

Council meeting - 4 June 2025

PUBLISHED
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Agenda

Main meeting

Wednesday 04 June 2025 – 10:35 – 13:25

10:35 – 10:38 <i>3 mins</i>	M1	Chair’s business <i>Carrie MacEwen</i>
10:38 – 10:40 <i>2 mins</i>	M2	Minutes of the meeting on 9 April 2025 and actions log
10:40 – 11:00 <i>20 mins</i>	M3	Chief Executive’s report
11:00 -11:10 <i>10 mins</i>	M4	Finance report
11:15 – 11:30 <i>15 mins</i>		Break
11:30 – 11:55 <i>25 mins</i>	M5	Freedom to Speak Up Guardian annual report
11:55 – 12:15 <i>20 mins</i>	M6	Report of the Audit and Risk committee
12:15 – 12:30 <i>15 mins</i>	M7	Trustees’ Annual report and accounts
12:30 – 12:45 <i>15 mins</i>	M8	Fitness to practise statistics report
12:45 – 13:00 <i>15 mins</i>	M9	Annual Section 40a report
13:00 – 13:20 <i>20 mins</i>	M10	Report of the MPTS Committee
13:20 – 13:25 <i>5 mins</i>	M11	Any other business
		Below-the-line items*
	M12	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.**

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Draft as of: 9 April 2025

To approve

Minutes of the meeting on 9 April 2025

Members present

Carrie MacEwen, Chair

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

Others present

Charlie Massey, Chief Executive and Registrar

Anthony Omo, Director of Fitness to Practise and General Counsel

Colin Melville, Medical Director and Director of Education and Standards

Neil Roberts, Director of Resources

Paul Reynolds, Director of Strategic Communications and Engagement

Shaun Gallagher, Director of Strategy and Policy

Clare Barton, Assistant Director - MAPs

Melanie Wilson, Head of Corporate Governance and Council Secretary

Agenda item 2

Minutes of the meeting on 9 April 2025

Chair's business (item M1)

- 1 The Chair welcomed members of Council, the Senior Management Team (SMT) and observers to the meeting.
- 2 It was noted that no apologies had been received.

Minutes of the meeting on 12 February 2025 (item M2)

- 3 Council approved the minutes of the meeting on 12 February 2025 as a true record.
- 4 The action points from previous meetings were noted.

Chief Executive's Report (item M3)

- 5 Council considered the Chief Executive's Report.
- 6 Council noted that:
 - a As of 28 March, we have received over 2660 applications for registration from PAs and 119 applications from AAs. We have so far granted registration to 1839 PAs and 78 AAs. In addition, just under 1500 applications are in progress within our online system.
 - b In relation to the Leng review, we have submitted a response to the review's call for evidence, focussing on how regulation serves to protect the public, the progress we have made in transitioning PAs and AAs into statutory regulation, and how a system-wide approach can support their ongoing deployment and development.
 - c Following the announcement of the abolition of NHS England (NHSE), we are carefully monitoring developments, and what they mean for the GMC where our own work intersects with NHSE. We are also considering implications for the expected 10-year plan and refreshed long term workforce plan.
 - d We are currently awaiting confirmation from government on its regulatory reform agenda, which will inform our approach to the next phase of planning and delivery.
 - e There have been higher levels of interest income and annual retention fee income compared to budget. The anticipated slowdown in the growth of the register from the start of the year has not materialised as yet. The current growth rate is 4.3% against our assumption of 3.5%.
 - f There are underspends on staffing and associate costs, with the latter due to fewer hearing days, quality assurance visits, and lower than planned candidates sitting Professional and Linguistic Assessments Board (PLAB) part 1 in February. Projections

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suggest some of the underspend will be utilised over the coming months due to expanding PLAB part 2 capacity, versus budget assumptions, to meet demand.

- g** Our investment portfolio has had a strong start to the year, increasing by £0.5m from the 2024 closing fund valuation. However, changes in the valuation are difficult to predict and investment income remains our most volatile income stream.

7 During the discussion, Council noted that:

- a** In relation to implementation progress and resourcing for the Regulatory Fairness programme, project management capacity constraints are impacting progress. The programme is predominantly engaged with assessing assurances and processes we have in place to control biases and fairness of outcomes, putting measures in place for assuring and measuring those. We are assessing all regulatory decisions points, and in Fitness to Practise, 21 have been identified with a phased testing approach being applied to two to three areas initially to validate methodology. Confidence remains high that the programme can be delivered by next year, and further updates will be reflected in the annual report. It is reasonable to assess the programme status as amber, but not currently at risk of moving to red. Capacity planning will remain under close review to ensure successful delivery.
- b** The importance of maintaining oversight and proactive planning is important to mitigate emerging risks in relation to the Future Education programme in the context of NHSE uncertainty. It was noted that the situation is nuanced, particularly in distinguishing between Future Ed and the QA programme. The Medical Director and Director, Education and Standards, will review the programme status.

2024 People Report and Gender Pay update (item M4)

- 8** Council received a report providing a summary of the main People monitoring data for 2024 including more detailed information on diversity and pay, and the 2024 gender pay figures.

9 Council noted that:

- a** We continue to be an employer that has a high level of stability in terms of staffing and good employee relations. During 2024 we implemented a pay award that was above CPI and even when faced with a challenging recruitment market we continue to make good progress in filling our vacancies and towards our EDI targets.
- b** We received a positive Investors in People Report, with significant improvement from the silver to gold rating against the 'We invest in People' standard and progress within the silver rating against the 'We Invest in Wellbeing' standard.

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- c** We also participated in the Talent Inclusion and Diversity Evaluation (TIDE) benchmark, run by the Employers Network for Equality and Inclusion. We have made significant progress since we last completed the benchmark in 2019, moving from 'Realise' to 'Embed' level.
- d** We have also received Disability Confident (Level 2), which indicates that we take steps to ensure people with a disability get fair and equal opportunities at employment, including actively recruiting and attracting people with a disability, supporting colleagues with a disability who are ill or absent from work and ensuring there are no barriers to prevent colleagues with a disability from developing and progressing. We will be working towards Disability Confident Leader (Level 3) over the next 12 – 18 months.
- e** Turnover has stabilised after an all-time low during the peak of the pandemic. 2023 saw us return to levels comparable to pre-pandemic. 2024 has seen a much smoother average at just below 7.0%.
- f** We have historically had relatively low sickness absence levels which continued across the majority of 2024. This equated to 7.7 days per year and was just below the CIPD 2023 average of 7.8 days. At the time of reporting, the CIPD have not released updated figures to cover 2024.
- g** Our diversity targets across the entire workforce look positive and provides us with a talent pipeline for future years which could then translate to senior targets being achieved.
- h** We have seen women becoming increasingly well represented as our recruitment process moves forward. Of those female applicants, 4.5% translated to an offer whereas this was 2.5% for male. We also continue to see a steady increase in representation of women in senior management roles with a further increase in women at Assistant Director level (60.0%).
- i** On pay we see very generally close averages within grades between ethnicities, but at an organisational level ethnic minority colleagues earn on average £3,400 below the GMC average (£45,000). For black colleagues, whose pay is above average at Level 5 the difference is more marked (they earn around 73% of the GMC average).

10 During the discussion, Council noted that:

- a** Males from an ethnic minority background appear to have a lower conversion rate from application to offer than females from an ethnic minority background. While there is no full analysis yet, the general trend suggests women perform better in recruitment overall. Further analysis will be taken forward as part of the EDI programme.

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- b** In relation to sickness absence reporting, a change will be made to the grouping of absence data to better reflect the overall position, with the current format a result of how responses are recorded on systems.
- c** Gender pay gap figures are reported in line with statutory methodology, based on average hourly rate across all employees. Work has been carried out to ensure pay equality at the same grade is maintained.
- d** The difference in LGBTQ+ recruitment data from 2023 and 2024, between application and onboarding stages may relate to differences in willingness to disclose sexual orientation during recruitment versus in role. Future reporting will display this data separately for applicants and joiners for improved clarity.
- e** The decision to include a minority ethnic panel member for recruitment at Level 3 and above was welcome. These individuals are active decision-makers, not observers. A community of practice and pastoral support framework is being discussed and developed to sustain this initiative.
- f** In relation to recruitment outcomes by diversity strand there has been a notable drop-off between minority ethnic applications and offers made. A review of the reasons for unsuccessful applications is underway and the BME Network is active in exploring these dynamics. We currently offer an application skills workshops for internal staff, and consideration is being given to potentially extend this to external applicants.
- g** The significant investment, via our provider Business in the Community, focussing on fairness training for managers, and work to enable greater equity of access to development opportunities, is providing more equity in terms of how we provide support to be able to compete for positions.

Financial regulations and governance (item M5)

- 11** Council received a paper setting out proposed changes to our financial reporting to Council, the role of the Investment Committee and our financial regulations.
- 12** Council noted that:
 - a** Throughout 2024 we have reported to Council the requirement to replace our finance and HR systems, an anticipated project timeline and broad project cost. The discussion triggered an observation that our financial regulations and budget approach may not provide enough clarity regarding multiyear, large-scale financial commitment decisions, and the question was raised whether these should sit with the Executive or Council.

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- b** The annual report and accounts provide a useful structure for considering the extent to which the current arrangements are sufficient to manage the inherent financial risks of being in business.
- c** These proposals are considered appropriate for our existing organisational size, financial position and risk profile. It should be noted that both the Investment Committee and Audit and Risk Committee have considered these proposals and support the changes set out, including the recommendation not to create a new Finance Committee.

13 During the discussion, Council noted that:

- a** The creation of a Finance Committee has previously been considered by Council. It was agreed that the intent behind the proposed changes is to elevate the prominence of financial discussions at Council, not reduce them.
- b** The question of committee structure and financial governance will be revisited as part of the broader work on regulatory reform and potential unitary board arrangements.

14 Council:

- a** Approved the changes to the financial regulations.
- b** Approved the changes to the remit of the Investment Committee.
- c** Approved the changes to the regular financial reporting to Council.

2024 National reports (item M6)

15 Council received the 2024 National reports for Northern Ireland, Scotland and Wales.

16 Council noted that:

- a** The reports contain detailed data about the composition of the medical register and other aspects of our work, and a narrative about the work we have done to support doctors and protect patient safety in the relevant nation.
- b** The reports have been co-authored by colleagues in our national offices and by communications staff, and incorporate feedback received from the heads of our national offices, the Assistant Director of Communications, the Director of Strategic Communications and Engagement, the Executive Board, the Council members for Northern Ireland, Scotland and Wales, the CEO, the Council Chair and the Audit and Risk Committee.
- c** Following final corrections, we are producing and releasing these reports in advance of publishing our 2024 Trustees' Annual Report and Accounts, to accommodate the different dates on which the devolved legislatures go into recess. We aim to submit these reports to the devolved legislatures in late May, and publish them shortly after.

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2024 Trustees' Annual report and Accounts will be finalised in June and will be tabled for approval by Council at its June meeting before being laid in the UK Parliament, for release later in summer.

- 17 Council approved the final drafts of the 2024 National reports for Northern Ireland, Scotland and Wales.

Annual QA update (item M7)

- 18 Council received and update on education and training quality assurance (QA) work in 2024.

- 19 Council noted:

- a The ongoing oversight of the Medical Licensing Assessment which will be taken forward by the Quality Assurance Monitoring and Improvement team.
- b The effect of the change of government on the Long Term Workforce Plan and the uncertainty for the GMC about future expansion in medical student numbers/medical schools until the publication of the government's NHS 10 year plan
- c The two case studies provided to enable understanding of the detail of the enhanced monitoring process.

- 20 During the discussion, Council noted:

- a The importance of identifying and promoting notable practice, recognising the positive impact such recognition can have on education providers, encouraging efforts to highlight and communicate examples of excellence.
- b Medical degree apprenticeships and participation levels, along with observations about variation in delivery models.
- c The financial oversight of medical schools, querying our capacity and capability to manage QA risks related to financial viability. The GMC works closely with the Office for Students (OfS), sharing intelligence both ways. QA processes include a mix of institutional declarations and site visits to assess whether education providers meet standards for promoting excellence, rather than focusing solely on staffing or resource numbers.
- d Scottish medical schools, which fall outside OfS oversight, present a distinct regulatory context. The need to remain vigilant and responsive was highlighted, given increasing financial pressures on universities across the UK, acknowledging that there may have been historical complacency around the perceived resilience of medical schools, which is no longer tenable in today's climate.

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- e Financial risk in the higher education sector is a concern, reflected in directorate risk registers and ongoing discussions about appropriate thresholds for regulatory concern.

Amending the list of bodies entitled to award a UK primary medical qualification (item M8)

21 Council received a report to summarise the quality assurance of three new medical schools - a combination of Canterbury Christ Church University and the University of Kent, Edge Hill University and Ulster University.

22 Council noted that:

- a The three medical schools are due to graduate their first cohort of students this year. Since applications were initially received, the organisations have been subject to our new school quality assurance process.
- b In line with our usual process for new schools and programmes, the Quality Assurance - Monitoring & Improvement (QAMI) team, with support from medical education associates, has undertaken a range of quality assurance activities with each organisation since the first students were admitted.
- c For each organisation we have visited their programmes each academic year speaking to students and various groups of staff, alongside paper-based reviews of policies and processes.

23 Council agreed that a combination of Canterbury Christ Church University and the University of Kent, Edge Hill University and Ulster University can be added to the GMC's list of bodies that can award UK Primary Medical Qualifications (PMQs).

Approving PA/AA Courses (item M9)

24 Council received an overview of the QA findings relating to each course along with the relevant approval recommendations.

25 Council noted that:

- a We have engaged in voluntary quality assurance processes and activities with all existing physician associate (PA) and anaesthesia associate (AA) courses since 2021. We have been able to gather useful information about each course and make judgements about the quality of education delivered by each course provider against our standards. We have also put in place a formal approval process with set criteria for the approval of existing courses.

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- b Recommendations have been made based on the findings of our pre-regulation quality assurance engagement with each course provider.
- c Attaching conditions to approval is a new quality assurance tool provided by the AAPA Order, and it enhances the flexibility of our QA approach. Conditions can be tailored to each course and in addition, conditions will be timebound and failure to comply with them within pre-agreed timeframes may result in revocation of approval.

26 During the discussion, Council noted that:

- a Four courses have suspended their intakes for 2025 but intend to resume in the future. The PA sector has experienced a significant decline in applications, along with challenges in securing student placements and post-training roles. Despite these challenges, there are regional examples of positive developments, including in Wales.
- b The GMC's narrative and communications strategy is important, emphasising that the QA process and regulatory approval function illustrate the benefits of statutory regulation, and this message should continue to be communicated clearly.
- c In relation to approval transparency, particularly around the categories of courses where approval was recommended despite an apparent shortfall against standards, it was clarified that approval decisions were made with reference to whether student outcomes are unaffected. The QA approach mirrors the model used for medical schools, where approval with conditions is acceptable if key standards affecting student experience and outcomes are met. The rationale for approving such courses, even where some standards are not fully met, should be more explicitly documented in the audit trail for assurance. **(Action)**
- d Whether courses approved with conditions should return to Council for full approval, once those conditions are met, will be taken away for further consideration. **(Action)**

27 Council approved the decision for the individual PA and AA courses.

Any other business: (item M10)

28 Council noted below the line items:

- a M11 - Council forward work programme
- b M12 - Council members' register of interests

Date of next meeting

29 Council noted that its next meeting is scheduled for 4 June 2025 in London.

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"> ● We were very pleased to hear the recent announcement from the Department of Health and Social Care (DHSC), confirming their ongoing commitment to reform regulation for doctors. ● Our Chair and Chief Executive completed their spring round of UK Advisory Fora in Scotland, Wales, and Northern Ireland.
Decision Trail	Council receives this report at each full meeting.
Recommendations	<p>a To consider the Chief Executive's report.</p> <p>b To note the Performance Annex and the Corporate Opportunities and Risk Register.</p>
Annexes	<p>Annex A: Performance Annex</p> <p>Annex B: Corporate Opportunities and Risk Register</p>
Author contacts	<p>Katherine Ince, Head of OCCE</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	Charlie Massey , Chief Executive

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Chief Executive's report

Regulatory reform

- 1 On 2 May 2025 we received written confirmation from the Department of Health and Social Care (DHSC) setting out its commitment to prioritising the reform of healthcare professional regulation in the UK. We warmly welcome the plans to modernise the regulatory framework for doctors, which as Council members will be aware, has been a long-standing priority for the GMC.
- 2 We want to make sure that we are working as effectively and efficiently as we can be for this next phase of work, therefore we have recently carried out a programme 'stocktake' – this has involved us reviewing the current set up of the programme and associated governance arrangements to see where we may be able to make changes to this. We are now implementing the recommendations that have come out of this piece of work.

Corporate strategy development

- 3 Our work to develop the next corporate strategy (2026-2030) is on track with much of the internal engagement across the organisation now complete. Engagement with external partners and stakeholders across all four countries is ongoing. We will continue to keep Council updated on progress with strategy development and will provide a further update in July.

PA/AA regulation, and the Leng review

- 4 As of 22 May, we have received over 3200 applications for registration from physician associates (PAs) and 159 applications from anaesthesia associates (AAs). We have so far granted registration to 2676 PAs and 127 AAs.
- 5 We have [published details of PA and AA courses that we have approved](#). This means patients, employers and colleagues can be assured that PAs and AAs have the required knowledge and skills to practise safely once they qualify.
- 6 We continue to engage with the Leng review and Shaun Gallagher, Director of Strategy and Policy, attended the fourth roundtable on 22 May.
- 7 We have published a [new resource on our ethical hub page](#) to support doctors who supervise PAs and AAs.

Parliamentary and stakeholder updates

- 8 The House of Commons Committee on Standards has published our [written evidence](#) to their Inquiry on Outside Interests and has invited us to give oral evidence in June. The Committee wanted to learn about the management of doctors' outside interests and employment and requested we submit evidence. We provided information about our professional standards.

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Chief Executive's report

- 9 On 18 April, we wrote to the DHSC and NHS England (NHSE) regarding the transition of NHSE into the department, and set out some of the frameworks currently in place which underpin much of our role in the patient safety architecture across the system. We continue to meet with DHSC and NHSE officials during the transition period to seek further clarity on the transfer of key functions and people.
- 10 On 23 April we met Neil Gray MSP, Cabinet Secretary for Health and Social Care. We discussed the Scottish Government's NHS Renewal plans, education and training, and regulatory reform.
- 11 Our Chair and Chief Executive took part in our UK Advisory Fora (UKAFs), as well as other meetings with stakeholders, in each of the three countries:
 - a The Wales visit included discussions with primary care leaders; this was a valuable opportunity to discuss key issues facing primary care in Wales. We met with Judith Paget, Director General for Health and Social Services and NHS Wales Chief Executive, and Helen Arthur, Welsh Government Director of Workforce, to discuss priorities for the NHS workforce in Wales. At our main Wales UKAF meeting, the themes covered were patient safety, organisational cultures, and equality, diversity and inclusion.
 - b In Scotland we met the presidents of royal colleges to discuss collective leadership at a time of change, and how the royal colleges could work with their membership to support constructive engagement in this. We also met Amy Wilson, Scottish Government Director of Workforce, to talk about the Scottish Government's NHS Renewal Plans, and the Co-Chair of the Scottish Association of Medical Directors, Mark MacGregor, where we discussed employer elements of education and training. In the main UKAF meeting we discussed how the NHS workforce and patients are engaged and enabled to support the delivery of significant change, whilst maintaining patient safety.
 - c Our UKAF meeting in Northern Ireland explored the themes of patient safety cultures in Northern Ireland and identified opportunities for collaboration to support this work. We visited Queen's University Belfast to meet with their senior team and medical students, and had an opportunity to observe how active bystander training is incorporated into simulated training for medical students.
- 12 On 21 May, Charlie Massey, Chief Executive, and Liz Jenkins, Assistant Director – Legal Team, met with affected families in Nottingham within the scope of the Donna Ockenden Maternity Review. We do not underestimate the extent of the grief and trauma they have faced, and we are working to address their concerns.
- 13 We met with royal college presidents on 22 May. Sue Carr, Deputy Medical Director, led a session outlining the progress we are making on our future education and career development work and Colin Melville, Medical Director and Director, Education and Standards, and Jeanette Dickson, Chair of the Academy of Medical Royal Colleges (AoMRC),

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Chief Executive's report

led a session on how the group can collectively support trainees on the transition to independent practice as a consultant/GP.

Enterprise resource planning system

- 14 Work to implement a new enterprise resource planning (ERP) system is progressing as planned. We have completed the discovery phase of the finance system (Dynamics) and have agreed the final scope of the system. In April we started the build phase, during which the system is configured to meet our requirements. Once complete, we will move into the system testing phase.
- 15 In April we signed the contract to adopt Dynamics for our HR processes and we plan to start the system development work in the summer. We are planning to phase the implementation of the systems, with HR and payroll following on from finance.
- 16 We have identified potential payroll systems to integrate into Dynamics and we are currently undertaking evaluation and planning.
- 17 We have three programme audits planned for 2025. The first reported in May 2025 and was accompanied by a two hour seminar with the Audit and Risk Committee (ARC) where we explored in detail how the programme is being delivered. We will continue to keep Council and the ARC updated on this work.

Equality, diversity and inclusion (ED&I)

- 18 We have released the last of a series of digital learning packages for colleagues on specific ED&I topics. There are several new topics alongside the earlier titles we have released, including menopause at work, supporting working carers, mental health, and socio-economic wellbeing. We will be reviewing the uptake and benefits in due course.
- 19 We note the Supreme Court's ruling on the legal definition of a woman under the Equality Act 2010, and are considering the implications of this in our roles as a regulator and an employer. Council will be discussing this topic in the coming months.

University name changes

- 20 The Office for Students approved name changes of two institutions with programmes that are recognised by us. University of Central Lancashire has been renamed as University of Lancashire, and University of Bolton will now be recognised as University of Greater Manchester. We have carried out essential work on the system and processes to accommodate the transition, and a technical amendment to the list of awarding bodies will reflect the changes.

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Chief Executive's report

Enhanced monitoring

- 21** There are currently 23 open cases with conditions attached to GMC approval to deliver a programme of training at five sites. We have not escalated or de-escalated any cases since the last report and have not set or removed any conditions.

Operational performance

- 22** The update in our Performance Annex (Annex A) includes the status of our corporate priority projects/programmes. Regulatory reform, associate worker status (AWS), and contact centre technology (CCT) continue to report amber due to uncertainty around timelines, although for AWS and CCT we expect to see greater certainty in our plans soon. In relation to regulatory reform, we welcome the government's recent announcement to prioritise reform and we anticipate the DHSC will consult later this year. Enterprise resource planning (ERP) and regulatory fairness implementation (RFI) continue to manage resourcing challenges.
- 23** The regulation of PAs and AAs programme was formally closed by Executive Board in April and will be removed from project reporting going forward; we will continue to provide figures for monitoring application, registration, and complaint volumes.
- 24** The contact centre customer satisfaction measure recovered from 77% in February to 81% in March and 84% in April. This exceeds the 80% target in both months. There has also been a significant improvement in the proportion of positive media sentiment of the GMC (from 13% in February to 33% in March). Despite the improvement, performance is still being impacted by the high proportion of neutral or balanced articles, so is still below the 40% target. In April we saw less media coverage about the GMC compared to previous months which drove down the overall proportion to 12%. The proportion of negative coverage remains very low at 3% in March and April.
- 25** There are no significant updates to the annexed corporate opportunities and risk register (CORR) since the last Council meeting.
- 26** As agreed by Council on 9 April, finance information has been removed from the performance annex and will be presented in a separate paper going forward.

Executive Board

- 27** The Executive Board met on 31 March and 28 April and considered the following:
- a** An update on performance and risk.
 - b** An update on procurement for the Enterprise Resource Programme.
 - c** An update from GMC Services International.
 - d** An update on NHSE abolition.
 - e** The Annual Report of the Data Protection Officer (DPO).

