

# Council Meeting - 2 November 2023

PUBLISHED  
31 October 2023

**Council**

## Agenda

### Council meeting

**Thursday 2 November 2023 - 10:00 – 13:00 At  
the Clayton Hotel, Ormeau Avenue, Belfast**

#### Meeting

- |                                 |            |   |
|---------------------------------|------------|---|
| 10:00 – 10:03<br><i>3 mins</i>  | <b>M1</b>  | <b>Chair’s business</b>                                   |
| 10:03 – 10:05<br><i>2 mins</i>  | <b>M2</b>  | <b>Minutes of the meeting on 28 September 2023</b>        |
| 10:05 – 10:30<br><i>25 mins</i> | <b>M3</b>  | <b>Chief Executive’s report</b>                           |
| 10:30 – 10:55<br><i>25 mins</i> | <b>M4</b>  | <b>Fair training cultures</b>                             |
| 10:55 – 11:10<br><i>15 mins</i> | <b>M5</b>  | <b>Update on regulatory reform</b>                        |
| 11:10 – 11:25<br><i>15 mins</i> |            | <b>Break</b>  |
| 11:25 – 11:50<br><i>25 mins</i> | <b>M6</b>  | <b>Involving patients and the public in our work</b>      |
| 11:50 – 12:20<br><i>30 mins</i> | <b>M7</b>  | <b>People survey 2023</b>                                 |
| 12:20 – 12:40<br><i>20 mins</i> | <b>M8</b>  | <b>Equality, diversity and inclusion employer targets</b> |
| 12:40 – 12:55<br><i>15 mins</i> | <b>M9</b>  | <b>Complaints and compliments report</b>                  |
| 12:55 – 13:00<br><i>5 mins</i>  | <b>M10</b> | <b>Any other business</b>                                 |

**Below-the-line items\***

**M11 Council forward work programme**

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

# Contents

Item	Page
<b>Meeting</b>	-
M2 - Minutes of the meeting on 28 September 2023	5
M3 - Chief Executive's report	11
Annex A - Performance Annex	18
Annex B - Corporate Opportunities and Risk Register	34
M4 - Fair training cultures	37
Annex A - Index Measures Definitions	53
Annex B - National Offices ED&I engagement	54
Annex C - Key engagements this period	57
Annex D - Annual qualitative project review	58
Annex E - Action plan phases	63
Annex F - Forecasts	64
M5 - Update on regulatory reform	68
M6 - Involving patients and the public in our work	72
Annex A - Timeline of our future patient involvement work	85
Annex B - Examples of how we are involving patients and the public in the development of our policies	86
M7 - People survey 2023	90
Annex A - People Survey Insight Report	97
M8 - Equality, diversity and inclusion employer targets	130
Annex A - Employer ED&I targets data, September 2023	135
Annex B - Ethnicity pay gaps	136
Annex C - Engagement and Inclusion Index Tracking	137
Annex D - Staff Survey Inclusion Report	138
M9 - Complaints and compliments report	153
Annex A - Business improvements and case studies	158
Annex B - Complaint volumes and outcomes	160
<b>Below-the-line items:</b>	-
M11 - Council forward work programme	162

Draft as of: 2 October 2023

*To approve*

# Minutes of the meeting on 28 September 2023

## Members present (virtual meeting vis MS Teams)

Carrie MacEwen, Chair

Steve Burnett

Anthony Harnden

Philip Hunt

Paul Knight

Deepa Mann-Kler

Douglas Millican

Raj Patel

Suzanne Shale

Jeeves Wijesuriya

Alison Wright

## Others present

Charlie Massey, Chief Executive and Registrar

Shaun Gallagher, Director of Strategy and Policy

Una Lane, Director of Registration and Revalidation

Stephanie McNamara, Assistant Director Communications

Anthony Omo, Director of Fitness to Practise and General Counsel

Neil Roberts, Director of Resources

Colin Melville, Medical Director and Director of Education and Standards

Melanie Wilson, Head of Corporate Governance and Council Secretary

## Agenda item M2

### Minutes of the meeting on 28 September 2023

## Chair's business (item M1)

- 1 The Chair welcomed members, SMT, and observers to the meeting.
- 2 Council noted apologies had been received from Vanessa Davies and Paul Reynolds, Director, Strategic Communications and Engagement.
- 3 Council noted the following decisions approved by Council on circulation since the previous meeting:
  - a The Committee membership for 2024.

## Minutes of the meeting on 15 June 2023 and actions log (item M2)

- 4 Council approved the minutes of the meeting on 15 June 2023 as a true record, subject to verifying information about Dnipro medical school at paragraph 41a.
- 5 The action points from previous meetings were noted.

## Chief Executive's Report (item M3)

- 6 Council considered the Chief Executive's Report.
- 7 Council noted that:
  - a Good Medical Practice (GMP): The revised GMP was published in August 2023 with implementation scheduled for the end of January 2024.
  - b In response to the continued industrial action by junior doctors and consultants, the Ethical hub has been recently updated with new questions.
  - c The Secretary of State for Health and Social Care has asked the Patient Safety Commissioner to convene a series of policy 'sprints' on Martha's Rule. Charlie Massey had attended the first of these meetings chaired by Henrietta Hughes.
  - d Long term workforce plan: Charlie gave evidence to the Health Select Committee in July, reflecting on the publication of the long-term workforce plan. There has been engagement around this and the need for a good strategy around training places, and the importance of retention, have been highlighted.
  - e Medical Licensing Assessment (MLA) update:
    - Compliance reports on the CPSA have started to be shared with medical schools.
    - A full set of submissions has been received from the Professional and Linguistic Assessment Board.

## Agenda item M2

### Minutes of the meeting on 28 September 2023

- The third submission of the medical school applied knowledge (MS AKT) test has been received from the Medical Schools Council (MSC) on behalf of medical schools. MSC also shared with the medical schools.
- The volume and complexity of work, particularly in relation to the MS AKT, means that the MLA will now go live on the 1 May 2024. This will not have an impact on the overall implementation date, which will still apply to students graduating in 2025, as students will not sit the exam before June 2024.
- We are still in negotiation with the MSC on establishing a data sharing agreement in respect of data in connection with the MS AKT.
- As we draw towards the end of the programme to implement the MLA, the GMC is now looking at transitioning to business-as-usual.

**f** There has been little net change to the GMC's finances. Both income and expenditure are slightly higher, and additional contributions to the defined benefit pension scheme have been offset by investment income.

**8** During the discussion, Council noted that:

**a** With regards to enhanced monitoring of Obstetrics and Gynaecology training at University Hospitals Birmingham NHS Foundation Trust, the GMC are aware of changes to the leadership team and there is good engagement with the new team.

## Regulatory Fairness review - implementation update (item M4)

**9** Council received an update on progress in implementing the recommendations from the regulatory fairness review.

**10** Council noted that:

- a** The main focus has been on decision making and culture. Decision making principles have been drafted and once reviewed and strengthened, will be shared publicly.
- b** 43 high impact regulatory decisions (HIRD) have been mapped and approximately 380 staff routinely make these types of decision.

**11** During the discussion, Council noted that:

- a** Training is being prioritised for decision making staff and is focusing on ensuring our processes are fair. Training is an opportunity for staff the challenge themselves and be open minded.
- b** Finding the balance between timeliness in making decisions, and ensuring decisions are fair, is important and challenging.

**Agenda item M2**

**Minutes of the meeting on 28 September 2023**

- c** In relation to sex and sexual discrimination, we are still seeing support from our stakeholders and an expectation that the GMC demonstrates the principles in all that we do. We are also seeing a desire for the GMC to continue this work.
- d** An external audit is planned to provide more assurance to stakeholders and we are exploring how to involve stakeholders in the audit.

**12** Council welcomed the thorough report and noted progress in implementing the recommendations from the regulatory fairness review.

## **Position statement on education and training (item M5)**

**13** Council was asked to discuss the proposed approach to a position statement.

**14** Council noted that:

- a** The statement was precipitated from discussions at the Council strategic away day in July 2023.
- b** It was felt there is a need and opportunity for the GMC to take a leadership position - to be assertive and effective in leading change to meet the demands of future healthcare.

**15** During the discussion, Council noted that:

- a** Council members favour a bold approach.
- b** There are questions around training curricula such as: How to align the needs of doctors and patients; involving public in designing curricular around their needs; unintended consequences of continually adding to curricular and not removing anything; and ensuring training opportunities are available for all doctors including those not on GMC approved training pathways.
- c** It is important we retain awareness of the high-pressure context doctors are working and training in.
- d** It is not a GMC policy position, or legislative requirement, to reduce courses from five years to four years. The GMC is encouraging providers to look at how courses can be delivered more efficiently and effectively.

**Agenda item M2**

**Minutes of the meeting on 28 September 2023**

## **EFTA consequential amendments to the Applications for General Practice and Specialist Registration Regulations 2010 (item M6)**

- 16** Council was asked to approve amendments to the Applications for General Practice and Specialist Registration Regulations 2010. These are technical amendments to bring our rules in line with requirements in the EFTA trade agreement for the recognition of professional qualifications.
- 17** Council noted that we are in communication with the Department of Business regarding other trade deals in the pipeline, and not all new trade deals will require amendments to our rules.
- 18** Council approved the amendments.

## **Biannual section 40a appeals update: thematic review (item M7)**

- 19** Council was asked to note the biannual section 40a appeals update.
- 20** Council noted that:
  - a** Since the GMC was given the right of appeal, 88 cases have been considered by the S40a appeals panel with 23 appeals issued. This equates to one percent of all Medical Practitioners Tribunals (MPT).
  - b** Of the cases appealed by the GMC, 85% of appeals have been successful and this has provided for greater protection of the public.
  - c** Reflecting on the types of cases appealed, it is mainly dishonesty and sexual misconduct cases.
- 21** During the discussion, Council noted that:
  - a** There are no plans to change our processes after the right to appeal has been revoked. The GMC will be as transparent as it is legally able to be and panel decisions will be forwarded to the PSA with a recommendation for appeal.
  - b** Although only a small percentage of MPTs are considered by the S40a appeals panel, all cases where the sanctions given by the tribunal do not match the sanctions proposed by the GMC, are reviewed by the GMC.

**Agenda item M2**

**Minutes of the meeting on 28 September 2023**

## **Any other business: (item M8)**

*Date of next meeting*

**22** Council noted that its next meeting is scheduled for 2 November 2023 in Belfast.

**23** Council noted three below the line papers:

- a** Evaluation of the changes in medical education and training introduced in response to the pandemic
- b** Council forward work programme
- c** Council members' register of interests

Confirmed:

Carrie MacEwen, Chair

2 November 2023

## Chief Executive's report

<b>Action</b>	To note
<b>Purpose</b>	<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"> <li>● We have published our most recent media statement on industrial action and we continue to monitor the situation closely.</li> <li>● We continue to work on the implementation of the Medical Licensing Assessment and are liaising closely with the Medical Schools Council (MSC).</li> <li>● We continue to engage with the Department for Health and Social Care (DHSC) on the anaesthesia associates and physician associates order (AAPAO).</li> </ul>
<b>Decision Trail</b>	Council receives this report at each full meeting.
<b>Recommendations</b>	<p><b>a</b> To consider the Chief Executive's report.</p> <p><b>b</b> To note the Performance Annex and the Corporate Opportunities and Risk Register.</p>
<b>Annexes</b>	<p>Annex A: Performance Annex</p> <p>Annex B: Corporate Opportunities and Risk Register</p>
<b>Author contacts</b>	<p><b>Katherine Ince</b>, Head of OCCE, Corporate</p> <p>Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a></p>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Charlie Massey</b> , Chief Executive

## Agenda item M3

### Chief Executive's report

## Industrial action update

- 1 Doctors in training and hospital doctors in England took joint industrial action between 7am on Monday 2 October and 7am on Thursday 5 October. Christmas Day cover was provided during this time. The dates of the next round of industrial action are yet to be announced as talks are taking place with the government.
- 2 Specialty and associate specialist (SAS) doctors in England have voted in favour of industrial action in an indicative ballot. The government has offered to meet with their BMA representatives for talks, which they have accepted. If they break down, they will proceed to a formal ballot, which will be open between the 6 November and 18 December.
- 3 Consultants and doctors in training in Northern Ireland will be formally balloted on industrial action. This decision comes following indicative ballots where 77% of consultants and 90% of doctors in training said they were willing to take strike action.
- 4 The Welsh Government and BMA Wales entered pay talks for the 2023/24 pay year in June. The Welsh Junior Doctors Committee (WJDC) rejected the Welsh Government's final offer of a 5% pay uplift. The WJDC will ballot its members on strike action for six weeks from 6 November. If successful, it will lead to a 72 hour walk out by participating junior doctors in Wales. BMA Welsh SAS and Consultants Committees are also expected to ballot members on industrial action, but no date has been given.
- 5 In August, we updated our industrial action pages on our [ethical hub](#) to include three new questions. These are:
  - If a derogation is agreed at my workplace and I'm asked to return to work, what should I do?
  - If I'm due to work a shift but will not be attending due to strike action, do I need to remain available?
  - Can I leave a shift part way through to take part in strike action?
- 6 We have published our most recent media statement on our website, which expresses concern about the cumulative impact on patients, and we continue to monitor the situation closely.

## The Medical Licensing Assessment

- 7 We have begun to share compliance reports on individual medical schools' clinical and professional assessments (CPSAs) with schools' assessment teams for factual checking. These reports will be used as a basis for deciding schools' compliance with our CPSA requirements. Schools tell us they find this process beneficial. The GMC's Professional and Linguistic

**Agenda item M3**

**Chief Executive's report**

Assessments Board (PLAB) team has submitted evidence against our applied knowledge test (AKT) and CPSA requirements, and our expert advisers are currently considering it.

- 8** The extended team of Medical Schools Council (MSC) staff and operational groups, which are leading the development of the Medical School Applied Knowledge Test (MS AKT), have produced evidence against our AKT requirements in relation to the aspects of the MS AKT that will be common to all schools. Medical schools are now integrating the information provided centrally by the MSC with their individual evidence about local delivery, and we are engaging with school assessment teams about the process for considering their individual submissions. As this process is beginning slightly later than we had planned, we have revised the date by which schools must demonstrate compliance, from 1 January 2024 to 1 May 2024. We are offering tailored support to schools which assess students in the penultimate year of their programme and remain committed to working with the MSC and staff in individual medical schools to meet the revised timetable.
- 9** Discussions between the GMC and MSC on the data sharing agreement continue.
- 10** Planning is on track for transitioning the MLA from its current phase, as a change delivery project, towards a future steady state.

## **Regulatory reform**

- 11** We continue to engage the DHSC on the drafting of the anaesthesia associates and physician associates order (AAPAO), which the department is aiming to lay in legislatures by the end of 2023. We continue to have some concerns about some elements of the order and hope to have these resolved by that point.
- 12** We continue to work apace on our rules, guidance and standards for AAs and PAs along with the document for the consultation that we are scheduled to launch in spring 2024. We thank Council members who participated in the optional webinars on the development of these and encourage members' attendance at the last two of these in November.
- 13** There has been a significant rise in concerns being expressed by doctors about the PA and AA roles, through a range of channels. Topics of concern include the impact of the roles on training opportunities for doctors in training and patient safety risks arising from ill-defined scope of practice and supervision requirements. Examples of a small number of PAs misrepresenting themselves as doctors have also been highlighted. Royal Colleges are under pressure from their members to adopt positions that limit the scope and development of these professions, and the hostility of the debate on social media is causing significant worry to PAs, AAs, students and educators.

### Agenda item M3

#### Chief Executive's report

**14** In this light, we continue to engage with stakeholders across the four countries of the UK to discuss progress towards, and the benefits of regulation for PAs, AAs, doctors, patients and the wider healthcare system. While many of the questions being raised about the use of PAs and AAs in UK healthcare aren't for the GMC to address, we recognise the genuine concerns that some doctors are expressing. We are encouraging those who have a role in, and remit for, those areas to respond. For our part we are sharing factual information across a range of channels about the roles of PAs and AAs; our work to develop the policies and processes required for future regulation; and the timeline for regulation to begin, once the UK government has laid the necessary regulation.

