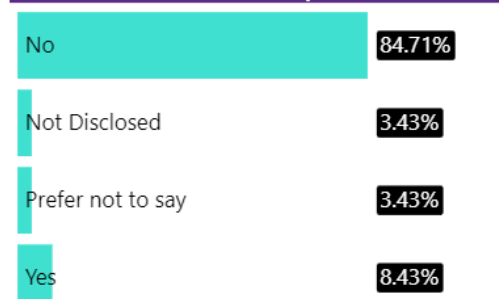
Sexual Orientation



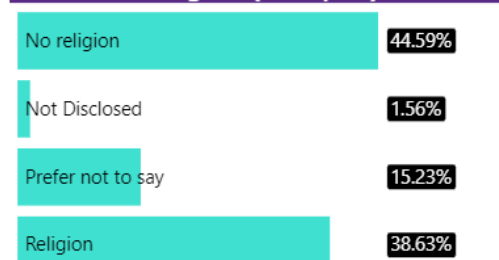
Gender



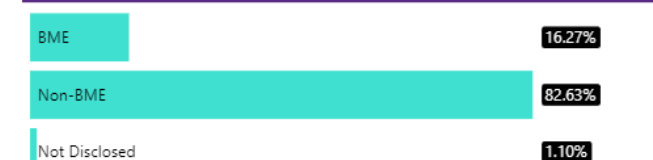
Disability



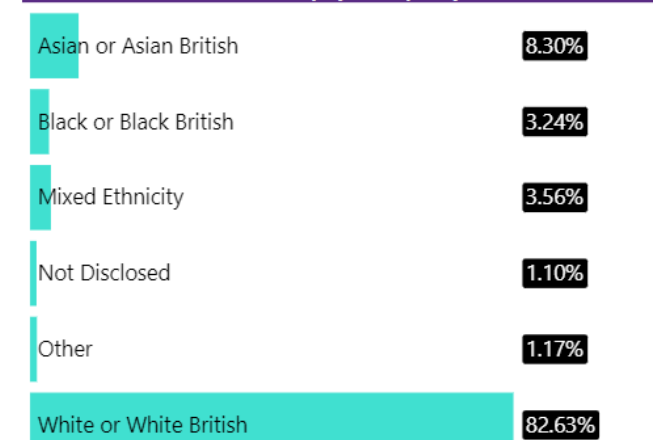
Religion (Grouped)



BME/Non-BME



Ethnicity (Grouped)

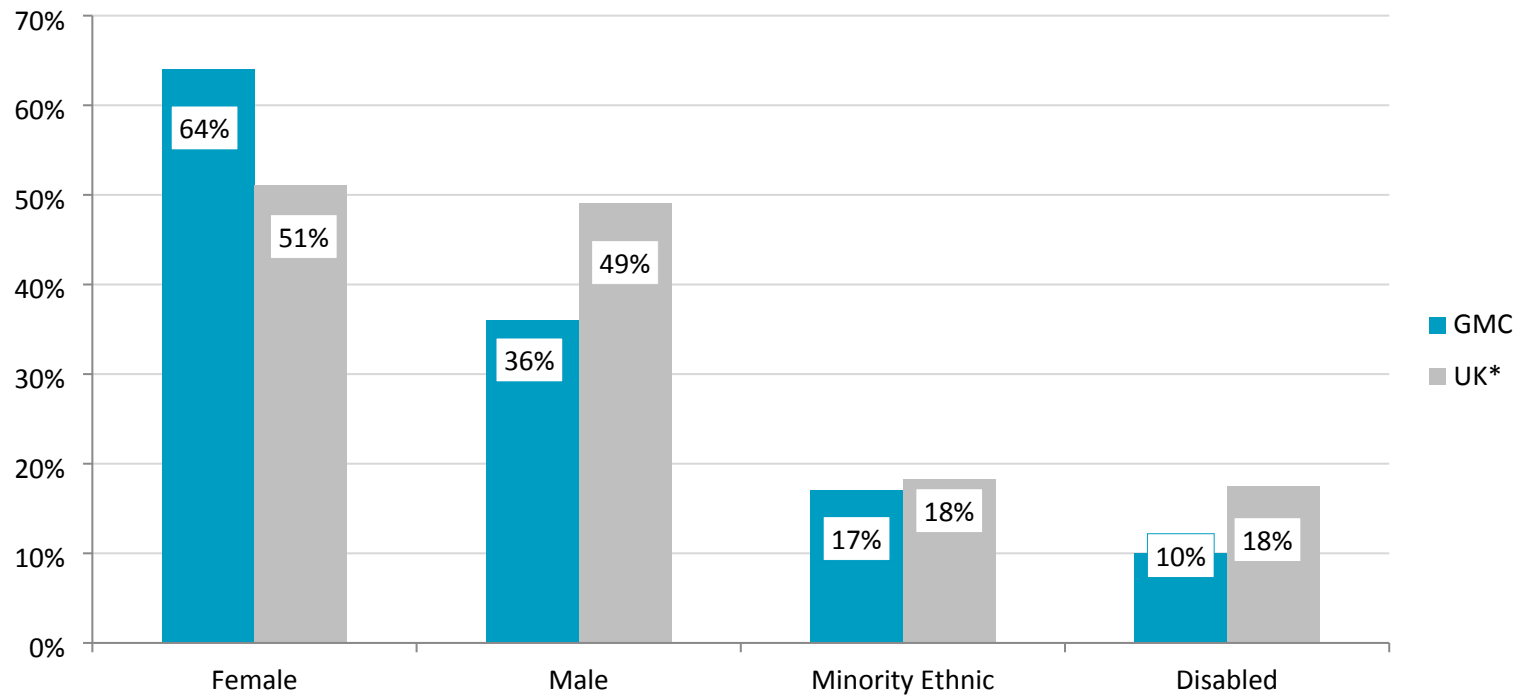


Workforce profile by location and comparison with UK

	GMC London	London Population*	GMC Manchester	Manchester Population*	North West Population*	All GMC
Asian	9.0%	20.7%	8.4%	20.9%	8.4%	8.4%
Black	5.8%	13.5%	3.7%	11.9%	2.3%	3.9%
Mixed	9.6%	5.7%	3.1%	5.3%	2.2%	3.8%
Not responded/Other	3.2%	6.3%	2.3%	5.1%	1.5%	2.4%
White	72.4%	53.8%	82.3%	56.8%	85.6%	81.4%
Sources:						
*2021 Census (ONS)						