M3 – Annex A - Performance annex

Data presented as at 19 May 2025 (unless otherwise stated)

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

Indicator		Mar	April	Commentary
Operations	Decision on 95% of all registration applications within 3 months	98%	99%	<p>Media Sentiment: While high volumes of neutral and balanced articles continue to drive down the overall percentage of positive articles, there was a significant increase in positive coverage in March (33%). This is likely due to the extensive coverage generated from the press release about gender parity on the medical register. In April there was less media coverage about the GMC compared to previous months, and this was largely balanced in tone and drove down the overall proportion to 12%.</p> <p>GMC Website Satisfaction: Our NPS score for April was just below the KPI target of 40 and a decrease from our March score (47.8). Feedback from users included website performance and suggested improvements.</p> <p>Staff Turnover: The rolling 12-month staff turnover remains outside of our 8-12% target range. In April it was 6.6%, with 14 colleagues leaving the organisation in that month.</p>
	Decision on 95% of all revalidation recommendations within 5 working days	99%	99%	
	Respond to 90% of ethical/standards enquiries within 15 working days	98%	97%	
	Conclude 90% of fitness to practise cases within 12 months	96%	96%	
	Conclude or refer 90% of cases at investigation stage within 6 months	97%	98%	
	Conclude or refer 95% of cases at the investigation stage within 12 months	98%	98%	
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	100%	
	Commence 100% of Interim Order Tribunal (IOT) hearings within 3 weeks of referral	100%	100%	
	Contact Centre sample survey - % of customers who rated their overall experience and satisfaction at 7 or above (out of 10) – target 80%	81%	83%	
	Contact Centre - Answer 80% of calls within 20 seconds	92%	90%	
	Positive media coverage of GMC (target 45% or above)	33%	12%	
	Negative media coverage of GMC (target 15% or below)	3%	3%	
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 40)	48	39	
	75% of doctors intend to change practice following Outreach learning session	81%	80%	
Organisation	2024 Income and expenditure [% variance +/- 4%]	4.01%	4.12%	
	Rolling twelve-month staff turnover within 8-12%	6.9%	6.6%	
	IS system availability (%) – target 99.89%	100%	100%	

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

Indicator		2024								2025			
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April
Operations	Decision on 95% of all registration applications within 3 months	100%	99%	99%	99%	98%	97%	98%	97%	98%	97%	98%	99%
	Decision on 95% of all revalidation recommendations within 5 working days	99%	99%	100%	99%	99%	99%	99%	99%	99%	99%	99%	99%
	Respond to 90% of ethical/standards enquiries within 15 working days	98%	98%	98%	97%	96%	100%	100%	98%	100%	97%	98%	97%
	Conclude 90% of fitness to practise cases within 12 months	96%	95%	96%	95%	93%	95%	95%	93%	95%	94%	96%	96%
	Conclude or refer 90% of cases at investigation stage within 6 months	97%	96%	97%	95%	96%	98%	97%	97%	96%	95%	97%	98%
	Conclude or refer 95% of cases at the investigation stage within 12 months	98%	97%	98%	96%	96%	99%	98%	97%	97%	98%	98%	98%
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	100%	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	100%
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Contact Centre - % of customers who rated their overall experience and satisfaction at 7 or above out of 10 (target 80%)	82%	80%	80%	81%	82%	81%	81%	80%	83%	77%	81%	83%
	Contact Centre - Answer 80% of calls within 20 seconds	83%	82%	44%	55%	52%	52%	81%	84%	87%	88%	92%	90%
	Positive media coverage of GMC (target 45% or above)	38%	11%	47%	47%	5%	5%	25%	17%	6%	13%	33%	12%
	Negative media coverage of GMC (target 15% or below)	6%	17%	3%	3%	3%	1%	2%	4%	2%	6%	3%	3%
	Satisfaction of users with GMC website (target: a Net Promoter Score of at least 40)	35	35	37	45%	45%	40	42	41	48	43	48	39
	75% of doctors intend to change practice following Outreach learning session	82%	78%	79%	78%	78%	79%	79%	79%	77%	79%	81%	90%
Organisation	2024 Income and expenditure [% variance +/- 4%]	+0.34%	+0.71%	+0.5%	+0.96	+0.85	0.57%	0.56%	2.59%	4.91%	3.82%	4.01%	4.12%
	Rolling twelve-month staff turnover within 8-12%	7.3%	6.9%	6.7%	7%	7%	7%	6.9%	6.7%	6.8%	7%	6.9%	6.6%
	IS system availability (%) – target 99.89%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Physician Associates and Anaesthesia Associates

Registration – Between 16 December 2024 and 24 February 2025, all voluntary registrants whose data we had were invited to apply for registration and we are seeing a steady increase.

PA and AA registrant numbers		
	Number on voluntary register at 16 December 2024	Number registered as at 9 May*
Physician Associate (PA)	5,092	2,466
Anaesthesia Associate (AA)	178	108

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

PA and AA applications	Physician Associates		Anaesthesia Associates	
	Applications Received	Applications Granted	Applications Received	Applications Granted
Transition Voluntary Register	2,961	2,356	95	75
UK Qualification (Direct cohort UK Qual)	104	54	3	-
Newly qualified PAs/AAs (<i>UK Student</i>)	64	56	55	33
Non-standard UK qualification (Non-Standard UK Qual)	-	-	-	-
International (INT Reg Application)	-	-	-	-
Total	3,129	2,466	153	108

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

Total number of complaints regarding PA/AAs received each month					
	Dec	Jan	Feb	Mar	Apr
Physician Associate related complaints	6	7	10	3	1
Anaesthesia Associate related complaints	0	0	0	0	0
Total complaints relating to PA/AAs	6	7	10	3	1



Enabling professionals to provide safe care

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

2025 Priority change activities		RAG	Status
Fairer Employer Referrals (FER)	<p>Why? To eliminate differentials in employer fitness to practise referrals.</p> <p>When: by 2026 Who: Anthony Omo, Anna Rowland</p>		<p>An initial draft plan for the next phase has been developed with key stakeholders, when finalised sign off will be through Executive Board. This will then be subsequently shared with Council in our annual update paper in December.</p> <p>We have been working with Communications colleagues to develop our strategic approach to programme communications – this will have a heavy external focus but will also include plans for internal messaging.</p> <p>We also provided a joint update with the Fairer Training Cultures project to the Professional Standards Authority (PSA) who had highlighted both of these work programmes as good practice examples in relation to ED&I following the GMC's 2023/24 performance review. The update gives further information on our approach to this work and includes lessons learned and tips for others who may be separately thinking about embarking on similar activities. The PSA will produce a best practice report with examples from all the Health and Social Care professional regulators which they are due to publish in May.</p>
Fair Training Cultures (FTC)	<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>In April, we focused on planning our Good Practice event, scheduled for 18 June, including drafting the agenda, agreeing internal roles and monitoring responses. We continue to focus on delivering our action plan for 2025 including, meeting with individual teams-to agree key deliverables, as well as meeting with external stakeholders to discuss future ways of working together.</p> <p>The first of our papers on Multivariate analysis was published by BSC Medicine in April, with 2 further papers still in progress. We are working with Communications colleagues to plan our promotion of the publication, including a draft blog from our Medical Director.</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

2025 Priority change activities		RAG	Status
Future of education and career development (FutureEd)	<p>Why? We have a statutory duty to regularly review our education framework, including our standards, outcomes, and guidance. We want to work with partners to ensure that our new framework has the greatest positive impact for the public and the profession.</p> <p>When: Q4 2029 Who: Colin Melville, Phil Martin, Nico Bridge</p>		<p>During the last period the programme and workstreams developed a high-level programme plan which was presented at the February Council meeting. Following endorsement by Council, teams have been working on developing practical policy options to take forward. Headlines for these will be presented at our programme board on 19 May. The programme board will be asked to approve a number of proposals including how we can better support educators. The board will also consider summaries from work to date on education and training and career development for all doctors and options for improving this and consider an update on our progress in developing a future-facing education framework.</p> <p>The programme team have now convened an internal clinical reference group, comprised of medics working within the GMC, to provide informal feedback based on their own experience as clinicians. Our first meeting was held on 19 March, in which we tested the ideas that will be put to the programme board.</p> <p>Plans are underway to create a website presence for the programme and a 'community of interest.' We have identified opportunities across 2025 to promote and update on the programme, and to align programme messaging with other corporate work programmes, such as introducing the incoming Medical Director and contributing to the <i>State of Medical Education and Practice</i> (SoMEP) launch later this year.</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

2025 Priority change activities		RAG	Status
Associate Worker Status	<p>Why? To become legally compliant by introducing holiday pay and pension contributions for in scope payments for all of our eligible associates who hold worker status.</p> <p>When: Interim Solution expected by end of 2025, final solution implementation dependent on ERP programme</p> <p>Who: Neil Roberts, David Donnelly</p>		<p>The programme continues to report as amber while a detailed implementation plan is being developed with a view to be completed by end of May.</p> <p>In April, Council discussed our proposed approach to recognising worker status for associates. They agreed a position on holiday back pay and a threshold for inclusion of former associates. We are now preparing to write to all in-scope associates formally confirming our view of their status as a worker.</p> <p>We have now finalised and published the Associate Rate Card for use by operational and finance teams, which will help ensure accurate coding in preparation for worker payments.</p>
Contact Centre Technology	<p>Why? Our vision is to deliver an outstanding experience to our customers with every interaction. To help deliver this we will adopt efficient technology which allows us to understand and meet our customers' needs and report on their experience.</p> <p>When: by 2026 Who: Una Lane, Lindsey Westwood, Rachel Mooney</p>		<p>We are reporting amber as the timeline for phase 2, which will focus on messaging, remains uncertain until the phase 2 design workshops are complete (due to take place at the end of May).</p> <p>We have resolved issues and mitigated risks related to determining a suitable approach to adopting AI tools in phase 2, and, following a successful proof of concept demonstration, are close to signing the supplier contract for this phase. We will progress with securing suitable supplier resource for phase 2 and commence the design workshops, which will cover elements required to build the messaging channels. A joint project plan and timelines for phase 2 will be confirmed once we have completed the design workshops and this will enable us to plan out the remainder of the project.</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>		<p>We are reporting amber based on our view that the timetable provided by the Department of Health and Social Care (DHSC) remains ambitious, alongside remaining uncertainty over how reforms are to be commenced.</p> <p>We have received confirmation from ministers that the GMC will be prioritised as the next regulator to have its legislation reformed- and we are currently undertaking a range of activities designed to ensure we are best set up to deliver on our ambitions and support the organisation and its stakeholders through the process. These include progressing work relating to policy and drafting (e.g. responding to requests from DHSC in relation to reviewing policy positions and thinking about options relating to commencement, implementation and transition. We are also carrying out a lessons learnt exercise to capture learnings from the work that was completed towards the end of last year following the GMC rules consultation.</p> <p>Following a recent internal review of the programme, we are implementing several new ways of working to ensure that the structure and governance arrangements are appropriate for the next phase of work, and carrying out a review of the benefits associated with the changes we're seeking as part of the next GMC Order. A narrative for the programme is being developed that we can share with both internal and external stakeholders.</p>



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2025 Priority change activities		RAG	Status
Regulatory Fairness Implementation	<p>Why? We are focused on making fairness central to our work, and we are working on implementing all recommendations from the Regulatory Fairness Review published in February 2023.</p> <p>When: Q4 2025 Who: Shaun Gallagher, Claire Light</p>		<p>Implementation continues, with the amber rating reflecting ongoing project management resourcing issues with the programme. Short-term project management support for RFI has been secured from the Quality, Continuous Improvement and Safeguarding Team. The Quality Development Manager will prioritise undertaking a resourcing capacity analysis for the ED&I Team and, therefore, it is yet to be confirmed when project management support for RFI will commence.</p> <p>Despite resource challenges, the programme has reached a key milestone with the submission of the first iteration of directorate implementation plans, delivery is now underway. These activities will further strengthen assurance measures for fairness and bias in relation to high impact regulatory decisions (HIRDs). The Corporate team are currently preparing a bid for June Gateway to source additional support to deliver their implementation plan.</p> <p>In April, the Regulatory Fairness Review (RFR) Board considered a proposal to embed the decision makers learning 'Fairness in Decisions for Regulatory Professionals, agreeing that the ED&I and L&OD teams would work together to develop an in-house proposal for refresher learning, targeted at HIRD roles in scope for this programme. The Board also agreed to the proposal of a one-off session for leaders on fairness in regulatory decision-making, in response to RFR recommendations 7 and 8 (to set up a decision makers community of practice) and following engagement.</p>
ED&I Data improvement	<p>Why? The aim is to address the ambiguity and inconsistency relating to what ED&I data we collect and why, and how ED&I data should be used across the GMC. This includes information about doctors, complainants, patients, and other service users with whom we interact.</p> <p>When: To be agreed. Once the PID has been approved by Executive Board, the project can formally restart, and timelines will be confirmed. Who: Kuljit Dhillon, Claire Light</p>		<p>We went to Q1 2025 Gateway with a business case, outlining the case for restarting work on this initiative and a project initiation document (PID), detailing the proposed delivery of our preferred option. We asked the Planning Gateway whether they supported the initiative and restarting it now (business case) and whether they support the approach for delivery (PID). Gateway members agreed with the rationale for restarting the project and fully supported the business case, including our preferred option for a development of a process to ensure our ED&I data monitoring characteristics, categories, and processes are kept up to date". Gateway did not support the PID and recommended that consideration be given to what implementation looks like, ownership of implementation and additional engagement and scoping with enabling teams is needed, and with revised high level project plans and sequencing, with a view to returning to Gateway once these steps have been completed.</p>
Regulation of Anaesthesia Associates (AAs) and Physician Associates (PAs)	<p>Why? To expand the medical workforce and the contribution by our professionals to quality patient care, while continuing to safeguard patients. We will deliver equivalent statutory functions across MAPs and doctors.</p> <p>When: End of 2024 Who: Una Lane; Clare Barton</p>		<p><i>This programme has been successfully delivered and was formally closed following Executive Board approval on 28 April.</i></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.

2025 Priority change activities		RAG	Status
Enterprise Resource Planning (ERP)	<p>Why? To implement new HR/ Finance and Payroll solutions to replace the existing Agresso system which will withdraw its support at the end of 2026.</p> <p>When: Q3 2026 Who: Neil Roberts, Sunil Kapur, David Donnelly, Rachel Mooney</p>		<p>The programme is reporting amber as it reflects the high number of risks around the high demand on programme and BAU resources. For our finance project we have completed all planned tasks, but project workload remains high. We have completed the mapping of HR processes and Executive Board have approved the decision to implement Dynamics for HR.</p> <p>MS Dynamics 365 Finance implementation: Discovery phase completed as planned. At the end of this phase the Finance team signed off the system scope. The project is now in the Realise (build phase) of the implementation. The build phase is split into 5 sprints. Sprint 1 review/ demo was held on 1 May 2025 which showcased the work completed during April. This covered areas including Organisation Administration, System Administration, Record to Report (R2R) and Integration to Siebel along with foundational setup "base config" to support the General Ledger and VAT processes. Overall, it was a positive first sprint with the GMC and Inciper teams working well together. Sprint 2 commenced 6 May 2025 which will focus on Prospect to Customer, Order to Cash (O2C), Procure to Pay (P2P), Data Migration, Hire to Retire and further R2R & Integration areas of the solution.</p> <p>HR discovery: The HR team has completed the sign-off process in Confluence, and the payroll documentation is now being finalised. This marks the completion of end-to-end documentation for both HR and Payroll processes. Following our pre-market engagement, we have identified four potential payroll vendors and have booked in system demonstrations. We are currently developing plans for project go live for HR and Payroll system development. Regular risk assessment meetings continue following the initial workshops and will remain in place throughout the project to manage and mitigate emerging risks.</p>



RECRUITMENT – DIVERSITY TARGETS

Underlying measures and targets		Actuals				Target		
		2024 (%)	2024 (Vol)	2025 ¹ (%)	2025 ¹ (Vol)	End of 2025	% points off 2025 target	2026
Increase the level of minority ethnic representation at Level 3 and above	Applications	42.1 %	430	35.7 %	625	29%	+ 6.7	30%
	Interviews	24.5 %	52	24.5 %	64	24%	+ 0.5	25%
	Offers	14.8 %	8	10.4 %	5	19%	- 8.6	20%
	Workforce	13.9 %	90	13.7 %	91	19%	- 5.3	20%
level of minority ethnic representation at Level 2+		12.6 %	27	12.1 %	26	18%	- 5.9	20%
level of minority ethnic representation at level 3		14.6 %	63	14.4 %	65	19%	- 4.6	20%
Increase the level of minority ethnic representation at all levels	Applications	45.3 %	2,370	48.3 %	2,827	39%	+ 9.3	40%
	Interviews	30.7 %	329	34.6 %	314	34%	+ 0.6	35%
	Offers	23.2 %	66	25.7 %	52	29%	- 3.3	30%
	Workforce	18.7 %	317	19.6 %	342	19%	+ 0.6	20%
Reduce differential turnover rates for minority ethnic staff compared to the average to improve retention and for rates to be within 1.5% of each other by end of 2024		4.6 %	-	Minority ethnic backgrounds (%)	White background (%)	1.5%	% points between groups	1.0%
				10.0%	6.0%		4.0	
Proportion of minority ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level		1.1 %	-	Minority ethnic backgrounds (%)	White background (%)	2%	% points between groups	2%
				6.7%	9.2%		2.5	
Pay differentials within a confined band limited to 2% ² (table shows the proportion of bands that are inside of the +/-2% tolerance)		58.3%	7/12	58.3%	7/12	12/12		12/12

¹Rolling 12-month period used to the end of the reporting month

²Specialist bands are not included

Litigation overview for Q1 2025

Reporting criteria from Q1 2025

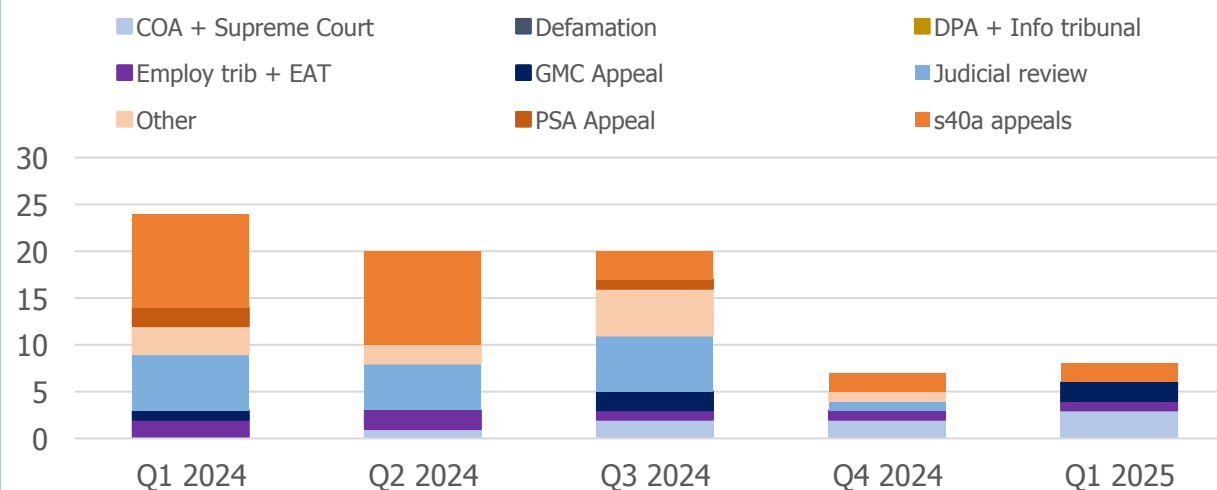
Data is pulled on the first working day of the quarter. For Q1 2025, this was 1 April 2025.

For the purpose of this report (from Q1 2025), we include types of litigation that represent a legal challenge to the GMC. We exclude costs matters, High Court Extensions, s35a enforcement and family court proceedings on the basis that they facilitate action by the GMC and pose a low risk.

As of 1 April 2025, we had 47 open litigation matters (after exclusions) – 8 of these were new incoming matters in Q1 2025.

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

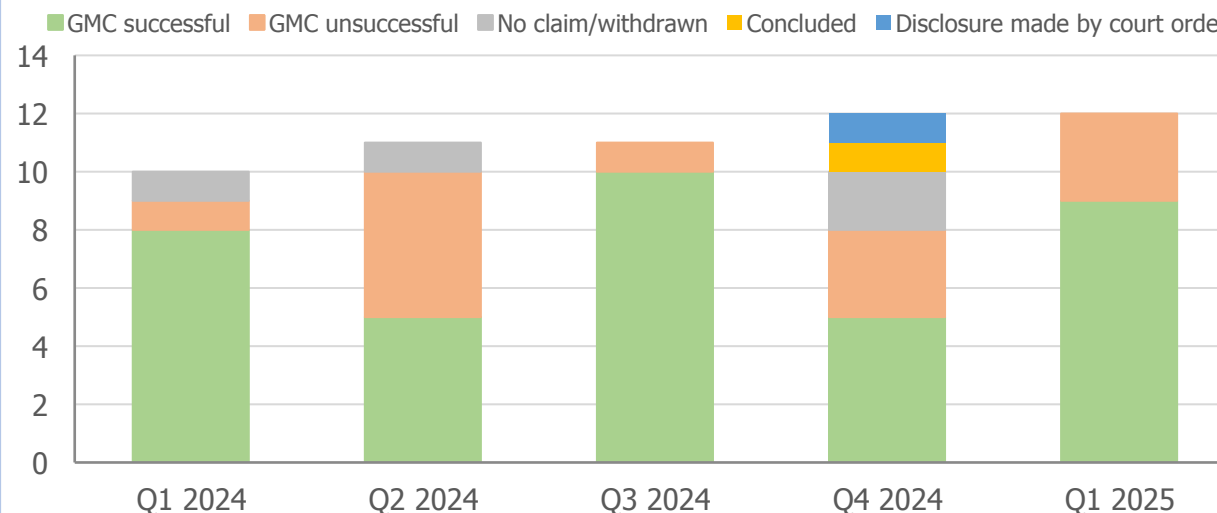
Incoming litigation by type



Key:

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

Litigation outcomes



Concluded litigation Q1 2025: 12

- 9 = GMC Successful**
 - X7 = s40 (doctor) Appeals
 - X1 = Judicial Reviews
 - X1 Information Tribunal
- 3 = GMC unsuccessful**
 - X1 PSA Appeal
 - X1 s41A – 10 IOT challenge
 - X1 s40 Appeal