## Enhanced monitoring

- 15** There are currently 30 open enhanced monitoring cases, with conditions attached to GMC approval to deliver a programme of training at four sites.
- 16** The risks within Obstetrics and Gynaecology training in University Hospitals Birmingham NHS Foundation Trust (QA11968) remain high. We continue to work with West Midlands NHS England Workforce, Training and Education (WTE) team to monitor progress against the conditions we have set and feed into the governance structure set by the Integrated Care Board (ICB) to monitor the department.
- 17** We noted improvements in General Surgery in Northampton General Hospital NHS Trust, Emergency Medicine in Blackpool Teaching Hospitals NHS Foundation Trust, Haematology in London North West University Healthcare NHS Trust, Obstetrics and Gynaecology in Royal Free London NHS Foundation Trust, General Psychiatry in Central and North West London NHS Foundation Trust, and General Internal Medicine in King's College Hospital NHS Foundation Trust. All six cases have been de-escalated from enhanced monitoring.

## Parliamentary and stakeholder updates

- 18** On 30 August, we attended the launch of NHS England's Sexual Safety Charter to show our support for all efforts to address this prevalent issue and reiterate our commitments to tackling this too. As part of this, we highlighted the recently published *Good medical practice*, which makes clear that there is no place for any form of sexual harassment or discrimination in healthcare.
- 19** We have continued to work closely with officials from the DHSC and the Department of Business and Trade on the implementation of the European Free Trade Association (EFTA) agreement and to advise on the negotiation of other trade agreements. The implementing legislation for the EFTA agreement was laid in Parliament on 17 October and we briefed Peers on what this means for us ahead of time.

### **Agenda item M3**

#### **Chief Executive's report**

- 20** In September we were asked to submit our views to the House of Lords international agreements committee who were investigating the trade deal that the UK signed with Switzerland on the recognition of professional qualifications. We used the opportunity to repeat our views on regulatory autonomy and to call for the agreement not to be used as a basis for further agreements with other countries. The final report echoed our concerns and called for the government to clarify why the healthcare sector was included in the scope of the agreement.
- 21** Carrie attended the Medical Leaders Professional Forum organised by the Chief Medical Officer and the Academy on 21 September.
- 22** On 20 September, we attended a roundtable, convened by the Patient Safety Commissioner Henrietta Hughes, on the implementation of Martha's Rule. We offered our insights to support the work on looking at how the second opinion rules could be taken forward.
- 23** Our annual stakeholder dinner took place in Manchester in the margins of Conservative Conference, on 2 October, providing a space for discussion about the importance of collective leadership in the healthcare system.
- 24** We have hosted several visits from overseas medical regulators, including delegations from Malaysia, Ghana and Colombia, who were keen to learn from our experience in areas such as medical education, regulation of cosmetic surgery, and specialty training.

### **Inquiries and reviews**

- 25** Following the outcome of the Lucy Letby case, Lady Justice Thirlwall has been appointed as Chair of a statutory inquiry into events at the Countess of Chester Hospital and their implications. As with other organisations, we have had an introductory meeting with the solicitors to the inquiry to help them understand our regulatory role and the data we hold that could be of interest.
- 26** In September, we participated in the initial meetings of two maternity fora established following the East Kent review into maternity and neonatal services. The first is the Maternity and Neonatal Care National Oversight Group chaired by Maria Caulfield MP, Minister for the Women's Health Strategy. This group aims to provide oversight and ensure alignment of activity to improve maternity and neonatal services and to drive progress towards meeting national maternity safety ambitions through identifying key gaps, barriers and opportunities. The second is the Maternity and Neonatal New Action Forum which aims to drive implementation of the recommendations from the East Kent review that relate to improving teamworking; embedding compassionate care in practice; and exploring how professionals can most effectively be held to account for unacceptable standards of behaviour. We are

## Agenda item M3

### Chief Executive's report

engaging proactively with this work to contribute to system-wide efforts to improve the safety and quality of maternity and neonatal services.

## Operational performance

- 27** The annexed report details performance against our key performance indicators (KPIs) and priorities agreed in the Business Plan signed off by Council in December 2022. The regulation of AAs and PAs and regulatory reform programmes continue to report as amber as there is increased risk of delay with the DHSC's timetable for implementing reforms. The MLA programme also remains amber due to stakeholder dependencies and a tight timeframe for delivery. Investing in our People (liP) programme is progressing well with the Inclusive Careers programme for staff, and our external provider Business in the Community has begun to engage staff through focus groups to help shape the development programme.
- 28** All KPIs met target for the August reporting period. The Contact Centre customer satisfaction measure has recovered its performance in August with 81% of customers rating their overall experience as seven or above out of 10 against an 80% target, after narrowly missing in July (79%). We expect some fluctuation for this measure as the sample size for the survey varies month to month.
- 29** There has been one risk escalation to the annexed Corporate Opportunities and Risk Register (CORR) – a threat to the delivery timescales for the MLA programme. The likelihood of this becoming a live issue is contingent on ongoing activity. We are continuing the MLA compliance process with individual medical school assessment teams. If all medical schools are able to complete the process within the agreed timetable, we can deliver the MLA on its current implementation schedule. If they are unable to meet the necessary timetable, the overall programme schedule will be threatened.

## Finance

- 30** Our finances remain in a strong position and we are assured that our medium term projections show our reserves continuing to sit within our target range.
- 31** Overall year to date we are £1.2m worse off than budget, this is due to:
- Additional £2m provided to the pension scheme – approved by Council in June and paid to the scheme.
  - Offset by investment income – returns to date are £0.6m compared to a budget of zero, given ongoing investment volatility.

**Agenda item M3**

**Chief Executive's report**

- 32** We expect to be £1.8m worse off compared to budget at the end of 2023 due both the key differences above, and the funding for the fourth PLAB circuit which is expected to take place later in 2023 and into 2024.
- 33** The key risk associated with our current projections this year is the volatility of investment returns.
- 34** The key medium-term risk is the impact of high levels of inflation. We will see the impact of this throughout the next few years.

## **Executive Board**

**35** The Executive Board met in October and considered:

- The performance and risks of the organisation since the September meeting.
- The 2024 draft budget and priorities for the organisation.
- A review of the implementation of changes to specialist and GP registration following the amendment of the Postgraduate Medical Education and Training Order 2010.
- A review of the succession plans for the Board of Trustees of the GMC Staff Superannuation Scheme.
- The updates to the Records Management Policy and publication of an Information Asset Register.

# M3 – Annex A - Performance annex

Data presented as at 21 September 2023 (unless otherwise stated)

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

Indicator		Aug	Commentary
Operations	Decision on 95% of all registration applications within 3 months	97%	<b>All KPIs have been met for the August reporting period.</b>
	Decision on 95% of all revalidation recommendations within 5 working days	99%	
	Respond to 90% of ethical/standards enquiries within 15 working days	97%	
	Conclude 90% of fitness to practise cases within 12 months	96%	
	Conclude or refer 90% of cases at investigation stage within 6 months	97%	
	Conclude or refer 95% of cases at the investigation stage within 12 months	98%	
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	
	Commence 100% of Interim Order Tribunal (IOT) hearings within 3 weeks of referral	100%	
	Contact Centre sample survey - % of customers who rated their overall experience and satisfaction at 7 or above (out of 10)*	81%	
	Answer 80% of calls within 20 seconds	89%	
Organisation	2023 Income and expenditure [% variance +/- 4%]**	-2.01%	
	Rolling twelve-month staff turnover within 8-12%***	9.3%	
	IS system availability (%) – target 99.89%	100%	

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

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

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

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

		2022				2023							
Indicator		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Operations	Decision on 95% of all registration applications within 3 months	98%	98%	97%	98%	97%	98%	98%	99%	99%	98%	98%	97%
	Decision on 95% of all revalidation recommendations within 5 working days	94%	95%	96%	97%	96%	98%	98%	97%	98%	99%	99%	99%
	Respond to 90% of ethical/standards enquiries within 15 working days	100%	93%	100%	100%	96%	94%	96%	100%	100%	100%	93%	97%
	Conclude 90% of fitness to practise cases within 12 months	93%	93%	94%	94%	97%	94%	95%	93%	94%	92%	96%	96%
	Conclude or refer 90% of cases at investigation stage within 6 months	96%	95%	95%	97%	97%	97%	97%	97%	98%	98%	98%	97%
	Conclude or refer 95% of cases at the investigation stage within 12 months	97%	96%	97%	97%	98%	97%	98%	97%	97%	98%	98%	98%
	Commence 100% of Investigation Committee hearings within 2 months of referral	No Cases	100%	0%	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	100%	100%	No Cases
	Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral	100%	100%	100%	100%	92%	100%	100%	100%	100%	92%	100%	100%
	Contact Centre - % of customers who rated their overall experience and satisfaction at 7 or above out of 10 (target 80%)*		79%	83%	78%	85%	79%	81%	82%	81%	78%	79%	81%
	Contact Centre - Answer 80% of calls within 20 seconds	81%	85%	82%	81%	92%	87%	87%	85%	83%	85%	90%	89%
Organisation	2023 Income and expenditure [% variance +/- 4%]**	+3.31%	+3.29%	+2.52%	+2.57%	+2.38%	+1.89%	0.43%	-0.47%	-0.05%	-2.79%	-2.65%	-2.01%
	Rolling twelve-month staff turnover within 8-12%***	9.7%	10.1%	10.3%	10%	10.3%	10.4%	9.5%	9.1%	8.9%	9.2%	9.6%	9.3%
	IS system availability (%) – target 99.89%	100%	100%	100%	100%	100%	100%	100%	100%	99.99%	100%	100%	100%

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

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

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

# Corporate Strategy Delivery: Priority activities forecast

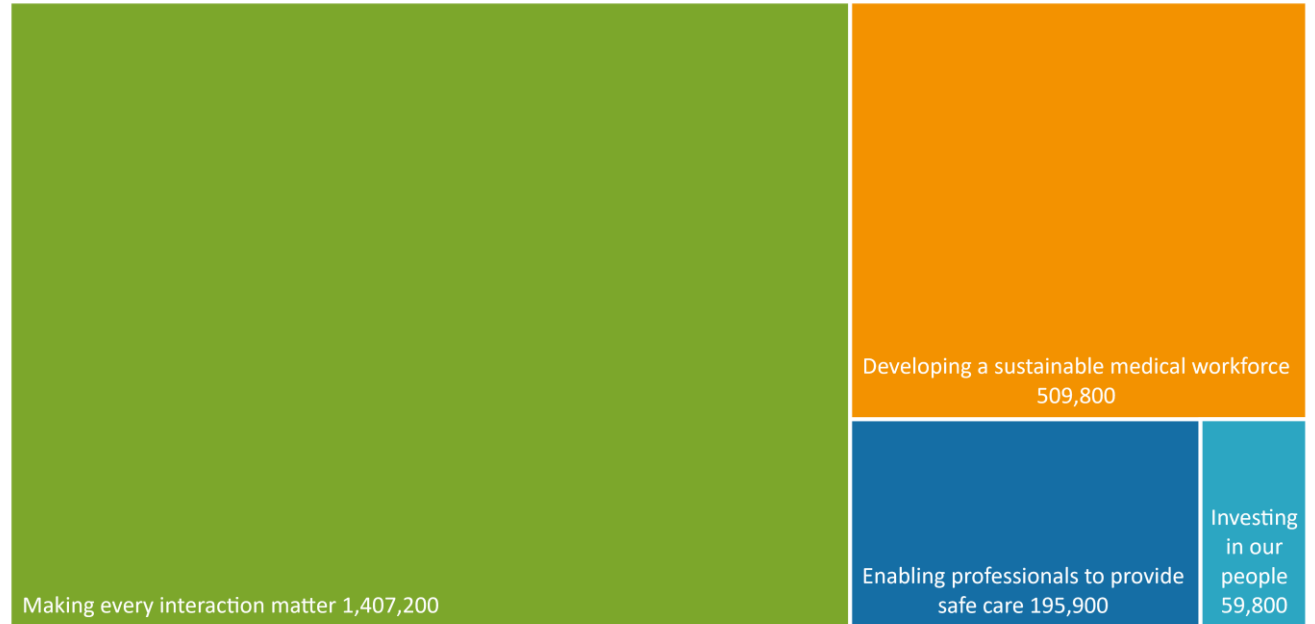
## October – December 2023 estimated investment (project team resource)

### Our strategy 2021-25

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



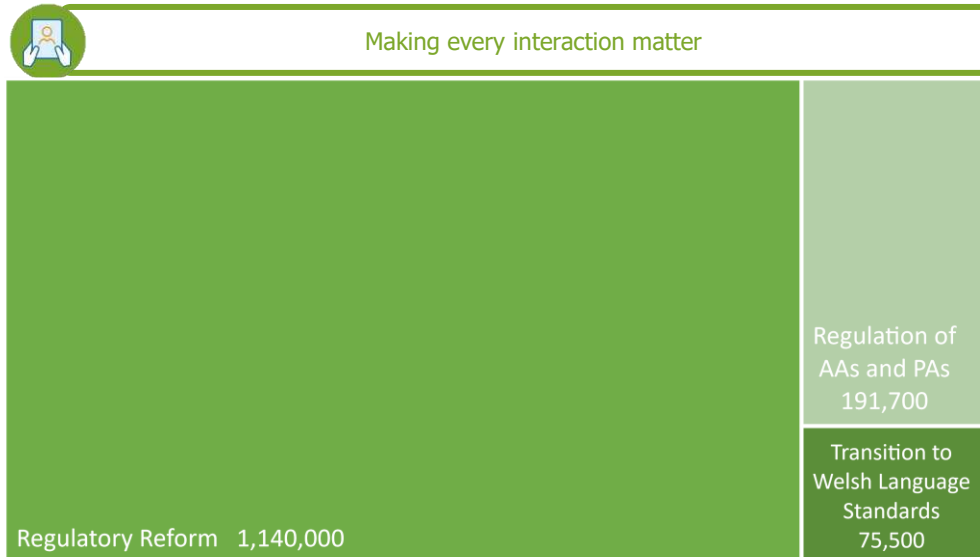
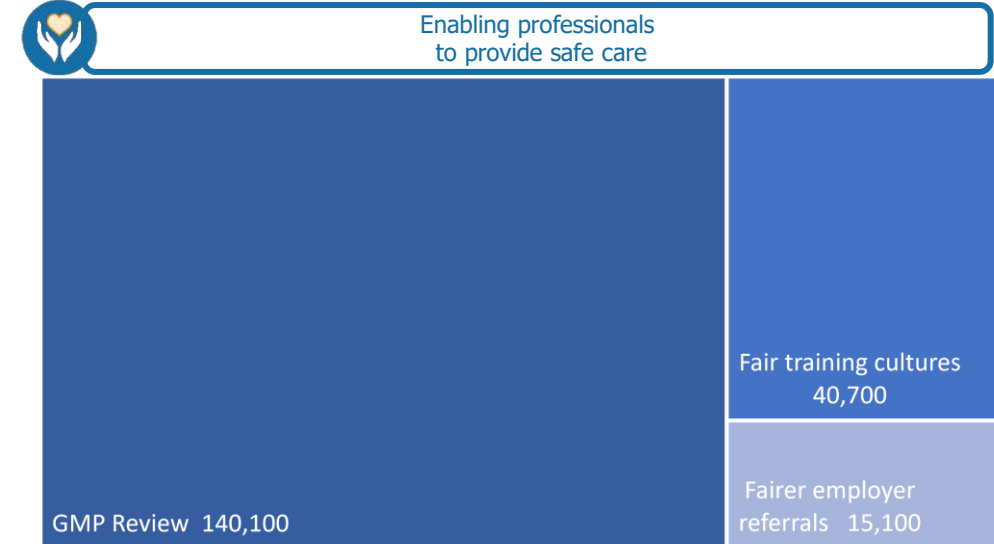
### Committed project resource for remainder of 2023 by Strategic Aim



Themes	Project resource costs to deliver tier 1 priorities
Making every interaction matter	1,407,200
Developing a sustainable medical workforce	509,800
Enabling professionals to provide safe care	195,900
Investing in our people to deliver our ambitions	59,800
<b>Total</b>	<b>2,172,700</b>

# Corporate Strategy Delivery: Priority activities forecast

October – December 2023 estimated investment (project team resource)



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



# Enabling professionals to provide safe care

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

2023 Priority change activities		RAG	Status
Review of Good Medical Practice (GMP)	<p><b>Why:</b> Want to make sure our standards for professions we regulate reflect current patient and public expectations – and that our approach to embedding those with the profession maximises their relevance and application to care. Our guidance will be publicly consulted on, and we will have launched an updated GMP.</p> <p><b>When:</b> Complete by Q1 2024* <b>Who:</b> Colin Melville; Mark Swindells</p>		<p>Good Medical Practice (GMP) was published on the 22 of August and the reaction has been largely positive. We continue planning and developing the digital presentation of our professional standards as well as our implementation work. We are also working on the development and redrafting of the More Detailed Guidance which expands on GMP.</p>
Fairer Employer Referrals	<p><b>Why?</b> To eliminate differentials in employer fitness to practise referrals</p> <p><b>When:</b> by 2026 <b>Who:</b> Anthony Omo</p>		<p>The plan for phase 3 has been finalised and signed off by the Senior Responsible Officer. We have presented the plan to our directorate senior management who have endorsed the approach.</p> <p>Following the workshop held to assess the existing relationships across the GMC that may provide useful levers to address disproportionality, we will begin assessing the highest areas of impact for inclusion in our future plans.</p> <p>A further benefits mapping exercise will be completed to identify measures for the phase 3 plan.</p>
Fairer Training Cultures	<p><b>Why?</b> To deliver on our commitment to eliminate discrimination, disadvantage and unfairness for all index measures of fair medical education and training pathways.</p> <p><b>When:</b> September 2031 <b>Who:</b> Colin Melville</p>		<p>We have concluded our strategic review which evaluated our work over the previous twelve months to help us consider any adjustments that may be necessary. The review some evidence that our work to create system change has had practical effect and programme performance is considered good. We also considered risks that may impact benefit realisation and have made recommendations to inform our approach for the year ahead in order to maintain momentum. The review findings have been seen by our working group and our Programme Board and will be shared to Council.</p> <p>Our formative feedback sub-project has now produced its final report. This contains recommendations which we will seek to implement from this year onwards.</p> <p>During the last period, we have been recruiting to replace two colleagues within the project team, and over the next period will be carrying out inductions to support the new joiners.</p>

\*The end date for the GMP review has been updated to Q1 2024 (previously Q3 2023) to coincide with when the revised guidance will come into effect as opposed to the expected timeline for publication.