GMC compared to UK population

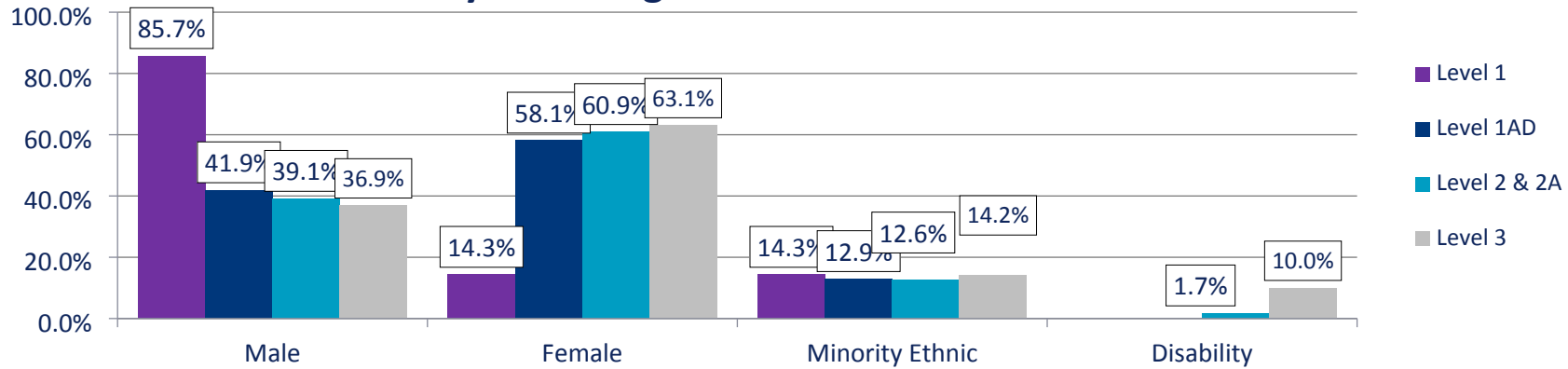
GMC compared to the UK population



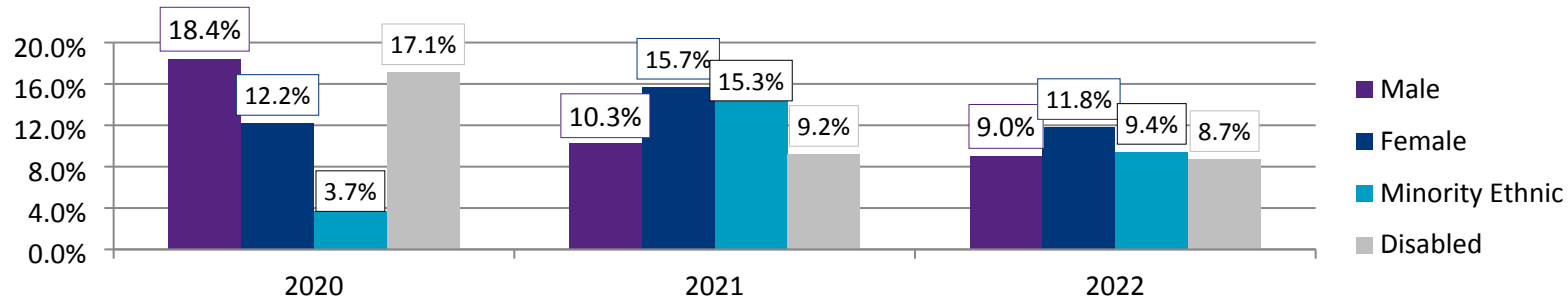
*UK figures from 2021 Census

Promotion and Progression

Diversity in management roles at 31 December 2022

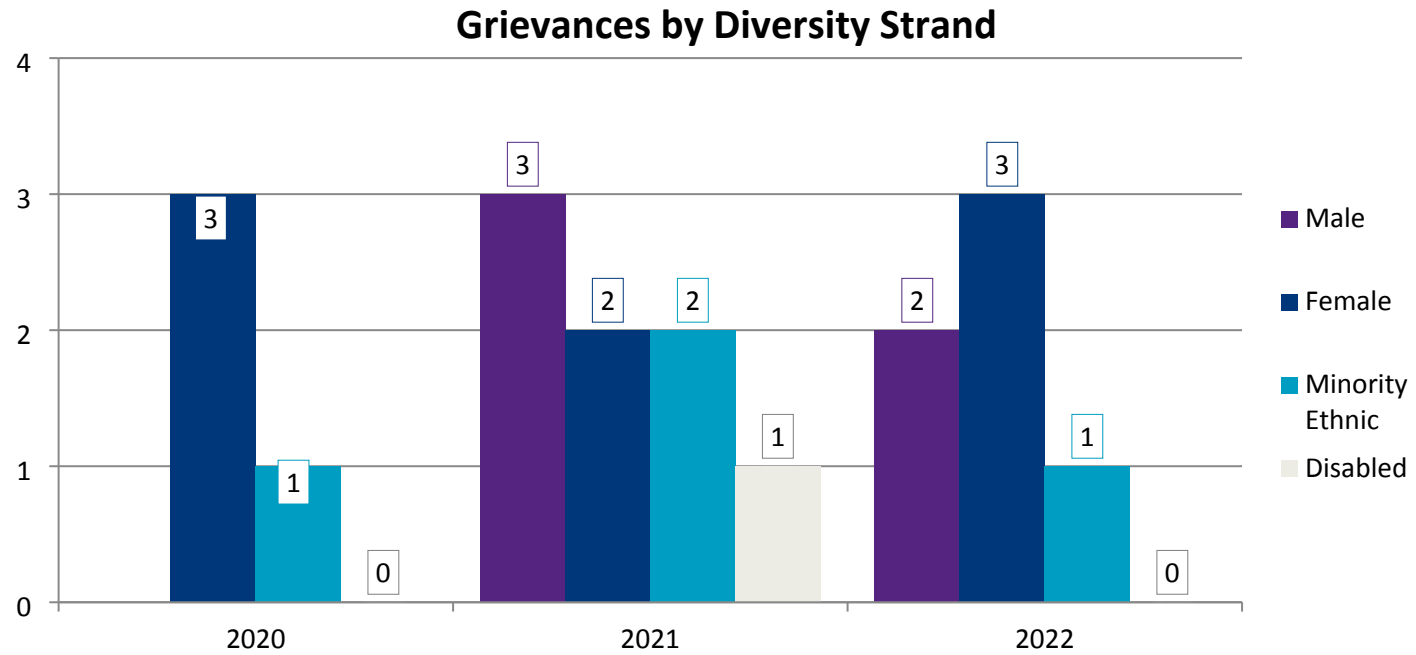


Promotions by diversity strand (Number of promotions compared to GMC population)