Corporate Opportunities and Risk Register - April 2025

Ref ID	Title	Category	Detail	Owner	Urgency	Impact	Probability	Regulatory/Compliance	Materiality	Reputational	Financial	Operational	Strategic	Other	Current and/or Board Assurance	Assurance	Further Action Detail	Risk Appraisal	
Programme threats																			
544	IT Industry Cyber Threats	Technical	Due to software vendors becoming more aggressive in their demands about hosted subscription licensed solutions, there is a risk that we will substantially increase license costs on an annual basis that will have to be passed to the already embedded nature of the products and the critical functions that they perform. Furthermore, vendors whose products that we currently license on a perpetual basis may adopt an aggressive tactic of withdrawing support for a move to hosted based subscription based licensed solutions on their timelines.	Neil Roberts	HEAVY/LIKELY	MAJOR	CRITICAL	Key Controls • We are overseeing the move to new Finance and HR systems, including significant process change work, by the end of 2024. • Work to implement the new Finance system is being planned, using an approach of splitting milestones to enable us to deliver in advance of 2027 and ensuring the work will be required to be the relationship is developed in conjunction with operational teams. • Project streams have been prioritised and resourced within HR, HR and Finance with funding for resources requested where required. • We are planning our wider cloud migration strategy with KPMG support, factoring in the risk associated with vendors driving customers to the cloud.	HEAVY/LIKELY	MAJOR	CRITICAL	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	Medium
452	Regulatory return - Regulatory Return	Strategic/Policy	If DHSC do not engage with us sufficiently, or if they do not support our proposals, we may be forced to seek alternative commencement timings and transitional arrangements, they may also be required to change the plan and delay the return, or an Order that is unworkable. This could lead to systems failure, such as DHSC staff unable to process prescriptions, our ability to protect the public and deliver our functions to time and quality.	Shaun Gallagher	HEAVY/LIKELY	MAJOR	CRITICAL	Key Controls • Proactive engagement with DHSC and regular review of plans and critical paths to set realistic expectations on programme milestones. • Proactive engagement with DHSC on planning for the next QTR to make sure that we have a realistic plan that we can have confidence in, aware plan the work effectively to minimise impact on busy teams.	HEAVY/LIKELY	MAJOR	CRITICAL	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	Low
200	Regulatory Return	Strategic/Policy	There is a risk that we do not secure and deliver the full range of benefits that the return presents.	Shaun Gallagher	HEAVY/LIKELY	MAJOR	CRITICAL	Key Controls • We have established and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. • We will continue to monitor the non-financial and financial benefits to ensure we are delivering as planned. • Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and ensure mutual implementation of the return. • Roles for identification (and have been used) for raising concerns with senior officials at DHSC, where required. • Continued dialogue with DHSC to ensure that the return is delivered in conjunction with operational teams, encouraging a "one DHSC approach" and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. • Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). • Use existing structure/construction changes internally as a way of reinforcing messaging and maintain momentum and morale.	HEAVY/LIKELY	MAJOR	CRITICAL	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	Medium
Operational Threats																			
512	Knowledge around our technology and engagement with NHS England	Operational	Because of NHS England's abolition, there is an immediate uncertainty on the technology the GPC has with them, this may impact our effectiveness in some operational processes, as well as further requirements for resourcing to support our statutory functions.	Paul Reynolds	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Key Controls • Ongoing engagement with DHSC and NHS England officials to highlight implications of change for our regulatory work. • Regular updates established with the non-financial and financial benefits to ensure we are delivering as planned. • Ongoing monitoring of other external sources (such as the media) to keep track of developments.	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	Medium
706	PLA that live across the country	Technical	If an incident occurs, that impacts on Medical Schools' ability to provide a safe and secure environment for students, this could impact on the Primary Medical Qualification (PMQ) being awarded by those medical schools.	Colin Hevillie	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Key Controls • We have established and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. • We will continue to monitor the non-financial and financial benefits to ensure we are delivering as planned. • Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and ensure mutual implementation of the return. • Roles for identification (and have been used) for raising concerns with senior officials at DHSC, where required. • Continued dialogue with DHSC to ensure that the return is delivered in conjunction with operational teams, encouraging a "one DHSC approach" and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. • Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). • Use existing structure/construction changes internally as a way of reinforcing messaging and maintain momentum and morale.	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	Low
207	Person Debt	Financial	Due to economic instability, both asset and liability value of the person scheme have reduced (as to a greater extent). This position and any future volatility could lead to continued additional funding of the scheme from the employer.	Neil Roberts	HEAVY/LIKELY	MAJOR	CRITICAL	Key Controls • We have established and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. • We will continue to monitor the non-financial and financial benefits to ensure we are delivering as planned. • Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and ensure mutual implementation of the return. • Roles for identification (and have been used) for raising concerns with senior officials at DHSC, where required. • Continued dialogue with DHSC to ensure that the return is delivered in conjunction with operational teams, encouraging a "one DHSC approach" and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. • Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). • Use existing structure/construction changes internally as a way of reinforcing messaging and maintain momentum and morale.	HEAVY/LIKELY	MAJOR	CRITICAL	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	Medium
303	Welsh Language Standards Implementation	Legal	Since 6 December 2023 the GPC has been subject to the Welsh Language Standards (WLS) Regulations 2023 set by the Welsh Language Commissioner. As we embed the standards in BAU, it is important for all directors to continue to link to the standards with the standards, ensuring guidance is implemented, and monitoring ongoing compliance, we will continue to link to the standards and ensure compliance with the standards.	Paul Reynolds	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Key Controls • We have established and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. • We will continue to monitor the non-financial and financial benefits to ensure we are delivering as planned. • Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and ensure mutual implementation of the return. • Roles for identification (and have been used) for raising concerns with senior officials at DHSC, where required. • Continued dialogue with DHSC to ensure that the return is delivered in conjunction with operational teams, encouraging a "one DHSC approach" and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. • Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). • Use existing structure/construction changes internally as a way of reinforcing messaging and maintain momentum and morale.	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	Low
309	Supporting at the GPC	Reputational	Failure to meet our safeguarding obligations by having sufficient policies and guidance in place, staff members who are unclear about their roles and responsibilities due to lack of training and awareness, and insufficient collection of information and data to provide assurance that appropriate steps are taken to protect and safeguard adults and children with whom we are contacting. We must also be able to respond to any safeguarding issues which result in harm to a vulnerable person.	Neil Roberts	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Key Controls • We have established and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. • We will continue to monitor the non-financial and financial benefits to ensure we are delivering as planned. • Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and ensure mutual implementation of the return. • Roles for identification (and have been used) for raising concerns with senior officials at DHSC, where required. • Continued dialogue with DHSC to ensure that the return is delivered in conjunction with operational teams, encouraging a "one DHSC approach" and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. • Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). • Use existing structure/construction changes internally as a way of reinforcing messaging and maintain momentum and morale.	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	Low
Strategic Themes																			
120	EDM compliance	Strategic/Policy	The measures in place to demonstrate compliance with the public sector equality duty are robust and effective, and we are confident that we can continue to meet our obligations in regulation.	Shaun Gallagher	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Key Controls • We have established and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. • We will continue to monitor the non-financial and financial benefits to ensure we are delivering as planned. • Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and ensure mutual implementation of the return. • Roles for identification (and have been used) for raising concerns with senior officials at DHSC, where required. • Continued dialogue with DHSC to ensure that the return is delivered in conjunction with operational teams, encouraging a "one DHSC approach" and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. • Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). • Use existing structure/construction changes internally as a way of reinforcing messaging and maintain momentum and morale.	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	Low
148	Delivery of statutory functions	Operational	If we fail to deliver our core statutory functions, there is a potential impact on patient safety, public confidence, and the GPC's reputation as a leading regulator.	Charlie Huxley	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Key Controls • We have established and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. • We will continue to monitor the non-financial and financial benefits to ensure we are delivering as planned. • Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and ensure mutual implementation of the return. • Roles for identification (and have been used) for raising concerns with senior officials at DHSC, where required. • Continued dialogue with DHSC to ensure that the return is delivered in conjunction with operational teams, encouraging a "one DHSC approach" and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. • Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). • Use existing structure/construction changes internally as a way of reinforcing messaging and maintain momentum and morale.	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	Low
149	Availability of resources	Resource	If we don't secure and retain an appropriate skilled and experienced workforce, a resilient and secure IT and facilities infrastructure, and maintain a sound financial position, it will hinder the delivery of our statutory functions, change and development programmes and capacity to deal with unplanned events.	Neil Roberts	HEAVY/LIKELY	MAJOR	CRITICAL	Key Controls • We have established and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. • We will continue to monitor the non-financial and financial benefits to ensure we are delivering as planned. • Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and ensure mutual implementation of the return. • Roles for identification (and have been used) for raising concerns with senior officials at DHSC, where required. • Continued dialogue with DHSC to ensure that the return is delivered in conjunction with operational teams, encouraging a "one DHSC approach" and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. • Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). • Use existing structure/construction changes internally as a way of reinforcing messaging and maintain momentum and morale.	HEAVY/LIKELY	MAJOR	CRITICAL	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	Medium
150	Ability to work with others	Strategic/Policy	If we are unable to work collaboratively with our external partners, we may not be able to achieve the outcomes of the corporate strategy and deliver our core functions as effectively, efficiently and cost-effectively as we would like, reducing our impact on patient safety and those we regulate.	Paul Reynolds	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Key Controls • We have established and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. • We will continue to monitor the non-financial and financial benefits to ensure we are delivering as planned. • Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and ensure mutual implementation of the return. • Roles for identification (and have been used) for raising concerns with senior officials at DHSC, where required. • Continued dialogue with DHSC to ensure that the return is delivered in conjunction with operational teams, encouraging a "one DHSC approach" and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. • Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). • Use existing structure/construction changes internally as a way of reinforcing messaging and maintain momentum and morale.	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	Medium
152	Unplanned event	Reputational	The impact of an event in the external or internal environment could result in a loss of confidence in the GPC, a loss of public trust, a potential challenge, potentially leaving us vulnerable to delivery of key functions across the patient safety and regulatory package.	Neil Roberts	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Key Controls • We have established and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. • We will continue to monitor the non-financial and financial benefits to ensure we are delivering as planned. • Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and ensure mutual implementation of the return. • Roles for identification (and have been used) for raising concerns with senior officials at DHSC, where required. • Continued dialogue with DHSC to ensure that the return is delivered in conjunction with operational teams, encouraging a "one DHSC approach" and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. • Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). • Use existing structure/construction changes internally as a way of reinforcing messaging and maintain momentum and morale.	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	Medium
151	Responding to a changing environment	Strategic/Policy	Ability to respond effectively to changes in the external environment, including legislation, healthcare and wider social impact changes, could lessen our influence and relevance and reduce public, professional and political confidence in our role.	Paul Reynolds	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Key Controls • We have established and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. • We will continue to monitor the non-financial and financial benefits to ensure we are delivering as planned. • Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and ensure mutual implementation of the return. • Roles for identification (and have been used) for raising concerns with senior officials at DHSC, where required. • Continued dialogue with DHSC to ensure that the return is delivered in conjunction with operational teams, encouraging a "one DHSC approach" and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. • Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). • Use existing structure/construction changes internally as a way of reinforcing messaging and maintain momentum and morale.	OUT/HEAVY LIKELY	MAJOR	CRITICAL	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	Low
234	EDM Strategic Ambition	Strategic/Policy	The actions we take to influence change across the health and education system, and within the GPC, do not deliver progress as a pace to meet our statutory functions, sustaining positive areas of inequality.	Shaun Gallagher	HEAVY/LIKELY	MAJOR	CRITICAL	Key Controls • We have established and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. • We will continue to monitor the non-financial and financial benefits to ensure we are delivering as planned. • Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and ensure mutual implementation of the return. • Roles for identification (and have been used) for raising concerns with senior officials at DHSC, where required. • Continued dialogue with DHSC to ensure that the return is delivered in conjunction with operational teams, encouraging a "one DHSC approach" and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. • Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). • Use existing structure/construction changes internally as a way of reinforcing messaging and maintain momentum and morale.	HEAVY/LIKELY	MAJOR	CRITICAL	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	Medium
Opportunities																			
27	Delivering more value through our data capability	Strategic/Policy	Developing, sharing and working with others using our insight capabilities presents an opportunity to shape public debate, influence the external environment and deliver more proactive regulatory outcomes.	Shaun Gallagher	OUT/HEAVY LIKELY	MAJOR	GOLD	Key Controls • We have established and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. • We will continue to monitor the non-financial and financial benefits to ensure we are delivering as planned. • Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and ensure mutual implementation of the return. • Roles for identification (and have been used) for raising concerns with senior officials at DHSC, where required. • Continued dialogue with DHSC to ensure that the return is delivered in conjunction with operational teams, encouraging a "one DHSC approach" and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. • Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). • Use existing structure/construction changes internally as a way of reinforcing messaging and maintain momentum and morale.	OUT/HEAVY LIKELY	MAJOR	GOLD	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	High
59	Corporate Social Responsibility	Reputational	There is a potential opportunity for the GPC 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, supporters, communities and patients. This could have multiple benefits, including the GPC becoming an employer of choice, increased diversity in our recruitment pipeline, new organisational partnerships, a positive impact on the environment, an increased regulatory reputation, and increased engagement and distribution with those that we regulate.	Neil Roberts	OUT/HEAVY LIKELY	MAJOR	GOLD	Key Controls • We have established and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. • We will continue to monitor the non-financial and financial benefits to ensure we are delivering as planned. • Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and ensure mutual implementation of the return. • Roles for identification (and have been used) for raising concerns with senior officials at DHSC, where required. • Continued dialogue with DHSC to ensure that the return is delivered in conjunction with operational teams, encouraging a "one DHSC approach" and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. • Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). • Use existing structure/construction changes internally as a way of reinforcing messaging and maintain momentum and morale.	OUT/HEAVY LIKELY	MAJOR	GOLD	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	High
28	Working with patients and public	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 strategic and policy development) will help us gain their trust and confidence and make us a better regulator.	Paul Reynolds	OUT/HEAVY LIKELY	MAJOR	GOLD	Key Controls • We have established and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery. • We will continue to monitor the non-financial and financial benefits to ensure we are delivering as planned. • Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and ensure mutual implementation of the return. • Roles for identification (and have been used) for raising concerns with senior officials at DHSC, where required. • Continued dialogue with DHSC to ensure that the return is delivered in conjunction with operational teams, encouraging a "one DHSC approach" and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed. • Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC). • Use existing structure/construction changes internally as a way of reinforcing messaging and maintain momentum and morale.	OUT/HEAVY LIKELY	MAJOR	GOLD	Highly likely	W/AR	W/AR	W/AR	W/AR	W/AR	W/AR	Medium

Finance report to Council

Action	To note
Purpose	The paper sets out the latest update on our financial position, performance of our investment portfolio, financial risks and other key financial matters.
Decision Trail	This standing item was agreed at the April Council meeting as part of a number of financial governance changes.
Recommendations	To note: <ul style="list-style-type: none">a The latest financial position and outlook for 2025b The latest performance and valuation of our investment portfolioc The ongoing reduction in PLAB volumes and the actions we are taking to ensure we mitigate the financial impact.
Annexes	Annex A – Financial position Annex B – Investment valuation and performance Annex C – PLAB volume analysis
Author contacts	David Donnelly – Assistant Director, Finance Any enquiries to: governanceteammailbox.org.uk
Sponsoring director/ Senior Responsible Owner	Neil Roberts – Director, Resources

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Finance report to Council

Background

- 1 At its meeting on 9 April, Council approved a number of changes to our financial governance arrangements. This included providing a standing item to Council covering our financial position, performance and any other relevant matters to bring to Council's attention.
- 2 Council approved the 2025 budget in December 2024 where we set out a number of key financial assumptions and risks. We have previously set out to both ARC and Council that a significant and sudden decline of applicants through the Professional and Linguistics Assessment Board (PLAB) route presents a financial risk. This paper sets out the changes to our 2025 financial outlook compared to budget, provides a view of the potential for material decreases in PLAB volumes and an update on our investment portfolio performance.

Financial position

- 3 Annex A sets out a summary of the financial position for 2025 as at the end of April. The key changes since budget setting to note are:
 - **Income:**
 - The growth rate in the size of the register has remained higher than our budget assumption of 3.5%
 - We are now forecasting lower PLAB examination volumes and income than anticipated based on a clear trend emerging of lower demand
 - Due to recent market volatility, we are not forecasting any increase in the value of our investment portfolio this year
 - **Expenditure:**
 - We anticipate a higher level of vacancies than initially assumed, which decreases our staff cost forecast
 - Expenditure linked to operational volumes, PLAB examinations and MPTS hearing days, is expected to be lower.
- 4 In summary, although we may not generate any returns on our investment portfolio, we now anticipate achieving a marginally higher level of operational income compared to budget assumptions and a lower level of expenditure, which maintains our strong financial position. We are currently forecasting a surplus of £2.6 million compared to a budgeted surplus of £1.3 million.
- 5 There continues to be risks both within our income forecasts, driven by investment performance and demand led application volumes, which in turn impact the growth rate in the register, in addition to expenditure risks, which may be driven by higher levels of inflation

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or the impact of the recent tariff announcements feeding through into some areas of our supply chain.

Investment portfolio

Performance and valuation

- 6 Since the start of 2025 we have seen significant volatility in the valuation of our investment portfolio. The valuations at specific points in time are below:
 - 1 January 2025 - £61.6 million
 - 31 March 2025 - £61.3 million
 - 10 April 2025 - £59.9 million
 - 9 May 2025 - £60.8 million
- 7 The impact of the US announcement to impose import tariffs had a significant impact on our portfolio valuation however there are two key reasons the impact was relatively limited.
- 8 Firstly, we invest funds through a segregated portfolio through CCLA which gives us the flexibility to design the portfolio to match our risk appetite, for instance the level of funds held in various asset classes which attract differing levels of risk. In 2024 we made some changes to our approach, following discussions with our investment advisers, Mercer, and our fund managers, CCLA, we changed the strategic asset allocation to reduce the value at risk within the portfolio to below 10%. These changes were approved by Council and bedded into our approach in the second half of 2024. One of the key changes implemented was a reduction in our exposure to equities within our strategic asset allocation.
- 9 In addition, our investment management agreement with CCLA provides acceptable ranges for different asset classes within which CCLA can invest. This permits them to make tactical decisions outside the Investment Committee, so they can react quickly to changing market circumstances. An example of this flexibility was seen shortly before the trade tariff announcement where CCLA reduced our exposure to equities, which carry the most risk and volatility, from 15% to 10%, within the strategic range we set out of 5% - 25%.
- 10 Although the value of our investment portfolio reduced following the tariff announcement, in the region of 2%, this is better than other portfolios more exposed to equity value changes and this reduction is well within our value at risk target of 10%. It should also be noted that we will see volatility in portfolio valuations in the short to medium term however we expect to benefit over the long term from our approach.

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- 11** As the current portfolio valuation is currently £0.8m lower than at the start of the year and there continues to be market volatility we are not forecasting any overall increases in the portfolio value at the end of 2025. We will continue to monitor this closely and update the forecast position when we are more confident in the outcome this year, which is likely to be much closer to the end of 2025.
- 12** It is important to note that the annual value at risk target agreed by Council is 10% and the movements seen this year in valuation, in relatively unusual market conditions, have been well below this risk threshold.
- 13** We still consider that holding an investment portfolio will outperform our previous treasury approach, of holding all funds in cash, and will continue to provide protection against inflation and generate modest returns over the long term.
- 14** Annex B provides a snapshot of the performance of our portfolio as at 9 May.

Treasury management risk

- 15** In addition to reviewing the risk associated with our investment portfolio in 2024 we are currently undertaking work to reduce the risk in our treasury management activities while continuing to generate reasonable returns on our cash deposits.
- 16** Over recent years, in line with the Bank of England base rate increasing since early 2022, our treasury management activities have made a strong contribution to our financial position. Interest returns since 2022 are:
 - 2022 - £0.5 million
 - 2023 - £2.1 million
 - 2024 - £2.5 million
 - 2025 - £2.1 million (forecast)
 - 2026 - £1 million (forecast in anticipation of further reductions to the BoE base rate)
- 17** Our previous financial limit for holding funds at one bank was £40 million. During the latter part of 2024 we conducted analysis which explored whether we could reduce this limit. The results showed that we could reduce the counterparty limit to £20 million without materially reducing our interest income returns. This change was applied to the investment policy and approved by Council at its meeting in February this year.
- 18** The analysis also showed that without changing other constraints within the policy, such as credit rating requirements, reducing the limit to £10 million meant we would suffer a clear reduction in interest income. We agreed with the Committee to further assess ways in which we could potentially reduce the counterparty limit further without significantly diminishing interest returns.

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- 19** There are two avenues we are currently examining which may allow us to reduce risk while continuing to generate positive interest income:
- Whether we can alter some of the investment policy parameters which may allow us to place funds in a wider group of counterparties, for instance relaxing the existing credit rating criteria.
 - Whether we can use different forms of treasury products in addition to fixed term deposits or notice accounts.
- 20** At the Investment Committee in May we have asked our investment advisers to work with us to review the benefits and drawbacks of using money market products in addition to analysing the impact of amending our credit rating criteria.
- 21** As we have not yet reached a determination on the way forward, we will provide updates on our approach in due course, and any further proposed amendments to our investment policy will be shared with Council for approval.

PLAB volumes

- 22** Between 2017 and 2024 we experienced an extraordinary rise in the number of candidates applying for registration through the PLAB route. This increased income directly from PLAB examinations from £4 million in 2017 to £25 million in 2024, but the increase also generated additional application income and has contributed to strong growth in the size of the register in those years.
- 23** We have previously reported to both Council and Audit and Risk Committee that, depending on the extent, a reduction in demand for PLAB places constitutes a significant financial risk for us. Although we would see a drop in associated variable cost of holding examination days, our financial stress testing analysis indicated the anticipated lag between income reducing and our ability to remove fixed costs from our cost base would create additional short-term pressures on our finances.
- 24** We have also previously indicated to Council in 2024 that we have seen a change in booking patterns for both PLAB 1 and PLAB 2 tests and we committed to keeping PLAB volumes under close review, due to the financial risks highlighted.
- 25** As we noted the change in demand in 2024, we adjusted our 2025 budget assumptions down for 2025 and onwards by broadly 20% for each PLAB test type. At this point it wasn't clear if volumes had plateaued or there was an emerging trend of reducing volumes. We adjusted the 2025 budget to be prudent in light of the data available at that point.

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- 26** Since setting the budget we have seen a much clearer trend emerge and the latest forecast for PLAB 1 volumes in 2025 is 16,410, a 27% reduction on 2023 volumes. We anticipate this reduction will feed through into PLAB 2 candidate volumes in the latter part of 2025 or from 2026 onwards and will then impact application volumes and the growth rate in the register.
- 27** Although we cannot predict future volumes with certainty, we do now currently expect volumes to reduce further from 2025 levels. One of the key lead indicators of PLAB volumes is the number of English language tests completed. Annex C sets out PLAB candidate volumes plus the number of verified English language tests since 2021, which shows a clear downwards trajectory.
- 28** The reduction in volumes means we not only have to take action to mitigate the financial risks highlighted, due to the fixed costs associated with holding examination days, but this raises some broader strategic questions around the size and use of our estates and how we create a flexible workforce which allows us to meet demand in different areas of the organisation.
- 29** There are risks associated with both delaying any actions in response to the trends we are seeing but also with making certain decisions too early, therefore this is a complex area.
- 30** We have discussed this with the senior management team and have agreed to create a working group to ensure we take considered actions to address the impact of a reduction in PLAB volumes but also incorporate those wider strategic discussions.
- 31** We will update Council when we have a clearer picture of the actions we intend to take however we are happy to consider Council's view of the current position and financial risk.

Defined benefit pension scheme – Triennial valuation

- 32** The defined benefit pension scheme was closed to new members in 2013 and replaced by the GMC Group Personal Pension Plan. The scheme was closed to future accruals for existing members, other than those linked to salary changes, in 2018. Therefore, at the end of 2018 there were no members of staff contributing to this scheme.
- 33** As the employer, Council effectively underwrites the pension scheme to ensure benefits can be paid to members now and in the future.
- 34** The 2021 triennial valuation showed the scheme was in deficit and, following agreement with the trustees of the scheme in 2023, Council agreed a recovery plan of constituting payments of:
- £3.5 million in 2023
 - £3.5 million in 2024

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- £2.5 million in 2025
- £1.5 million in each year between 2026 and 2031

35 The pension trustees are currently undertaking the 2024 triennial valuation. Discussions between us, led by the Chief Executive, and trustees, led by the chair of the pension trustees, are constructive and ongoing. Initial analysis of the scheme's deficit suggests that the recovery payments may increase from the existing £1.5 million to £2 million to 2031, following agreement of the valuation and steps to remove the deficit.

36 The Council seminar in June will provide background to the scheme and the valuation process, to aid Council's consideration of the recovery plan which we expect to be tabled at Council in October.

Next steps

37 We are currently undertaking the half year financial reviews with each directorate. Our focus will be on:

- Understanding in more detail our operational income forecasts, including the growth rate of the register, application volumes and PLAB volumes.
- Reviewing the 2025 financial position and outlook.
- Assessing the medium-term financial forecasts and associated risks.

38 We will report our assessment of the financial position at the July Council meeting.

39 As this is the first finance report to Council as a standing item, we welcome any comments on the content provided and requests for further information which can shape future reports.