## Developing a sustainable medical workforce

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

2023 Priority change activities		RAG	Status
Introducing the Medical Licensing Assessment (MLA)	<p><b>Why?</b> Want to give patients greater confidence that they will receive a consistent level of core knowledge, skills and behaviours from any doctor practising in the UK. UK medical schools will deliver the Assessment embedded within final exams for a UK medical degree, overseen and regulated by us, and we will administer the assessment for IMG doctors.</p> <p><b>When:</b> Q4 2025 <b>Who:</b> Colin Melville; Judith Chrystie</p>		<p>MLA implementation is on track; however, we are now approaching hard deadlines as the MLA is set to go live in early 2024. Our main operational focus has been on assessing evidence submitted by all medical schools for compliance with our Clinical and Professional Skills Assessment (CPSA), and by both the Medical Schools Council (MSC) and school staff against our applied knowledge test (AKT) requirements. Due to complexities with the compliance checking, there is an increased resource requirement to manage the continued engagement with stakeholders. We are monitoring this and the impact it could have on our milestones. Work also continues on assessing the PLAB exam's compliance with the MLA requirements; establishing processes and structures for data gathering, analysis and reporting; planning for MLA transition to business as usual; and establishing research and evaluation projects.</p> <p>Managing a complex relationship with stakeholders and delivery partners, while meeting a challenging timetable, presents some live risks to the programme's successful delivery to plan. Due to the stakeholder dependencies and resource requirement to deliver, the overall programme remains amber.</p>
Post-Brexit Registration Pathways	<p><b>Why?</b> To ensure we have efficient and effective routes for skilled professionals to gain registration and maximise the number of skilled doctors available to the UK medical workforce. To start, we will expand our Clinical Assessment capacity for international medical graduates to respond to Covid and manage the UK's post-Brexit registration approach for EU professionals.</p> <p><b>When:</b> Q3 2024 <b>Who:</b> Una Lane; Kirstyn Shaw</p>		<p>We have drafted a policy overview analysing how European Free Trade Association (EFTA) applicants can apply using existing pathways and Change Knowledge Management colleagues have a launch proposal to take to our Programme Board. We have also developed a paper for Council to approve the rules and regulations needed to implement the arrangements in September. The Qualifications Assessment project has begun developing the policy to assess qualifications, and how qualification lists will be maintained and quality assured. The Portfolio pathway project sent a range of communications in early August, including a communications campaign for three cohorts of applicants, external and internal briefings and webpage. As part of this we communicated the Portfolio name change to applicants and Royal Colleges and Faculties (RCFs). We have developed policy positions around the core principles underpinning the new specialty specific guidance (SSGs) and continue to work closely with RCFs in the drafting of SSGs. We have also reduced engagement with RCFs to ad hoc, to allow more time for drafting. The Recognised Specialist Qualification (RSQ) project is revising project timelines and exploring a preferred launch date for the pathway. We have also produced a plan for User Acceptance Testing during this period.</p>



## Making every interaction matter

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

2023 Priority change activities		RAG	Status
Regulation of Anaesthesia Associates (AAs) and Physician Associates (PAs)	<p><b>Why?</b> 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><b>When:</b> End of 2024 <b>Who:</b> Una Lane; Clare Barton</p>		<p>The programme continues to report amber to reflect an increasing risk that legislation may not be finalised in time for us to start regulation of PAs and AAs by the end of 2024 as planned. We're liaising closely with the Department of Health and Social Care (DHSC) on the draft Order which we only received on 29 September, creating some challenges with the development of our own procedural rules and finalise process and system specifications. During August we promoted the new version of Good Medical Practice to PA and AA stakeholders and also held internal workshops on Outreach services for PA and AAs along with the process for assessing registration applications from international PAs.</p> <p>Doctors continue to express concerns (on social media and elsewhere) about the expanding role of PAs and AAs in the workplace: although many of the issues raised are outside the GMC's remit, an increasing number of these posts reference us as their future regulator.</p>
Regulatory Reform	<p><b>Why?</b> 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><b>When:</b> Expected by Q4 2025 (dependent on when DHSC consult on the Medical Professions Order and lay this in parliament). <b>Who:</b> Shaun Gallagher; Tim Aldrich</p>		<p>The overall rating for the programme is amber, and similarly to the AA and PA programme, there remains a concern that DHSC may not meet its milestones which will impact the timelines for reforms for doctors. The DHSC acknowledges that its timetable between now and laying the Order in legislatures later this year looks extremely tight with very little room for any further slippage, therefore we continue to keep our plans under review. We have recorded the following risks to capture our concerns (the first two of which are being monitored at corporate level):</p> <ul style="list-style-type: none"> <li>• There may be an increased likelihood of delay with the DHSC starting work on the Medical Professions Order (MPO) which will be the legislation that brings the doctor reforms into effect.</li> <li>• the DHSC may rush through the final stages of development for the AAPA without fully considering our feedback in order to hit their milestone for laying the Order in legislatures by end 2023, and with this being the template for MPO, it increases the threat of fewer benefits for doctors being delivered than we hoped for.</li> <li>• As mentioned in the AA and PA programme update, delays with receiving the updated legislation compresses the time we have available to prepare our own rules consultation (which is aimed at doctors as well as PA/AA stakeholders) and this may risk us not getting the level of engagement we hope for.</li> </ul>
Transition to Welsh Language Standards	<p><b>Why?</b> We are getting ready to comply with the incoming Welsh Language Standards for healthcare regulators, an important part of the Welsh Government's Cymraeg 2050 strategy. This is an opportunity to enhance our Welsh language offer to those accessing our services, and we're planning activities to implement the standards across all functions of the GMC.</p> <p><b>When:</b> Q1 2024 <b>Who:</b> Neil Roberts; Tista Chakravarty-Gannon:</p>		<p>We have now received the final compliance notice from the Welsh Language Commissioner, setting a deadline for compliance with all Standards of 6 December. SMT have endorsed the WLS Project Board's decision to not pursue a formal challenge to the Welsh Language Commissioner. Compliance planning is underway.</p>



## Investing in our people to deliver our ambitions

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

2023 Priority change activities	RAG	Status
<p>Investing In Our People</p>		<p>We are prioritising new starters and decision makers from the Learning Needs Analysis (LNA) as per the Regulatory Fairness Review, and plan pick up other themes identified through the LNA overtime. A new provider has been selected to support the delivery of this, but this is subject to contracting.</p> <p>Our second cohort for Feedback for Success is underway and feedback assessments for selected colleagues will be launched in mid/late September. For the Inclusive career programmes, colleagues have been invited to sign up for focus groups running throughout September to help inform the content to be delivered by the provider Business in the Community. Senior leaders and people leaders have also been invited to attend two inclusive leadership webinars running from September to November, after which colleagues will be asked to complete a short culture survey (scheduled October).</p> <p>Proposals for funding and recruitment arrangements for future apprentice cohorts have been developed, and will be agreed by SMT in September, and plans for 2024 continue to be scoped. The 2023 intern programme has been completed with 9 interns finishing their six weeks with us which they had started on 3 July. All graduates continue to be supported by their line managers.</p>



## Investing in our people to deliver our ambitions

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

Underlying measures and targets		Actual				Target		
		2022 (%)	2022 (Vol)	2023 <sup>1</sup> (%)	2023 <sup>1</sup> (Vol)	End of 2023	% points off 2023 target	2026
Increase the level of minority ethnic representation at Level 3 and above	Applications	34.9%	236	34.6%	396	27%	+7.6%	30%
	Interviews	23.1%	42	19.9%	47	22%	-2.1%	25%
	Offers	12.1%	^	13.0%	6	17%	-4.0%	20%
	Workforce	14.0%	88	14.0%	90	16%	-2.0%	20%
level of minority ethnic representation at Level 2+		12.7%	27	12.6%	27	14%	-1.4%	20%
level of minority ethnic representation at level 3		14.7%	61	14.7%	63	16%	-1.3%	20%
Increase the level of minority ethnic representation at all levels	Applications	44.4%	1,697	44.3%	2,293	37%	+7.3%	40%
	Interviews	28.1%	260	29.8%	320	32%	-2.2%	35%
	Offers	24.3%	61	27.1%	76	27%	+0.1%	30%
	Workforce	17.3%	278	18.3%	303	17%	+1.3%	20%
Reduce differential turnover rates for minority ethnic staff compared to the average to improve retention and for rates to be within 1-2% of each other by end of 2023		3.7%	-	Minority Ethnic (%)	Non-Minority Ethnic (%)	1-2%	% points between groups	1.0%
				13.5	8.1%		5.4%	
Proportion of minority ethnic staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level*		-1.77%	-	BME (%)	Non-BME (%)	18%	% points between groups	18%
				9.0	12.0%		2.0%	
Pay differentials within a confined band limited to 2% by 2023 <sup>2</sup> <i>(table shows the proportion of bands that are outside of the +/-2% tolerance)</i>		58.3%	7/12	75%	9/12	2.0%	N/A	2.0%

<sup>1</sup> Rolling 12 month period used to the end of the reporting month (August 2023)

<sup>2</sup> Specialist bands are not included

^ Volumes fewer than 5 have been redacted to preserve anonymity

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

# Financial summary (August)

Financial summary as at August 2023	Budget August	Actual August	Variance		Budget 2023	Forecast 2023	Variance	
	£000	£000	£000	%			£000	£000
Operational expenditure	87,696	90,845	(3,149)	(4)%	134,333	136,361	(2,028)	(2)%
Capital expenditure	5,683	5,821	(138)	(2)%	9,993	12,825	(2,832)	(28)%
<b>Total expenditure</b>	<b>93,379</b>	<b>96,666</b>	<b>(3,287)</b>	<b>(4)%</b>	<b>144,326</b>	<b>149,186</b>	<b>(4,860)</b>	<b>(3)%</b>
Operational income	96,036	97,499	1,463	2%	144,483	146,999	2,516	2%
<b>Operational surplus/(deficit)</b>	<b>2,657</b>	<b>833</b>	<b>(1,824)</b>		<b>157</b>	<b>(2,187)</b>	<b>(2,344)</b>	

Financial summary as at August 2023	Budget August	Actual August	Variance		Budget 2023	Forecast 2023	Variance	
	£000	£000	£000	%			£000	£000
Investment income	0	611	611	0%	0	611	611	0%
Investment management fees	97	112	(15)	(15)%	194	243	(49)	(25)%
<b>Net investment return</b>	<b>(97)</b>	<b>499</b>	<b>596</b>		<b>(194)</b>	<b>368</b>	<b>562</b>	

<b>Total surplus/(deficit)</b>	<b>2,560</b>	<b>1,332</b>	<b>(1,228)</b>		<b>(37)</b>	<b>(1,819)</b>	<b>(1,782)</b>	
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# Financial detail (August)

Expenditure as at August 2023	Budget August £000	Actual August £000	Variance	
			£000	%
Staff costs	55,737	56,523	(786)	(1)%
Staff support costs	2,240	2,133	107	5%
Office supplies	933	989	(56)	(6)%
IT & telecoms costs	3,747	3,699	48	1%
Accommodation costs	5,855	5,879	(24)	(0)%
Legal costs	2,803	2,916	(113)	(4)%
Professional fees	1,608	1,581	27	2%
Council & members costs	237	265	(28)	(12)%
Panel & assessment costs	12,131	12,129	2	0%
Associate fee changes	312	640	(328)	(105)%
PSA Levy	593	591	2	0%
Contingency fund	0	0	0	0%
Gateway fund	0	0	0	0%
Pension top up payment	1,500	3,500	(2,000)	(133)%
<b>Total operational expenditure</b>	<b>87,696</b>	<b>90,845</b>	<b>(3,149)</b>	<b>(4)%</b>

Budget 2023 £000	Forecast 2023 £000	Variance	
		£000	%
84,573	85,590	(1,017)	(1)%
3,482	3,398	84	2%
1,229	1,247	(18)	(1)%
5,647	5,712	(65)	(1)%
8,726	9,106	(380)	(4)%
3,960	4,100	(140)	(4)%
3,052	2,744	308	10%
365	398	(33)	(9)%
18,310	18,314	(4)	(0)%
468	960	(492)	(105)%
895	892	3	0%
1,000	200	800	80%
1,126	200	926	0%
1,500	3,500	(2,000)	(133)%
<b>134,333</b>	<b>136,361</b>	<b>(2,028)</b>	<b>(2)%</b>

Income as at August 2023	Budget August £000	Actual August £000	Variance	
			£000	%
Annual retention fees	73,665	73,543	(122)	(0)%
Registration fees	4,651	5,348	697	15%
PLAB fees	13,273	13,360	87	1%
Specialist application CCT fees	2,389	2,646	257	11%
Specialist application CESR/CEGPR fees	1,002	1,300	298	30%
Interest income	723	1,054	331	46%
Other income	333	248	(85)	(26)%
<b>Total Operational Income</b>	<b>96,036</b>	<b>97,499</b>	<b>1,463</b>	<b>2%</b>

Budget 2023 £000	Forecast 2023 £000	Variance	
		£000	%
112,193	112,070	(123)	(0)%
6,262	6,882	620	10%
19,569	20,174	605	3%
3,138	3,503	365	12%
1,518	1,925	407	27%
1,259	1,986	727	58%
544	459	(85)	(16)%
<b>144,483</b>	<b>146,999</b>	<b>2,516</b>	<b>2%</b>

## Finance - GMCSI summary (August)

GMCSI summary as at August 2023	Budget August £000	Actual August £000	Variance	
			£000	%
GMCSI income	315	234	(81)	(26)%
GMCSI expenditure	254	193	61	24%
<b>Profit/(loss)</b>	<b>61</b>	<b>41</b>	<b>(20)</b>	

Budget 2023 £000	Forecast 2023 £000	Variance	
		£000	%
408	361	(47)	(12)%
393	357	36	9%
<b>15</b>	<b>4</b>	<b>(11)</b>	

# Finance - Investment Committee Update (August)

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

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

## 2) Holdings as at 31 August 2023

	£millions	%
Total Equities	16.9	29.7%
Fixed Interest	19.1	33.4%
Property	2.3	4.1%
Infrastructure	3.6	6.3%
Other Income	1.6	2.7%
Private Equity	1.7	3.0%
Cash	11.9	20.8%
<b>Total</b>	<b>57.1</b>	<b>100.0%</b>

## 3) History of portfolio valuation - as at 8 September 2023



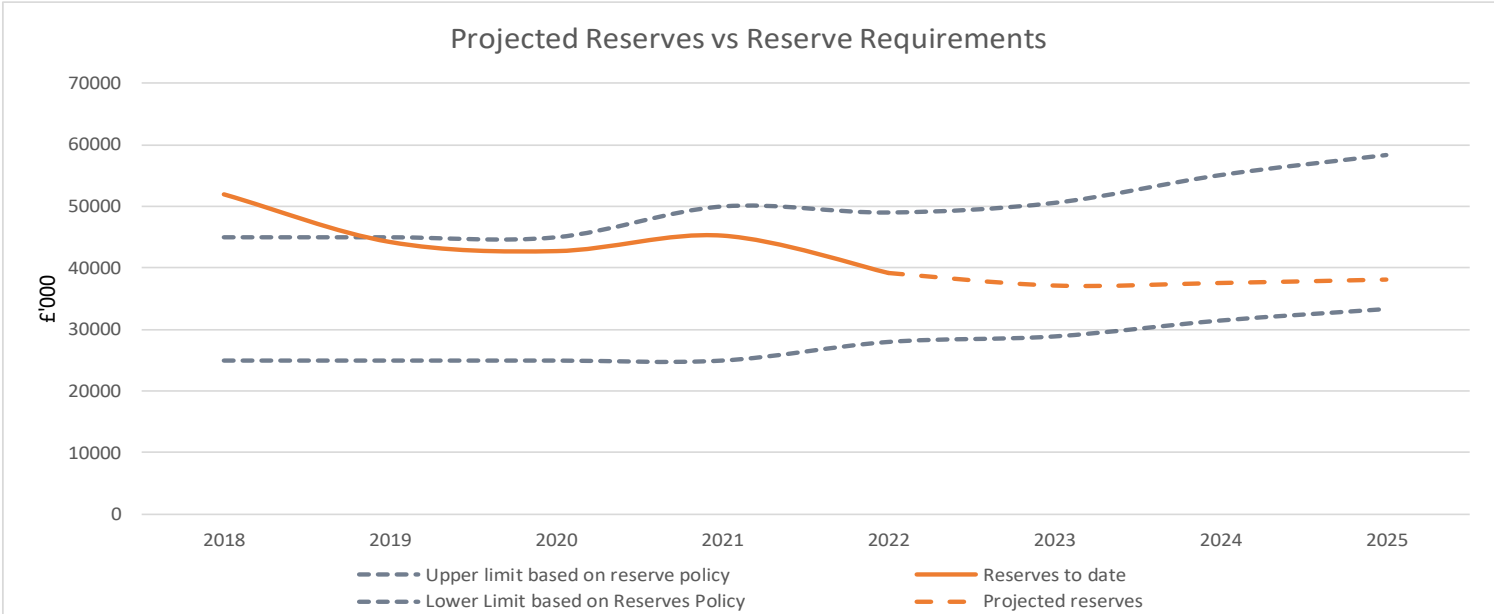
\* At 8th September 2023 the portfolio is valued at £57.6m.