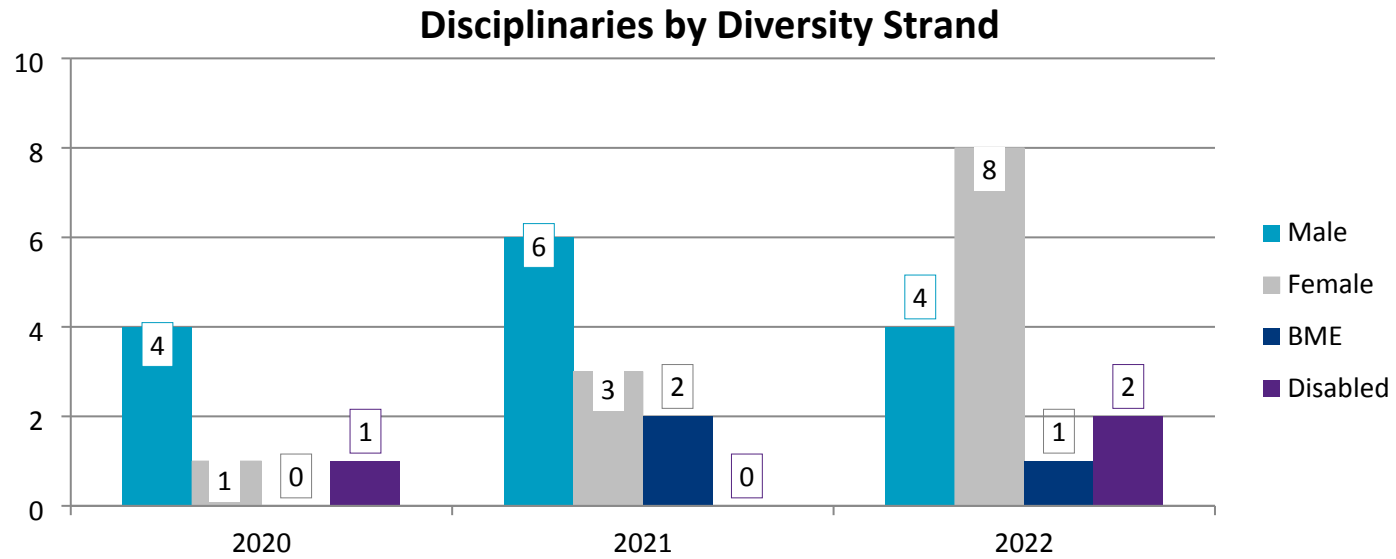
Agenda item M6

2022 Human Resources Report and Gender Pay Update



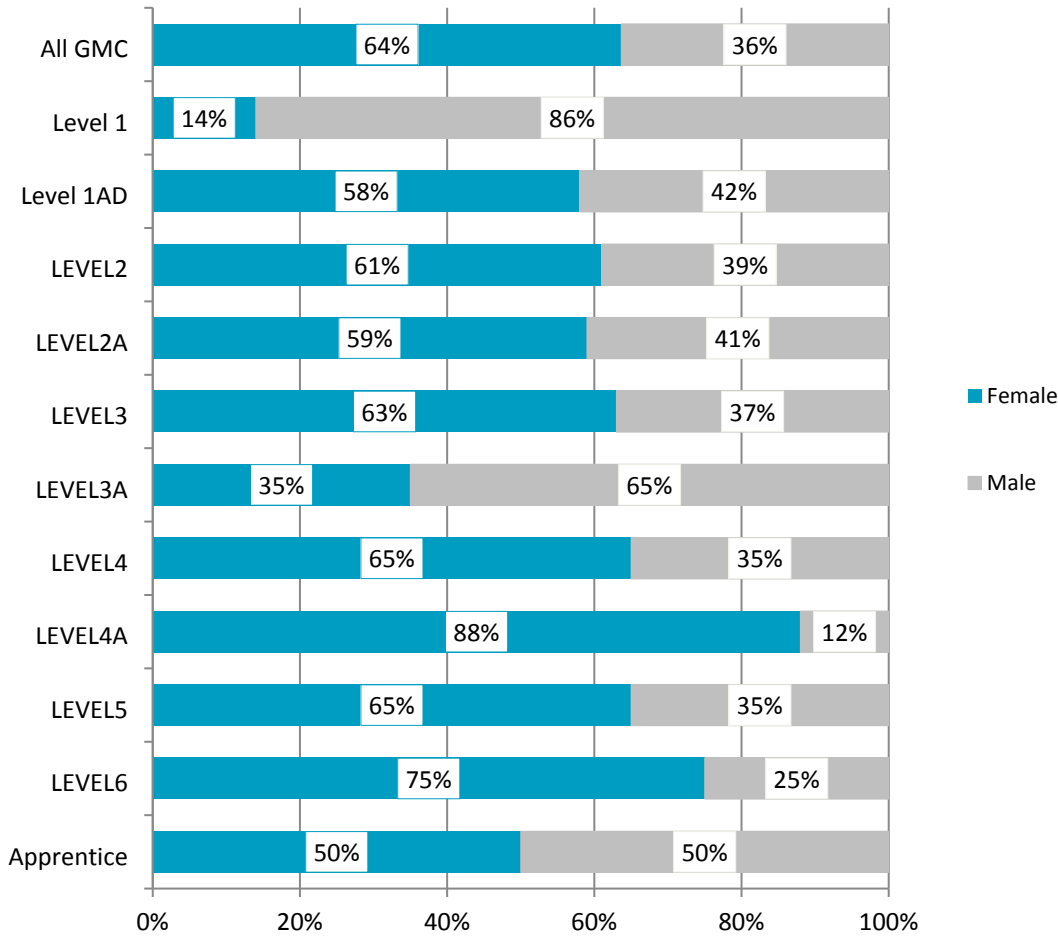
Agenda item M6

2022 Human Resources Report and Gender Pay Update

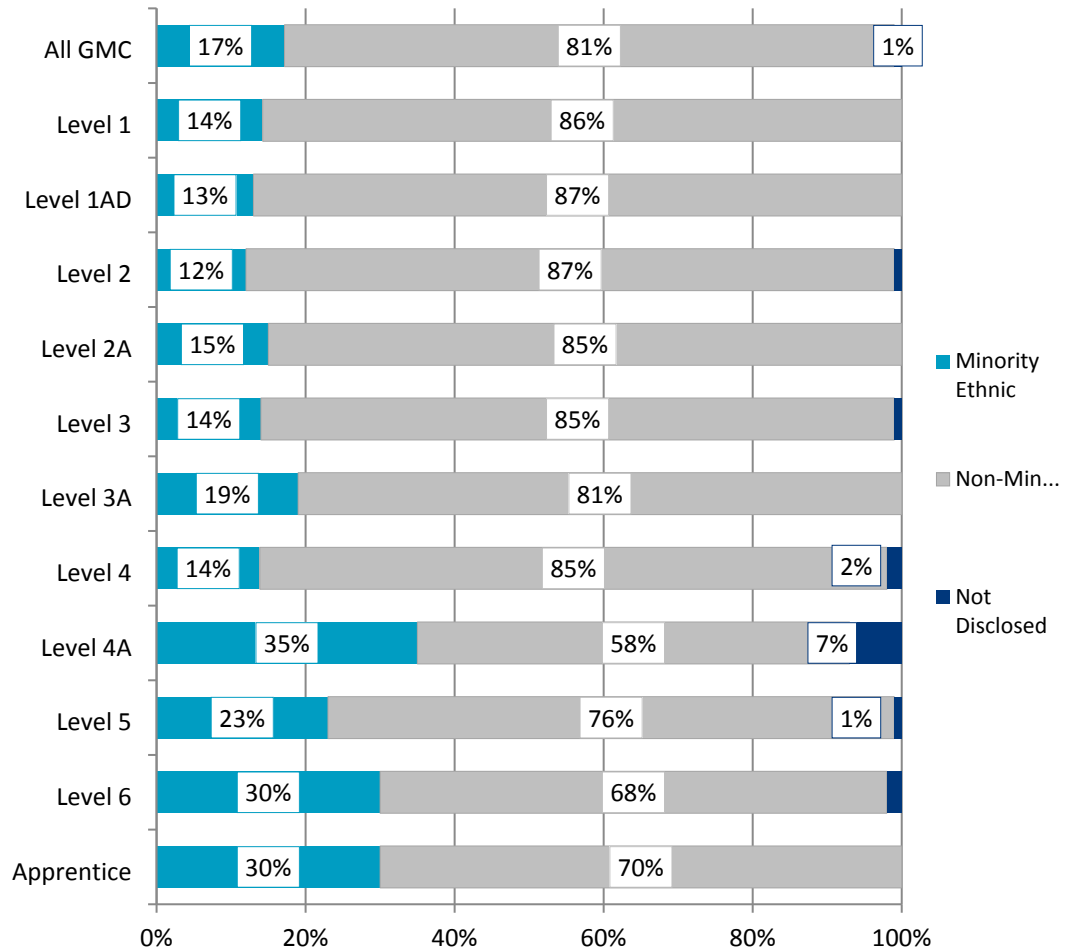


Workforce Profile

GMC workforce profile - Gender by Level

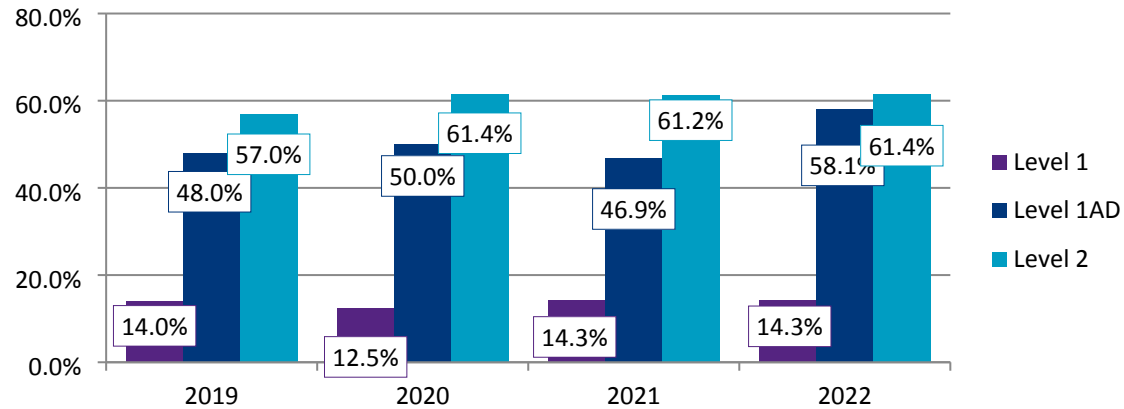


GMC workforce profile - Ethnicity by Level

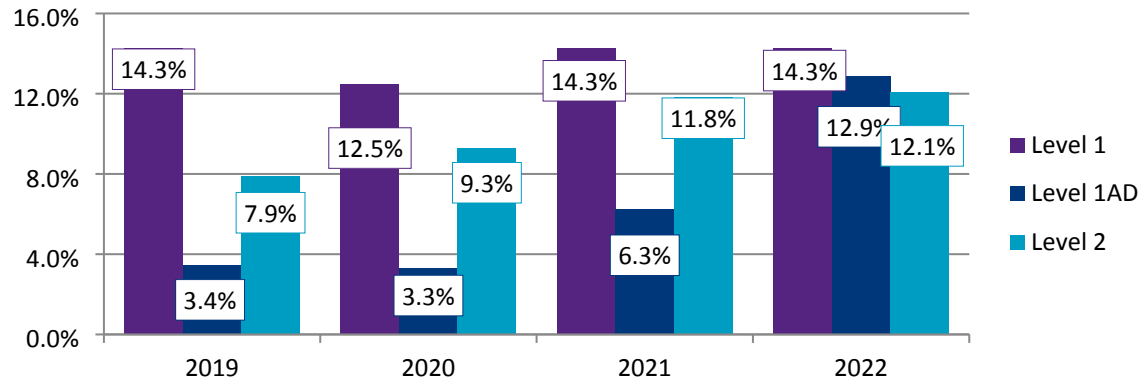


Management Roles 2019-2022

Percentage of female staff at Management Grades
(GMC female population at Dec 2022 is 64.0%)



Percentage of BME staff at Management Grades
(GMC BME population at Dec 2022 is 17.3%)



Recruitment
diversity

progression by
strands

Applications	1 st Interview	2 nd Interview	Offer
--------------	---------------------------	---------------------------	-------

Agenda item M6

2022 Human Resources Report and Gender Pay Update

Minority Ethnic	1,697	44.4%	268	28.1%	10	21.3%	65	24.5%
Non-Minority Ethnic	1,910	50.0%	624	65.5%	23	48.9%	182	68.7%
Female	2021	55.6%	549	57.1%	20	57.1%	159	64.1%