Annex A

Financial position

Financial summary as at April 2025	Budget to	Actual to	Variance	
	April	April	£000	%
	£000	£000	£000	%
Operational income	52,907	53,905	998	2%
Operational expenditure	(47,870)	(46,282)	1,588	3%
Unallocated gateway fund	0	0	0	0%
Unallocated contingency fund (inc Pay Uplift)	0	0	0	0%
Pension top up payment	(2,500)	(2,500)	0	0%
Capital Expenditure	(4,077)	(4,448)	(371)	(9)%
Total	(54,447)	(53,230)	1,217	2%
Operational surplus/(deficit)	(1,540)	675	2,215	

Budget 2025	Forecast 2025	Variance	
		£000	%
£000	£000	£000	%
165,754	167,130	1,376	1%
(147,082)	(145,450)	1,632	1%
(1,371)	(1,371)	0	0%
(1,203)	(1,203)	0	0%
(2,500)	(2,500)	0	0%
(13,480)	(13,685)	(205)	(2)%
(165,636)	(164,209)	1,427	1%
118	2,921	2,803	

Financial summary as at April 2025	Budget to	Actual to	Variance	
	April	April	£000	%
	£000	£000	£000	%
Investment income / (loss)	500	(862)	(1,362)	(272)%
Investment Management Fees	(74)	(73)	1	1%
Total surplus/(deficit)	(1,114)	(260)	854	

Budget 2025	Forecast 2025	Variance	
		£000	%
£000	£000	£000	%
1,500	0	(1,500)	(100)%
(302)	(302)	0	0%
1,316	2,619	1,303	

Agenda item M4

Financial update

Operational Income	Budget to April £000	Actual to April £000	Variance		Budget 2025 £000	Forecast 2025 £000	Variance	
			£000	%			£000	%
Annual retention fees	42,594	43,141	547	1%	130,171	130,718	547	0%
Registration fees	2,053	1,799	(254)	(12)%	7,535	7,248	(287)	(4)%
PLAB fees	6,237	6,166	(71)	(1)%	20,321	20,011	(310)	(2)%
Specialist application CCT fees	956	1,071	115	12%	3,837	4,040	203	5%
Specialist application CESR/CEGPR fees	491	731	240	49%	1,912	2,346	434	23%
Interest Income	479	747	268	56%	1,509	2,145	636	42%
Other income	97	250	153	158%	469	622	153	33%
Total Operational Income	52,907	53,905	998	2%	165,754	167,130	1,376	1%

Annex B

Investment performance

Investment mandate

Strategic asset allocation

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

The benchmark for performance comparison is:

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

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

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

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

10.00% Alternatives (MSCI UK Monthly Property Index)

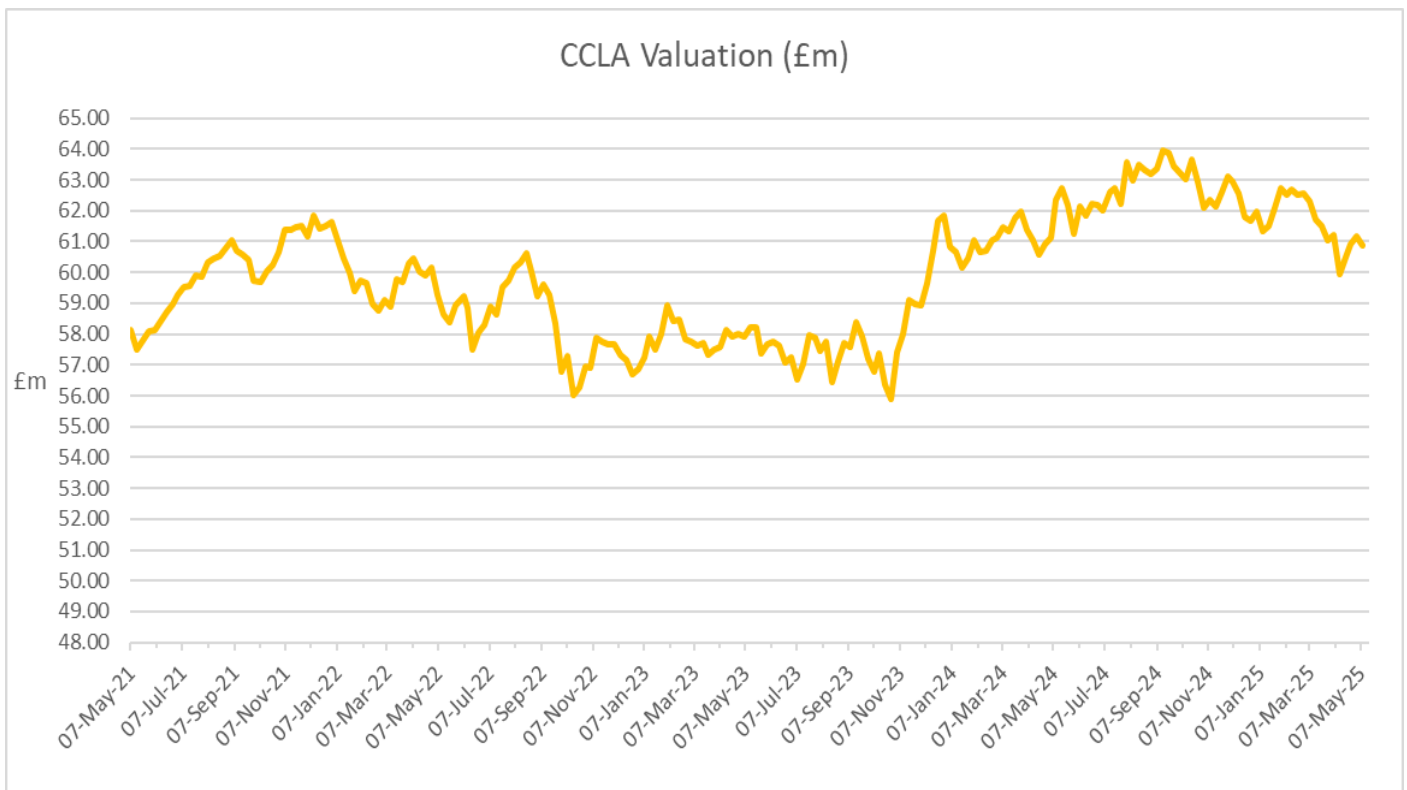
Investment performance

Holdings as at 9 May 2025

	£ million	%
Alternatives	9.3	15.31%
Cash	4.6	7.61%
Equity	5.2	8.49%
Fixed Interest	41.7	68.59%
Total	60.8	100.0%

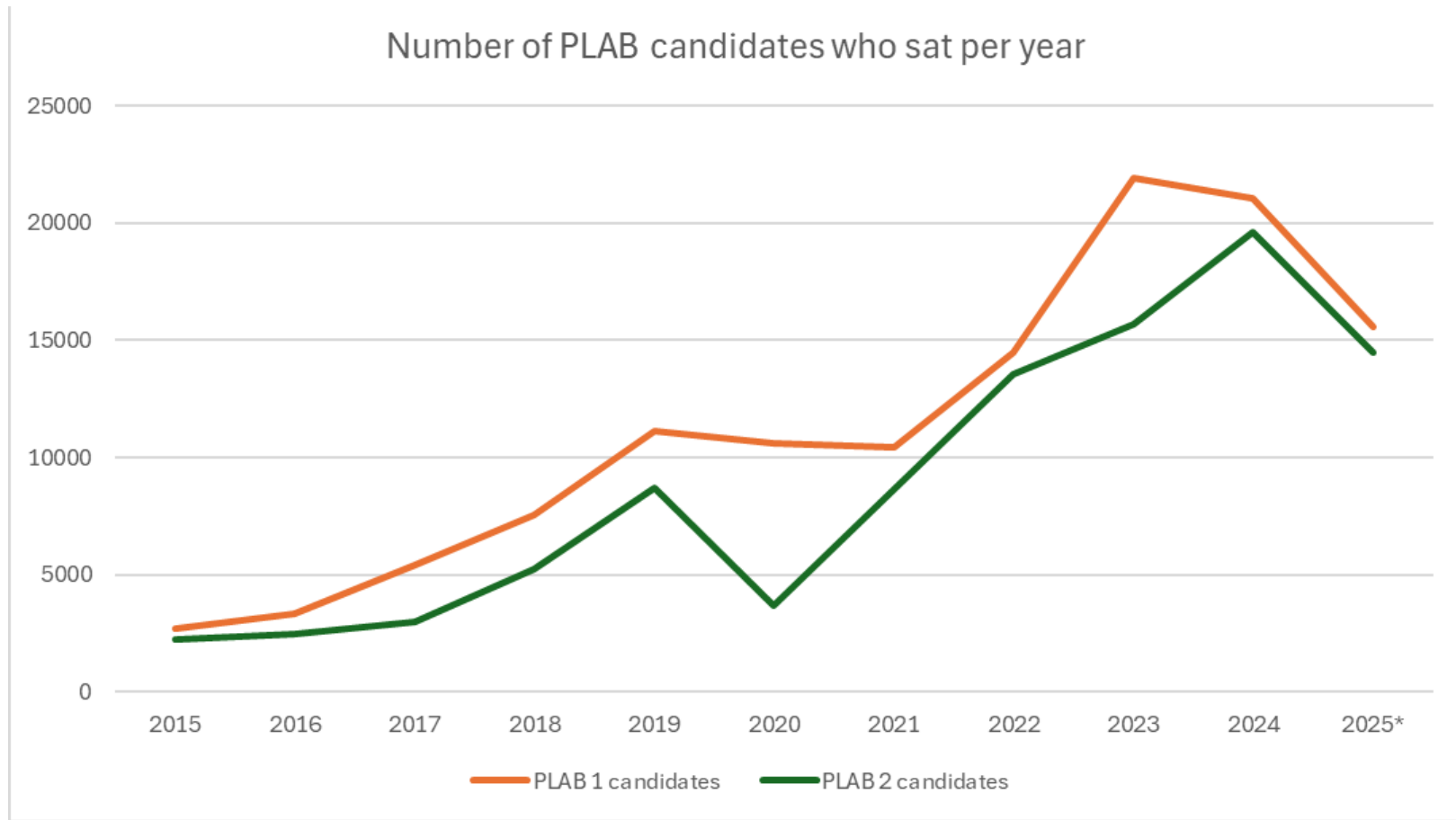
Agenda item M4
Finance report to Council

As at 31 March 2025	Performance Period			
	3 Months	12 Months	3 Years (p.a)	5 Years (p.a)
Our Actual Portfolio	(0.81)%	(0.32)%	1.16%	4.04%
Target: CPI + 2%	1.16%	4.63%	7.24%	6.68%
Benchmark	0.07%	2.32%	(2.17)%	0.13%
Actual minus Target	(1.97)%	(4.95)%	(6.08)%	(2.64)%
Actual minus Benchmark	(0.88)%	(2.64)%	3.33%	3.91%



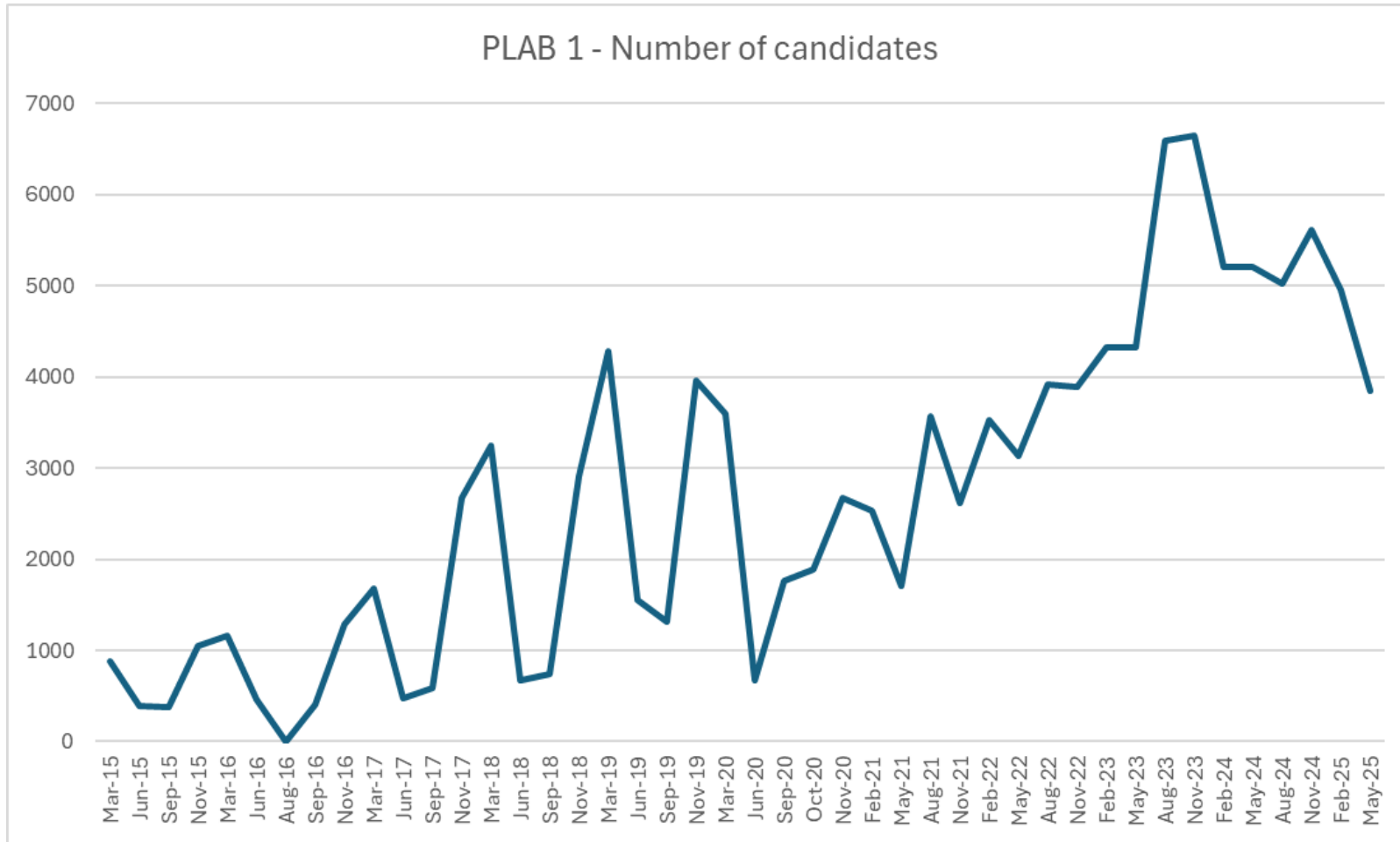
Annex C

PLAB volumes analysis

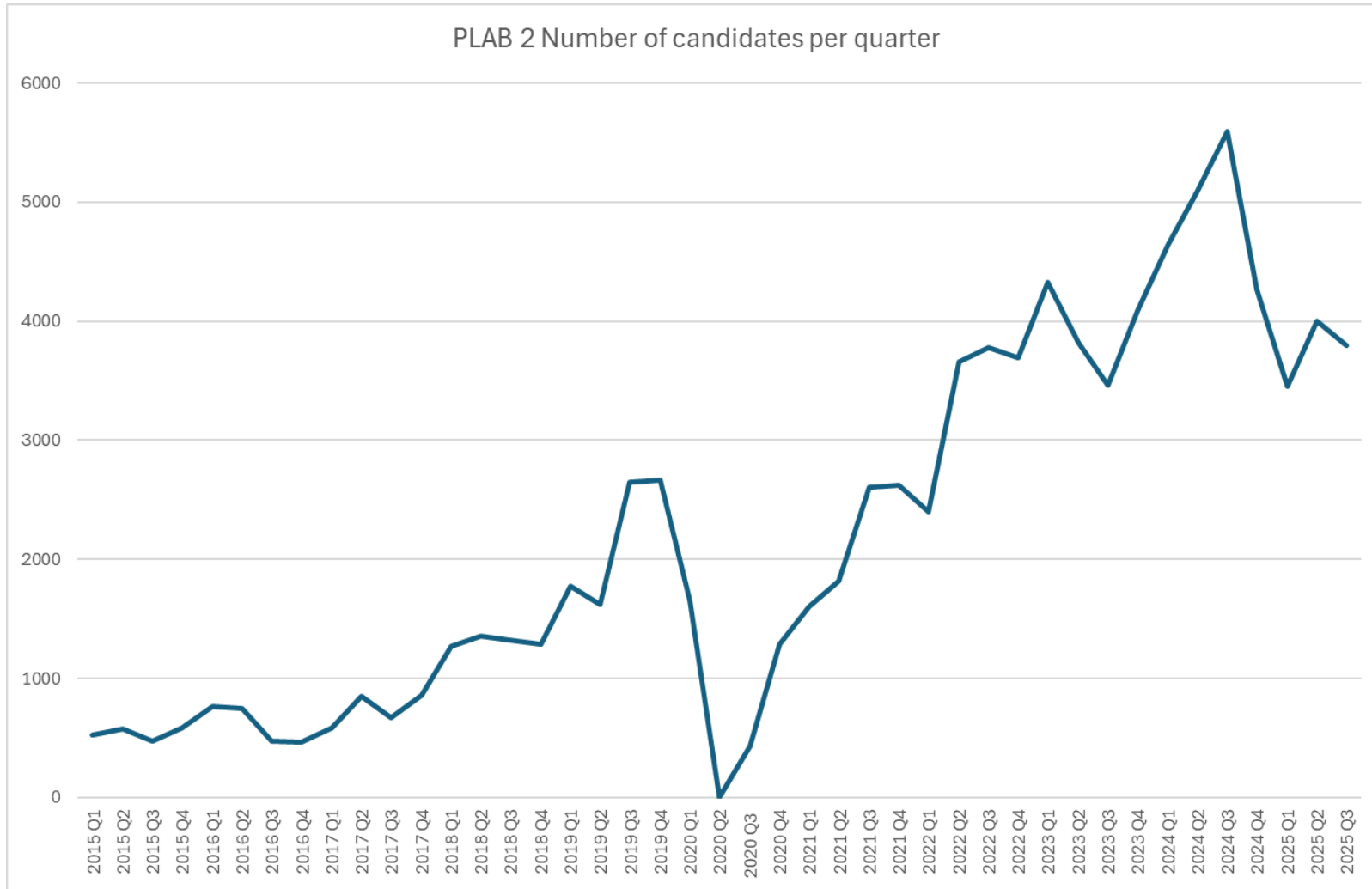


- 2025 figures are forecast

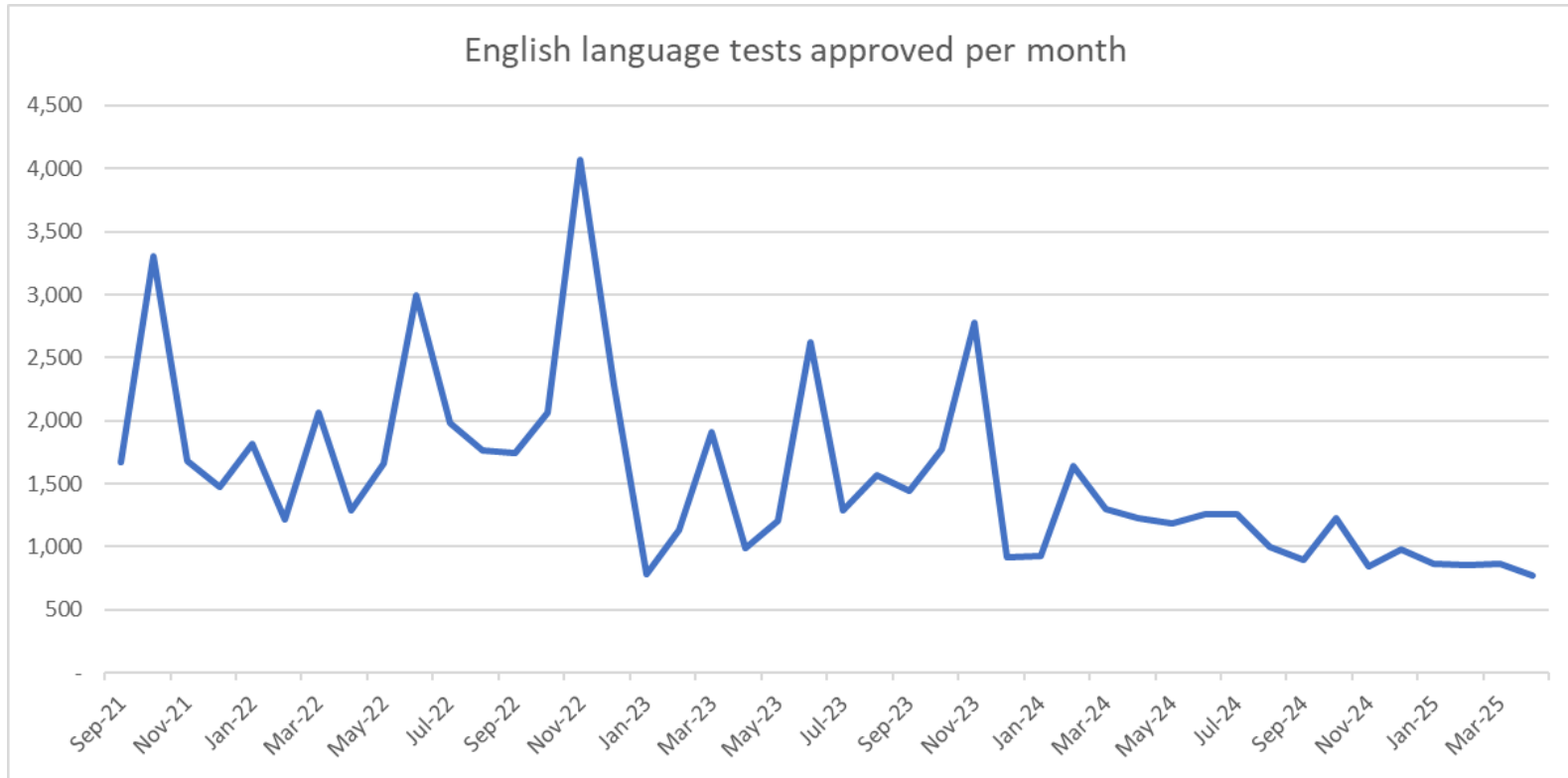
Agenda item M4
Finance report to Council



Agenda item M4
Finance report to Council



Agenda item M4
Finance report to Council



Freedom to Speak Up Annual Report 2024

Action	To note
Purpose	To update Council on the work of the FTSU Guardian and champions in 2024
Decision Trail	Council receives regular updates on FtSU This report was reviewed at Audit and Risk Committee on 21 May 2025.
Recommendation	Council is asked to note the report.
Annexes	Annex A: Freedom to Speak Up Annual Report 2024
Author contacts	Jane Durkin , Freedom to Speak Up Guardian Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Sponsoring director	Neil Roberts , Director Resources

Agenda item M5

Freedom to Speak Up Guardian's Annual Report

Background

- 1 The GMC Freedom to Speak Up (FTSU) initiative has been in place for six years. It provides a safe way for colleagues to raise any concern they may have about our working environment. This includes the behaviours of colleagues who may fall below our expectations of professional behaviours in the workplace.
- 2 FTSU is not the only route for raising concerns. Our Raising Concerns policy outlines a range of options from talking to line managers, senior managers, People Team colleagues. It also includes details of independent advice from Protect and the Human Rights Commission Advisory and Support Service.
- 3 This report provides data and commentary on the concerns raised to our FTSU Guardian and champions in 2024. It also considers data from grievance and misconduct cases, Exit Surveys from colleagues leaving the organisation and the annual People Survey to inform a more comprehensive understanding of concerns and attitudes.

The Guardian's report 2024

- 4 In 2024 112 concerns were raised through FTSU, 37 to the champions and 75 to the Guardian. This is a welcome increase from 2023 when lower numbers alongside a drop in confidence in raising concerns itself became a concern.
- 5 Colleagues completing the People Survey in 2024 were asked the extent to which they agreed with the following statement *I am confident that I can raise an issue with the organisation without it being held against me*. In 2023 56% of colleagues strongly agreed/agreed with this statement. In 2024 this increased, slightly, to 56.2% with variations across different areas.
- 6 So higher volumes and a very small increase in confidence are encouraging shifts, albeit there is still plenty of scope to increase this further.
- 7 2024 themes showed 'Content, fairness (including pay) of GMC policies' was the largest category for the second year running at almost 1 in 2 concerns raised. Inappropriate and/or unprofessional behaviour attracted the second highest proportion of concerns, albeit this is on a downward trend, and this year generated 1 in 4 of matters raised. This year's miscellaneous category, at almost 1 in 4 discussions, covered a range of topics. From the very personal, for example a discussion about how to approach a difficult conversation, to national and international affairs such as the impact of the summer race riots and the ongoing conflict in the Middle East.
- 8 One consistent theme emerged about the use of performance improvement plans (PIPs). Of nine concerns raised, eight individuals accepted their performance needed to improve and all raised similar concerns about how the policy was being applied. These concerns were

Agenda item M5

Freedom to Speak Up Guardian's Annual Report

shared with the People Team who included this feedback as part of a review of the Capability Policy. This will, hopefully, remove some of the confusion when the updated policy is launched early summer 2025.

- 9** The report outlines work done in 2024 to increase understanding and confidence in speaking up. This included the development of an anonymous concerns reporting portal, improved training material and a quarterly MPTS newsletter. We also recruited 11 new champions bringing an injection of skills and increasing our reach across the organisation.
- 10** The FTSU satisfaction survey showed a high level (95%) of satisfaction with the support and guidance received and 100% of recipients said they would speak to the Guardian/champion again.
- 11** Interestingly, reasons for dissatisfaction on leaving, captured in Exit Surveys, don't appear to correlate with the themes of concerns. They are more personal and focus on individual satisfaction with the job and levels of pay.
- 12** The report concludes with 2025 priorities which include the pilot of the anonymous concerns portal, targeted engagement to increase confidence where we know it is lower and ongoing involvement in the relaunched Capability Policy.

Next steps

- 16** As in previous years, the Guardian's report will be emailed directly to all GMC colleagues and shared with the National Guardian's Office. It will be published on the website with Council papers.



Freedom to Speak Up Guardian



Annual Report 2024

April 2024

Guardian introduction

In my second annual report I've reviewed concerns raised through Freedom to Speak Up (FTSU) channels throughout 2024 and provide my analysis of content, outcomes and trends. I have included some of the stories behind the numbers to bring this to life and show the impact of our work.

This report considers data from sources other than concerns raised through FTSU including the 2024 People Survey, misconduct and grievance investigations, and exit surveys.

Headlines this year are that volumes of concerns increased and overall confidence in raising concerns increased, very slightly, with notable swings across the organisation. This shift in both trends is welcomed and, I hope, indicative of increasing confidence in the FTSU process.

Interestingly, as the year progressed a common theme emerged in concerns raised by individuals placed on performance improvement plans. These are used when a colleague hasn't been able to do their job to the expected standard. Everyone I spoke to raised similar concerns about how the policy was being applied, rather than whether it was needed or not. In particular they referenced a lack of clarity about what was expected and timescales for improvement. When escalating these concerns I found some managers similarly worried about how to apply the policy and manage the difficult conversations required.

As well as providing insights into concerns my intention is that this report generates discussions about the importance of raising them. There remains no threshold for concerns that can be brought to a FTSU conversation and this is reflected in the range of matters myself and the champions have talked to colleagues about this year.

Champions again played a vital role in supporting FTSU at every level in the organisation and their number increased by 11 after an internal recruitment exercise. Champions bring a wealth of skills and experience to this important work and I'm extremely grateful for their commitment and support throughout a busy year.