## 4) Performance Overall

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

As at 30 June 2023	Performance Period		
	3 Months	12 Months	3 Years (p.a)
Our Actual Portfolio	(0.74)%	(1.53)%	1.70%
Target: CPI + 2%	2.51%	9.96%	8.59%
<b>Actual minus Target Performance</b>	<b>(3.25)%</b>	<b>(11.49)%</b>	<b>(6.89)%</b>

# Finance – Financial stability monitoring



Risk factor	Long term assumption	Current analysis	Individual trigger point	Multiple trigger point*
PLAB volumes	Stable volumes including utilisation of 4th circuit	Demand continuing to rise significantly	PLAB 1 volumes dropping by 30% or amendment to skilled worker VISA rules	PLAB 1 volumes dropping by 10%
Register growth	4.5% per year	5.7%	Reduction to 1.5%	Reduction to 3.5%
Investments	£1m benefit per year	£0.6m benefit to August	Reduction of £9m	Reduction of £3m
3rd party cost increases	4.0% per year	CPI rate - July 2023 - 6.8%	10% per year	6% per year
Staff vacancy rate	5.0% per year - based on budget values	4.9%	Reduction to 2% per year	Reduction to 4% per year
Staff pay increases	Agreed at budget setting	No increase in average salaries since annual pay award	In year increase of 3%	In year increase of 1%

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

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

# Litigation overview for Q2 2023

The graph on incoming litigation shows all new litigation records opened between 1 April 2023 and 30 June 2023.

**Total Open Litigation: 58** - as at 10 July 2023.

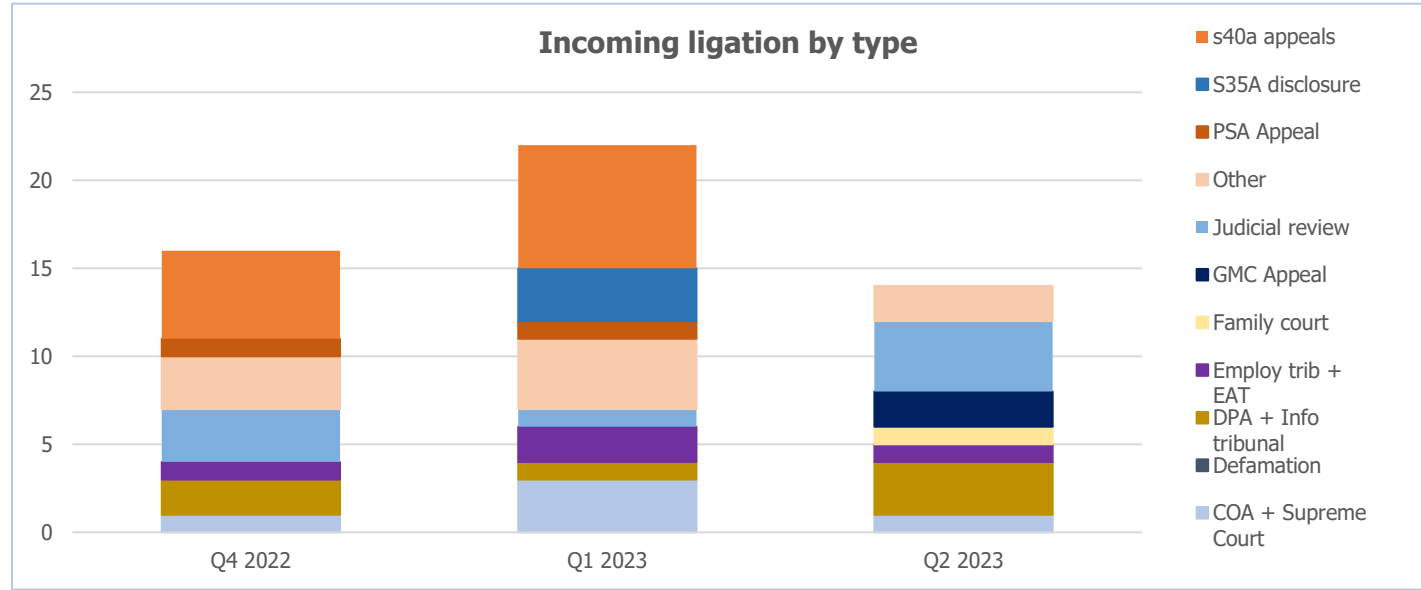
**Concluded litigation: 9**

**8 = GMC Successful**

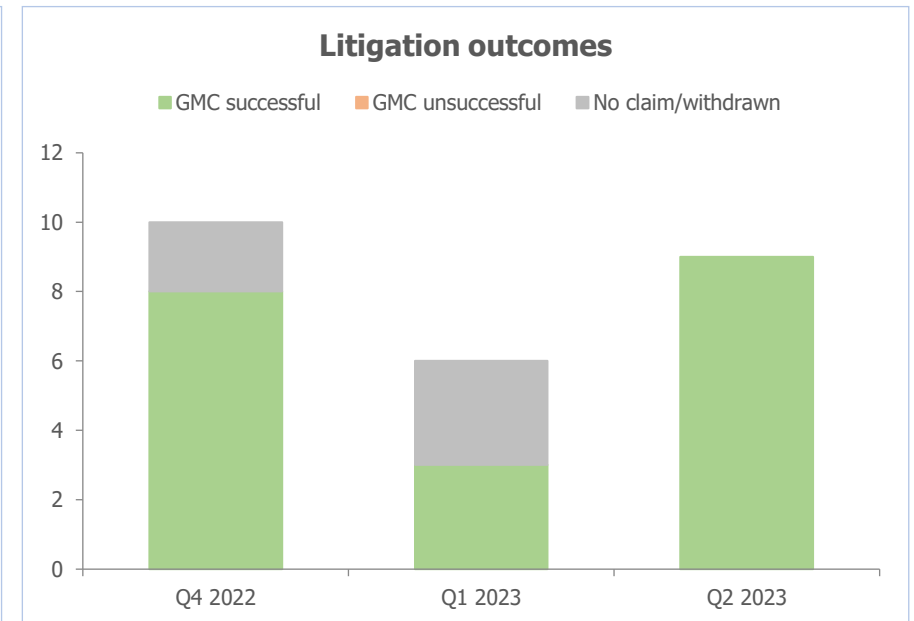
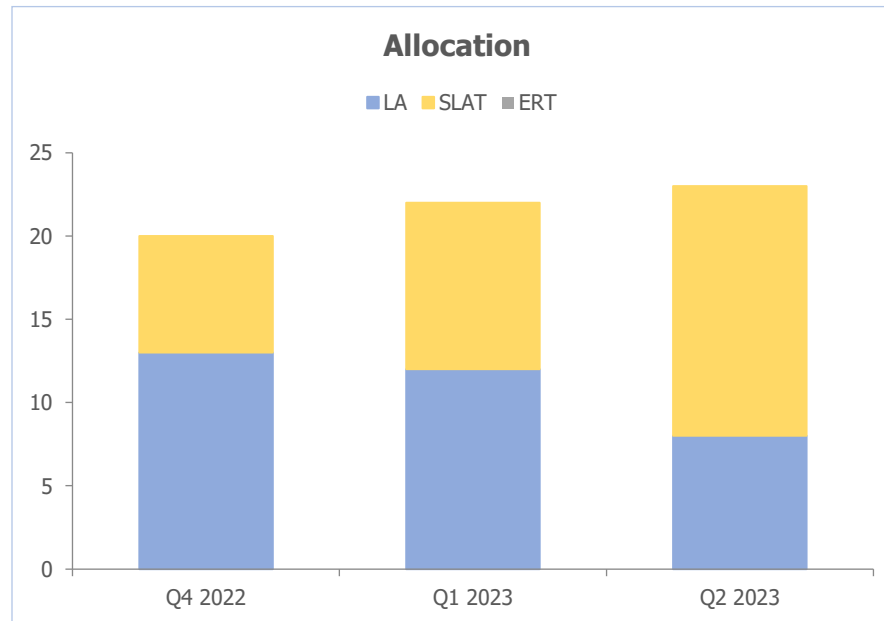
- x4 = s40 (doctor) Appeals
- x1 = Employment Tribunal
- x1 Judicial Review – MPTS
- x2 COA Appeal