Male	1614	44.4%	345	38.6%	15	42.9%	89	35.9%
Disabled	427	11.2%	144	15.1%	6	12.8%	41	15.5%
Totals	3,635		894		35		248	

Those who didn't make a declaration or preferred not to disclose are included in the overall percentage but not in these tables

Attraction, Recruitment and Retention

	Applications (3635)	Offers (248)
Female	55.6%	64.1%
Minority Ethnic	44.4%	35.9%
Disabled	11.2%	15.5%

	Joiners (238)
Female	61.3%
Minority Ethnic	27.7%
Disabled	14.0%

	Leavers (155)
Female	60.0%
Minority Ethnic	23.9%
Disabled	7.7%

Agenda item M6

2022 Human Resources Report and Gender Pay Update

16-24	21.7%	18.9%
25-34	35.6%	38.1%
35-44	19.2%	20.0%
45-54	9.3%	12.8%
55-64	3.5%	2.3%
65+	0.1%	0.0%

16-24	22.4%
25-34	41.8%
35-44	18.6%
45-54	14.3%
55-64	3.0%
65+	0.0%

16-24	5.8%
25-34	45.2%
35-44	29.7%
45-54	12.9%
55-64	5.8%
65+	0.6%

- 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 2022. Some of these staff may have been recruited during Q4 2021.
- Joiners only contains employees new to the organisation and does not include internal transfers/promotions.