The challenge that emerged from the 2023 report, and has been our focus throughout 2024, was the need to increase confidence levels for colleagues who want to feel able to raise their concerns. The report outlines the work achieved in 2024 to do this and the report concludes with a look ahead to plans for 2025 and beyond.



Jane Durkin
Freedom to Speak Up Guardian

Chief Executive foreword

I'm pleased to introduce the GMC's sixth annual Freedom to Speak Up report which looks at concerns raised across the GMC in 2024. It is really important to me, and to all of us in the Senior Management Team, that we encourage colleagues to speak up and help us make the GMC a great place to work. We know that compassionate and inclusive healthcare environments can help support doctors and improve patient safety. That applies equally to our own workplaces and Freedom to Speak Up is an important element in creating this.

This publication gives me a welcome opportunity to restate my commitment to leading an organisation where colleagues feel confident to raise their concerns and know that they will be listened to. Their insights help improve working environments for us all, and it is important that everyone believes they can raise concerns without fear of recrimination.

In 2024 the People Survey showed confidence in raising concerns has nudged up slightly overall, with bigger rises in many teams across the GMC. This is a welcome shift, especially when viewed alongside the significant increases in the numbers of concerns being raised, going up from 77 in 2023 to 112 in 2024. Although this is encouraging, we mustn't be at all complacent: despite improvements, too many of our colleagues do not feel confident about speaking up, and I'm committed to the work taking place to address this.

The anonymous concerns portal launches in June and my hope is that this will provide an opportunity for some of those colleagues who have felt nervous about raising their concerns. I'm grateful to IS colleagues for developing this innovative approach and I look forward to seeing results from the pilot.

Our FTSU champions have increased in number this year and I'm hugely grateful for their willingness to step forward to take on this important work. Along with our FTSU Guardian, Jane Durkin, they do excellent work to improve the way we do things at the GMC, and I want to thank them all for their commitment, energy, and professionalism.

But of course, we all have a role in making the GMC a great place to work, and a place where colleagues are encouraged to speak up. I hope that together we can all play our part in giving each other confidence to speak up when things aren't right, knowing that concerns will be listened to and that appropriate action will be taken as a result



Charlie Massey
Chief Executive & Registrar

FTSU at the GMC

It's 10 years since Sir Robert Francis produced his report '[Freedom to speak up](#)'. This addressed continuing disquiet about the way NHS organisations dealt with concerns raised by staff and the treatment of some of those who had spoken up. There had been exposures of substandard, and sometimes unsafe, patient care and treatment in the NHS. Common to many of these concerns was a lack of awareness by leadership of the existence or scale of problems known to those on the frontline. In many cases staff felt unable to speak up or were not listened to when they did.

Freedom to Speak Up (FTSU) was recommended to address these concerns and it quickly became apparent that there were demonstrable improvements far beyond healthcare provision. These included workplace wellbeing improvements, improved staff engagement and healthier workplace cultures.

Since being introduced across the NHS in late 2016 FTSU extended into the private health sector and some regulators and was adopted by the GMC in 2019 when we appointed our first FTSU Guardian. Since then, 568 concerns have been raised through the GMC's [FTSU processes](#) and this report focusses on what happened in 2024.

What happened in 2024?

How many concerns were raised, what were they about and who raised them?

We heard 112 concerns with 37 taken to champions and 75 to the Guardian. It's a significant increase from 77 concerns in 2023 and viewed in isolation might be considered a negative indicator. However, my concern from 2023 was that numbers had dropped by 23% from the previous year and that was alongside a 5% drop in confidence in answer to the People Survey question "*I am confident that I can raise an issue with the organisation without it being held against me*". These headline 2023 statistics were the catalyst for the work we undertook in 2024 to raise confidence and understanding of the speaking up process.

Consequently, I welcome the 2024 increase in concerns as an indicator of increasing confidence. And this is borne out by a very small increase in the average People Survey score on confidence in raising concerns, albeit there is still plenty of scope to increase this further.

Diagram 1 shows the distribution of concerns across the different directorates which remain consistent with previous years. For the second year this table includes the percentage of total concerns alongside the relative size of each directorate to provide perspective on these numbers.

Diagram 1: Concerns raised to FTSU by Directorate (includes staff networks)

Directorate	2020	2021	2022	2023	2024	2025 %
Corporate (1.6%)	7	2	2	0	0	0%
Education & Standards (7.1%)	10	11	16	10	13	11.6%
FTP (26.9%)	37	27	25	18	27	24.1%
MPTS (6.7%)	4	8	12	6	13	11.7%
R&R (24.8%)	13	23	17	9	17	15.2%
Resources (17.6%)	12	20	15	15	20	17.8%
Strategy & Policy (6%)	11	4	3	9	12	10.8%
Strategic Comms & Engagement (9.4%)	16	12	9	5	9	8.0%
Staff Networks	5	0	1	1	1	0.8%
Anonymous	0	0	0	4	0	
Total	115	107	100	77	112	100%

Directorate includes percentage share of total staff

When analysing 2024 themes 'Content, fairness (including pay) of GMC policies' was the largest category for the second year running at almost 1 in 2 concerns raised.

Inappropriate/unprofessional behaviour attracted the second highest proportion of concerns, albeit this is on a downward trend, and this year generated 1 in 4 of matters raised.

This year's miscellaneous category, which includes almost 1 in 4 discussions, covered a range of topics. From the very personal, for example a discussion about how to approach a difficult conversation with a team member, to national and international affairs such as the impact of the summer race riots and the ongoing conflict in the Middle East.

Concerns about working arrangements were the smallest category and included discussions about workloads and personal development.

This year I met members from the Muslim Network concerned about military action targeting doctors in Gaza. They had already met with the Chief Executive and their Executive Board sponsor to discuss their views and had received a clear written response. So their FTSU conversation wasn't to raise new concerns but an additional way to register ongoing concerns whilst recognising there was no straightforward action for the GMC to take.

Diagram 2: Concern themes

Concern themes	2020	2021	2022	2023	2024
Content, fairness (including pay) of GMC policies	11%	39%	28%	40%	45%
Inappropriate/unprofessional behaviour	41%	31%	43%	36%	25%
Working arrangements	28%	22%	11%	12%	6%
Miscellaneous/Other	20%	7%	18%	12%	24%

Concerns about Capability Policy

Looking at these themes in more detail it's significant that there were 9 concerns about the use of performance improvement plans (PIPs) in the 'Content, fairness (including pay) of GMC policies' category. The use of PIPs is outlined in the GMC's [Capability Policy](#). 8 of the individuals accepted that their performance needed to improve and all of them raised similar concerns about how the policy was being applied. These included:

- The performance threshold for the start of the improvement plan wasn't clear
- Arrangements for informal action were very formal
- The transition into formal action was automatic – there didn't appear to be opportunity to improve enough at the informal stage to conclude the process
- Timescales for improvement differed substantially
- Improvement plans differed substantially – from a single A4 document to a 32-page spreadsheet

In reviewing these concerns at year end, I discussed the Capability Policy with some line managers. Interestingly, they expressed similar frustrations with the lack of clarity in the policy. Some felt poorly prepared for these difficult conversations, impacting on both parties' performance and confidence. At the other end of this spectrum were experienced managers who felt frustrated by inconsistencies in advice about application of the policy.

Coincidentally at the same time these concerns were being voiced, the People Team were reviewing the policy and related training for managers. The concerns raised through FTSU were shared with the review team and this will, hopefully, help remove some of these confusions when the updated policy is launched early summer 2025.

Who raises concerns?

Concerns were raised by colleagues from every level in the organisation. Diagram 3 shows the distribution of concern raised by grade and how this compares this to overall staffing, the similarity in distribution is notable.

Diagram 3: Grades raising concerns

	% Raising concerns	% Overall
Assistant Director	1.8%	2.2%
Head of Section	9.8%	10.1%
3	22.3%	26.0%
4	41.1%	34.8%
5	21.4%	21.9%
6	3.6%	4.4%
Other (directors & apprentices)	0%	0.6%

Case study – Speaking up as a bystander

I contacted the FTSU Guardian after spending the night feeling very uneasy after hearing some conversations in the office that day. Throughout the day I had heard colleagues speaking in a way that made me feel very uncomfortable. There was no obvious insults or derogatory language used, it was more the way things were said and the behaviour towards another colleague. I reflected on what I had heard and seen and decided that the fact that it was still playing on my mind meant something wasn't right. I wouldn't want anyone to feel uncomfortable at work and I had found it quite shocking as my experience of the GMC has always been of a friendly and supportive environment.

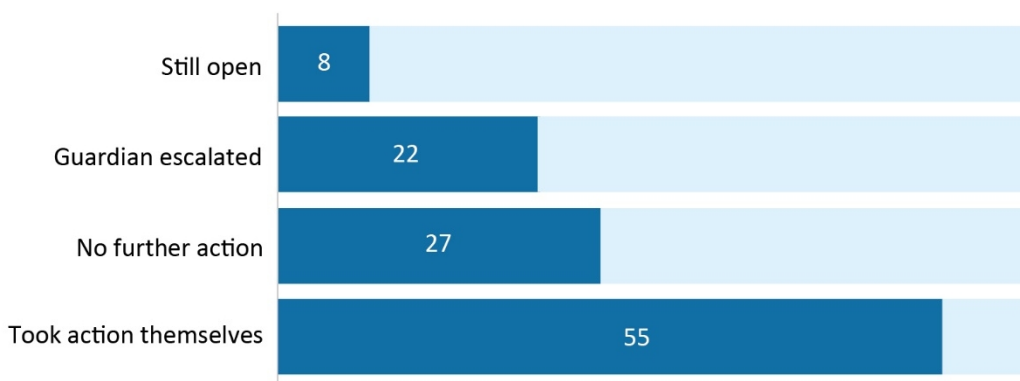
I was nervous about contacting the Guardian and felt a little like I was telling tales, however the Guardian immediately put me at ease and listened to my concerns, they assured me that it was right to have contacted them. I felt an immediate sense of relief and knew that had I not said anything it would have always played on my mind. The conversation with the Guardian was open and honest and I felt very comfortable sharing my concerns and confident that the matter would be looked into.

If something doesn't feel right or makes you feel uncomfortable in terms of behaviour, speak to the Guardian or a champion and you will be heard fairly and without judgement.

What happens next

For many colleagues, the opportunity to have a confidential conversation may be the first time they have spoken about their concern. Many FTSU conversations don't have a neat conclusion and continue over a number of months or surface again if a similar problem reoccurs. But outcomes from FTSU conversation are relatively straightforward even if the contents are not.

Diagram 4: What happened next – Concern outcomes



Case study – FTSU when other options have been exhausted

I contacted the FtSU Guardian because I felt that a colleague had behaved unprofessionally over an extended period of time towards both me and others, which was having a negative impact on the team. I was initially reluctant to contact the Guardian but felt that I had already addressed my concerns as fully as possible through the appropriate line management structures.

However, I am so relieved that I did finally approach the Guardian. I wanted our discussion to remain confidential and was immediately reassured that whatever I said would remain so. I was able to express and articulate my concerns in a safe space, where I was able to ultimately arrive at a decision about what I wanted to do next, independently.

It is always better to speak up than to think that a problem will go away on its own or is best ignored. Especially if you feel that this will affect others. I am confident improvements were made relating to my own situation, which will have a knock-on effect for those around me, however small these improvements may appear.

I cannot recommend the FtSU Guardian and champions enough if you are feeling that you need support to make a change.

What action did we take in 2024?

Our priorities in 2024 were derived from the FTSU Annual Report 2023.

Developing options to raise concerns anonymously

The biggest challenge we faced was to build confidence in speaking up without fear of reprisal. We accepted that having a way to raise concerns anonymously might help, recognising that anonymity can make it impossible to follow up some concerns. A small group of the Guardian and champions worked with IS colleagues and a simple online process was designed. This is currently being piloted and results will be shared in next year's report.

Increasing understanding

We worked to increase understanding about FTSU by demystifying processes to raise concerns and sharing success stories. We joined over 40 team meetings throughout the year and spoke to two directorate awaydays about psychological safety in teams.

We launched the MPTS FTSU newsletter to address low levels of confidence in speaking up. This was produced each quarter and had strong levels of engagement.

Engaging with colleagues

We used data from the 2023 People Survey to target engagement with senior leaders where confidence in raising concerns was at its lowest. People Survey data correlated with concerns data provided valuable insights and useful prompts for discussions about what could be done to better understand reasons for these data, and then do something about it.

Bold action has been taken in some areas which included team dynamic reviews (led by external parties), increased involvement of senior leaders in routine team meetings and regular 'pulse surveys' (which provide an easy and frequent opportunity to provide feedback). There are promising signs of improvement albeit everyone involved recognises the time and effort needed to rebuild confidence where it may have been damaged.

Improved training materials

We updated the self-directed, online training package that is used as part of GMC induction and on-going development training. This is now quicker to work through and easier to access. In doing this work we recognised the potential for it to be used far more widely and this is something we'll be progressing in 2025.

New Champions

We refreshed the pool of FTSU champions with 11 colleagues boosting our numbers to 21. This injection of talent has strengthened our reach across the organisation and has been an important factor in the increased number of discussions we have had this year.

FTSU satisfaction survey

Following most FTSU conversations we ask colleagues to complete a short questionnaire about their experience. In 2024 there were 21 replies representing a 21% response rate on closed concerns. Headline findings were:

- 95.2% did not encounter any reprisal as a result of raising a concern
- 95% were satisfied with the support and guidance received from the FTSU champion/Guardian
- 100% would speak to a FTSU Guardian/Champion if they had a concern in the future

Qualitative data in the survey included the following comments:

"I left the conversation not only feeling like I'd handled the specific situation well, but that I was doing a good job in general and that I was an asset to the GMC. She made me feel valued and that I could trust my judgement in speaking up appropriately and in my wider job role responsibilities."

“I felt my issue had a fair hearing, and it definitely made me feel better about the organisation despite the grievance.”

“The FTSU Guardian was really approachable, supportive and helpful. I felt very reassured in raising my concern and happy with the actions that we identified and followed up on.”

The survey also asks for improvement suggestions. There weren't many but the following suggestion has raised an important point about the wellbeing of champions.

“My only comment is around the capacity the champions have to do this role alongside their BAU. Also wonder how their wellbeing is protected.”

What does other data tell us?

Levels of confidence in raising concerns are rising, a little

Colleagues completing the People Survey in 2024 were asked the extent to which they agreed with the following statement ***I am confident that I can raise an issue with the organisation without it being held against me.***

In 2023 this was 56% with variations across different directorates. This was a worrying drop from 2022 when confidence was higher, on average, at 61%.

In 2024 the scores across directorates fluctuated from 48% to 73% and the average nudged up, slightly, to 56.2%. I welcome this small upwards movement but there are clearly many colleagues who still do not feel confident to raise their concerns and this remains a challenge.

Disciplinary processes

Concerns at work are also handled through disciplinary and grievance procedures. The majority are raised directly with the People Team and some are initiated after a concern has been raised through FTSU.

This can provide useful context for information about concerns. Disciplinary data is shown on a 3-year rolling basis to prevent potential identification of an individual. The following diagrams show outcomes from 40 disciplinary investigations and 22 disciplinary hearings from 2022 - 2024.

Diagram 5: Disciplinary investigation outcomes 2022 – 2024

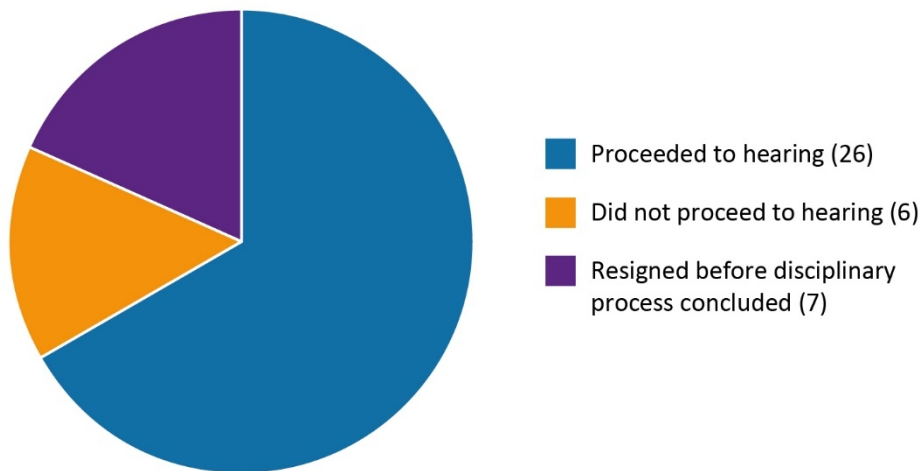
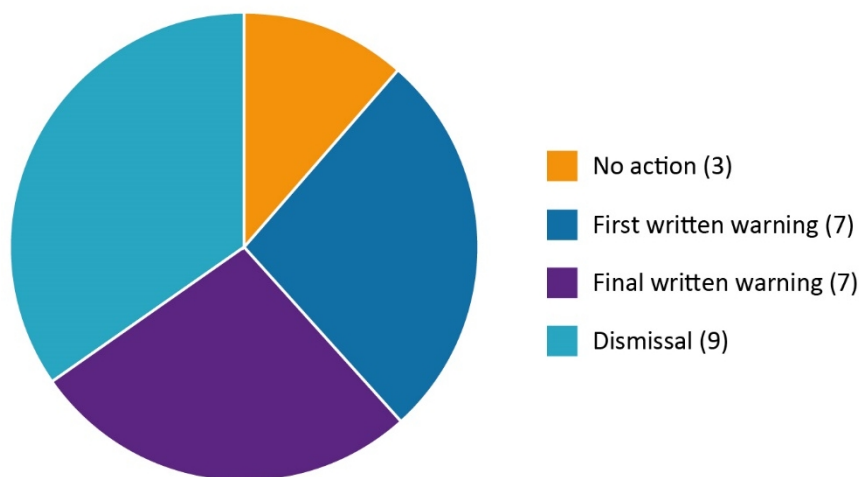
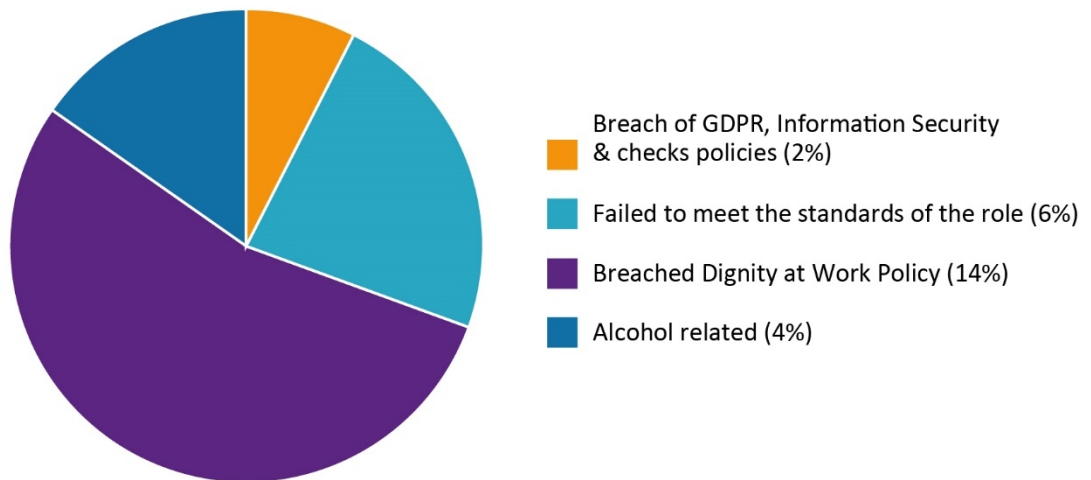


Diagram 6: Disciplinary hearing outcomes 2022 – 2024



Whilst themes in disciplinary procedures and FTSU don't match precisely, I have looked at both to see if there is any obvious correlation. This year there is a marked difference between the proportion of FTSU concerns categorised as unprofessional/inappropriate behaviour (25%) and disciplinary hearings about breaches of the Dignity at Work policy or unprofessional behaviour (54%). One explanation might be that FTSU conversations have no threshold and individuals can raise anything. Consequently, anything relating to working arrangements is included in FTSU data and these make up 51% of all concerns. Concerns about the poor behaviours of others are 25% of the total. This lower number is presumably because this sort of behaviour is less widespread albeit it is more likely to lead to disciplinary action.

Diagram 7: Disciplinary hearing themes 2022 – 2024

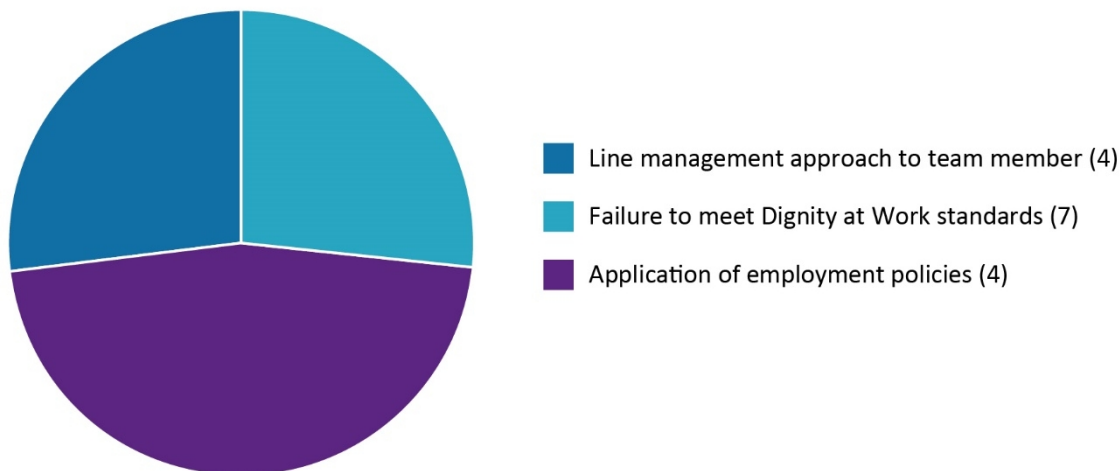


Grievance processes

Colleagues can submit a formal grievance when their concerns are not resolved through informal channels (line manager discussions, signposting to relevant guidance, mediation or FTSU). Colleagues are interviewed and a report produced so evidence can be considered at a hearing.

Grievances are not normally about one specific topic and in cases where unprofessional behaviour is identified, may go automatically into the disciplinary process. Themes of grievance data are different again and so harder to triangulate with FTSU data to a high degree of confidence. But from the 2022 – 2024 data which covers 15 grievances there are three themes ‘Line management approach to team member’, ‘Failure to meet Dignity at Work / Equality Act standards’ and ‘Application of employment policies’. There is no strong correlation between grievance data and FTSU data albeit the category about the application of employment policies appears to mirror similar concerns raised through FTSU.

Diagram 8: Grievance themes 2022 – 2024



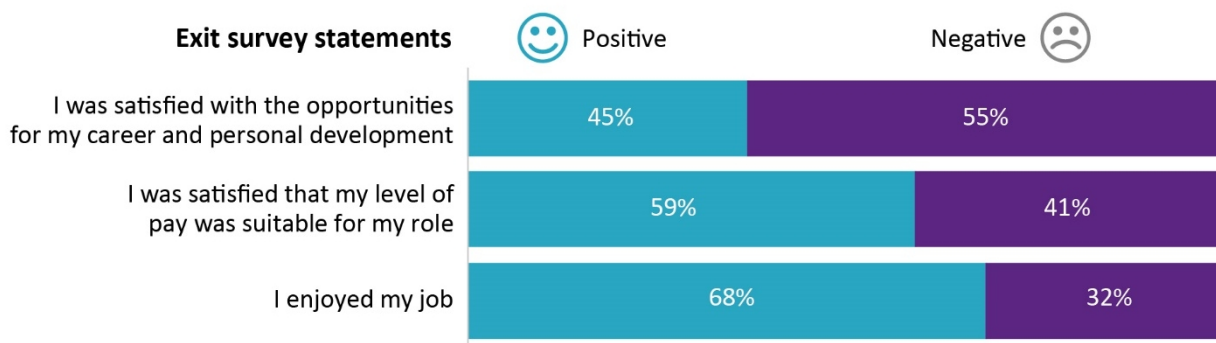
Exit questionnaire insights

Completing an exit questionnaire when leaving the GMC isn’t compulsory. In 2024 there were 117 leavers and 51 completed a questionnaire containing 22 questions.

The three highest scoring reasons for dissatisfaction on leaving have remained the same as 2023 and relate to personal development, pay and enjoyment.

Reasons for dissatisfaction on leaving don’t appear to correlate with the themes of concerns and may reflect a more buoyant and lucrative job market and the healthy turnover of individuals who are seeking better opportunities elsewhere.

Diagram 9: Reasons for dissatisfaction when leaving the GMC



What we'll focus on in 2025

Raising concerns anonymously

We'll be piloting the newly designed anonymous concerns process and evaluating its impact.