**1 = GMC unsuccessful**

- x1 COA Appeal



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



# Corporate Opportunities and Risk Register - October 2023

Risk ID	Title	Category	Detail	Owner	UK/UKH Sharepoint	Impact - Financial Sharepoint	Mitigation/Enhancement	UK/UKH Financial Sharepoint	Rating - Financial Sharepoint	Council and/or Board Assurance	Assurance	Further Action Detail	Risk Appetite	
537	HLA Timescales 05/10/2023	Timescales	The unexpected complexity of checking the compliance of the HLA Applied Knowledge Test (AKT) for students in UK medical schools (MS) with GMC requirements has led to repeated pressures on GMC resources, prolonged GMC communications with MS staff and delayed other aspects of the HLA programme. As a result, it could delay the timeline for implementing the HLA in UK MSs. Currently there is a requirement that a medical degree should be awarded by UK university on the GMC's list of awarding bodies, which must include a pass in the HLA from the academic year 2024/25 in order to be recognised as a UK Primary Medical Qualification.	Colin Melville	HLA/UKH Sharepoint	QUITE LIKELY MAJOR	<ul style="list-style-type: none"> <li>Regular reviews and revisions of project and resource plans, including review of the compliance process, within the team and through the programme's Operational Delivery Group.</li> <li>Ongoing dialogue with the MSC – as the co-ordinating body of the MS AKT and as the representative body of the MSs we regulate – including at senior level, to build a shared understanding of MSs, MSC's and GMC's respective roles and responsibilities regarding the MS AKT and the broader HLA programme.</li> <li>Accelerated communications with assessment teams in MSAs.</li> <li>Offering bespoke support to MSs who will be holding live HLA assessments in the penultimate year of their programmes (AY 2023-24) and thus have the most pressing need for compliance to be confirmed.</li> </ul>	QUITE LIKELY MAJOR	CRITICAL			<ul style="list-style-type: none"> <li>Currently exploring whether any realistic options have emerged for accessing additional short-term resources for the programme.</li> </ul>	Medium	
532	Uncertainty around our touchpoints and engagement with NHS England 31/07/2023	Operational	Due to the NHS England merger and planned workforce reductions, there may be a loss of relied upon resources, and access to key information and/or stakeholders, which could impact the GMC's ability to fulfil some operational processes in relation to a number of statutory functions in R&R and E&S. This could increase our resource requirements, and necessitate exerting our regulatory influence more assertively and independently in cases where trustees need to be removed from training environments.	Colin Melville	HLA/UKH Sharepoint	HIGHLY LIKELY MAJOR	<ul style="list-style-type: none"> <li>Ongoing engagement with NHS stakeholders, including at leadership level</li> <li>R&amp;R - Monitoring of changes to normal processes, i.e. delays</li> <li>E&amp;S - New approach to proactive quality assurance, reduces regulatory burden and is designed to be flexible and future proofed. It could withstand a lot of change, but not a complete withdrawal of resources from partner organisations.</li> </ul>	HIGHLY LIKELY MAJOR	CRITICAL			<ul style="list-style-type: none"> <li>Updating of GMC systems to reflect the merger e.g. Siebel.</li> <li>E&amp;S - Increasing efforts to work more closely with other regulators may help further reduce regulatory burden and improve intelligence.</li> </ul>	Medium	
315	MAPs regulation delivery 10/09/2022	Reputational	If there are further delays to the timescale for commencing regulation of PAs and AAs, we could lose the confidence of stakeholders and incur additional costs that increase our funding requirement from DHSC, for which we must bid annually.	Lina Lane	HLA/UKH Sharepoint	HIGHLY LIKELY MAJOR	<ul style="list-style-type: none"> <li>Regular communication with key stakeholders, including promoting achievements from the programme so far and upcoming activity.</li> <li>We are maintaining some dedicated staffing resource on each workstation until regulation starts, in order to retain expertise and ensure readiness and ensure monitoring and reporting of progress.</li> <li>Programme cost projections updated quarterly and reported to DHSC/GMC Financial Accountability Group, providing advance notice of funding needs.</li> <li>Principle clearly established that costs of MAPs regulation will not be met from donor fees.</li> <li>Regular liaison with DHSC to help progress drafting of the AA and PA Order.</li> <li>Plans in place to deliver regulation within 12 months of the Order being laid in Parliament.</li> </ul>	HIGHLY LIKELY MAJOR	CRITICAL		<ul style="list-style-type: none"> <li>The DHSC AMPAO closure closed on 16 May 2023. DHSC are analysing the feedback and making revisions to the draft legislation.</li> <li>NHS long-term workforce plan for England published in June includes commitments to significantly raise numbers of PA and AA training places, which increases confidence in our projections for future fee income.</li> </ul>	<ul style="list-style-type: none"> <li>Continue liaison with DHSC to ensure they understand our relationships with key PAAAs stakeholders and the importance of maintaining trust for our continuing progress on regulatory development.</li> <li>Use our influence with Governments, statutory education bodies and other stakeholders to press for actions that would help mitigate the workforce impact of continuing delay to regulation.</li> </ul>	Low	
207	Pension Deficit 21/08/2020	Financial	Due to the impact of economic instability in the final quarter of 2022, both asset and liability value of the pension scheme have reduced, with assets reducing to a greater extent. This led to additional funding of the deficit being agreed in June 2023. There remains a risk if instability continues, that further investment might be required.	Neil Roberts	HLA/UKH Sharepoint	HIGHLY LIKELY MAJOR	<ul style="list-style-type: none"> <li>Trustees meet regularly and continue to take professional advice in relation to the existing deficit.</li> <li>The employer and trustees work together to ensure suitable funding arrangements are in place to address the deficit.</li> <li>The employer factors annual payments into the budget to cover the agreed funding arrangements.</li> </ul>	QUITE LIKELY MAJOR	SIGNIFICANT			<ul style="list-style-type: none"> <li>Strategy now set as part of triennial valuation - Trustees have received a report on fiduciary manager's performance, and will work on this over the next 6 months.</li> </ul>	Medium	
462	Regulatory reform potential delays reducing reform for doctors 04/05/2023	Strategic / Policy	There is a risk that external factors such as limited DHSC legal resources and the threat of an early general election will cause delays to the development of the Medical Professions Order, which in turn will affect the timing for the implementation of reforms for doctors. This will lead to us needing to use two systems (one for doctors and one for AAs and PAs) and using workarounds for a longer period of time.	Shaun Gallagher	HLA/UKH Sharepoint	HIGHLY LIKELY MAJOR	<ul style="list-style-type: none"> <li>Included content in our response to the DHSC's consultation on the AMPA order that reinforces the importance of DHSC prioritising the Medical Professions Order (MPO) as soon as possible, as well as maintaining an influencing strategy that keeps pressure up on this issue.</li> <li>Meeting held with the current Health Secretary, to discuss and escalate our concerns.</li> <li>Two GMC lawyers recruited to assist with consequential amendments to help speed up the progress of the development of the MPO.</li> </ul>	QUITE LIKELY MAJOR	SIGNIFICANT	Council	<ul style="list-style-type: none"> <li>The threat has been verbally discussed at various points over the past 12 months at Council meetings, making Council aware of the threat.</li> </ul>			Low
120	ED&I compliance 17/02/2020	Strategic / Policy	The assurance we can evidence that our regulatory decision-making is fair, is not persuasive to key stakeholders and weakens confidence in regulation.	Shaun Gallagher	HLA/UKH Sharepoint	QUITE LIKELY MAJOR	<ul style="list-style-type: none"> <li>Equality, Diversity and Inclusion (EDI) objectives published within the corporate strategy and supported by focused targets based on evidence and routine monitoring and reporting of progress.</li> <li>Supporting governance including the Strategic EDI Advisory Forum (external) and ED&amp;I Steering Group (internal) provides senior oversight and guidance to inform action and priorities.</li> <li>Skilled ED&amp;I team provide strategic advice across the GMC.</li> <li>Mandatory training for all staff and associates.</li> <li>Regulatory fairness review now complete and implementation board established. Leads across the directorates appointed and first phase of corporate deliverables underway.</li> <li>Approach to a regulatory new Equal Opportunities Policy has been reviewed.</li> </ul>	QUITE LIKELY MAJOR	CRITICAL	Council	<ul style="list-style-type: none"> <li>Internal Audit</li> <li>Arrangements to operationalise delivery of external facing targets (2022, no rating).</li> <li>Efficiency of ED&amp;I reporting (2023, green/amber for effectiveness).</li> </ul> <p><b>Other assurance</b></p> <ul style="list-style-type: none"> <li>Strategy and policy ED&amp;I compliance and governance review - Campbell Tisdell (2020).</li> <li>Engagement, not personal characteristics, was associated with the announcement of regulatory adjudication decisions about physicians: a cross-sectional study, Javier A Caballero, Steve P Brown, British Medical Journal (2019).</li> <li>Fairness of decisions to refer doctors to the MPFS interim orders tribunal (2018).</li> <li>Plymouth University Review of decision-making in the GMC's FTP procedures (2014).</li> </ul> <p><b>Programme Board</b></p> <ul style="list-style-type: none"> <li>Regulatory fairness review is now in implementation phase. A new regulatory fairness board has been established to govern the implementation of all of the recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>Consider key decision-points in our operations for process controls to mitigate the risk of bias or unfairness (such as separated decision making) and our quality assurance regime for decisions (part of fairness).</li> <li>Assess staff learning and training needs from first principles through a Learning Needs Analysis (LNA) and the most current evidence base on learning approaches with the greatest impact (part of reg fairness).</li> <li>Consider the adequacy of how we report the timeliness of our regulatory processes to better understand the characteristics of the individual in that process and possible real-time interventions required to address risks of unfairness.</li> <li>Consider the coverage and credibility of past independence assurance on the fairness of our processes in design and operation to identify gaps or required change in approach.</li> <li>Launch new templates and guidance on equality impact assessment and strengthen the tracking and oversight (through ED&amp;I SG).</li> <li>Regulatory fairness implementation programme considering future assurance measures across specific high impact regulatory decisions. Future audit programme will also be developed as part of this programme of work.</li> <li>Guidance and tools for equality impact assessment as a requirement of project and policy activity to consider fairness impacts of approach (being reviewed and revised - due for release before the end of 2023).</li> </ul>	Low	
148	Delivery of statutory functions 31/03/2020	Operational	If we fail to deliver our core statutory functions, there is a potential impact on patient safety, public confidence, and the GMC's reputation as a leading regulator.	Charlie Messy	HLA/UKH Sharepoint	QUITE LIKELY MAJOR	<ul style="list-style-type: none"> <li>Monitoring and reporting against statutory delivery to Executive Board and Council.</li> <li>Forecasting of operational demand is built into budget planning.</li> <li>Active engagement with doctors about potential situations which may put patients at risk.</li> <li>Outreach structure in place (ensures statutory support for responsible officers to continue effectively) to help identify and manage concerns (pre-investigative).</li> <li>Available staff with relevant training and skills.</li> <li>Information exchange with competent authorities informs our processes.</li> <li>Documented operational process and procedures subject to regular review and continuous improvement by specialist staff</li> <li>Auditing our decisions on a regular basis.</li> <li>SMT oversight over our continued recovery from the Covid-19 pandemic through regular reporting.</li> <li>Assessment teams running three PLAB 2 circuits concurrently through 2023 in order to accommodate as many candidates as possible.</li> <li>Yellow circuit behind reception in Manchester's 3 Hardman Square reopened in September 2023 to further increase PLAB 2 capacity.</li> <li>Digital ID checking in place to verify new registrars' identities accurately and efficiently.</li> </ul>	QUITE LIKELY MAJOR	CRITICAL	Council	<ul style="list-style-type: none"> <li>Internal Audit</li> <li>Review of performance metrics through the quarterly CEO report.</li> <li>Clinical Assessment Centre (2022, green/amber).</li> <li>Post COVID renewal FTP and MPFS (2022, green/amber).</li> <li>MPFS Continuous Improvement and learning (2022, green).</li> <li>Good Medical Practice (2022, green/amber).</li> <li>Safeguarding arrangements (2022, not rated).</li> <li>Registration services (2022, green/amber control design, green/amber control effectiveness).</li> <li>Hearing listings and cancellations (2022, green/amber control design, green/amber control effectiveness).</li> <li>Expanding registration pathways (2023, green/amber control design, green/amber control effectiveness).</li> <li>FP stage arrangements (2023, green control design, green control effectiveness).</li> </ul> <p><b>Other assurance</b></p> <ul style="list-style-type: none"> <li>Covid learning reviews (GMC Case Studies): How the regulator responded to emerging evidence of higher prevalence of Covid-19 infection in BAME people; Temporary registration implementation; The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response (December 2020).</li> <li>The MPFS continues to meet our service-level agreement to commence 100% of new interim referrals within 21 days.</li> <li>The MPFS continues to hear reviews of all MPFS sanctions and IOT orders within statutory deadlines.</li> <li>Passed all PSA standards of good medical regulation in 2022.</li> </ul>	<ul style="list-style-type: none"> <li>We'll consider and triage all new concerns, progressing those requiring investigation.</li> <li>We are in the planning stage of the creation of a fourth PLAB 2 circuit to help manage demand from international Medical Graduates seeking registration.</li> </ul>	Low	
149	Availability of resources 31/03/2020	Resource	If we don't secure and retain an appropriately skilled and experienced workforce; a resilient and secure IT and facilities infrastructure; and maintain a sound financial position, it will threaten the delivery of our statutory functions, change and development programmes and capacity to deal with unplanned events.	Neil Roberts	HLA/UKH Sharepoint	HIGHLY LIKELY MAJOR	<ul style="list-style-type: none"> <li>Our People practices and leadership strategy is aimed towards attracting and retaining a high calibre workforce.</li> <li>We have processes in place to identify and manage key staff risks.</li> <li>We consider recruitment market volatility and risks to identify potential skills shortages.</li> <li>Our Health and safety policies and procedures are robust in regards to our workforce.</li> <li>Clear Financial management practice and controls and safeguards including annual investment (GMCIS), fraud policies and pensions.</li> <li>New activity, including Gateway Fund initiatives and ongoing project work routinely considered by Planning Gateway process to form a cross-organisational recommendation on the priority and deliverability of proposals for SMT to consider collectively.</li> <li>Routine monitoring and reporting of operational performance and the volume and complexity of our work.</li> <li>Process for regularly mapping workload pressures across teams to help focus resourcing and prioritisation decisions.</li> <li>We work closely with the Pension Trustees to address the increased scheme liability arising from the Government decision to align RPI and CPI and other factors affecting the valuation.</li> <li>We undertake financial stress testing to ensure we have the capacity to withstand financial shocks within our reserve levels.</li> <li>We continually invest in our IT infrastructure and systems to ensure availability and protect against cyber-security threats and maintain ISO 27001 accreditation.</li> </ul>	QUITE LIKELY MAJOR	SIGNIFICANT	Council	<ul style="list-style-type: none"> <li>Internal Audit</li> <li>Social engineering (Nov 2021, green/amber).</li> <li>Recovery and renewal (Nov 2021, green/amber).</li> <li>Payroll (May 2021, green/amber).</li> <li>Procurement (March 2021, green/amber).</li> <li>Fraud arrangements (March 2021, green).</li> <li>Raising concerns arrangements (March 2021, green).</li> <li>Recruitment (2022, green/amber).</li> <li>ED&amp;I internal target progression (2022, green/amber control design, green/amber control effectiveness).</li> <li>Cyber testing (2022, amber).</li> <li>Values and behaviours (2023, green/amber control design, green/amber control effectiveness).</li> <li>Aligning culture with strategy and behaviours (2023, green/amber control design, green/amber control effectiveness).</li> </ul>		Medium	