Annex C

Pay data by protected characteristic

Promotion, Pay & Progression – Ethnicity London

London standard pay bands 2022



London standard pay bands 2021



Agenda item M8

2022 Human Resources Report and Gender Pay Update

Promotion, Pay & Progression – Ethnicity Manchester

Manchester standard pay bands 2022



Manchester standard pay bands 2021



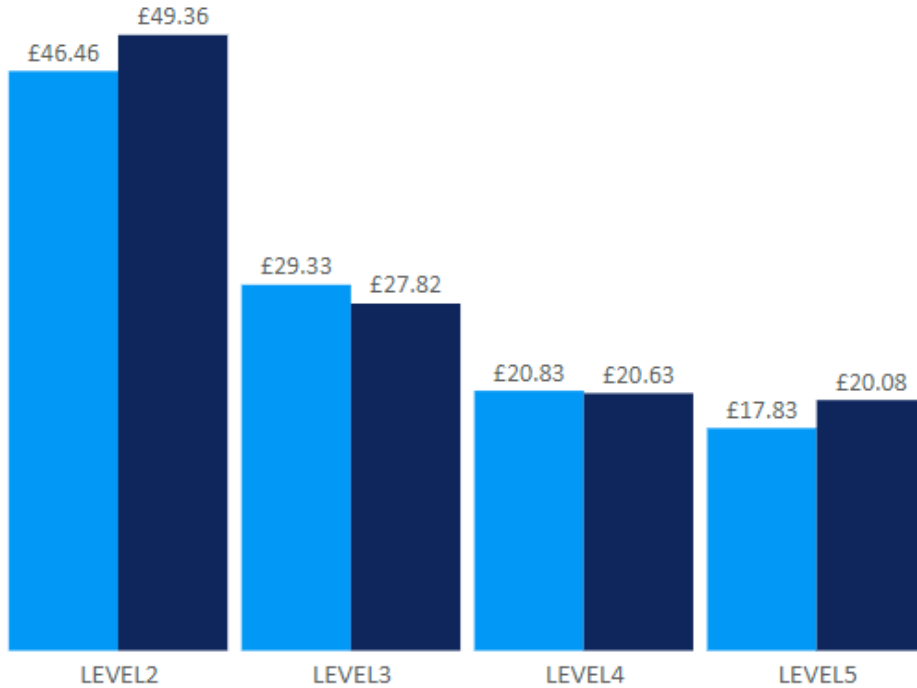
Agenda item M8

2022 Human Resources Report and Gender Pay Update

Promotion, Pay & Progression – Gender London

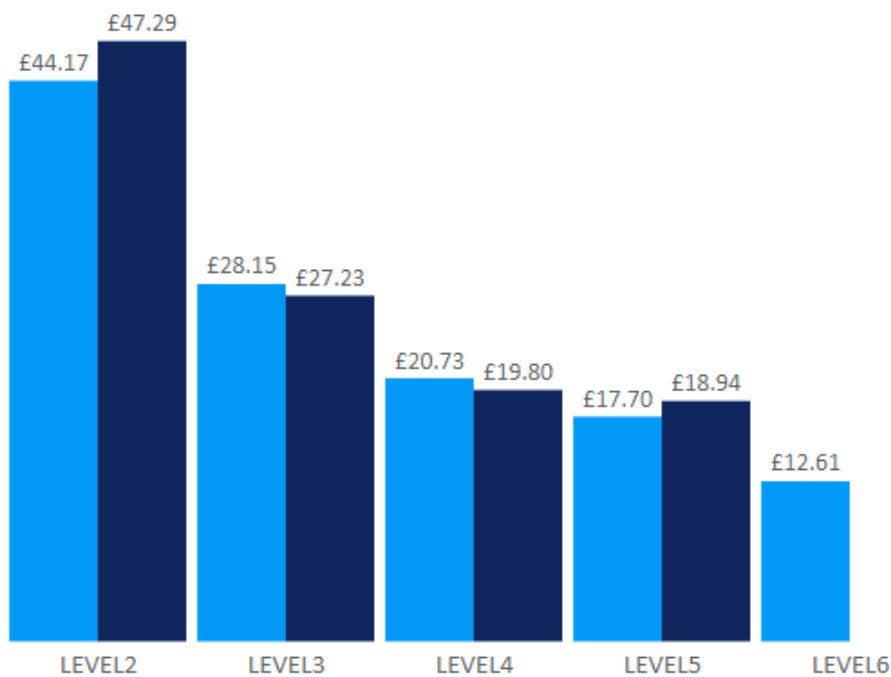
London standard pay bands 2022

● Female ● Male



London standard pay bands 2021

● Female ● Male

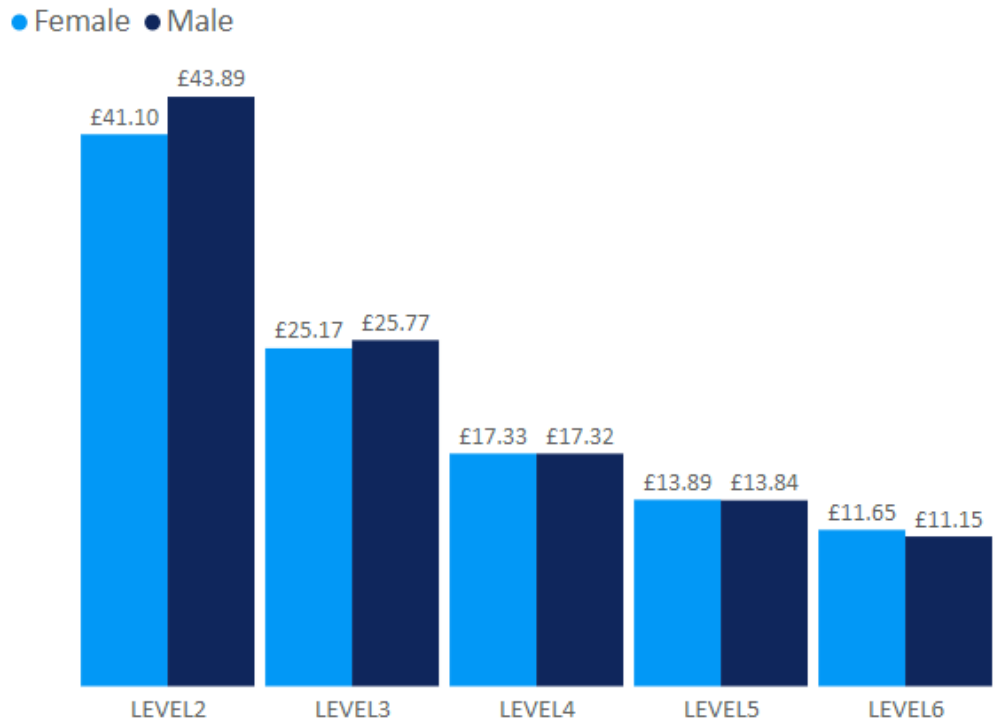


Agenda item M8

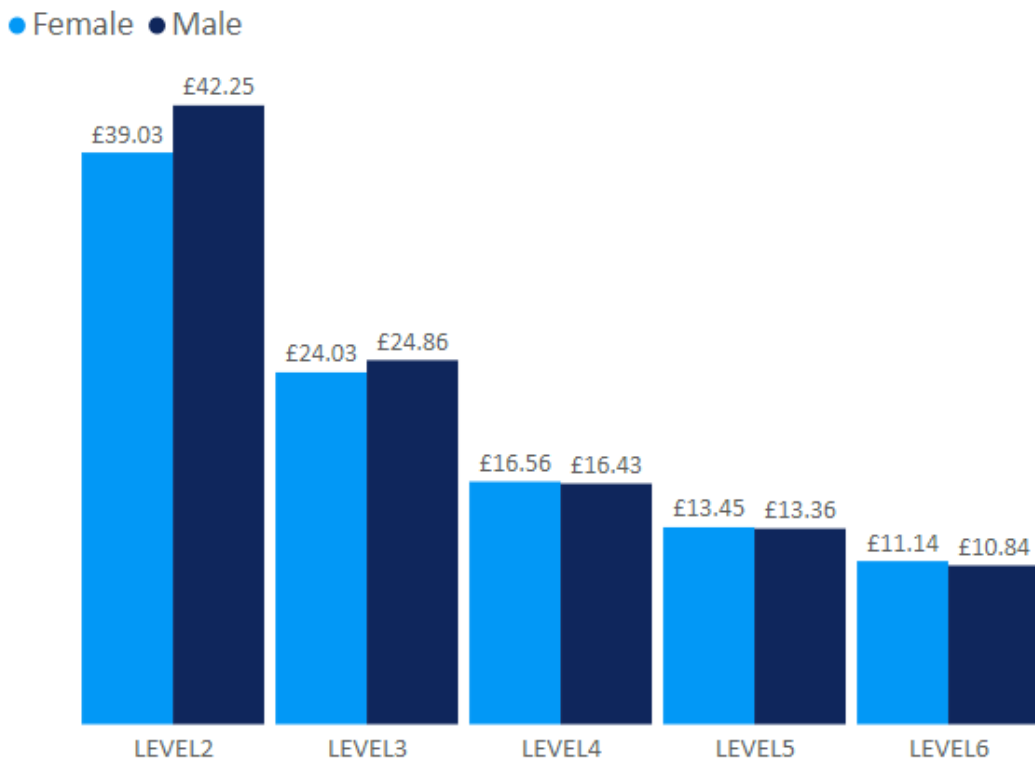
2022 Human Resources Report and Gender Pay Update

Promotion, Pay & Progression – Gender Manchester

Manchester standard pay bands 2022



Manchester standard pay bands 2021



Agenda item M8

2022 Human Resources Report and Gender Pay Update

Gender Pay Gap Reporting

1 Our final 2022 figures are as follows:

- the difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees
 - 14.5% - This means that based on the average hourly rate female employees are paid 14.5% less than male employees.
- the difference between the median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees
 - 8.6% - This means that based on the median hourly rate female employees are paid 8.6% less than male employees.
- the difference between the mean bonus pay paid to male relevant employees and that paid to female relevant employees
 - 8.8% - This means that based on the average bonus pay female employees are paid 8.8% less than male employees.
- the difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees
 - 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.
- the proportions of male and female relevant employees who were paid bonus pay
 - Proportion of Males receiving bonus – 39.4%
 - Proportion of Females receiving bonus – 60.6%

Agenda item M8

2022 Human Resources Report and Gender Pay Update

- the proportions of male and female full-pay relevant employees in the lower, lower middle, upper middle and upper quartile pay bands.

The results are in the table below

Quartile	Female	Male
lower	67.8%	32.2%
lower middle	66.1%	33.9%
upper middle	62.3%	37.7%
upper	55.4%	44.6%