Managing performance improvement

We'll be working with People Team colleagues in reviewing outcomes from the performance improvement pilot progressing at the time this report was prepared and due to go live in May 2025. In particular, we'll seek assurances that concerns raised in 2024 would be addressed by these changes.

Increasing confidence and improving communications

We'll continue to work with teams across GMC to increase understanding of the FTSU process and raise awareness of how they can enhance psychological safety awareness.

We'll continue the MPTS newsletter and consider the potential to extend this further. The shift to more consistent communications throughout the year started in 2024 and will continue through 2025. This moves the focus from a packed FTSU month and will enable greater involvement of champions working with teams throughout the year.

Improved training materials

We'll be promoting the updated FTSU training materials for induction and ongoing personal development and we'll aim to increase use of this straightforward self-directed learning.

People Survey findings

We'll be working with directors to examine findings on bullying, harassment, inclusion and confidence in raising concerns with the intention of reducing unacceptable behaviours.

Data analysis

Recent work has shown how data can be triangulated to provide more precise insights and possible 'hotspots'. The Guardian will work with senior leaders to look more closely into some of these concerns.

Working with the National Guardian's Office

We'll work with the National Guardian's Office and FTSU regional and national groups. This will make sure we remain at the cutting edge of FTSU initiatives, research and analysis.

Report of the Audit and Risk Committee

Action	To note
Purpose	To report the work of the Audit and Risk Committee December 2024 to May 2025.
Decision Trail	This report is based on the Committee’s activities and scrutiny of papers discussed on 21/22 January 2025, 12/13 March 2025 and 20/21 May 2025.
Recommendation	To note the work of the Committee
Annexes	Annex A: Internal audit initial strategy Annex B: Head of Internal Audit Annual Report and Opinion 2024
Author contact	Lindsey Mallors , Assistant Director, Audit and Risk Assurance Any enquiries to: GovernanceTeamMailbox@gmc-uk.org
Senior Responsible Owner	Vanessa Davies , Chair, Audit and Risk Committee

Background

- 1 This report provides a comprehensive update on the Committee’s activities since it last reported to Council in December 2024, supplementing the summary notes provided to Council after each seminar and meeting.
- 2 The Audit and Risk Committee’s purpose is to provide Council with independent assurance on the effectiveness of arrangements established by the Executive to ensure the
 - integrity of the financial statements
 - effectiveness of the systems of internal control, governance and risk management
 - adequacy of both the internal and external audit services.
- 3 This is achieved primarily by seeking the information it requires through regular risk dialogue with the Chief Executive and Director Resources, overseeing an annual programme of internal and external audit activity, seeking assurance on implementation of audit recommendations, scrutiny of significant events and learning opportunities and calling on other members of the Executive for further information as required.
- 4 Under the new Global Internal Audit Standards, which took effect in January ([globalinternalauditstandards_2024january9_editable.pdf](#) - a diagrammatic summary is shown below), the activities of the Committee in relation to internal audit are covered in Domain III, ‘Governing the IA Function’. We have taken account of this in conducting our work programme.



Summary of work programme

January seminar

- 5 The January (virtual) seminar was facilitated by BDO. It focused on the new Internal Audit Standards with an emphasis on the changes in the 2024 framework and the particular responsibilities of the Committee.
- 6 Overall, the new standards emphasise serving the public interest and are more prescriptive. They place greater emphasis on stakeholder engagement, communication and collaboration. The activities required of the Committee (and senior management), which are essential to internal audit's ability to fulfil its purpose, have also been made more explicit.
- 7 The GMC has a mature internal audit function and therefore the approach to the new Standards is one of continuous improvement and refinement. A particular area of focus over the last few months has been developing an initial Strategy for the internal audit function (distinct from the overarching audit plan which we shared with Council in December).
- 8 Given the Assistant Director Audit and Risk Assurance will be retiring shortly, we have developed an initial draft strategy which includes an overarching vision and mission for internal audit. Included at Annex A, this provides a foundation from which the successor Assistant Director, Nicola McGowan, can build and finalise the strategy as they familiarise with GMC's requirements.
- 9 We also intend to refresh how we measure the performance of internal audit to include assessing 'professional courage' and 'impact' indicators.

March seminar

- 10 In March we held our annual full day seminar in Manchester and covered two important subjects in some depth. The first was the MLA programme and its transition into business as usual. The seminar included:
 - a reminder of the timeline and drivers for the introduction of the MLA
 - clarity on operational delivery post transition to BAU
 - understanding of the risks to the GMC in delivering the MLA, both those within our direct control and those where we rely on delivery partners to manage
 - the established and ongoing engagement patterns with key stakeholders
 - the need to maintain a focus on working proactively with the Medical Schools Council.
- 11 The Committee took a good degree of reassurance from the presentation and discussion with MLA operational team members but recognise that it is still early days and risks remain in the medium and longer term as exam result trends and patterns emerge. We are keen to hear more about the ongoing relationships with the Medical Schools Council as the MLA embeds BAU.

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12 The second session covered risk appetite and how it can be used to support the development and prioritisation of our refreshed Corporate Strategy. The next step is to ensure the new Corporate Strategy brings a strategic risk lens to its development and the Committee asked the Executive to consider this as the next iteration is worked through and brought to Council. The Committee will also have the opportunity later in the year to contribute to the updated Risk Management Framework and overall risk appetite statement proposals in advance of Council approval.

May seminar

13 Our most recent seminar focused on a second deep dive into the ERP programme and also incorporated findings from the second internal audit report. We were pleased to note the continuous learning that is being shared as the programme phases roll out and that the team has been building resilience into its capacity and capability to deliver.

14 There are significant risks still to manage, which from a strategic perspective include:

- overall cost
- data migration
- access to legacy systems post programme delivery
- HR leadership capacity during a transition period as a new permanent Assistant Director for People takes up post.

15 Based on our work to date, we are able to provide assurance to Council that the programme is being well managed and supported, progress to date is steady and in line with expectations and the risks are well understood by the team and Executive.

Audit and Risk Committee meetings

16 We have now welcomed two new members to the Committee, Professor Deepa Mann-Kler and Professor Keith Lloyd. In addition to regular attendance of both internal and external auditors, the Chief Executive and Director Resources we have also appreciated input from other directors as pertinent to business matters, in particular the updates from General Counsel and Director Fitness to Practise. Over 30 further GMC colleagues have supported meetings. This reassures the Committee as to the resilience in depth of knowledge and capabilities across the organisation and the professionalism of colleagues beyond the Executive and assistant directors.

17 In addition to regular contact with the Assistant Director Audit and Risk Assurance, the Chair has met both the internal and external auditors privately. The Committee has also met the auditors without management present. This contact reassures us as to the independence of both audit parties.

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Report of the Audit and Risk Committee

Risk and issue management and oversight

- 18** The Committee’s business has a clear risk focus and at the start of each meeting we have continued to hold an unscripted risk discussion which provides an opportunity to consider both current risks the GMC faces and emerging areas in the wider external environment which have the potential to affect us and can provide assurance on the mitigations and actions being taken to manage them. An overall reflection for Council is that whilst current individual strategic environment risks are understood and being managed as far as it is possible to, the accumulating effect of them, in a volatile environment, is increasingly challenging and we should consider what further mitigating actions, if any, we can take
- 19** Scrutinising the Risk and Issues Report by the Director Resources and Corporate Opportunities and Risk Register (CORR) is also a feature of each meeting. We are prompted through the IA Progress Report to consider whether any emerging matters require audit attention and if so, how this fits with our pre-agreed internal audit priorities. From these conversations and the areas explored through our various agenda items, we are confident in assuring Council that risk management arrangements are in place and operating effectively.
- 20** The Committee’s other main activities are outlined below.

Key activities

- Agreed the accounting policies for the 2024 financial statements
- Reviewed the draft Trustees Annual and National reports 2024
- Scrutinised the 2024 financial statements and the report of the external auditor
- Reviewed the Head of Internal Audit Annual Report and Opinion 2024 (Annex B)
- Received and scrutinised seven internal audit reports
- Considered all overdue audit recommendations
- Reviewed Internal Audit Performance 2024 and agreed the IA Quality Assurance and Improvement Programme
- Approved the interim IA Strategy
- Reviewed the Gifts, Hospitality and Waivers and Fraud Annual Report 2024
- Reviewed the Safeguarding Annual Report 2024
- Reviewed the Freedom to Speak Up Guardian Annual Report 2024

Key matters to bring to members' attention

Recommendation to approve the Annual Report and Financial Statements

- 21 Following receipt of the external auditor's report and scrutiny of the financial statements, the Committee is able to recommend to Council that they be approved. The report of the external auditor, Crowe, has not raised any issues of significance and hearing from the auditor without management present, enables us to provide Council with assurance as to the robustness of the financial statements, confidence in the Finance team capability and the accounts preparation process.
- 22 Through discussions with the external auditor on the GMC's choice of accounting policies, and their transparency in sharing relevant regulatory information with the Committee, we have been able to satisfy ourselves on their ethical and other professional standards. A full Crowe performance assessment will be conducted over the summer in line with our usual approach.

The Head of Internal Audit Annual Report and Opinion 2024

- 23 The Committee was pleased to see in the Head of Internal Audit Annual Report that overall, substantial assurance can be given that the systems of governance, risk management and internal control in operation during 2024 were generally well designed and working effectively to ensure the achievement of the GMC's objectives. This comprehensive report summarised the work not only of internal audit but also took account of the wider assurance framework, activities and external reviews/assessments relating to the GMC. It will be publicly available alongside the Trustees Annual Report and Accounts.

The work of internal audit

- 24 The seven audit reports presented to the Committee to date have not raised any major issues of concern and we are able to provide assurance to Council on the risk management and control environment in the following wide range of business activities – social media, digital identification, voluntary erasure and licence restoration, fitness to practise monitoring of doctors under restriction, Contact Centre transformation, the Enterprise Resource Planning programme and review of implementation of the Medical Licensing Assessment Applied Knowledge Test. In the latter report, we noted the wider observation in the audit in relation to how the GMC is perceived to work with external stakeholders on major initiatives and the potential implications for the GMC's work on education reform.

Outstanding audit recommendations

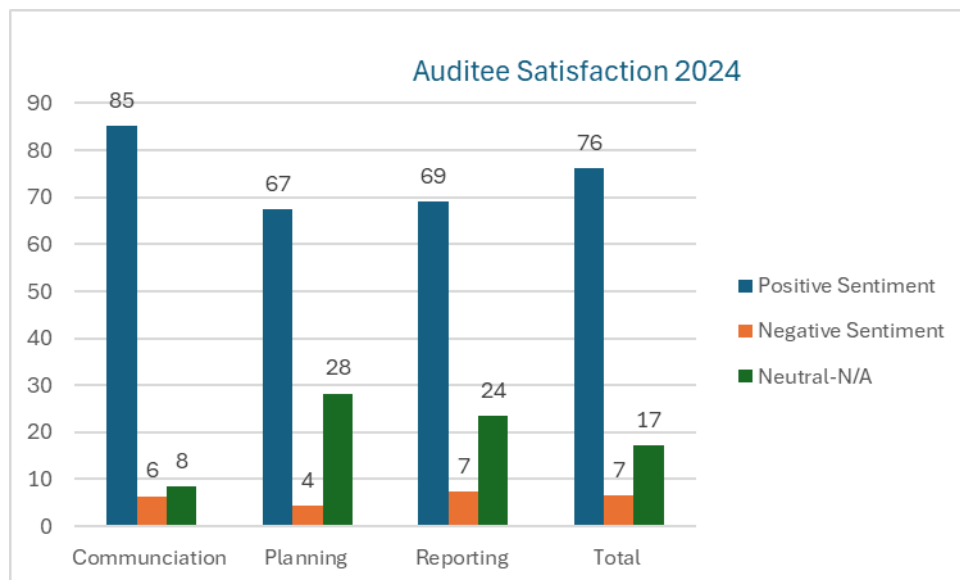
- 25 There are a number of outstanding audit recommendations which have now been on the audit follow up tracker for more than 12 months. These are in relation to audit reports on 1) business planning, budgeting and change, and 2) work on patient and public involvement. There has been good progress on the first report recommendations but the rate of progress

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on specific recommendations on the second is less clear. We recognise that some of this is attributable to the changing circumstances since the audit report was published. We note the links to patient and wider stakeholder involvement in the development of the new Corporate Strategy and welcome a robust discussion of this at Council as the Strategy is finalised.

Review of internal Audit performance 2024

26 The feedback from stakeholders (ARC, Executive and GMC colleagues subject to internal audit activity) evidence consistently good performance of our internal audit function. As recognised in the Institute of internal Auditors External Quality Assessment, the commitment the GMC demonstrates to audit and the audit team’s continuous efforts to work in a collaborative way, provide a firm foundation from which audit activity can be appropriately scoped and add value. The Committee was particularly pleased to note the feedback from GMC colleagues subject to audit activity in 2024 which is shown below.



27 Performance against key indicators in terms of the audit process also remain positive. The full IA performance report is available to members on Board Intelligence in the Committee’s papers for the January meeting.

Significant Event Reviews (SERs)

28 Two SER reports were discussed at the Committee in March. The first, sadly, related to the suicide of a doctor under GMC investigation and the second to an information security breach which, through human error, shared sensitive and personal data. The GMC self reported the latter to the Information Commissioner who took no action.

29 The Committee was satisfied with the follow up work that had been taken and considered that the data breach should be reported to the Charity Commission as a serious incident. Following a formal trustee decision at the April Council meeting, this has now been done. On the 7 May the Charity Commission confirmed that the incident had been recorded and had

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been assessed against their Regulatory Risk Framework. They may contact us again if anything significant further comes to light. The GMC is also taking the opportunity to refresh its significant event review guidance to prompt earlier consideration of the thresholds for self reporting to the Charity Commission.

Assistant Director Audit and Risk Assurance transition arrangements

- 30** Following the announcement of the Assistant Director Audit and Risk Assurance’s retirement, a robust recruitment process has been underway, culminating in a successful appointment. The new Assistant Director will be taking up post on 2 June 2025.

Closing remarks

- 31** The Committee recognises the opportunity that new members and a new Assistant Director of Audit and Risk Assurance bring to refresh our discussions, refine ways of working and sharpen the risk lens we bring to GMC activities. We are also keen to ensure the Committee’s activities fully align with Council’s assurance requirements and welcome any observations or comments from members on our activities.
- 32** We would also like to take this opportunity to thank Lindsey Mallors, the outgoing Assistant Director Audit and Risk Assurance, for her leadership and contribution to the GMC’s work over the last 11 years and wish her a happy retirement.

Annex A

Internal Audit strategy at the GMC

Vision: IA is an active contributor to GMC’s ability to achieve its corporate objectives for patients, medical professionals, partners and colleagues

Mission: To enhance GMC performance and impact by providing risk-based, objective assurance and advice which is supported by data-driven insights and foresights

State in 2025

Strategy

State in 2030

Current State

1. Open and transparent communication with Audit and Risk Committee and Executive
2. Risk based audit plan aligned to Corporate Strategy
3. Audit skills tailored for each review
4. IA increasing integration with other assurance functions and activities
5. Mature and standards compliant audit function (EQA)
6. Information we share with co-sourced provider is protected through Extranet exchange
7. All lead auditors are appropriately qualified on GMC activities
8. Appropriately resourced function

Strategic Internal Audit Objectives

1. Improve the presentation and quality of insights in audit reports
2. Increase use of technology and analytics into audit activity to enhance reviews and drive efficiencies
3. Continue alignment of audit work to strategic initiatives and risks
4. Continue enhancing engagement, communication and collaboration with stakeholders

Strategic Internal Audit Initiatives

1. At the end of the current delivery partner contract undertake a full market testing exercise further GMC’s IA ambition
2. Use technology and analytics to develop and pilot continuous monitoring approach in at least two key risk areas
3. Develop and communicate a more comprehensive suite of internal audit offerings and reporting formats to illustrate to teams how IA can help and support activities and projects

Priority



Desired End State

1. ADA&RA driving audit value and visibility
2. Co-sourced partner enhanced working with ADA&RA and driving fresh insights
3. Technology driven or integral to reviews
4. 2024 Global IA Standards compliant and Topical Requirements fully embedded
5. Enhanced impactful reporting
6. Demonstrable value add to the achievement of corporate objectives
7. Optimised integration with other assurance functions and activities at all three lines of defence to maximise efficiency and enhance business understanding of control and assurance framework

Head of Internal Audit Annual Report and Opinion 2024

Executive summary

Opinion for 2024

- 1 Overall, substantial assurance can be given that the systems of governance, risk management and internal control in operation during 2024 were generally well designed and working effectively to ensure the achievement of the GMC's objectives.
- 2 The opinion and report, provided by the Assistant Director Audit and Risk Assurance in their capacity as Head of Internal Audit:
 - provide an element of assurance to the Chief Executive, ARC and Council on the areas reviewed and supports their relevant governance statements which will be included in the Annual Report and Accounts 2024
 - briefly summarise internal audit activity during 2024
 - highlight observations and assurance ratings from individual pieces of work, any key issues, and high priority recommendations
 - explain where and why reliance has been placed on independent assessments other than internal audit activity.

Background

- 3 This Head of Internal Annual Report covering January – December 2024 is a requirement of the International Professional Practices framework 2017 Internal Audit Standard 2450 and the Internal Audit Code of Practice in the UK. Summarising audit and other reliable assurance information and activity into an annual report is an effective way of communicating, at a broad level, an organisation's governance, risk management and/or control processes.
- 4 The opinion is a professional judgement at a strategic level. There is no definitive guidance on levels of assurance. For a number of years, the GMC's IA has adopted the Institute of Internal Auditors' illustrative five-level framework and criteria which ranges from no opinion is able to be given, (that is, there has been insufficient audit and assurance work carried out in the period), to substantial assurance (ie a sound control framework is operating effectively which is contributing to the achievement of business objectives). With the transition to the new Standards, previous guidance has been withdrawn. In the absence of new guidance, this has been used again for 2024 for consistency and comparison with previous years, and recognising that the next annual report will need to reflect guidance issued in 2025.
- 5 On 9 January 2025 the new Global Internal Audit Standards take effect and subsequent reporting will be presented under 'Communicating results', new Standard 11.3. Since the

External Quality Assessment by the Institute of Internal Auditors in September 2024, which awarded the GMC the highest assessment rating, and the assessor’s gap analysis between the two sets of Standards, we have undertaken a full self assessment of the new Standards. This has identified the need for strengthening of administrative arrangements in some instances and a small number of key areas where we will be doing further work to ensure full compliance with the new Standards, including:

- developing and agreeing an audit strategy with input from senior management and the Audit and Risk Committee
- determining how we will assess an auditor’s ‘professional courage’
- considering whether the levels of communication between senior management, the Audit and Risk Committee and internal audit are sufficient or require enhancement.

Context

- 6 The GMC relies on a range of stakeholders to fulfil its regulatory functions and drive forward its ambitions for the safety and care of patients, and fairness of treatment, wellbeing and compassion for doctors.
- 7 Over the last 12 months the organisation has again operated in a challenging environment. The external backdrop has been continued global economic pressures and uncertainty, ongoing cyber security threats, a change of government and ever-increasing activity promoted through social media communication.
- 8 It has experienced demonstrations at GMC offices in relation to climate change (and in some cases, the sanctioning of doctors whose protesting resulted in breaking the law) and events in the Middle East, along with complaints both from and about individual doctors in relation to antisemitism and islamophobia. Controversy with respect to the introduction of regulation for physician associates and anaesthesia associates has had a particular impact for both the organisation and some of the individual staff within it. The response to all these issues has demonstrated the GMC’s resilience and ability to respond flexibly to emerging issues, both hallmarks of effective risk management practices.

Information and assurance from which the Annual Report and Opinion is developed

Audit reviews and assurance ratings

- 9 In 2024, the GMC’s co-sourced internal audit delivered a risk based plan approved by the Audit and Risk Committee. Each review had an individual scope and approach, commissioned using the audit team’s knowledge of the business, risks, and management information and discussion with the auditee team, including the relevant assistant director and input from the director(s) responsible for the area under review.

-
- 10** The Assistant Director and audit team have had no restrictions placed on their work or access to relevant information or people and confirm their organisational independence. There continues to be open access to the Chief Executive, members of the Senior Management Team and all members of Council including the Chair.
 - 11** Internal audit reported 20 pieces of audit activity in the year through 19 full reports and one management memo. Of the reports, six were rated green (ie a sound system of control in place with the controls consistently applied), and 13 were rated green/amber (generally a sound system of control with some evidence of minor non-compliance with controls).
 - 12** Only one audit, contract management arrangements, received an amber rating for control design. Overall, the effectiveness of arrangements was robust. However, when the Procurement Act 2023 takes effect in 2025, it will introduce increased contract management responsibilities and current arrangements for some requirements are manually driven. In the longer term, planned investments in systems will allow the GMC to take a more proactive approach. In the meantime, to mitigate risks in the absence of a Supplier Risk Management system, additional resource has been recruited to manually support the administration of ongoing requirements.
 - 13** The management memo was in relation to the governance arrangements for the GMC's programme of work to replace the current Enterprise Resource Management (ERP) system. Whilst driven by external factors beyond the GMC's control, introducing a new ERP system presents a business transformation opportunity for many of the existing ways of working, particularly in relation to finance, billing arrangements, payroll and human resource processes.
 - 14** At the time of the audit work in June, the programme was in its infancy and some good initial work had been undertaken to mobilise the change programme through engagement with both GMC business stakeholders and suppliers. The audit identified a number of important next steps that needed to be taken and the Programme Team has since provided regular updates on progress to both the Executive and Audit and Risk Committee.
 - 15** Given the scale and nature of such projects, and the well documented high rate of failure to implement them effectively, there continues to be additional levels of executive and non-executive scrutiny of the risks and progress in the programme workstreams. During 2025, internal audit is scheduled to undertake three further audits to provide independent assurance of implementation progress.
 - 16** There are two pieces of audit work in the programme for 2024 which were taking place over the end of the year, and one which has been deferred into next year's programme. A review of social media arrangements and evaluating the new digital ID system introduced in Registration, will be reported in the New Year. A review of the arrangements being put in place for teams responsible for high impact regulatory decisions in relation to the Regulatory

Fairness programme was delayed to align with the roll out of a new toolkit to relevant teams and has been included in the audit programme for 2025.

Progress in implementing audit actions

17 Audit activity in 2024 raised 110 management actions, seven of which were high priority and were promptly completed. In total, taking account of actions raised in previous years for which due dates fell in 2024, 69 actions have been completed in year and at the end of 2024 only eleven actions had gone beyond their due date. Progress and all overdue actions are reported to each Audit and Risk Committee for scrutiny and where appropriate, to agree revised implementation dates which continue to be monitored.

Reliance on the business Assurance Framework

18 The GMC's Business Assurance Framework provides a structured representation of the organisation's activities and control framework against the three lines of defence model which splits assurance activity between local activity controls for the functions that own and manage the activities and risks (known as the first line of defence), oversight controls from functions which oversee the management of risk and assess compliance (second line), and functions which provide independent assurance (third line) as described in the following diagram.



19 Working closely with the GMC's Quality Development and Assurance Team and Risk Manager, the Framework has been further strengthened in 2024, providing more visibility and awareness of line two activities and a rebalancing of strategic to operational assurances

and risks focus. The greater level of granularity has increased the robustness of the information and analysis, and consequently the reliance and assurance drawn from it.

Second line assurance activities

- 20** The Corporate Quality Assurance Team conducts an annual programme of QA audits, primarily on decision-making activities within the GMC's statutory functions. In 2024, with the exception of corporate complaints handling and safeguarding decisions, the QA activities related to fitness to practise. The audit results confirmed that all fitness to practise and safeguarding decisions were appropriate and no high risk findings were raised against the decisions made. All corporate complaints were also handled appropriately.
- 21** In addition at the second line of assurance, the GMC utilises the services of independent third party security testing companies to perform penetration testing and configuration reviews of new and existing GMC systems. Before any new system can be implemented a security test is performed and actions must be completed or risks mitigated to an acceptable level. The GMC also performs business as usual testing on a scheduled basis for all other relevant GMC systems.
- 22** In support of the GMC's certification to ISO 27001 and BS 10008, independent third party auditors are commissioned to perform annual compliance reviews ahead of any BSI audits. Reports are discussed at the Information Security Working Group (Chaired by the Director of Resources) and actions are tracked through to completion by the group.
- 23** When operating effectively, an organisation's governance structure and operation are an important second line control. The governance structure and working arrangements are outlined in the Governance Handbook available on the GMC's website and include the work of the Audit and Risk Committee. The robustness of the arrangements to ensure business is properly conducted, policy and operational decision-making scrutinised and organisational performance reported, is evidenced through meeting agendas, papers and minutes. Non-confidential papers of both Council and Executive Board meetings are publicly available on the website, demonstrating a level of transparency and integrity in governance activities and decision-making.