150	Ability to work with others 31/03/2020	Strategic/Policy	If we are unable to work collaboratively with our external partners, we may not be able to achieve the ambitions of the corporate strategy and change priorities, reducing our potential impact on patient safety and doctors' practice.	Paul Reynolds	OUTRE/LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Engagement with other regulatory bodies to identify opportunities for collaboration and alignment (such as through the Chief Executive Office Regulatory Body (CEO RB) Group)</li> <li>Proactive engagement on all major policies and issues, including active engagement with the four UK Governments over the future of our regulation, co-ordinated through use of Engage system by external affairs, policy and operational teams</li> <li>Development and management of stakeholder relationships of strategic importance at national and regional levels of the UK, supported by relationship plans delivered by our external affairs teams and sponsorship of key relationships by SMT</li> <li>Regular evaluation of relationships with key partners, using insights from our internal systems and periodic surveys of stakeholders' perceptions, to identify opportunities for improvement</li> <li>Relationship stakeholders on annual basis with Chief Executive and directors</li> <li>Relationship plans with external stakeholders are mapped and refreshed annually.</li> </ul>	OUTRE/LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> <li>Council</li> <li>Seminar: Findings of our 2022 perceptions survey (December 2022)</li> <li>Annual update on communications and engagement (including four country update) (June 2023)</li> <li>Audit and Risk Committee</li> <li>Seminar: building the trust and confidence of our audiences and stakeholders (Jan 2022)</li> <li>Executive Board</li> <li>Four country public affairs update (March 2021).</li> </ul>	Internal Audit	<ul style="list-style-type: none"> <li>Managing UK-wide stakeholder relationships (March 2022, Control design - Green; Control effectiveness - Green/Amber)</li> <li>Review of progress in implementing Outreach (May 2021, Green-Amber)</li> </ul> <p>Other assurance</p> <ul style="list-style-type: none"> <li>Bi-annual health assessments by our external relations teams of GMC's major relationships (next assessment due Q3 2023)</li> </ul>	<ul style="list-style-type: none"> <li>Our external relations team are due to complete their relationship health assessments by the middle of November 2023</li> <li>SMT Stocktake of four country strategic relationships (December 2023 TBC)</li> </ul>	Medium
152	Unplanned event 31/03/2020	Reputational	The impact of an event in the external or internal environment causes our systems to be compromised or our activities to be publicly challenged, potentially leaving us vulnerable to delivery of key functions central to patient safety and reputational damage.	Neil Roberts	OUTRE/LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Crisis management policies (including crisis communications plan) &amp; procedures; pandemic response plan.</li> <li>Business continuity champions and emergency response plans in place with regular testing</li> <li>Masterclass e-learning for GMC staff and support from business continuity consultants</li> <li>Continuous proactive monitoring of external environment with processes and products in place to share and escalate emerging issues likely to affect our regulatory operations and external confidence in the organisation</li> <li>Arrangements in place between regulatory operations and communications teams to identify and plan for events which could negatively impact on our functions and external confidence in the organisation</li> <li>Analysis of range of qualitative and quantitative information about the external environment through the Patient Safety Intelligence Forum</li> <li>Regular engagement with the Professional Standards Authority to assure them on the exercise of our statutory powers – including emergency powers under section 18A of the Medical Act 1983 (Covid-19)</li> <li>Health and Safety (H&amp;S) management system (ie framework of policies and guidance) in place outlining a coordinated and systematic approach to managing H&amp;S risk</li> <li>Quality assurance of H&amp;S management system provided through H&amp;S audit process</li> </ul>	OUTRE/LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> <li>Deep Dive Executive Board (June 2021)</li> </ul>	Internal Audit	<ul style="list-style-type: none"> <li>Cyber security (July 2021, green-amber)</li> <li>Cyber security (2023, amber)</li> </ul> <p>Audit and Risk Committee</p> <ul style="list-style-type: none"> <li>Significant Event Review: Fraudulent registration application, Teodora Crovan (March 2021)</li> <li>Report on Significant Event Review follow-up (March 2021)</li> <li>Significant Event Review: Fraudulent registration application, Teodora Crovan (March 2021)</li> </ul>		Medium
200	Regulatory Reform 06/08/2020	Strategic/Policy	There is a risk that we do not secure and deliver the full range of benefits that the reforms present.	Shawn Gallagher	HIGH/LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Governance and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery</li> <li>Stakeholder influencing plan developed to ensure we secure external support for changes</li> <li>Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and manage potential implementation risks associated with drafting of the legislation</li> <li>Routes for escalation identified (and how best used) for raising concerns with senior officials at DHSC, where required</li> <li>Cross-directorate working built into programme approach, to ensure that policy is developed in conjunction with operational teams, encouraging a 'one GMC' approach and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed</li> </ul>	OUTRE/LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> <li>Council</li> <li>Provided an update on progress and programme timelines, and a review of our initial feedback on draft MPO Order and plans for responding to DHSC's consultation when this goes live - 3 Nov 2022</li> <li>Provided an overview of the legislation and our provisional view of the key themes we anticipate raising in our consultation response - 14 Dec 2022</li> <li>Provided an update on the key issues we intend to highlight in our response, and further detail on our approach to engaging key stakeholders during the consultation - 3 Mar 2023</li> <li>Council meeting to discuss final consultation response, ahead of this being signed off by the Chair on behalf of Council - 27 April 2023</li> </ul>	Internal Audit	<ul style="list-style-type: none"> <li>BDO spot checks completed in Sep 2022, June 2022, March 2022, Nov 2021 and Sep 2023</li> </ul>	<ul style="list-style-type: none"> <li>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)</li> <li>Use existing structures/communication channels internally as a way of reinforcing messaging and maintain momentum and morale</li> <li>Continue to use internal audit assurance to provide ongoing scrutiny and give assurance that the programme is being run appropriately</li> <li>Be prepared to continue to escalate concerns to senior DHSC officials as appropriate</li> </ul>	Medium
234	ED&I Strategic Ambition 02/03/2021	Strategic/Policy	The actions we take to influence change across the health and education system, and within the GMC, do not deliver progress at a pace to meet our strategic ED&I targets, sustaining known areas of inequality.	Shawn Gallagher	HIGH/LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Clear timebound targets to focus system-wide efforts</li> <li>Nominated Executive leads for each of our strategic commitments</li> <li>Skilled and resourced teams designed/intentions to deliver against the targets</li> <li>Established plans of action to deliver against the targets both internally and externally</li> <li>Annual and 6-monthly progress reporting</li> <li>Scrutiny and monitoring and reporting from the ED&amp;I Steering Group, Executive and Council to allow refinement of plans in response to progress</li> <li>Established Outreach and engagement functions to understand and influence the system with broader calls for action and support to facilitate system-wide change</li> <li>Supporting and aligned commitments of others (ie reducing differentials in disciplinary processes)</li> <li>Research and data assets including our surveys and insights to highlight relevant issues and support calls for action</li> <li>Annual reports published 2022 and June 2023</li> </ul>	OUTRE/LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> <li>Council</li> <li>Regular agenda item on ED&amp;I and ED&amp;I annual progress update reported to council in April and published</li> <li>Executive Board</li> <li>Twice yearly review by Executive Board and performance against internal targets embedded in Performance and Risk Reporting</li> </ul>	Internal Audit	<ul style="list-style-type: none"> <li>ED&amp;I internal facing targets reporting (2023, green control design, green/amber control effectiveness)</li> <li>ED&amp;I external facing targets reporting (2023, green/amber control design, green control effectiveness)</li> </ul> <p>Other assurance</p> <ul style="list-style-type: none"> <li>Strategy and policy ED&amp;I compliance and governance review - Campbell Ticket (2020)</li> </ul>	<ul style="list-style-type: none"> <li>Council directed the need to extend our understanding of inequalities impacting on other protected groups, specific disadvantaged groups and also intersectional groups. The 2023 progress update contained some intersectional information and some evidence on the wider work we are doing for other protected groups</li> <li>Within the scope of the regulatory fairness work, we will be considering developing insurance measures at High Impact Regulatory Decision points, this work is ongoing - workshops planned during September and October 2023</li> <li>Workstream to work on recommendations agreed from the August 2023 audit</li> </ul>	Medium
399	Safeguarding at the GMC 12/01/2022	Reputational	Failure to meet our safeguarding obligations by having insufficient policies and guidance in place, staff members who are unclear about their roles and responsibilities due to lack of training and awareness; and insufficient collection of information and data to provide assurance that appropriate steps are taken to protect and safeguard adults and children with whom we have contact. We must be able to take the risk to both the individual and to the reputation of the organisation if we encounter a safeguarding issue which results in harm to a vulnerable person.	Neil Roberts	OUTRE/LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> <li>Safeguarding Working Group in place since 2019 directed by Director of Resources</li> <li>Action plan in place – Project team assembled to take forward recommendations</li> <li>Designated Safeguarding Manager in post and providing safeguarding advice and support to staff. A new reporting system for staff to use to refer safeguarding to the Designated Safeguarding Manager</li> <li>Current strategy drafted</li> <li>Pilot completed - 50 referrals made to the safeguarding manager. Analysis has taken place on results along with capacity modelling for pathway</li> <li>Gateway and SMT approved our bid for additional resources which includes one permanent Safeguarding Officer and the extension to the secondment of the Safeguarding Project Manager to Dec 2024</li> <li>Safeguarding Policy was approved at Exec Board on 30th May. A phased program of training has commenced starting with Resources Directorate. Information on our policy and processes is available for colleagues on our Intranet via a new Safeguarding Hub which helps raise awareness and knowledge about safeguarding and roles and responsibilities. The risk will remain significant until the policy, process and training has been implemented across all directorates</li> <li>Guidance documents for staff and the DSM have been drafted, digital training materials will go live in July 2023</li> <li>Digital training has commenced in Resources and Corporate directorates, a two day training for colleagues in these directorates who deal with safeguarding on a regular basis has been completed. Training for colleagues in FIP will commence in September 2023 in line with our release plan</li> </ul>	OUTRE/LIKELY MODERATE SIGNIFICANT	<ul style="list-style-type: none"> <li>Advisory report – Safeguarding, (September 2020)</li> <li>Designated Safeguarding Manager in post and providing safeguarding advice and support to staff</li> <li>Presentation given to SMT and Council (Feb 2022) on direction of project</li> </ul>	Internal Audit	<ul style="list-style-type: none"> <li>Safeguarding progress green, (November 2020)</li> <li>BDO audit - Safeguarding Learning Review (November 2022, Green with advisory recommendations)</li> </ul> <p>Other assurance</p> <ul style="list-style-type: none"> <li>Review conducted by BDO using a specialist social worker to review our practices and recommend Action plan</li> </ul>	<ul style="list-style-type: none"> <li>Team are working with Safeguarding Alliance to develop further SMT training content</li> </ul>	Low
303	Welsh Language Standards 03/10/2022	Legal	We were issued with the draft Welsh Language Standards in December 2022 and are expected to be legally compliant by 6 December 2023. If all directorates do not fully engage with, prepare for and then comply with the new Standards, we risk legal, reputational and financial damage.	Neil Roberts	OUTRE/LIKELY MAJOR CRITICAL	<ul style="list-style-type: none"> <li>Senior Sponsor in place</li> <li>Senior Project Manager appointed (from 24 October 2022 until May 2024)</li> <li>Ongoing engagement with the Welsh Language Commissioner's office on readiness</li> <li>Welsh Language Consultants retained to support negotiations with the WL Commissioner</li> <li>Project Governance established (November 2022) with representation from all Directorates</li> <li>Project escalated to Corporate Priority number 5, which has helped increase prioritisation of this work amongst other directorate priorities</li> <li>Project Manager has coordinated compliance mapping by each Directorate and workshops to agree which standards we need to challenge</li> <li>Project Board considered impact of final compliance notice (received on 6 June), with insight from WLS Commissioner meetings and the board also conducted a risk assessment against standards we didn't receive our desired outcome. It was agreed not to pursue a further formal challenge. SMT endorsed this recommendation on 21 Aug 2023</li> <li>Regular Joint Regulatory Forum meetings in place to align and share information</li> <li>WLS manager appointed, taking up post in late October 2023</li> <li>Senior PM maternity cover now in place ready for handover on 12 Oct 2023</li> </ul>	OUTRE/LIKELY MODERATE LOW	<ul style="list-style-type: none"> <li>DLI</li> <li>SMT received a project update and signed off the Consultation response to the Welsh Language Commissioner 13 March 2023</li> <li>Project Board</li> <li>We have worked with colleagues to understand the impact of the final compliance notice, gained insight from the Commissioner and her officers and agreed an approach with Project Board. Project Board's recommendation not to pursue a further challenge was agreed at SMT on 21 Aug 2023</li> </ul>	Internal Audit	<ul style="list-style-type: none"> <li>BDO audit, Welsh Language Standards Implementation (June 2023, green-amber)</li> </ul>	<ul style="list-style-type: none"> <li>Translation service in place to carry out translation of relevant documents – QA review required. (Tendered for a new translation supplier now live - expect new contract to be in place in Sept 2023)</li> <li>Final compliance notice received and some adjustments have been rejected, further work ongoing to manage the impact of these standards. Risk based approach taken to ensure the scope remains aligned</li> <li>Compliance planning across all 74 Standards continues, and internal compliance guidance is being drafted</li> <li>Compliance readiness review to be planned for Q1 2024</li> </ul>	Low
151	Responding to a changing environment 31/03/2020	Strategic / Policy	Inability to respond effectively to changes in the external environment, including legislation, healthcare and wider social impact changes, could lessen our influence and relevance and reduce public, professional and political confidence in our role.	Paul Reynolds	OUTRE/LIKELY MAJOR CRITICAL		<ul style="list-style-type: none"> <li>Council</li> <li>Seminar: Findings of our 2022 perceptions survey (December 2022)</li> <li>Annual update on communications and engagement (incorporating extensive four country update) (April 2022)</li> <li>Audit and Risk Committee</li> <li>Seminar: building the trust and confidence of our audiences and stakeholders (January 2022)</li> <li>DLI</li> <li>Discussion about health service winter pressures and GMC response (January 2023)</li> </ul>	Internal Audit	<ul style="list-style-type: none"> <li>Managing UK-wide stakeholder relationships (March 2022) (Outcome: Control design - Green; Control effectiveness - Green/Amber)</li> <li>Review of progress in implementing Outreach (May 2021) (Outcome: Green-Amber)</li> <li>IA horizon scanning red alert green for both control design and control effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>Fieldwork for our interim perception surveys with doctors and patients has been completed and we are currently considering the results. We plan to hold a seminar with Council towards the end of 2023</li> <li>Our external environment remains challenging, with quarters of the medical profession continuing to take industrial action over their pay and conditions. Junior doctor members of the BMA in England have recently renewed their mandate for industrial action until the end of February 2024</li> <li>Inquiries have recently been announced into the Lucy Letby case and Professor Sam Elijand in Scotland, which we are likely to be involved in. There is the potential for these inquiries to be critical of the GMC's actions</li> <li>The next UK General Election is due by January 2025 and there is speculation that it will be held towards the end of 2024 (perhaps October or November) in order to allow as much time as possible for inflation to be tamed. Our external relations teams are planning to hold a seminar with Council about our public affairs work (including our preparations for the next UK General Election) in early 2024</li> </ul>	Low	
27	Deriving more insight from our data capability 31/03/2020	Strategic / Policy	Developing, sharing and working with others using our insight capability provides an opportunity to shape public debate, influence the external environment and deliver more proactive regulation.	Shawn Gallagher	OUTRE/LIKELY MAJOR GOLD	<ul style="list-style-type: none"> <li>Use of our research and insight activity to highlight key issues facing the medical profession, suggesting courses of action which healthcare systems can take to tackle workforce and workplace issues that might directly or indirectly impact on patient safety. Take every opportunity for it to contribute to national, findings and other external engagement</li> <li>Leverage our communications channels (such as social media and email) and engagement opportunities to raise awareness of our research and insights and secure external support for the issues and recommendations we are highlighting</li> <li>Use new data and research insights as a 'proof' for bringing together regulatory partners and key stakeholders together to drive positive changes in policy and practice</li> <li>Provide data support to the rest of the GMC to inform our response external developments such as the Covid-19 pandemic</li> <li>Provide data to support the development of policy and process plans for MAPs and regulatory reform</li> </ul>	OUTRE/LIKELY MAJOR GOLD	<ul style="list-style-type: none"> <li>Executive Board</li> <li>Risk 'Deep Dive' (July 2023)</li> </ul>	Internal Audit	<ul style="list-style-type: none"> <li>Arrangements for assessing progress in the delivery of the Corporate Strategy (July 2021, green-amber)</li> </ul> <p>Other assurance</p> <ul style="list-style-type: none"> <li>Corporate strategy and stakeholder perceptions baseline survey (published March 2019)</li> <li>Corporate strategy and stakeholder perceptions baseline survey (published March 2021), provides data for our assessment on progress on the corporate strategy</li> <li>Tracking survey, undertaken every two years</li> </ul>	<ul style="list-style-type: none"> <li>Enhancing and providing substantial ED&amp;I data for EQAs and to identify inequalities in referrals to us; we are also commissioning as part of the research programme a sequence of independent audits on the fairness of our regulatory processes</li> <li>Development of a new platform for our data that will allow more interactive and self-service. As well as developing a GMC data hub bringing together all our data into a single entry point on the GMC web site, with further development through 2024</li> </ul>	High

28	<b>Working with patients and public</b> 31/03/2020	Operational	Understanding and improving the experiences which patients and the public have of our regulatory services and involving them effectively in our work (such as strategy and policy development) will help us gain their trust and confidence as an effective and transparent regulator.	Paul Reynolds	QUITE LIKELY	MODERATE	SILVER	<ul style="list-style-type: none"> <li>Champion for patients established at SHT level to ensure senior-level overview of our engagement and signal importance of this to organisation.</li> <li>Strategic ambition to improve patient and public involvement agreed (by Executive Board in November 2020).</li> <li>Clear information easily accessible for patients and public about how we work and can support them (such as on our website).</li> <li>Involvement of patients and the public in our policy development activity.</li> <li>Regular assessment of patients and the public's perceptions of the GMC and experiences of our work through regular evaluation and research (such as our perceptions survey).</li> <li>Regular engagement with patient leaders in all four countries of the UK (such as through our bi-annual roundtable, our UKAF meetings in the devolved nations, and other activities).</li> <li>Accessing stakeholder networks to learn how other organisations engage meaningfully and well with patients and public.</li> <li>Insights and perspectives from patients regularly shared with the organisation to inform their work.</li> <li>Information and guidance in place to support policy and operational teams with their patient involvement activities.</li> </ul>	QUITE LIKELY	MODERATE	SILVER	<p><b>Council</b></p> <ul style="list-style-type: none"> <li>Annual update on patient and public involvement (November 2022).</li> <li>Annual update on communications and engagement (June 2023).</li> </ul> <p><b>Research Board</b></p> <ul style="list-style-type: none"> <li>Opportunity deep dive scheduled for SHT meeting on 23 October 2023.</li> </ul> <p><b>Safe and Risk Committee</b></p> <ul style="list-style-type: none"> <li>Update on how we involve patients and the public in our work (March 2023).</li> <li>Review of arrangements for patient and public engagement (November 2022).</li> </ul>	<p><b>Internal Audit</b></p> <ul style="list-style-type: none"> <li>Review of arrangements for patient and public engagement (November 2022, Control design: Amber; Control effectiveness: Amber).</li> </ul> <p><b>Other assurance</b></p> <ul style="list-style-type: none"> <li>Annual perceptions survey showing the public's confidence in how doctors are regulated and feedback on our working relationships with patient and public bodies.</li> <li>Insights and perspectives from patients and their organisations shared in weekly external update for GMC leadership community.</li> </ul>	<ul style="list-style-type: none"> <li>Our next roundtable with patient bodies is scheduled to take place on 28 November 2023. Agenda is in development.</li> <li>Next assurance update for Council is scheduled for November 2023. Paper is in development.</li> <li>Fieldwork for our interim perceptions surveys with patients and doctors is complete and we are in the process of considering the results.</li> <li>Our regulatory reform programme is out to tender for a provider that can facilitate our engagement with patients and our other audiences in the development of our policies, processes and communications. This will include the establishment of an audience panel and independent research that will support our public consultation in 2024.</li> </ul>	Medium
19	<b>Corporate Social Responsibility</b> 30/11/2022	Reputational	There is a potential opportunity for the GMC to lead the health regulatory sector in identifying, delivering and sharing how to be a more responsible regulator and demonstrating the positive impact this can have on those we regulate, our colleagues, suppliers, communities and patients. This could have multiple benefits, including the GMC becoming an employer of choice, increased diversity in our recruitment campaigns, new organisational partnerships, a positive impact on the environment, an increased regulatory reputation, and increased engagement and satisfaction with medical professionals.	Jane Durkin	QUITE LIKELY	MODERATE	SILVER	<ul style="list-style-type: none"> <li>Our Corporate Strategy 2021-26 includes clear commitments to be a more responsible organisation both socially and environmentally. Every GMC Annual Report includes a CSR round-up of the previous year.</li> <li>We have improved external visibility of our CSR work on the GMC website and internally on the GMC intranet. We have used blogs to promote our support for widening participation (in medical training) initiatives and consideration of the regulatory challenges posed by 'sustainable healthcare'.</li> <li>The GMC established the Cross Regulator CSR Group early in 2022 after the proposal (by the GMC) was agreed by the CEOR8 group. This meets quarterly and from mid-2023 includes representatives from the Greener NHS Team.</li> <li>External recruitment campaigns now include reference to our CSR initiatives with the intention that this will be a 'pull' factor for potential candidates.</li> <li>The GMC is increasingly engaged with new stakeholders, such as KPMG, on regional and national CSR bodies. These are new relationships which are increasing the profile of the GMC beyond the regulatory, health and education sectors.</li> <li>CSR project closed in June 2023; project closure report completed with most initiatives now embedded as BAU.</li> <li>Sustainability Working Group, sponsored by Director of Resources, established at end of 2022. Whilst this has a broader remit than the CSR project, it will also support achievement of this opportunity.</li> </ul>	QUITE LIKELY	MODERATE	GOLD	<ul style="list-style-type: none"> <li>Annual update on progress for Council given in March 2023.</li> </ul>	<p><b>Internal Audit</b></p> <ul style="list-style-type: none"> <li>Review of ESG, (March 2022, amber).</li> </ul>	<ul style="list-style-type: none"> <li>CSR Community of Interest created in August 2023 to maintain oversight of CSR activity across GMC. Work is ongoing to help identify further opportunities, risks and dependencies.</li> </ul>	High

## Fair training cultures

<b>Action</b>	To discuss
<b>Purpose</b>	To update Council on progress against our commitment to eliminate discrimination, disadvantage, and unfairness for agreed index measures of medical education and training pathways by 2031.
<b>Decision Trail</b>	Council approved our ED&I priorities in February 2021; considered an annual report on progress in February 2022; considered a detailed project progress report in September 2022; and considered an annual report on progress in April 2023.
<b>Recommendation</b>	To consider performance against our commitments, our priorities and asks of others in response.
<b>Annexes</b>	Annex A: Index Measures Definitions Annex B: National Offices ED&I engagement Annex C: Key engagements this period Annex D: Annual qualitative project review Annex E: Action plan phases Annex F: Forecasts
<b>Author contacts</b>	<b>Stephen Gannon</b> , Programme lead (interim) <b>Mark Willison</b> , Project manager Any enquiries to: <a href="mailto:da@gmc-uk.org">da@gmc-uk.org</a>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Colin Melville</b> , Medical Director and Director, Education and Standards <b>Nico Kirkpatrick</b> , Assistant Director, Education Operations

**Agenda item M4**

**Fair training cultures**

## Executive Summary

- 1** This is the second year deep-dive report for Fair training cultures (FTC). FTC is Education and Standards strategy contributing to the GMC equality, diversity, and inclusion (ED&I) targets.
- 2** Last year, we set out an iterative, three-phase plan to deliver system change. We described our work within Phase 1 of this plan: to test interventions and build evidence at small scale.
- 3** As part of our iterative approach, we also set out a regular methodical qualitative approach to assessing our project's progress. This provides us with an opportunity to objectively consider progress and impact, and adjust the programme of work where needed.