Currently the GMC staff gender profile is 64.0% female and 36.0% male

Agenda item M8

2022 Human Resources Report and Gender Pay Update

Promotion, Pay & Progression – Disability Manchester

Manchester standard pay bands 2022



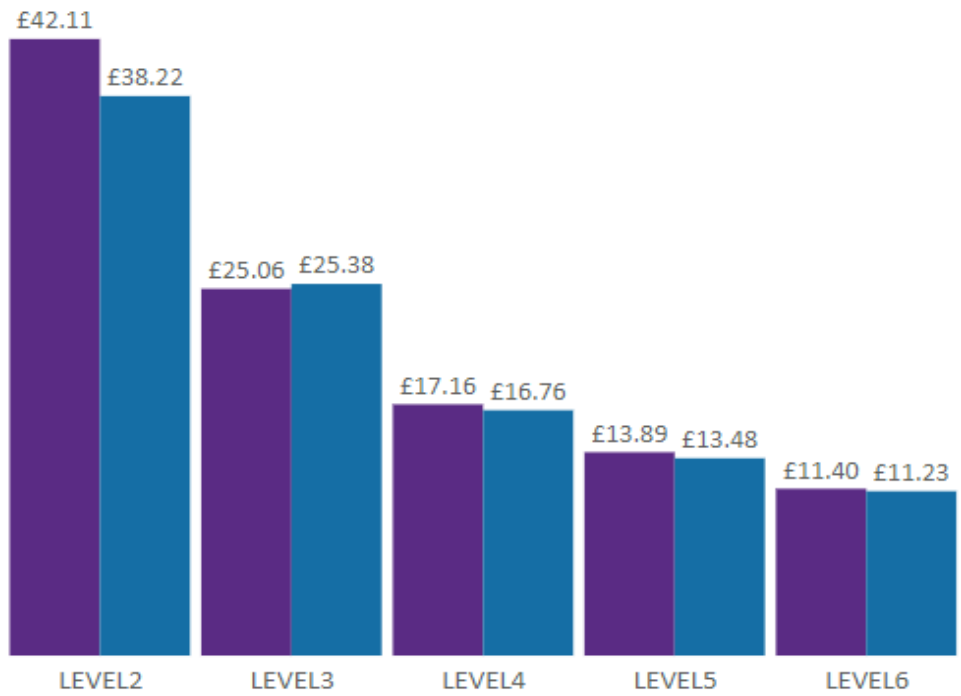
Agenda item M8

2022 Human Resources Report and Gender Pay Update

Promotion, Pay & Progression – Sexual Orientation Manchester

Manchester standard pay bands 2022

● Heterosexual ● LGBT+



Agenda item M8

2022 Human Resources Report and Gender Pay Update

Promotion, Pay & Progression – Disability London

London standard pay bands 2021



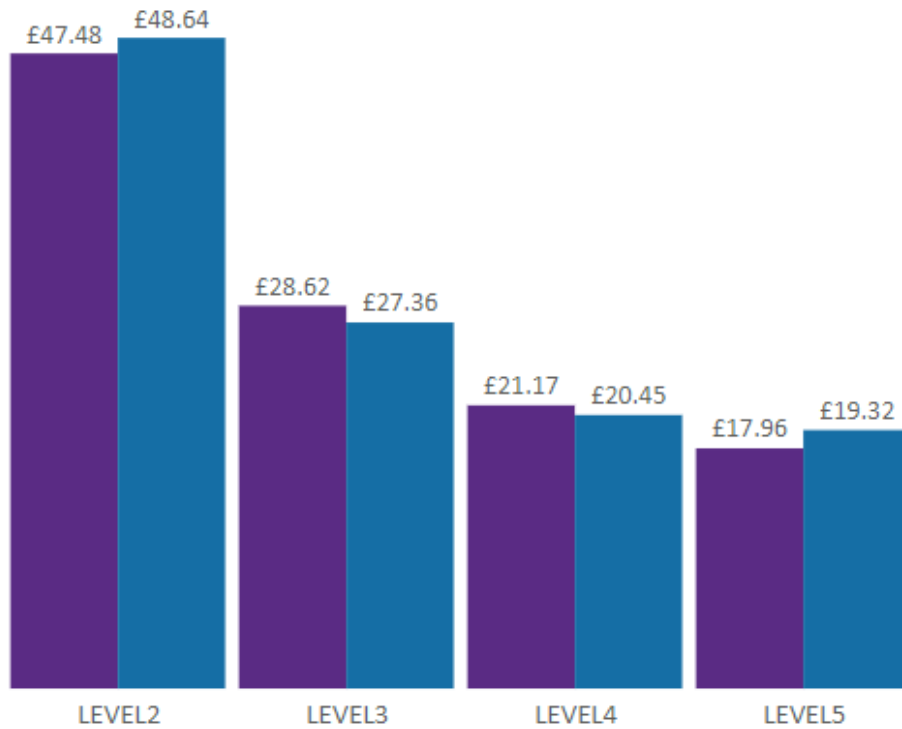
Agenda item M8

2022 Human Resources Report and Gender Pay Update

Promotion, Pay & Progression – Sexual Orientation London

London standard pay bands 2022

● Heterosexual ● LGBT+



Clinical Assessment Centre Expansion at 3 Hardman Street

**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.

National reports final sign off

Paper withheld from publication

This paper and its three annexes are being withheld from publication.

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

Biannual Section 40A appeals update

Action	To note
Purpose	<p>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.</p> <p>This paper is the eighth update to Council on the operation of the s40A Executive Panel. There have been no new s40A appeals in the period since the last update at September Council.</p>
Decision Trail	Council receives an update on Section 40A appeals twice a year
Recommendation	Council is asked to note the update
Annexes	<p>Annex A: Details of cases considered by the s40A Executive Panel</p> <p>Annex B: A summary of the status of all s40A appeals</p>
Author contacts	<p>Sophie Brookes, Assistant Director, Corporate Directorate</p> <p>Jim Percival, Deputy General Counsel, GMC Legal</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Anthony Omo , General Counsel and Director of Fitness to Practise

Agenda item M11

Biannual Section 40A appeals update

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 be 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 if not available).
- 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.

Agenda item M11

Biannual Section 40A appeals update

- 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.
- 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

- 10 During the six-month period which this update covers (1 September 2022 to 28 February 2023 inclusive) a total of 206 cases have been heard by the MPT. In 135 of those cases (66%), the outcome matched (or, as in 3 cases, exceeded) the sanction submission which the GMC made to the Tribunal.
- 11 The remaining 71 cases (34%), 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 67 of these cases it was felt 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 4 cases were referred to the s40A Executive Panel for their consideration.

Agenda item M11

Biannual Section 40A appeals update

- 12** Accordingly, in this period there were 3 further meetings of the s.40A Executive Panel during which it has considered whether to exercise the GMC's right of appeal in relation to a total of 4 Doctors.
- 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 have not decided to exercise the power to appeal in any case since the last update.
- 15** Annex B therefore gives an update on the outcomes and status of all of the s40A appeals issued since the GMC acquired the right to appeal with effect from 1 January 2016.
- 16** Council will note that we have been successful in 36 (75%) of the 48 cases that have concluded, with four cases (8%) having been withdrawn and 8 cases (17%) having been dismissed by the court (either initially or on appeal to the Court of Appeal).
- 17** There are currently no outstanding s40A appeals.
- 18** Council is asked to note this update.

Biannual Section 40A appeals update

Annex A (Confidential)

Details of cases considered by the s40A Executive Panel

Paper withheld from publication

This confidential paper is withheld from publication.

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

Biannual Section 40A appeals update

Annex B

Summary of the status of all s40A appeals

**Paper withheld from
publication**

This confidential paper is withheld from publication.

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