Third line assurance - external standards

- 24** In addition to the work of Internal Audit, during 2024 the GMC has been independently assessed and/or accredited against a number of recognised external standards.
 - Professional Standards Authority Standards of Good Regulation: these Standards set out the outcomes that the Authority expects from regulators and the approach to their work in protecting patients and reducing harms, promoting professional standards and maintaining public confidence in the professions. In November 2024 the GMC was

notified that it had again met all 18 Standards, continuing a consistent record of performance.

- Investors in People: a recognised standard for organisations committed to investing in their people. In December 2024 the GMC received gold level accreditation for We invest in people and silver accreditation for We invest in wellbeing.
- The Independent auditors' report issued by Crowe UK LLP to the trustees of the GMC again reported that in their opinion the financial statements for the year ending 31 December 2023 gave a true and fair view of the GMC's financial affairs. Their detailed report to the Audit and Risk Committee in May 2024 did not highlight any areas of concern.
- Institute of Customer Service: the GMC's Contact Centre achieved distinction for the second time in November 2024 against the Institute of Customer Service's ServiceMark standards for customer service.
- ISO10002:2018 is the standard for customer satisfaction and covers the process of complaints handling. The Corporate Review Team is responsible for managing and maintaining the GMC's complaints process. Since achieving ISO 10002 accreditation in 2017 the organisation has been audited annually on complaints handling. The last audit in November 2024 reported a successful outcome and no non-compliances were identified.
- ISO27001:2022 is the latest version of the international standard for Information Security Management Systems (ISMS). This provides a framework for organisations to manage and protect sensitive information systematically, ensuring confidentiality, integrity and availability. ISO 27001:2022 introduces new and updated requirements around cloud security, threat intelligence and vulnerability management. In 2024, BSI performed an audit to transition the GMC from the ISO 27001:2013 standard to the ISO 27001:2022 standard, ensuring that the new requirements were met. BSI visited the GMC's Edinburgh, Manchester and London offices for the transition assessment and concluded that the GMC meets the standards and the systems and processes at the GMC continue to achieve their intended outcomes to protect the GMC's information.
- BS10008:2020 aligns closely with ISO 27001:2022 and focusses on the legal admissibility and evidential weight of electronic information. The GMC's scope for BS10008 certification relates to paper documents received and scanned to ensure that the electronic version can be used in a legal context such as part of an MPTS tribunal bundle. BS 10008 focusses on the confidentiality, integrity, availability and also the authenticity of information. In November 2024 BSI undertook an annual assessment and concluded that the GMC continues to meet the requirements.

Other standards

25 In addition, the GMC has self assessed compliance with the:

- NHS Data Security and Protection Toolkit, a self-assessment tool enabling organisations to measure and publish their performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must use the toolkit to provide assurance they are practising good data security and handling personal information correctly
- Payment card industry (PCI) data security standard, developed by the PCI Security Standards Council to safeguard the security of sensitive cardholder data. The toolkit is a compliance framework applicable to all organisations which store, process and or/transmit cardholder data. In early 2025, the GMC will be transitioning to the new v4.0 standard
- GMC Software Development Life Cycle includes alignment with the Open Web Application Project (OWASP) top 10 which is a list of the 10 most critical security risks to web applications, published by the Open Web Application Project (OWASP). Where application programme interfaces (APIs) are developed, the OWASP top 10 for API security is referred and aligned to.
- National Institute of Standards and Technology (NIST) is an American organisation and a non-regulatory agency of the US Department of Commerce. The GMC uses the NIST Cyber Security Framework to manage and reduce cyber security risk. Identify, Protect, Detect, Respond, Recover is a helpful framework used in the Cyber Incident Response Plan. NIST 800 series provides a catalogue of security controls for information systems. These controls are more detailed than ISO 27001 and provide an in depth technical security direction and helpful standards for the GMC to align to.

Risk management

- 26** Risk management arrangements are a feature of GMC day-to-day activities, project work and strategic business discussions. Risks are 'live' on an MSTEams platform and are updated on an ongoing basis.
- 27** The Risk Management Framework and risk registers provide the tools for identifying, articulating, monitoring, and managing operational and project risks. The GMC has an active focus on both threats and opportunities recognising that understanding both can improve how the business is managed.
- 28** The Corporate Opportunities and Risk Register is published on the GMC's website through [Executive Board and Council papers](#), reviewed at each Council and Audit and Risk Committee meeting, and at alternate Executive Board meetings. The Executive Board undertook a series of risk deep dives through the year which included risks related to ED&I, business continuity

and responding to unplanned events, and corporate social responsibility. These are also scheduled for 2025.

- 29 At the start of each meeting the Audit and Risk Committee hold an unscripted risk discussion which provides an opportunity to consider both current risks the GMC faces and emerging areas in the wider external environment and to hear the mitigations and actions being taken to manage them.
- 30 During 2024, the GMC started a refresh of the Framework, including its approach to risk appetite. This work will continue in 2025 through discussion with staff, the Executive, Audit and Risk Committee and Council.
- 31 Business resilience, and the ability to respond and adapt to incidents of both operational and reputational natures are also features of robust risk management. The GMC has a comprehensive set of business continuity and disaster recovery processes, and arrangements for managing reputational issues. All of these have been tested through exercises on a regular basis and activated to address real incidents during 2024.

Significant event reviews

- 32 Between January and December 2024 no significant event reviews have been reported to the Audit and Risk Committee and no events reported to the Charity Commission under their serious incident process. Two events took place towards the end of the year which are currently under review to identify learning. The first, sadly, is in relation to a doctor under GMC fitness to practise processes, where the coroner has ruled they took their own life. The second is in relation to a data breach which was immediately reported to the Information Commissioner and for which it has been confirmed no action will be taken.

Trustees' Annual report and accounts

**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.

Fitness to practise statistics report

**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 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 eleventh update to Council on the operation of the s40A Executive Panel. There have been new s40A appeals issued in the period since the last update at April 2024 Council.</p>
Decision Trail	Council receives an update on Section 40A appeals once a year.
Recommendation	Council is asked to note the contents of this update.
Annexes	<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 M9

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 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.
 - c The s40A Executive Panel will then consider the case at a meeting and make a decision, having regard to the legal advice received and all the circumstances of the case, to determine whether we should exercise our right of appeal.

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

The s40A Executive Panel's Decisions

During the period covered by this update:

- 10 During the twelve month period which this update covers (1 March 2024 to 28 February 2025 inclusive) a total of 307 cases were heard by the MPT. In 224 of those cases (73%), the outcome matched (or, as in 5 cases, exceeded) the sanction submission which the GMC made to the Tribunal.
- 11 The remaining 83 cases (27%), 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 64 of these cases the Senior Legal Advisers considered that there were no realistic grounds of appeal which would suggest that the MPTS decision was insufficient to protect the public or public confidence in the profession. The other 19 cases were referred to the s40A Executive Panel for their consideration.
- 12 Accordingly, in this period there were 18 further meetings of the s.40A Executive Panel during which it considered whether to exercise the GMC's right of appeal in relation to a total of 19 Doctors.

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- 13** Details of the dates of the meetings, the Doctors whose cases were considered by the Panel at those meetings and the outcome of the s40A Executive Panel's consideration of each case are set out in the table at Annex A.
- 14** As that table confirms, the s40A Executive Panel decided to exercise its power to appeal in five (5) of these cases.
- 15** There was one outstanding s40A appeal as at 1 March 2024.
- 16** This was the case of Dr Dugboyele, which involved a decision by the MPT not to find that the Doctor's fitness to practise was impaired by reason of proven sexual misconduct which amounted to sexual harassment and which took place over several years, so that it was 'normalised' at the hospital and involved abuse of a position of authority.
- 17** This case was listed for hearing initially on 7 December 2023. However, due to a belated decision by the PSA to seek to join the appeal as a party, that hearing had to be vacated and the case relisted for hearing on 24 April 2024.
- 18** This appeal was indeed finally heard by the High Court on (Mr Justice Murray) on 24 April 2024, and at the end of the hearing the judge indicated that he was allowing the appeal on all grounds (the GMC's and the PSA's) and would give his reasons in a judgment which he would hand down at a later date. Unfortunately, it then took until 25 October 2024 for judgment to be handed down and for the parties to learn the full reasons and basis upon which the appeal was allowed.
- 19** In essence the judge agreed that the MPT had erred when finding the doctor's fitness to practise not to be impaired by failing to reflect the full seriousness of the doctor's misconduct and giving too much weight to its assessment of the doctor's personal remediation and insufficient regard to the need to uphold public confidence in the profession and proper standards of conduct in the profession. He therefore substituted a finding of impairment and remitted the case to the MPT to consider afresh the question of sanction.
- 20** At the remitted hearing (in March 2025) the MPT directed a 6 months suspension with a review.
- 21** Of the 5 (five) s40A appeals issued since 1 March 2024, as at 1 March 2025 one (Dr Shah) had been heard but judgment was awaited, and two others had been listed for hearing in March 2025 (Mr Gilbert and Dr Konathala).
- 22** There were therefore still 5 (five) outstanding s40A appeals as at 1 March 2025.
- 23** Between 1 March 2025 and the date of this paper, judgment has been handed down in 2 (two) of those appeals: Dr Shah (heard on 30 January 2025, judgment handed down on 11 April 2025) and Mr Gilbert (heard on 12/13 March 2025, judgment handed down on 3 April 2025).

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- 24** The GMC’s appeal was allowed in the case of Mr Gilbert. This was another case in which the PSA had joined as a second Appellant.
- 25** This was a case involving serious allegations (and ultimately findings) of inappropriate conduct by Mr Gilbert over an 11-year period (2011-2022) towards six junior colleagues whilst working at the Trust. That conduct included sexually motivated conduct, sexual harassment, harassment related to race, intimidation, racist conduct and the abuse of his senior position.
- 26** Having found many of the allegations proven (albeit having failed to find proved certain allegations relating to racist comments we considered should have been found proven) the MPT had nonetheless decided only to suspend the doctor’s registration for a period of 8 months and did not direct a review.
- 27** The High Court agreed with the GMC that:
- a** certain additional factual findings – relating to the racist nature of some comments made by Mr Gilbert and another comment amounting to harassment related to race as defined in section 26(1) of the Equality Act 2010 – should have been made by the MPT;
 - b** the fact that patient safety was *capable* of being imperilled as a result of certain of Mr Gilbert’s sexual misconduct was an aggravating feature which affected the seriousness of Mr. Gilbert’s misconduct and which the Tribunal had wrongly failed to reflect in its Determination;
 - c** in setting the period of the suspension the Tribunal did not give sufficient weight to the seriousness of the sexual misconduct in this case; and
 - d** the original sanction of 8 months suspension without a review was insufficient to protect the public.
- 28** However, the court did not agree with either the GMC or the PSA that the MPT was wrong not to direct that Mr Gilbert should be erased from the register. The judge (Mr Justice Calver) expressed the view that “erasure in this case would be a disproportionate sanction in all the circumstances” and concluded instead that the sanction which should be imposed to reflect the seriousness of Mr Gilbert’s misconduct, and also to ensure that Mr. Gilbert had adequate time to remediate, was one of 12 months’ suspension, with a review hearing at the end of that period of suspension.
- 29** The GMC’s view remains, however, that Mr Gilbert’s proven misconduct is incompatible with continued registration. We are therefore disappointed that the High Court did not decide that Mr Gilbert’s name should be erased from the register. Following a careful and thorough review of the judgment, we have therefore decided to seek permission from the Court of Appeal (CoA) to appeal that aspect of the decision.

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- 30** We have filed a Notice of Appeal accordingly and are currently await the decision of the CoA on our application for permission to appeal.
- 31** Our appeal in the case of Dr Shah was, however, not successful.
- 32** This case involved allegations relating to inappropriate conduct towards two junior female colleagues. Some of the conduct was sexually motivated and also constituted sexual harassment as defined in s26(2) of the Equality Act 2010 and that other conduct constituted harassment related to sex, as defined in s26(1) of the 2010 Act.
- 33** The GMC had sought a sanction of erasure but the Tribunal determined instead to impose a 12 month suspension with a review.
- 34** When he handed down judgment on 11 April 2025, Mr Justice Kerr rejected the GMC's various criticism of the approach taken by the Tribunal in this case concluding that MPT's decision was not wrong or marred by any procedural or other irregularity. He therefore dismissed the GMC's appeal.
- 35** There are accordingly (as at the date of this paper) currently 3 (three) outstanding s40A appeals.
- 36** By way of further update on those outstanding appeals:
- a** the hearing took place in Dr Konathala's case on 13 March 2025 (judgment was reserved and is still awaited in that case);
 - b** the appeal in the case of Dr Foy-Yamah has now been listed for hearing on 7 and 8 October 2025;
 - c** the appeal in the case of Dr Shokou-Amiri has now been listed for hearing on 8 and 9 October 2025.
- 37** We are of course, as mentioned above, also awaiting the outcome of our application to the Court of Appeal for permission to appeal further in the case of Mr Gilbert.
- 38** Annex B gives an update, as of the date of this paper, 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.

Professional Standards Authority (PSA) s29 appeals

During the period covered by this update:

- 39** The PSA has for its part decided to refer one of the cases which was not considered by the Executive Panel to the High Court in the exercise of their powers under s29 of the National Health Service Reform and Health Care Professions Act 2002.

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Biannual section 40A appeals update

- 40** This was the case of Dr Kausik Ray (6043969) – an MPT Review of the suspension of a doctor who had been found impaired previously by reason of a conviction as a result of which he had been required to register as a sex offender with the police for 5 years.
- 41** Dr Ray had been convicted of sexual assault upon a female colleague for which he was sentenced and made subject to a community order requiring him to undertake 100 hours of unpaid work, a requirement to register with the police for five years and was made subject to a restraining order in respect to the colleague in question. The community order and restraining order were subsequently discharged but the requirement to register as a sex offender remained in place.
- 42** Upon review of his original suspension, the MPT had found him no longer impaired. However, as we had pointed out in correspondence with the PSA ahead of their consideration of the case under their s29 powers, the MPT did not appear properly to have considered the relevant provisions of the Sanctions Guidance when reaching their conclusion as to impairment, nor had they provided an adequate explanation of, or reasoning for, their decision to allow the registrant’s suspension order to expire. We acknowledged, however, that, due to an oversight on the part of the case team when approving the sanction submission in this case, they were also not assisted by the submissions of the GMC on the issue of impairment.
- 43** Neither the GMC nor the MPT appeared to have given appropriate consideration to the provisions of the Sanctions Guidance, and in particular para 154 of the Sanctions Guidance, in this regard. As paragraph 154 makes explicit, the Council of the GMC has made it clear that no doctor registered as a sex offender should have unrestricted registration.
- 44** Dr Ray remained, and remains, subject to a requirement to register with the police and the GMC should therefore have made positive submissions at the Review hearing to the effect that his fitness to practise remained impaired. Due to the fact that he remained on the sex offenders register at the time of the hearing, the MPT should accordingly, and in any case, have given due consideration to the requirements of paragraph 154 of the Sanctions Guidance before allowing him to return to unrestricted registration. They did not appear to have done so.
- 45** The PSA therefore referred this case to the High Court under s29 of the 2002 Act and both the GMC and the Doctor acknowledged the errors in the MPT’s determination and the PSA appeal was allowed by Consent in November 2024 without the need for a hearing.
- 46** When the case was considered again by the MPT on remittal in March 2025, the MPT suspended his registration for a further period of 12 months and directed a review.
- 47** At the outset of the period covered by this update, there were two existing PSA appeals outstanding.

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48 These are the cases of

- a** Dr Neill Garrard (6159385) – alleged sexual misconduct, found not proven by the MPT - and
- b** Dr Perbinderpal Grewal (4532992) – other misconduct, for which the MPT imposed a 12 months suspension with review.

49 The GMC did not oppose the PSA’s appeal in the case of Dr Garrard and accordingly did not attend the hearing which took place on 28 January 2025. Following the hearing, on 14 February 2025, the High Court (Mr Justice MacDonald) handed down judgment allowing the PSA’s appeal on the grounds that the MPT’s approach to cross-admissibility of evidence had been incorrect and the case was remitted to the MPT for fresh determination.

50 The GMC did oppose the PSA’s appeal in the case of Dr Grewal to the extent that it sought to raise allegations of under-prosecution of the case by the GMC – though remained (as usual) neutral on those aspects of the appeal which merely challenged the reasoning and decision of the MPT. That case was listed for hearing before the High Court on 1 April 2025.

51 However, shortly prior to the hearing, and following discussions between respective counsel the PSA agreed to abandon its under-prosecution arguments and the appeal was settled by Consent Order on the basis that the case would be remitted to the MPT for it to consider whether to make two additional findings of fact (and thereafter to reconsider impairment and sanction in the light of any such additional findings).

52 Accordingly, whilst at 1 March 2025 there was 1 (one) PSA appeal ongoing, that has subsequently been resolved and accordingly there are currently no outstanding PSA appeals.

Annex A

Details of cases considered by the s40A Executive Panel

	Last Name	First Name	Doctor UID	S40A Executive Panel Meeting date	Appeal Issued?	Case/Allegation Type
1.	Konathala	Varaha Vijaya Nageswara	6049444	05/03/2024	Yes	Sexual Misconduct
2.	Onyekpe	Ewere Uche	7027794	25/03/2024	No	Sexual Misconduct
3.	Ali	Kauser Mahmud	4070900	02/04/2024	No	Dishonesty
4.	Agoe	Belinda	5151701	02/04/2024	No	Dishonesty
5.	Rai	Pryanka	7724943	22/05/2024	No	Dishonesty
6.	Senthil Kumar	Thangavelu	5198183	03/06/2024	No	Dishonesty
7.	Sankaye	Prashant	6118688	07/06/2024	No	Sexual Misconduct
8.	James	David	3124509	12/08/2024	No	Non-sexual Misconduct
9.	Gilbert	James	4717872	30/08/2024	Yes	Sexual Misconduct
10.	Raslan	Ahmad	7792160	17/09/2024	No	Sexual Misconduct
11.	Shah	Rajesh	4346052	24/09/2024	Yes	Sexual Misconduct
12.	Wolverson	Keith	4328696	14/10/2024	No	Non-sexual Misconduct
13.	Velashala	Sereesha	6096376	14/11/2024	No	Dishonesty
14.	Borase	Himanshu Gulabrao	6083222	04/12/2024	No	Sexual Misconduct
15.	Mehat	Balvinder Singh	2932198	09/01/2025	No	Non-sexual Misconduct
16.	Foy Yamah	Aloaye	5207937	04/02/2025	Yes	Sexual Misconduct
17.	Leighton	Garrath Joseph	6105378	21/02/2025	No	Sexual Misconduct
18.	Shokou-Amiri	Ali	7117232	11/03/2025	Yes	Clinical and Sexual Misconduct
19.	Odewole	Odunayo	7568426	18/03/2025	No	Dishonesty, Conviction, Health

Annex B

s40A Appeals Current Summary and Status

Number	Name	Siebel Ref/ Court Ref	Hearing date	Allegation type	Outcome
1	GMC v Jagjivan UID: 6075454	L1-1444389032 CO/3140/2016	9/05/2017	Sexual Misconduct	<u>Appeal successful</u> Finding of sexual motivation – remitted to MPT to consider impairment and sanction. Remitted hearing listed before MPT on 8-23 October 2018 (includes further allegation) Doctor erased from register at remitted MPT hearing.
2	GMC v Theodoropoulos UID: 4751410	L1-1599950541 CO/710/2017	21/06/2017	Dishonesty	<u>Appeal successful</u> Doctor erased from register
3	GMC v Nwachuku UID: 6101174	L1-1607149904 CO/778/2017	08/06/2017	Dishonesty	<u>Appeal successful</u> Finding of impairment substituted for finding of no impairment and warning. Remitted to MPT to consider sanction. MPT on remittal suspended Doctor's registration for 4 months.
4	GMC v Raychaudhuri UID: 6109032	L1-1618777528 CO/1126/2017	19/07/2018 (CA) 06/07/2017 (HC)	Dishonesty	<u>Appeal Dismissed in Court of Appeal</u> <u>(GMC having previously succeeded on appeal in the High Court)</u> (MPT decision not to find dishonesty or impairment ultimately upheld in Court of Appeal)
5	GMC v Narayan	L1-1524876695	04/10/2017	Sexual Misconduct	<u>Appeal successful</u>

Number	Name	Siebel Ref/ Court Ref	Hearing date	Allegation type	Outcome
	UID: 5208737	CO/5041/2016			Direction for conditional registration for 9 months quashed and case remitted to MPT to re-consider sanction. MPT on remittal suspended Doctor's registration for 2 months.
6	GMC v Chaudhary UID: 5205264	L1-1497534246 CO/4371/2016	05/10/2017	Dishonesty	<u>Appeal successful</u> Court substituted for finding of no impairment a finding of impairment in relation to the probity, honesty and trustworthiness issues. Judge directed no further action be taken on sanction.
7	GMC v Stone UID: 2387262	L1-1501400463 CO/4470/2016	06/10/2017	Sexual Misconduct	<u>Appeal successful</u> Doctor erased from register
8	GMC v Chandra [Restoration] UID: 5195270	L1-1660529241 CO/1976/2017	18/07/2018 (CA) 11/10/2017 (HC)	Sexual Misconduct	<u>Appeal successful in Court of Appeal</u> <u>(GMC having initially been unsuccessful in the High Court)</u>
9	GMC v Krishnan UID: 5151835	L1-1697292022 CO/2490/2017	17/10/2017	Dishonesty	<u>Appeal successful</u> decision that Respondent's conduct was not dishonest, was not impaired, and to issue a warning all quashed;

Number	Name	Siebel Ref/ Court Ref	Hearing date	Allegation type	Outcome
					remitted to MPT to re-consider dishonesty, impairment and sanction. On remittal, MPT found dishonesty and impairment, and suspended Doctor's registration for a period of 6 weeks.
10	GMC v Lamming [Restoration] UID: 3581720	L1-1622384571 CO/1200/2017	19/10/2017	Dishonesty	<u>Appeal successful</u> Decision to restore quashed. Remitted for fresh decision on restoration. Remitted hearing listed before MPT on 10 -18 December 2018 [Originally listed in June 2018, but Medical Member had to be recused] Restoration Application refused on Remittal
11	GMC v Nooh [Restoration] UID: 4169929	L1-1651558081 CO/1714/2017	24/10/2017	Dishonesty	<u>Appeal dismissed</u> (MPT Order for restoration upheld)
12	GMC v Aranmolate [Restoration]	L1-1651558086 CO/1712/2017	25/10/2017	Sexual Misconduct	<u>Appeal withdrawn</u>

Number	Name	Siebel Ref/ Court Ref	Hearing date	Allegation type	Outcome
	UID: 5186837				
13	GMC v Thornley UID: 2734833	L1-1702467011 CO/2730/2017	07/11/2017	Dishonesty	Appeal withdrawn – Dr applied for and was granted VE.
14	GMC v Patel UID: 6148938	L1-1702637694 CO/2684/2017	16/11/2017	Dishonesty	Appeal Successful Direction that no action be taken quashed and case remitted to MPT to reconsider sanction. MPT on remittal suspended Doctor's registration for 4 months.
15	GMC v Brooke UID: 3090697	L1-1666565801 CO/1976/2017	21/11/2017	Dishonesty	Appeal Allowed by Consent Direction that no action be taken quashed and substituted with an order that the Doctor's registration be suspended for a period of 3 months
16	GMC v Banerjee [Restoration] UID: 7023741	L1-1683357782 CO/2198/2017	22/11/2017	Dishonesty	Appeal withdrawn
17	GMC v Brito-Babapulle UID: 2456641	L1-1760637541 CO/3843/2017	28-29/11/2017 (listed together with s.40 appeal)	Dishonesty	Appeal Allowed by Consent Direction that the Doctor be suspended quashed

Number	Name	Siebel Ref/ Court Ref	Hearing date	Allegation type	Outcome
					Doctor erased from the register.
18	GMC v Taylor [Restoration] UID: 6029437	L1-1683357888 CO/2196/2017	30/11/2017	Dishonesty	Appeal withdrawn
19	GMC v Somuah- Boateng UID: 6087851	L1-1754185171 CO/3606/2017	05/12/2017	Sexual Misconduct	Appeal successful Doctor erased from register
20	GMC v Bawa- Garba UID: 6080659	L1-1718420822 CO/3089/2017	25-6/07/2018 (CA) 07/12/2017 (HC)	Conviction for Gross Negligence Manslaughter (Clinical)	Appeal Dismissed in Court of Appeal (GMC having initially been successful in High Court) (MPT decision to suspend the Doctor ultimately upheld in Court of Appeal)
21	GMC v Osman UID: 6099725	L1-1741732223 CO/3503/2017	13/12/2017	Dishonesty	Appeal successful Doctor erased from register
22	GMC v Khetyar UID: 5202361	L1-1826219493 CO/5469/2017	19/03/2018	Sexual Misconduct	Appeal successful Doctor erased from register

Number	Name	Siebel Ref/ Court Ref	Hearing date	Allegation type	Outcome
23	GMC v Nyamasve UID: 5071770	L1-1841325581 CO/5808/2017	27/03/2018	Dishonesty	Appeal successful Suspension of four months quashed and remitted to MPT for a fresh decision on sanction. MPT on remittal erased Doctor from register.
24	GMC v Mehta UID: 4679086	L1-1919503581 XA30/18	24/10/2018	Sexual Misconduct	Appeal Dismissed (MPT decision to take no action following finding of impairment upheld by High Court)
25	GMC v Mmono UID: 3292451	L1-1937246101 CO/1585/2018	31/10/2018	Sexual Misconduct	Appeal Successful Doctor erased from register
26	GMC v Srivastava UID: 4780355	L1-1990761931 CO/2396/2018	N/A	Clinical Misconduct	Appeal Allowed by Consent Decision to find the doctor not impaired quashed and substituted with a finding of impairment, with undertakings agreed.
27	GMC v Sledzik UID: 6119259	L1-2001195566 CO/2511/2018	13.12.18	Clinical Misconduct	Appeal Successful Direction for conditions quashed and case remitted to MPT to reconsider sanction in light of judgment.