Our review held this year (Annex D) concludes we have continued to make strong progress delivering our work programme:

- a** We finalised and launched the interim evaluation into a potentially transformative exam preparation pilot concept (final evaluation due in early 2024). We have been informed that exam preparation interventions are now being considered by other Royal Colleges.
  - b** We continue to expand the conversations held with our stakeholders. We have published new data showing outcomes for different demographic groups, and are asking new questions in the National Training Surveys (NTS) on discriminatory behaviours.
  - c** We have formed a joint working group with Medical and Dental Recruitment and Selection (MDRS) to improve aspects of recruitment and selection. This is an area we have wanted to influence for many years and are now making good progress.
- 4** Our review process also considered risks to the project's goals. While our work progress is rated as strong, we continue to be mindful that some factors are outside our control, that results rely on the work of our stakeholders, and are vulnerable to disruptive events:
    - a** The pandemic continues to influence outcomes being experienced by trainees. This makes the trajectory of differential attainment difficult to track at the present time, in particular due to exams and assessments being changed or postponed.
    - b** Workforce pressures have increased as we have emerged from the pandemic. This is likely to impact on differential attainment, and have significant impact on stakeholders.
    - c** Rapid workforce changes are continuing: This year, international medical graduate (IMG) trainee numbers are up by 38% to ~18,000. For example, in Northern Ireland, GP trainee numbers rose from circa 30% IMGs to 50%. This growth is expected to continue and presents further opportunities and challenges.
  - 5** We consider maintaining stakeholder momentum will be key for us to manage over the coming year. We will continue to work with stakeholders, receive regular feedback from colleagues across the GMC and review options on gaining strategic external advice.

**Agenda item M4**  
**Fair training cultures**

## Progress

### Index measures

6 We have updates to five of six index measures since our last deep-dive update in 2022\*.

Index measure		2019	2020	2021	2022	2023
<b>Undergraduate EPM scores</b> Difference between mean Educational Performance Measure (EPM) decile scores.	White	6.05	6.09	6.16	6.17	AVAIL Q2 2024
	Ethnic Minority	4.93	4.92	4.94	5.11	
	<b>Difference</b>	<b>1.12</b>	<b>1.17</b>	<b>1.22</b>	<b>1.06</b>	
<b>Undergraduate assessments</b> Difference between mean medical school assessment pass rates.		DATA NOT YET AVAILABLE				
<b>Foundation year 1 preparedness (NTS)</b> Difference in self-reported preparedness for first F1 post.	White	70.2%	NOT INCLUDED IN COVID-ERA SURVEY	76.3%	68.5%	61.6%
	Ethnic Minority	62.4%		65.8%	58.2%	49.9%
	<b>Difference</b>	<b>7.8%</b>		<b>10.5%</b>	<b>10.3%</b>	<b>11.7%</b>
<b>Postgraduate – inclusive environments (NTS)</b> Difference in perceived inclusivity of training environment.	UK White	QUESTION FIRST INCLUDED 2020	81.6	83.0	82.1	82.7
	UK Ethnic Minority		77.2	80.0	79.1	79.5
	<b>Difference</b>		<b>4.4</b>	<b>3.0</b>	<b>3.0</b>	<b>3.2</b>
	All UK		80.1	82.0	81.0	81.6
	All IMG		76.0	77.3	77.7	79.0
	<b>Difference</b>		<b>4.1</b>	<b>4.7</b>	<b>3.3</b>	<b>2.6</b>
<b>Postgraduate ARCP outcomes</b> Difference in proportion of unsatisfactory ARCP outcomes for foundation and specialty trainee.	UK White	4.8%	3.2%	3.2%	4.3%	AVAIL Q2 2024
	UK Ethnic Minority	7.1%	4.5%	4.6%	6.3%	
	<b>Difference</b>	<b>2.3%</b>	<b>1.3%</b>	<b>1.3%</b>	<b>2.0%</b>	
	All UK	5.6%	3.9%	3.7%	5.4%	
	All IMG	15.7%	11.4%	11.5%	14.5%	
	<b>Difference</b>	<b>10.1%</b>	<b>7.5%</b>	<b>7.8%</b>	<b>9.1%</b>	
<b>Postgraduate specialty exams</b> Difference in mean exam pass rates for specialty trainees.	UK White	77.7%	78.4%	81.8%	79.3%	AVAIL Q2 2024
	UK Ethnic Minority	65.4%	66.3%	72.0%	68.6%	
	<b>Difference</b>	<b>12.3%</b>	<b>12.1%</b>	<b>9.8%</b>	<b>10.7%</b>	
	All UK	73.2%	73.9%	78.1%	75.2%	
	All IMG	43.9%	45.9%	52.9%	52.6%	
	<b>Difference</b>	<b>29.3%</b>	<b>28%</b>	<b>25.2%</b>	<b>22.6%</b>	

\* 2020/21 caution note: ARCP and Exam results for 2020 and 2021 are likely to be affected by COVID: [ARCPs included new COVID outcomes](#), and many exams were postponed or cancelled. Caution should be applied when interpreting those year’s results, in particular any perceived closing of the attainment gap in our measures.

#### Agenda item M4

#### Fair training cultures

- 7** With certainty, we can say that differential attainment across the index measures we are tracking still exists, and remains at levels that warrant the efforts being expended. With less certainty, we offer some qualified commentary on the fluctuation in this year's metrics:
- a** ARCP (Annual Review of Competence Progression) outcomes: These have returned to pre-pandemic levels, albeit with a gap reduction versus 2019.
  - b** Foundation year 1 (F1) preparedness: Apart from the year immediately post the COVID-era survey, this appears to be in decline for all demographic groups.
    - In both the cases of ARCP and F1 preparedness, what we believe the data demonstrates – which our research has previously identified – is that poorer outcomes tend to be most felt by those already at a disadvantage.
    - These data also underline that achieving our project goal is entirely dependent on external environmental factors. Disruption in these drastically impacts outcomes.
  - c** Supportive, inclusive environments: Has seen sustained improvement for IMG trainees.
  - d** Postgraduate specialty exams: The gap between UK white trainees and UK ethnic minority trainees has reduced from 2019. Improvements in IMG outcomes appear sustained year-on-year.
    - It may be noteworthy that many trainees included in the 2022 figure will have had an extra year of clinical practice before sitting exams\*. In future monitoring of this metric, we will consider if there is any value in examining the effect of this further.

### Continued delivery of Phase 1 of our work programme

- 8** There are many challenges in attributing the impact of interventions and change against the index measures. Across the UK a range of interventions are in progress, and it will take time to see if these have an impact against the measures. We are actively encouraging the evaluation of interventions to gain better insight of the short and longer-term impacts.
- 9** The level of disruption caused by the pandemic, its after-effects and current work force pressures, means we cannot be certain why the index measures are fluctuating; however, we will continue to gain data and evidence with the aim to build the evidence on what works.
- 10** Our efforts mostly rely on willing external engagement and action. As the health service emerges from the pandemic era, amid continuing pressures across the system, we have observed clear signs of stress in the system. This puts some limitations on the pressure the GMC can place on those we regulate, however we will continue to proactively encourage action whilst working with stakeholders to monitor the programme risks.

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\* international travel for non-UK nationals was limited or non-existent during the applicable period  
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## Agenda item M4

### Fair training cultures

- 11** Our immediate priority is to support our stakeholders to maintain momentum and deliver meaningful change. The following pages cover our most notable work on this over the past year, centred on these priorities:
1. Our work in influencing change in recruitment and selection.
  2. Support provided to stakeholders to improve outcomes, and an expansion of our data and conversations with them, and
  3. Work undertaken to support learners and educators.

## Priority 1: Negotiating change in recruitment and selection

### Joint MDRS/GMC working group established.

- 12** Our research highlights the long-term impact recruitment and selection decisions have on trainees' experience of postgraduate training. Lower recruitment scores for IMGs and graduates from black and minority ethnic backgrounds result in lower likelihood of receiving an offer in competitive specialties, and less choice where they train. This affects access to support networks and resources.
- 13** In the previous reporting period, we carried out an ED&I focused review of specialty person specifications and scoring criteria, which we presented our findings to the Medical and Dental Recruitment and Selection committee (MDRS).
- a Our review found examples of possibly outdated or redundant criteria which could present barriers to entry, narrow examples of what could be offered to demonstrate other requirements (for example, to demonstrate dexterity), and also requirements which those from disadvantaged backgrounds may struggle to satisfy.
- 14** We have now established a joint working group to tackle the issues found, working on:
- a The development of ED&I principles to guide the content of all person specifications.
  - b The development of an improved applicants guide, and
  - c A review of the UK Foundation Programme Office (UKFPO) pilot in which the current scoring-based method of allocating training locations is planned to be replaced by one which is more preference informed.

### Impact

- 15** Our pre-work and subsequent co-work for and with the MDRS identified several barriers that specialty applicants would have faced through person specifications that have grown organically over time. Changes and simplifications made in line with ED&I principles may act to improve access and will improve consistency of asks.

#### **Agenda item M4**

#### **Fair training cultures**

**a** We expect to be able to complete this part of our work by end of 2024.

**16** Separately, The UKFPO are planning to pilot changes to their allocation of placements process, moving from a scored informed process to a preference informed allocation one.

Should the UKFPO pilot changes to the allocation of placements process be successful, it may potentially offer a model for MDRS. Reducing of the impact of earlier differential attainment from this key moment of progression for trainees should provide more equitable access to opportunity.

**a** We expect to be able to review the outcomes of the UKFPO pilot in 2025, with changes likely take another two to three years. This would be carried out by the MDRS and Post Graduate Training Organisations (PTOs).

#### **Challenges and next steps**

**17** The joint working group has a strong understanding of the issues around ED&I as they impact on person specifications, and are working to improve access. A set of principles has been drafted for discussion by the group. Thought is being given as to how the full set of person specifications can be updated.

**18** With regards to any potential change in the allocation system, MDRS learning from the impact of the UKFPO pilot will be essential.

**19** We will progress this work with the MDRS through to the end of 2024. We will then jointly consider our work programme and the timing of the UKFPO pilot findings.

## **Priority 2: Supporting stakeholders to improve outcomes**

### **Progress on enhanced exam support**

**20** We have now published the interim evaluation\* of the exam preparation pilot we co-funded with the then Health Education England (HEE) and commissioned from the Royal College of Psychiatrists (RCPsych).

**21** The evaluation was independently carried out by Edge Hill University, and looked at the exam preparation course's efficacy and the reasons for that.

**a** Its findings are interim pending the results from the final cohort due later this year.

**22** Our last paper outlined the provisional quantitative findings:

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\* [https://www.gmc-uk.org/-/media/documents/the-casc-masterclass---interim-evaluation-2023\\_pdf-101480061.pdf](https://www.gmc-uk.org/-/media/documents/the-casc-masterclass---interim-evaluation-2023_pdf-101480061.pdf)

#### **Agenda item M4**

##### **Fair training cultures**

- a** The average pass rate for IMG trainees rose from 67% to 74%. UK ethnic minority trainees taking part achieved a pass rate of 92%, eliminating the gap between themselves and UK white trainees within this small cohort.
- 23** The published interim evaluation now provides detailed information to those interested in providing examination support, and made a set of four recommendations:
  - a** Materials to support candidates should be well signposted and understandable to candidates less familiar with UK examination formats and terminology.
  - b** Organisations including the GMC should consider monitoring equality of access to support to prepare for examinations across specialties and in different training locations ensuring targeted support is safe, fair, and proportionate.
  - c** Postgraduate training organisations should develop learning needs analysis tools to help identify learners who would benefit from this type of support earlier in training and to avoid the negative impact of examination fails.
  - d** Support focused on generic examination techniques such as time management and answer structure may be of particular benefit to doctors who completed their PMQ (Primary Medical Qualification) outside the UK or have less support to prepare for examinations.
- 24** As well as being published on our website, ourselves, NHS England, Edge Hill University, and RCPsych have since promoted these outcomes to other Royal Colleges (including Royal College Presidents) and PTOs at events.

##### **Impact**

- 25** Based on the interim results from this pilot, the impact of being able to reduce exam failures could help to reduce attainment gaps.
- 26** Including that the results are interim, this conclusion is heavily caveated:
  - a** This has yet to be tested at scale, and will be highly dependent on the quality and consistency of support offer.
  - b** It will take time for organisations to take on board the learnings and apply these to their own setting. Exam preparation courses are only part of the solutions to the issues found.
- 27** Our promotion of the evaluation findings has concentrated on what the results have told us beyond efficacy, in particularly considering the recommendations made. This enables stakeholders to innovate to address the underlying weaknesses and opportunities.

The Academy of Medical Royal Colleges (AoMRC) have published a set of examination preparation and feedback principles. Some Royal Colleges have informed us that they are now considering developing exam preparation courses, inspired by our pilot. We have committed to support them with quantitative evaluation of the results wherever we can.

## Agenda item M4

### Fair training cultures

#### Challenges and next steps

- 28 Capturing the impact of our efforts over a prolonged period and across a diffuse range of stakeholders will be challenging. We will:
  - a Continue to offer quantitative evaluation support to Royal Colleges implementing exam preparation courses; this will help us to build on and strengthen the evidence.
  - b Continue to monitor action plans for interventions that address the issues raised in the pilot evaluation, and consider ways we can measure and convey progress and impact.
- 29 In the shorter term, we will continue to promote the outcomes of this pilot evaluation, both directly and through our pilot partners, and encourage stakeholders to learn and act.
- 30 We will continue to work with the Academy of Medical Royal Colleges (AoMRC) on the promotion and evaluation of their guidance for colleges, which sets out principles for exam support and feedback to address differential attainment.
- 31 We will also support those who are developing exam support and feedback interventions by offering feedback and quantitative evaluation.
- 32 RCPsych are planning to run an additional course in late 2023, as well as pilot an added support intervention for IMG trainees. We will continue to work closely with the college to understand the impact of these interventions.

#### Improving outcomes for IMGs through educator support

- 33 We published an evaluation into a Train the Trainer programme\* focused on skills to deliver high-quality, culturally competent feedback, and how educators can adjust their practice.
- 34 This training was delivered by the Psychiatry Teaching Unit and Centre of Experiential Learning at Derbyshire Healthcare NHS Foundation trust to trainers within Core psychiatry, Internal Medicine and Core Surgery, across several postgraduate training organisations.
- 35 The evaluation covered over a third of course participants and reported that the course:
  - a revealed aspects of differential attainment participants were previously unaware of
  - b enabled participants to have more open conversations with trainees and colleagues
  - c prompted participants to adapt their practice, and cascade their knowledge, and
  - d encouraged further proactive self-learning and reflection.
- 36 Further follow up interviews with participants, around 12 months later, indicated that the course had cultivated changes in thinking about differential attainment, leading to systemic changes to the structure of support provided and proactive support in supervisory practice.

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\* [https://www.gmc-uk.org/-/media/documents/eqit---embedding-compassionate-courageous-cross-cultural-conversations-into-training\\_.pdf](https://www.gmc-uk.org/-/media/documents/eqit---embedding-compassionate-courageous-cross-cultural-conversations-into-training_.pdf)

## Agenda item M4

### Fair training cultures

#### Impact

- 37 Our research shows quality learner-educator relationships provide a protective factor against differential attainment, helping learners successfully navigate training, access educational resources, and overcome negative experiences or set-backs including examination failure.
- 38 Improving educators' understanding and behaviours can positively impact a large number of learners at a pivotal moment in their career. Direct benefits include learners receiving higher quality, better understood feedback and, indirectly, improved cross-cultural awareness on the part of the learner may improve their own ability to seek and receive feedback in future.