Council members' Register of Interests

Action	To note
Purpose	<p>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.</p> <p>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.</p>
Recommendation	Council is asked to note the Register of Members' Interests.
Annexes	None.
Author contacts	<p>Melanie Wilson, Head of Corporate Governance and Council Secretary</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Charlie Massey , Corporate Directorate

Agenda item M13

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 is published as follows for each Council member:

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

Agenda item M13**Council members' Register of Interests**

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
Faculty of Medical Leadership and Management	Senior Fellow
Moorfields Eye Charity	Trustee
Healthcare Quality Improvement Partnership (HQIP)	Chair
Oxford Ophthalmological Congress	Member of Council
The Worshipful Company of Barbers of London	Honorary Freeman
Eye (Nature group)	Associate Editor
MDDUS	Member
BMA	Member
Academy of Medical Royal Colleges	Past Chair
Faculty of Public Health	Honorary Fellow
Royal College of Surgeons (England)	Honorary Fellow
Royal College of Physicians	Honorary Fellow

Mr Steven Burnett

Organisation	Position
GMC Pension scheme	Trustee

Agenda item M13

Council members' Register of Interests

Dr Vanessa Davies

Organisation	Position
Quality Assurance Agency for Higher Education UK	Non-exec Board member; Chair of its Advisory Committee on Degree Awarding Powers
House of Lords Conduct Committee	Lay member
Law for Life	Trustee
Crown Office and Procurator Fiscal	Chair of the Audit and Risk Committee
Honourable Society of the Inner Temple	Governing Bencher
GMC Pension Scheme	Trustee
Scottish Government	Decision Maker for complaints about Ministers or former Ministers
University College London, Bartlett School - Centre for Sustainable Governance and Law in the Built Environment	Advisory Board member
Occasional consultancy for professional regulators and for the Good Law Project.	
Family connections to King's College London, and University of Liverpool.	

Professor Anthony Harnden (GMC Ref No: 2807869)

Organisation	Position
Morland House Surgery, Wheatley, Oxfordshire	Partner
University of Oxford	Professor of Primary Care
St Hugh's College, University of Oxford	Governing Body fellow
Royal College of General Practitioners	Fellow

Agenda item M13

Council members' Register of Interests

Medical Defence Union	Member
Joint Committee on Vaccination and Immunisation	Deputy Chairman
British Medical Association	Member
Morland House Healthcare Ltd	Director
Daughter is a doctor on the Yorkshire Rheumatology training programme.	

Lord Hunt of Kings Heath

Organisation	Position
House of Lords	Labour Member
Privy Council	Counsellor
British Fluoridation Society	President
Health Care Supply Association	Patron
Hospital Caterers Association	President
National Water Fluoridation Alliance	Patron
Foundation for Liver Research	Trustee
Royal College of Physicians	Honorary Fellow
Royal College of GPs	Honorary Fellow
Faculty of Public Health	Honorary Fellow
Faculty of Dental Surgery, Royal College of Surgeons	Honorary Fellow
GS1 Healthcare Advisory Board	Member

Agenda item M13

Council members' Register of Interests

Philip Hunt Consultancy	Self-employed consultant
Eden & Partners	Consultant and trainer
SweatCo Ltd	Advisory Board Member
Philip was Advisory Board Chair at Octopus TenXHealth until February 2022, when the board ceased to exist.	
Brother-in-law owns Happy Computers, which also trades as Happy ltd, and has undertaken training for some GMC staff up to 2015.	
Step daughter-in-law undertakes market research/business intelligence for market research agencies on behalf of pharmaceutical companies.	
Philip Hunt was appointed a non-executive director of the Heart of England NHS Trust in October 2010 and subsequently became Chairman in April 2011 serving until July 2014. [Surgeon Mr Ian Paterson was excluded from practice at the trust in May 2011. The Independent Review led by Sir Ian Kennedy was commissioned and reported under his Chairmanship].	
Philip was Health Minister from 1999-2003 and in 2007 which involved some responsibilities in relation to the matters reviewed by the Gosport Independent Panel and also in relation to the matters being reviewed by the Infected Blood Inquiry.	