Number	Name	Siebel Ref/ Court Ref	Hearing date	Allegation type	Outcome
					At the remitted hearing, MPT imposed a further direction for conditions. Dr later appeared for a 'new and review' hearing and was erased.
28	GMC v X (references not included due to anonymity order)		22-23.01.19	Sexual Misconduct	<u>Appeal Dismissed</u> (MPT decision to suspend the Doctor upheld by High Court)
29	GMC v Zafar UID: 5207520	L1-2362172511 CO/2396/2019	11.03.2020	Dishonesty	<u>Appeal Successful</u> Doctor erased from register
30	GMC v Saeed UID: 7398648	L1-2371654786 CO/2687/2019	21.01.2020	Conviction for Assault and controlling and coercive behaviour	<u>Appeal Successful</u> Suspension of 12 months quashed and remitted to MPT for a fresh decision on sanction. Doctor erased from register by MPT at remitted hearing.
31	GMC v Walton UID: 2805795	L1-2382278361 CO/2757/2019	05.12.2019	Dishonesty	<u>Appeal Successful</u> MPT findings on certain facts, and directions on impairment and sanction based on those factual findings quashed and the relevant

Number	Name	Siebel Ref/ Court Ref	Hearing date	Allegation type	Outcome
					<p>issues of fact, impairment and sanction remitted to the MPT to be determined in light of this judgment.</p> <p>MPT found additional dishonesty allegation proven and imposed a further 7 month suspension (taking account of 5 month suspension already undertaken prior to determination of appeal)</p>
32	GMC v Haris UID: 7017372	L1-2528904441 CO/4728/2019	29.04.2020 CoA hearing 13.05.2021	Sexual misconduct	<p><u>Appeal Successful and Upheld in the Court of Appeal</u></p> <p>Court substituted a finding of sexual motivation and remitted for a fresh decision on impairment/ sanction</p> <p>Dr H was granted permission to appeal to the Court of Appeal, in respect of the substituted finding of sexual motivation, but the Court of Appeal dismissed his appeal.</p> <p>MPT on remittal made finding of impairment and suspended Doctor's registration for 9 months.</p>
33	GMC v Awan UID: 6032816	L1-2542551905 CO/4891/2019	10.06.2020	Sexual misconduct	<u>Appeal Dismissed</u>
34	GMC v Armstrong	L1-2611110766 CO/572/2020	03.03.2021	Dishonesty	<u>Appeal Successful</u>

Number	Name	Siebel Ref/ Court Ref	Hearing date	Allegation type	Outcome
	UID: 4632658				<p>Court substituted for finding of no impairment a finding of impairment and remitted to MPT on sanction.</p> <p>MPT on remittal erased Doctor from register.</p>
35	GMC v Udoe UID: 6094869	L1-2625976751 CO/801/2020	25.05.2021	Dishonesty	<p><u>Appeal Successful</u></p> <p>Court quashed MPT findings on Facts and no misconduct/impairment and remitted to MPT for a fresh hearing by a different Panel.</p> <p>Dr Udoe's application for permission to appeal to Court of Appeal refused.</p> <p>At remitted hearing, which concluded in March 2023, the Doctor's fitness to practise was again found not to be impaired.</p>
36	GMC v Donadio UID: 4653770	L1-2651206311 CO/1188/2020	23.02.2021	Dishonesty	<p><u>Appeal Successful</u></p> <p>Suspension of 12 months quashed and remitted to MPT for a fresh decision on sanction.</p> <p>MPT on remittal erased Doctor from register.</p>
37	GMC v Ahmed	L1-2860883431	29.06.2021	Sexual Misconduct	<u>Appeal Dismissed</u>

Number	Name	Siebel Ref/ Court Ref	Hearing date	Allegation type	Outcome
	UID: 6152547	CO/4282/2020			(MPT decision to suspend the Doctor for 2 months without a review upheld by High Court)
38	GMC v Bramhall UID: 3358940	L1-2913159301 CO/155/2021	13.07.2021	Violence	<u>Appeal Successful</u> Suspension for 5 months quashed and remitted to MPT for a fresh decision on sanction. MPT on remittal erased Doctor from register.
39	GMC v Patel UID: 7134640	L1-3261561181 CO/3834/2021	10 – 11.05.2022	Other non-clinical Misconduct	<u>Appeal Successful</u> Consent order agreed – determination by MPT that it was not necessary to issue a warning quashed and substituted with a warning in the terms set out in Schedule 1 of the order.
40	GMC v James UID: 7403102	L1-3261561189 CO/3836/2021	10 – 11.05.2022	Other non-clinical Misconduct	<u>Appeal Successful</u> Consent order agreed – determination by MPT that it was not necessary to issue a warning quashed and substituted with a warning in the terms set out in Schedule 1 of the order.
41	GMC v Samowski UID: 7451051	L1-3261561201 CO/3837/2021	10 – 11.05.2022	Other non-clinical Misconduct	<u>Appeal Successful</u> Consent order agreed – determination by MPT that it was not necessary to issue a warning quashed and substituted with a warning in the terms set out in Schedule 1 of the order.

Number	Name	Siebel Ref/ Court Ref	Hearing date	Allegation type	Outcome
42	GMC v Jayasinghe UID: 7134736	L1-3261561206 CO/3839/2021	10 – 11.05.2022	Other non-clinical Misconduct	Appeal Successful Consent order agreed – determination by MPT that it was not necessary to issue a warning quashed and substituted with a warning in the terms set out in Schedule 1 of the order.
43	GMC v Cameron UID: 7083931	L1-3261561211 CO/3841/2021	10 – 11.05.2022	Other non-clinical Misconduct	Appeal Successful Consent order agreed – determination by MPT that it was not necessary to issue a warning quashed and substituted with a warning in the terms set out in Schedule 1 of the order.
44	GMC v Tappouni UID: 7486271	L1-3261561216 CO/3842/2021	10 – 11.05.2022	Other non-clinical Misconduct	Appeal Successful Consent order agreed – determination by MPT that it was not necessary to issue a warning quashed and substituted with a warning in the terms set out in Schedule 1 of the order.
45	GMC v Fijten UID: 7450904	L1-3261561221 CO/3843/2021	10 – 11.05.2022	Other non-clinical Misconduct	Appeal Successful Consent order agreed – determination by MPT that it was not necessary to issue a warning quashed and substituted with a warning in the terms set out in Schedule 1 of the order.
46	GMC v Smith UID: 7134693	L1-3261561226 CO/3844/2021	10 – 11.05.2022	Other non-clinical Misconduct	Appeal Successful

Number	Name	Siebel Ref/ Court Ref	Hearing date	Allegation type	Outcome
					Consent order agreed – determination by MPT that it was not necessary to issue a warning quashed and substituted with a warning in the terms set out in Schedule 1 of the order.
47	GMC v Graichen UID: 7082955	L1-3265484251 CO/3835/2021	10 – 11.05.2022	Other non-clinical Misconduct	Appeal Successful Consent order agreed – determination by MPT that it was not necessary to issue a warning quashed and substituted with a warning in the terms set out in Schedule 1 of the order.
48	GMC v Mok UID: 7602231	L1-3319893391 CO/275/2022	14.06.2022	Sexual Misconduct	Appeal Dismissed MPT decision to suspend Dr Mok (as opposed to erasure) upheld by the High Court
49	GMC v Rezk UID: 7539398	L1-3909515472 CO/1645/2023	14 and 29.11.2023	Sexual Misconduct	Appeal Successful Appeal allowed. The MPT determination that no action should be taken in respect of Dr Rezk's misconduct and impairment of fitness to practise was quashed. Conditions imposed on Doctor's registration for 12 months and a review directed.
50	GMC v Dugboyele	L1-3950762861	24.04.2024	Sexual Misconduct	Appeal Successful.

Number	Name	Siebel Ref/ Court Ref	Hearing date	Allegation type	Outcome
	UID: 5191132	CO/2177/2023			<p>PSA joined the appeal (appeal allowed on both GMC and PSA grounds)</p> <p>MPT decision on impairment and warning quashed, and substituted with a finding that:</p> <ul style="list-style-type: none"> - At least some of the Dr's conduct was sexually motivated (re PSA grounds) - Dr's fitness to practise was impaired. <p>Remitted to MPT for consideration of sanction.</p> <p>On remittal, MPT directed a 6 months suspension with a review.</p>
51	GMC v Konathala UID: 6049444	L1-4297356690 AC-2024-LON-000825	13.03.2025	Sexual Misconduct	Hearing took place. Judgment reserved and awaited.
52	GMC v Gilbert UID: 4717872	L1-4580079897 AC-2024-LON-45800	12-13.03.2025	Sexual and Racist Misconduct	<p>Appeal Successful</p> <p>PSA joined the appeal (appeal allowed on a combination of the GMC and PSA Grounds of Appeal).</p>

Number	Name	Siebel Ref/ Court Ref	Hearing date	Allegation type	Outcome
					<p>MPT determination that allegations 15(b) and 23(a) were not proven was quashed and the Court substituted a finding that allegations 15(b) and 23(a) are found proven.</p> <p>The MPT' determination to impose a sanction of eight months' suspension without a review was quashed and the Court substituted a sanction of twelve months' suspension with a review, to run from 13 September 2024.</p>
53	GMC v Shah UID: 4346052	L1-460438552 AC-2024-MAN-000350	30.01.2025	Sexual Misconduct	<p>Appeal Dismissed</p> <p>MPT decision to suspend Dr Shah (as opposed to erasure) upheld by the High Court</p>
54	GMC v Foy-Yamah UID: 5207937	L1-4772891287 AC-2025-LON-000567	7-8.10.2025	Sexual Misconduct	Hearing listed and awaited.
55	GMC v Shokouh-Amiri UID: 7117232	L1-4826916135 AC-2025-LON-000876	8-9.10.2025	Sexual Misconduct	Hearing listed and awaited.

Agenda item:	M10
Report title:	Report of the MPTS Committee to GMC Council
Report by:	Gill Edelman, Interim Chair of the MPTS, MPTSChair@mpts-uk.org
Considered by:	MPTS Committee, GMC / MPTS Liaison Group
Action:	To consider

Executive summary

This report gives an update on the work of the Medical Practitioners Tribunal Service (MPTS) since the last report to Council in December 2024.

Key points to note:

- Her Honour Deborah Taylor stepped down as MPTS Chair on 22 April. An appointment campaign for her permanent replacement is now underway.
- As planned for, we are holding fewer hearings than in previous years.
- The MPTS was prepared to hold an Interim Measure Tribunal (IMT) hearing from the first day of Physician Associate and Anaesthesia Associate (PA/AA) regulation.

Recommendation

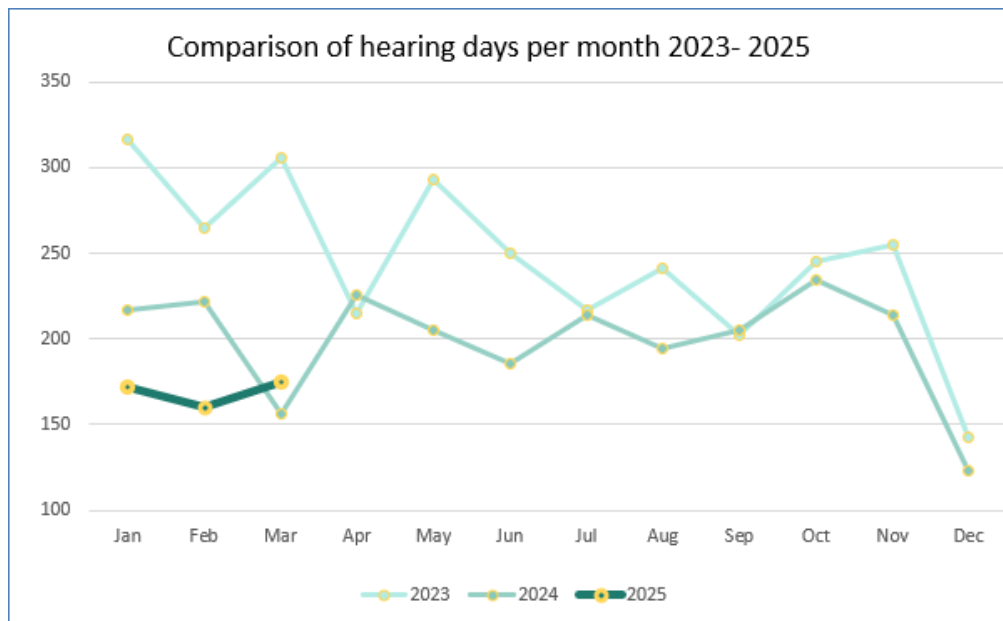
- ▶ Council is asked to consider the report of the MPTS Committee.

Governance

1. The Medical Practitioners Tribunal Service (MPTS) reports bi-annually to Council on how we are fulfilling the statutory duties for which we are accountable to the UK Parliament. This paper is the MPTS Committee’s first report of 2025.
2. The MPTS Committee met on 4 February 2025 when it received updates on our performance, appeals, tribunal member appointments, quality assurance and adjournments.
3. Deborah Taylor stepped down as MPTS Chair on 22 April, after she was appointed to lead a public inquiry into the deaths of Barnaby Webber, Grace O'Malley-Kumar and Ian Coates, who were killed in Nottingham in June 2023.
4. The GMC’s Remuneration Committee have approved arrangements for an appointment campaign to find a new MPTS Chair. Council also approved Gill Edelman’s appointment as Interim Chair.
5. The Committee also met on 7 May 2025, when it reviewed this report, received updates on performance and finance, and reviewed tribunal member training and the Committee’s work programme for the year.
6. The MPTS annual report will be laid before the UK Parliament later this year. A copy of the text is attached (Annex A) for Council’s information.

Operational update

7. As planned for, we are holding fewer hearings than in previous years. In quarter one this year we held 507 hearing days, a 14.8% decrease in comparison to quarter one, 2024 and a 42.9% decrease in comparison to quarter one, 2023.



8. Our service target is to list new MPT hearings within 9 months of a GMC referral. We are currently able to offer a listing date between 7 and 9 months, depending on the length of hearing required.
9. At the beginning of April 2025, the MPTS's total hearing workload was 194 cases - a 5.3% decrease when compared to the beginning of April 2024.
10. In 2024 we concluded 185 new MPT hearings. As planned for, this is a 20% reduction on the previous year. When planning our budget, we work with our GMC colleagues to estimate how many cases are likely to be referred over the course of the following year.
11. We expect the number of hearings to stay at the current level throughout 2025.
12. Our colleagues in the Fitness to Practise Directorate are currently assessing an increased number of enquiries to the GMC.
13. With our lower level of hearings at present, we have seconded five MPTS colleagues to work on the triage of FTP enquiries until the end of 2025.

Regulatory reform

14. Prior to the *Anaesthesia Associates and Physician Associates Order 2024* coming into effect on 13 December 2024, the MPTS prepared processes and guidance to run the new types of hearings for PAs and AAs.
15. We were prepared to hold an Interim Measure Tribunal (IMT) hearing from the first day of PA and AA regulation. This year, we are working with our GMC colleagues to finalise the process for any future substantive Associate Tribunal (AT) hearings.

Decision-making methodology and sanctions bandings

16. Deborah Taylor updated Council on 12 February on our engagement with various stakeholders on our proposed new *Methodology Flowchart* and *Sanctions Bandings* guidance.
17. We agreed with Council to publish a final version of the methodology and bandings in autumn 2025, giving us more time to reflect on all feedback received and to ensure that the methodology and bandings are consistent with the new GMC guidance on impairment and sanctions.
18. This revised publication date will also allow us time to provide consistent training to all tribunal members, something several stakeholders identified as important in their feedback to us.

Refurbishment of hearing centre

19. The GMC signed a new lease on our Manchester hearing centre at the end of 2023. As part of the agreement, the landlord has completed work to provide us with nine refurbished hearing rooms, with two further rooms that can be converted for this purpose at short notice, and office accommodation by April 2025.
20. This reduction from our previous fifteen hearing rooms reflects the reduction in the number of hearings that we are holding and the significant proportion we now hold virtually.

Tribunal members

21. Following an appointment campaign in late 2024, we appointed 53 Legally Qualified Chairs and 46 registrant tribunal members.
22. As of February 2025, we had 349 tribunal members appointed on a contract. This number will reduce to 259 by the end of 2025 due to contract end dates.
23. This will ensure a suitable overlap to provide continuity and consistency in tribunal decisions.

Hearing outcomes

24. In 2024 tribunals made decisions in 185 new MPT hearings and 324 new IOT hearings.
25. Details of the outcomes of those hearings, and others, are included at Annex B.

MPTS report to Parliament 2024

**Paper withheld from
publication**

This paper is being withheld from publication until it has been laid in Parliament.

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

Annex B - Hearing outcomes 2022 to 2024

Concluded hearings

New IOT hearing outcomes	2022		2023		2024	
	Cases	%	Cases	%	Cases	%
Suspension	34	12.5%	29	12.1%	52	16.0%
Conditions	184	67.6%	173	72.4%	213	65.7%
No order	54	19.9%	37	15.5%	59	18.2%
Total	272	100%	239	100%	324	100%

New MPT hearing outcomes	2022		2023		2024	
	Cases	%	Cases	%	Cases	%
Impaired: Erasure	68	24.9%	60	24.0%	67	36.2%
Impaired: Suspension	101	37.0%	109	43.6%	76	41.1%
Impaired: Conditions	18	6.6%	13	5.2%	9	4.9%
Impaired: No action	4	1.5%	2	0.8%	2	1.1%
Not impaired: Warning	21	7.7%	15	6.0%	6	3.2%
Not impaired	58	21.2%	49	19.6%	24	13.0%
Voluntary erasure	2	0.7%	2	0.8%	1	0.5%
Undertakings	1	0.4%	0	0.0%	0	0.0%
Total	273	100%	250	100%	185	100%

Non-compliance outcomes	2022	2023	2024
Suspension	3	8	6
Conditions	1	1	1
Non-compliance not found	0	1	2
Total	4	10	9

Restoration outcomes	2022	2023	2024
Application granted	6	3	4
Application refused	17	13	14
Application withdrawn	0	0	1
Total	23	16	19

Review hearings concluded

Review hearing types	2022	2023	2024
Medical practitioners tribunal review hearings	94	118	95
Medical practitioners tribunal reviews on the papers	16	24	19
Non-compliance review hearings	13	14	18
Non-compliance reviews on the papers	0	0	3
Interim orders tribunal review hearings	397	347	324
Interim orders tribunal reviews on the papers	819	673	600

Total hearings concluded

All hearings concluded	2022	2023	2024
Total	1911	1691	1596

Council forward work programme

Action	To note
Purpose	This paper sets out the planned items for future meetings of Council. The content of agendas is liable to change.
Recommendation	To note the Council forward work programme
Annexes	None
Author contacts	<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 M12**Council forward work programme**

Background

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

22/23 July 2025 – Manchester

	Item	Sponsor
Seminar	<ul style="list-style-type: none"> • Our approach to managing stakeholder relationships 	Paul Reynolds
	<ul style="list-style-type: none"> • Implications for GMC from the Supreme Court judgement 	Shaun Gallagher
Confidential session	<ul style="list-style-type: none"> • Worker status update 	Neil Roberts
Public session	<ul style="list-style-type: none"> • Chief Executive’s report 	Charlie Massey
	<ul style="list-style-type: none"> • Financial Update including mid-year update 	Neil Roberts
	<ul style="list-style-type: none"> • Corporate Strategy update 	Shaun Gallagher
	<ul style="list-style-type: none"> • Engagement panel evaluation 	Shaun Gallagher
	<ul style="list-style-type: none"> • Update on Council Affiliates scheme 	Sophie Brookes
	<ul style="list-style-type: none"> • Safeguarding annual report 	Neil Roberts
Below the line	<ul style="list-style-type: none"> • Council forward work programme 	Carrie MacEwen

30 Sept/1 Oct 2025 – Scotland

	Item	Sponsor
Seminar	<ul style="list-style-type: none"> • Scotland focus 	Paul Reynolds
	<ul style="list-style-type: none"> • Report from GMC Services International Ltd 	Paul Reynolds

Agenda item M12

Council forward work programme

Confidential session	• SC&E Impact report	Paul Reynolds
	• 2026 Budget Assumptions and Approach	Neil Roberts / Shaun Gallagher
Public session	• Chief Executive’s report	Charlie Massey
	• Regulatory reform update [placeholder]	Shaun Gallagher
	• Regulatory Fairness Review	Shaun Gallagher
	• People Report	Neil Roberts
	• SoMEP workforce report	Shaun Gallagher
Below the line	• Council forward work programme	Carrie MacEwen
	• Council members’ register of interest	Carrie MacEwen

3/4 December 2025 – London

	Item	Sponsor
Seminar	• Space for an external speaker - TBC	
	• DB pension scheme triennial valuation sign off	Neil Roberts
Confidential session	• TBC	
Public session	• Fairer Employer Referrals	Anthony Omo / Colin Melville
	• Fairer Training Cultures	Colin Melville
	• 2026 Budget and Business Plan	Neil Roberts / Shaun Gallagher
	• Corporate Strategy	Shaun Gallagher
	• Report of the MPTS committee	Deborah Taylor
	• Report of the Audit and Risk Committee	Neil Roberts

Agenda item M12**Council forward work programme**

	<ul style="list-style-type: none"> Report of the Remuneration Committee 	Melanie Wilson
	<ul style="list-style-type: none"> PPI update 	Paul Reynolds
	<ul style="list-style-type: none"> Reg Reform update 	Shaun Gallagher
	<ul style="list-style-type: none"> Compliments and Complaints report 	Charlie Massey
	<ul style="list-style-type: none"> ED&I Annual report 	Shaun Gallagher
Below the line	<ul style="list-style-type: none"> Council forward work programme 	Carrie MacEwen
	<ul style="list-style-type: none"> Annual report on the DC pension scheme 	Neil Roberts

10/11 February 2026 – London

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

4/5 March 2026 Away Day – TBC

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

Agenda item M12

Council forward work programme

22/23 April 2026 – Manchester

	Item	Sponsor
Seminar	• SoMEP Workplace & Experiences report – key findings/messages	Shaun Gallagher
	• Space for an external speaker - TBC	
Confidential session	• Report from GMCSI	Paul Reynolds
	• PA/AA revalidation rules - sign-off	Una Lane
Public session	• Chief Executive’s report	Charlie Massey
	• People Report (including Inclusion workstream)	Neil Roberts
	• 2025 national reports	Paul Reynolds
	• Annual QA update	Colin Melville
	• Biannual section 40a report	Charlie Massey
	• Regulatory reform update [placeholder]	Shaun Gallagher
	• 6 monthly SC&E Impact report	Paul Reynolds
	• Amending the list of bodies entitled to award a UK primary medical qualification	Colin Melville
• Investment committee annual report	Douglas Millican/Neil Roberts	
Below the line	• Council forward work programme	Carrie MacEwen
	• Council members’ register of interest	Carrie MacEwen

9/10 June 2026 – London

	Item	Sponsor
Seminar	• Engaging with Medical students	
	• TBC	
Confidential session	• Communications and engagement update	

Agenda item M12

Council forward work programme

Public session	<ul style="list-style-type: none"> • Chief Executive’s report 	Charlie Massey
	<ul style="list-style-type: none"> • Report of the MPTS Committee 	Deborah Taylor
	<ul style="list-style-type: none"> • Trustees’ Annual report and accounts 	Paul Reynolds / Neil Roberts
	<ul style="list-style-type: none"> • Fitness to practise statistics report 	Anthony Omo
	<ul style="list-style-type: none"> • Freedom to Speak Up Guardian annual report 	Neil Roberts
	<ul style="list-style-type: none"> • Regulatory reform update [placeholder] 	Shaun Gallagher
Below the line	<ul style="list-style-type: none"> • Council forward work programme 	Carrie MacEwen