Agenda item M13

Council members' Register of Interests

Professor Paul Knight OBE (GMC Ref No: 2343239)

Organisation	Position
Social Security Scotland	Chief Medical Adviser
Glasgow University Medical School	Honorary Professor
Royal College of Physicians Edinburgh	Fellow
Royal College of Physicians and Surgeons of Glasgow	Fellow
Royal College of Physicians in Ireland	Fellow
Royal College of Physicians in London	Fellow
British Geriatrics Society	Past President / Member
European Union Geriatric Medicine Society	Past President
Glasgow City Health and Social Care Partnership	Consultant Geriatrician and older people's adviser
Swedish Research Council review panel for Clinical Therapy Research	Member
Chief Medical Officer for Scotland's Professional Advisory Group	Member

Professor Deepa Mann-Kler

Organisation	Position
Public Health Agency NI	Non-Executive Director
Neon*	Chief Executive
Ulster University	Visiting Professor in Immersive Futures

Agenda item M13

Council members' Register of Interests

Pharmaceutical Society of Ireland	Member of the Professional Conduct Committee
DHSC Public Appointments Unit	Independent Panel Member
Belfast XR Festival	Director
Aura Studios	Executive Producer Virtual Production

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

Dr Raj Patel MBE (GMC Ref No: 3103487)

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

Professor Suzanne Shale

Organisation	Position
Oxleas NHS Foundation Trust	Non-Executive Director
The Ethicist Ltd	Director
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.	

Agenda item M13

Council members' Register of Interests

Miss Alison Wright (GMC Ref No: 3498288)

Organisation	Position
NHS England and NHS Improvement	National Speciality Adviser for personalised care in Obstetrics
HCA Hospitals	Vice Chair, Medical Advisory Committee, Portland Hospital
Royal Free London NHS Foundation Trust	Consultant Obstetrician and Gynaecologist
GMC Services International Ltd	Board member

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

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

14/15 June 2023 – Virtual		
	Item	Sponsor
Seminar	• Pensions	Neil Roberts
	• External speaker	Paul Reynolds
Confidential session	• tbc	
Public Session	• Chief Executive’s report	Charlie Massey
	• Mid-year financial review	Neil Roberts
	• Pensions triennial valuation	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
	• Report of the Audit and Risk committee	Paul Knight/ Neil Roberts
	• Compliments and complaints report	Charlie Massey
	• EDI –Regulatory Fairness (Implementation update) (tbc)	Shaun Gallagher
	• Update on Regulatory Reform	Shaun Gallagher
	• Freedom to speak up guardian annual report	Neil Roberts
• Comms and engagement update	Paul Reynolds	
Below the Line	• 2022 Council forward work programme	Carrie MacEwen/ Mel Wilson

Away day Tuesday 11/Wednesday 12 July - Manchester		
	• Mid-point corporate strategy review – assessing progress etc	

Agenda item M14

2023 Council forward work programme

27/28 September 2023 - Virtual		
	Item	Sponsor
Seminar	<ul style="list-style-type: none"> External speaker 	
	<ul style="list-style-type: none"> TBC 	
Confidential Session	<ul style="list-style-type: none"> Draft business plan/budget 	Neil Roberts/ Shaun Gallagher
	<ul style="list-style-type: none"> GMCSI report 	Paul Reynolds / Andrew McCulloch
Public session	<ul style="list-style-type: none"> Chief Executive’s report 	Charlie Massey
	<ul style="list-style-type: none"> Biannual section 40a appeals update 	Charlie Massey
	<ul style="list-style-type: none"> SOMEPE workforce report – launch and impact 	Shaun Gallagher
	<ul style="list-style-type: none"> EDI - Fairer training cultures update 	Shaun Gallagher
	<ul style="list-style-type: none"> Update on Regulatory Reform 	Shaun Gallagher
	<ul style="list-style-type: none"> Unitary Board – feedback on work to date 	
	<ul style="list-style-type: none"> Progression 	Colin Melville
	<ul style="list-style-type: none"> Fees for Direct Assessment route for Recognised Specialist Qualifications 	Una Lane
	<ul style="list-style-type: none"> Credentialing post pilot/implementation update 	Colin Melville
Below the line	<ul style="list-style-type: none"> 2022 Council forward work programme 	Carrie MacEwen
	<ul style="list-style-type: none"> Council members’ register of interest 	Carrie MacEwen

1/2 November 2023 – Belfast		
	Item	Sponsor
Seminar	<ul style="list-style-type: none"> Northern Irish focus (plus stakeholder dinner) 	Paul Reynolds
Confidential session	<ul style="list-style-type: none"> Update on the people survey 	Neil Roberts/ Andrew Bratt
	<ul style="list-style-type: none"> External speaker (tbc) 	
Public session	<ul style="list-style-type: none"> Chief Executive’s report 	Charlie Massey/ Iona Twaddell
	<ul style="list-style-type: none"> Compliments and Complaints report 	Sophie Brookes/ Jenny Broadley

Agenda item M14

2023 Council forward work programme

	<ul style="list-style-type: none"> • EDI – employer measures 	Shaun Gallagher
	<ul style="list-style-type: none"> • Update on Regulatory Reform 	Shaun Gallagher
Below the Line	<ul style="list-style-type: none"> • 2022 Council forward work programme 	Carrie MacEwen/ Mel Wilson

12/13 December 2023 – London

	Item	Sponsor
Seminar	<ul style="list-style-type: none"> • External speaker 	
	<ul style="list-style-type: none"> • TBC 	
Confidential session	<ul style="list-style-type: none"> • 2024 budget 	Neil Roberts
Public session	<ul style="list-style-type: none"> • Chief Executive’s report 	Charlie Massey/ Iona Twaddell
	<ul style="list-style-type: none"> • 2024 Business plan and budget 	Neil Roberts
	<ul style="list-style-type: none"> • Unitary board 	Charlie Massey
	<ul style="list-style-type: none"> • Report of the MPTS Committee 2023 	MPTS Chair
	<ul style="list-style-type: none"> • Report of the Audit and Risk Committee 2023 	Paul Knight
	<ul style="list-style-type: none"> • Report of the Remuneration Committee 2023 	Anthony Harnden
	<ul style="list-style-type: none"> • EDI - Fairer referrals 	Shaun Gallagher
Below the line	<ul style="list-style-type: none"> • 2024 Council forward work programme 	Carrie MacEwen/ Mel Wilson
	<ul style="list-style-type: none"> • Committee membership 2024 	Carrie MacEwen/ Mel Wilson
	<ul style="list-style-type: none"> • Annual report on defined contribution pension plan 	Neil Roberts