#### Challenges and next steps

- 39 Our Outreach team is now developing a training programme for Educators inspired by this.
- 40 We would like such cross-cultural awareness and empowerment content to be embedded in the relevant courses for educational supervisors and trainers which are run widely across the system. We are actively promoting the evaluation outcomes of this pilot to our stakeholders.
- 41 Some locations may find capacity of provision to be a challenge. This is especially a risk in areas experiencing rapid growth in IMG intakes.
- 42 Longer term, learning from action plans will strengthen our Standards and quality assurance.

## Progressing and expanding our stakeholder conversations

### Understanding wider inequalities

- 43 Last reporting year, we released our enhanced Progression Reports to Royal Colleges and PTOs. This year, we released this data to the public, along with a narrative report\* which outlined the findings and commented on some challenges revealed.
- 44 The enhanced reports allow for deeper, more granular insights into disparities between different ethnic groups, amongst other demographics. Some findings revealed include:
  - a UK graduates of black/black British heritage have lower pass rates in specialty exams (62%) than UK white (79%), Asian (68%) and mixed heritage trainees (74%)
  - b A larger proportion of UK black/black British trainees (5.3%) have had their training programme extended than UK white trainees (2.6%)
  - c Specialty exams pass rates are lower for disabled trainees. Overseas graduates are less likely to declare a disability than UK graduates. Only 2% of IMG Asian and IMG black trainees do so compared to 10 – 11% UK white, UK black and UK mixed ethnicity groups.

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\* [https://www.gmc-uk.org/-/media/documents/96887270\\_tackling-disadvantage-in-medical-education-020323.pdf](https://www.gmc-uk.org/-/media/documents/96887270_tackling-disadvantage-in-medical-education-020323.pdf)  
gmc-uk.org

#### **Agenda item M4**

#### **Fair training cultures**

- 45** In addition to these enhanced Progression Reports, this year's NTS included new questions on discriminatory behaviours\*.
- a** One in five trainees said they'd received unfair or overly critical feedback.
  - b** One in ten trainees said that they'd been intentionally humiliated in front of others.
  - c** Specialties with higher proportions of negative responses to most of these questions (surgery, emergency medicine, obstetrics and gynaecology) have higher proportions of trainees stating they have been a victim of, or have witnessed bullying or harassment in their post (12%, 10% and 16% respectively, compared to 8% of all trainees), and
  - d** Doctors in the early stages of their training report more negative work cultures than their colleagues at higher training levels, with 38% of Foundation Programme trainees saying they hear insults, stereotyping or jokes on the grounds of a person's protected characteristics, compared to 24% of trainees in specialty or core posts.

#### **Impact**

- 46** At launch, these reports have generated significant discussion amongst stakeholders and doctors generally. This is to be welcomed, in raising the awareness of both how individual groups of trainees are disproportionately being impacted by differential attainment, and the need to tackle inappropriate behaviours which may contribute towards this.
- 47** This data will provide useful leads in our and our stakeholders' efforts to tackle characteristic-based disadvantage, as well as provide basis to have more detailed discussions with stakeholders about their challenges.

#### **Challenges and next steps**

- 48** We widely release the annual enhanced Progression Reports as soon as we and our stakeholders had validated the data. It will take some time for us to understand the drivers of some of the differences exposed, and whether our work needs to be adjusted.
- 49** We are working to develop a more granular view of the responses to the new NTS discrimination questions, which may contribute to this understanding.
- 50** We as an organisation have previously developed training sessions and materials on some of the topics concerned – resources such as a Speaking Up Hub, guidance on tackling racism, and Professional Behaviours and Patient Safety (PBPS) sessions.
- a** in Wales, we are working closely with the Nursing and Midwifery Council (NMC) to tailor these PBPS sessions for maternity services
  - b** in Northern Ireland we are developing a joint PBPS offering with the NMC
  - c** Scotland's offer to health boards also includes this PBPS training.

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\* [https://www.gmc-uk.org/-/media/documents/national-training-survey-2023-initial-findings-report\\_pdf-101939815.pdf](https://www.gmc-uk.org/-/media/documents/national-training-survey-2023-initial-findings-report_pdf-101939815.pdf)

#### Agenda item M4

#### Fair training cultures

- 51 We require PTOs and others to examine the results of the NTS as they apply to them, and act where needed. Our quality assurance teams will be monitoring relevant quality assurance processes including action plans for evidence this is taking place.

### Priority 3: Supporting learners and educators

#### Improving formative feedback

- 52 We recently published a report *Improving feedback in the context of differential attainment*. This work is the culmination of a piece of research by a former GMC clinical fellow into the quality of formative feedback received by trainees, and builds on a prior report called *Good conversations, Fairer feedback\**.
- 53 The report contains insights useful for those who need to provide feedback, and recommendations to organisations – including the GMC – in the structures and changes needed for quality feedback to happen across all demographic groups routinely.
- 54 This work will be presented at the Developing Excellence in Medical Education Conference, due to be held in Manchester later this year.

#### Impact

- 55 While a high-quality educator-learner relationship provides a protective factor against differential attainment, it is the quality of the feedback provided as part of this relationship that forms the central plank of this protection. Whereas summative feedback is provided more infrequently and typically delivered as a final assessment of a learner – often after a high-stakes exam – formative feedback should be provided on a regular basis and in a timely manner to enable the learner to hone their knowledge and skills.
- 56 Complementing the “train the trainer” work to improve educators’ cross-cultural competence, improving the quality of formative feedback can reduce the risk of failure and make sure that learners are ready to face their high stakes moments with more confidence.

#### Challenges and next steps

- 57 We will publicise this report with our stakeholders. There are insights within it which will benefit any educator’s approach directly, as well as recommendations it is suggested they take forward.
- 58 The report contains recommendations for changes in GMC standards, quality assurance and for the NTS, to quality assure that formative feedback.

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\* [https://www.gmc-uk.org/-/media/documents/good-conversations-fairer-feedback-research-2019\\_with-cover.pdf](https://www.gmc-uk.org/-/media/documents/good-conversations-fairer-feedback-research-2019_with-cover.pdf)  
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#### **Agenda item M4**

#### **Fair training cultures**

- a The recommendations are now owned by Education & Standards teams involved in for discussion and to consider how to practically implement the recommendations.

### **Using regulatory powers where needed**

- 59 The NTS are a key evidence source for our quality assurance activities relating to patient safety, however trainee safety and wellbeing is of equal importance to us.
- 60 We are currently monitoring a trust's efforts to improve their fulfilment of Theme 3 of Promoting Excellence: "Supporting Learners" with respect of inclusion.

### **Work going on across the system**

#### **GMC/AoMRC/COPMeD co-ordinated efforts**

- 61 Together with the Academy of Medical Royal Colleges and the Conference of Postgraduate Medical Deans UK, we co-hosted an event showcasing several evaluated interventions. This was attended by a wide range of delegates, many of who were positive about developing similar interventions in their own organisations.

#### **UK Foundation Programme Office (UKFPO) randomised allocation pilot**

- 62 At present, lower recruitment scores (Education Performance Measure (EPM) + Situational Judgement Test (SJT)) for ethnic minority and IMG graduates result in lower likelihood of receiving an offer in competitive specialties, and less choice where they train. This affects access to support networks and resources.
- 63 The UKFPO propose moving to a preference informed allocation process whereby as many applicants are placed in their first preference Foundation School as possible and EPM and SJT scores are disregarded in this process.
- 64 The UKFPO's modelling suggests an increase to 80% of applicants obtaining their first preference, versus 73% today. Importantly, as EPM and SJT are disregarded, those who previously would have been far more likely to be in the 27% not obtaining their first choice will now stand an equal chance of being in the 80% who do\*.

#### **Launch of updated *Good medical practice***

- 65 *Good medical practice* was released this year and comes into effect on 30 January 2024.
- 66 The review to update this was carried out with exemplar ED&I consideration, including different ways for people to provide their views, proactively engaging with hard-to-reach

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\* <https://foundationprogramme.nhs.uk/what-is-being-looked-at/gmc-uk.org>

#### **Agenda item M4**

#### **Fair training cultures**

consultees, considering unintended consequences, and testing outputs with diverse groups. Fair training cultures staff provided advice into the review, helping to make sure that findings from our research, learning and best practice were incorporated.

**67** *Good medical practice* now contains key sections on:

- a** Creating respectful, fair, supportive, compassionate workplaces for colleagues and patients
- b** Promoting patient centred care
- c** Helping to tackle discrimination
- d** Championing fair and inclusive leadership
- e** Promoting continuity of care and safe delegation.

### **Fair training cultures project review**

**68** In addition to our project's regular qualitative self-assessment described earlier, *Fair training cultures* participated in an externally facilitated audit this year into the organisation's ED&I external facing targets.

**69** The purpose of this review was to assess the robustness of data and judgements which have underpinned progress reporting presented to Council.

**70** This 2023 review found:

- a** we were making good progress in our work programme,
- b** that our data sources were validated and scrutinised, and
- c** when we report analysis, we do so in an honest and transparent manner.

**71** It was remarked that there is not a clear plan in place to monitor and maintain achievements post target timeframes (2031).

- a** This is something we will consider.

**72** A recommendation for all ED&I priority project teams was the implementation of a review process in the run up to the end point of the measures.

- a** This is something we already have in place in the form of our annual self-assessment review. We will consider enhancements to this process on an annual basis.

### **Our trajectory**

**73** In 2015, we commissioned *Fair training pathways* to identify the problems giving rise to differential attainment. Our work programme is based on this and subsequent research, as well as internal and external engagement.

**Agenda item M4**

**Fair training cultures**

**74** If our work is successful in addressing the issues identified, then differential attainment – along with other forms of disadvantage and unfairness – should in turn diminish.

**75** Early signs are that our trajectory is positive:

- a** We have successfully stimulated action and engagement from key stakeholders, including in areas where we have limited regulatory remit.
- b** Our own interventions – designed to help the system build evidence – have been evaluated positively, and are being acted on by stakeholders.
- c** Our actions are also prompting stakeholders to evaluate their own interventions, offering the potential for yet more evidence to be built.

**76** Due to an absence of historical evidence on the impact of interventions, forecasting the effect of work to close attainment gaps continues to be difficult. Through QA processes and work with others, we are filling this gap with evaluated interventions, however:

- a** We work with a distributed system (Royal Colleges, post graduate training organisations, medical schools, and other stakeholders), and in turn change will not be uniform.
- b** The time taken for change to show in metrics, combined with the time needed for the different parts of the system to effect change, creates a considerable time lag effect.

Due to the above, attributing changes in metrics to our work or interventions will likely remain limited to hypothesising, albeit with increasing levels of circumstantial evidence.

**77** We created our regular qualitative review approach in response to this ongoing challenge. Our qualitative review is designed to assess whether our work is being successful, and whether it is likely to continue being successful to address research-identified issues.

**78** We will use evidence year-on-year, as it grows, to become less and less hypothetical about our success and, where possible, about its metric impact.

**79** We rated our progress delivering our work programme this year as Strong (Annex D), and expect this to be the case in the next period on the basis of our planned work (next page).

**80** We are pleased with the commitment shown by our stakeholders to tackle the issues identified, but do note they are facing workforce pressures. While supporting them, we will continue to press for maximum effort. This includes as we begin work on supporting the *Valuing medical educators* strand of the Education & Standards strategy.

**Agenda item M4**

**Fair training cultures**

## Maintaining momentum for real-world change

**81** Our planned work to support our stakeholders to deliver change:

Strategic aim	Planned work for 2023/24
Strategic partnering with stakeholders	<ul style="list-style-type: none"> <li>• MDRS/GMC joint working group to continue to deliver outcomes.</li> <li>• AoMRC exam support principles has been launched, we will work with them to publicise and support with longer term evaluation.</li> </ul>
Developing our data to advance and deepen the agenda	<ul style="list-style-type: none"> <li>• Statistical: The development of a multi-variate analysis, and further work to further explore the results of the new NTS questions.</li> <li>• Direct support: Engaging with colleges in encouraging interventions where we are seeing impact, for example examination preparation courses and offering support in quantitative evaluations.</li> <li>• Qualitative: We will scope a new piece of work into which focusses on the impact and barriers to implementing mentoring programmes and provide further update in 2024 as this work progresses.</li> </ul>
Strengthen our processes and support for our stakeholders.	<ul style="list-style-type: none"> <li>• Strengthening our quality assurance processes, and adding value for stakeholders by reviewing the questions which we ask and developing annual summary reports.</li> <li>• Development of the Outreach-delivered cultural competence course for trainers.</li> <li>• Press for implementation of the recommendations from our recently published report on improving formative feedback.</li> </ul>
Supporting the design of quality systems	<ul style="list-style-type: none"> <li>• Supporting the development of the <i>Valuing medical educators</i> strand of the Education &amp; Standards strategy.</li> <li>• Shaping policy and preparing for phase 2 of our work programme – “Scale up, embed new standards or guidance, reassess scope in response to learning and evidence of impact” 2024-2028.</li> </ul>

**Agenda item M4**

**Fair training cultures**

## Calls to action

**82** Progress against the five calls to action that we set out to Council in February 2022:

Call to action	Progress so far
<p>1. We ask the organisations who we regulate to contribute to building the evidence on ‘what works’ by evaluating pilot initiatives and sharing their findings with others across the system.</p>	<ul style="list-style-type: none"> <li>• We continue to share evaluations of pilots on cultural competence, exam preparation and mentoring, and promoted conversations about these.</li> <li>• Many partners and individual stakeholders are now taking forward initiatives based on our work.</li> <li>• We developed a model of evaluation to assist others, which we are now testing.</li> </ul>
<p>2. We require medical royal colleges, postgraduate deans (PG Training Organisations) (PTO) and medical schools to submit organisational action plans describing how they will improve outcomes for IMG and ethnic minority learners in their region, country, or specialty.</p>	<ul style="list-style-type: none"> <li>• Royal college action plans have now been received alongside those of PTOs. These are being discussed with stakeholders by quality assurance staff, and progress is being monitored.</li> <li>• We held a best practice sharing event this year and are looking at ways in which we can help colleges and PTOs learn from each other’s ED&amp;I focused work.</li> </ul>
<p>3. We ask all medical royal colleges to consider how they might improve the diversity and inclusion of high-stakes exams. Examples include; broadening the diversity of examiners and question-writers and improving support for candidates to prepare for exams and recover from an exam fail</p>	<ul style="list-style-type: none"> <li>• The AoMRC has published exam preparation and support principles which cover a range of topics that will better support educators and trainees. Our enhanced exam preparation pilot’s interim evaluation launched this year. Lessons were learned and integrated in the AoMRC principles. Stakeholders are actively learning from our pilot outcomes.</li> </ul>
<p>4. We have collaborated with statutory education bodies, colleges, and the UKFPO to influence a review the systems and policies around recruitment of learners and to deliver on recommended improvements</p>	<ul style="list-style-type: none"> <li>• A joint MDRS/GMC working group is now operational and working on improvements in recruitment and selection.</li> <li>• The UKFPO is planning a pilot change to its allocation system.</li> </ul>
<p>5. We ask medical schools to provide exam data which will be used to monitor and improve fairness in undergraduate education.</p>	<ul style="list-style-type: none"> <li>• We are working with stakeholders to collect, validate and report this consistently. We will report on the outcomes in 2024.</li> </ul>

## Annex A: Index Measures Definitions

### EPM scores

Data is for previous full academic year. The Educational Performance Measure (EPM) is a measure of clinical and nonclinical skills, knowledge and performance up to the point of application to postgraduate education. It is used in applications to foundation training. Score is out of 10, with 1 the lowest and 10 the highest and best performing decile. Data provided by ORIEL.

### Foundation – F1 preparedness

Data at March NTS census date. We asked foundation year 1 doctors the question ‘I was adequately prepared for my first foundation post’. The measure shows the proportion of respondents that agreed or strongly agreed with the statement.

### Postgraduate education – inclusive environments

Data at March NTS census date. The responses to the survey question ‘my department/unit/practice provided a supportive environment for everyone regardless of background, beliefs or identity’ were converted into a score out of 100, with higher scores indicating higher levels of support.

### Postgraduate education - ARCP

Data is for previous full academic year. Difference in rates of unsatisfactory outcomes for annual review of competency progression (ACRPs), across all specialties and training levels. Data provided by postgraduate deans.

### Postgraduate education - exam

Data is for previous full academic year. Difference in specialty examination pass rates, across all UK specialties and training levels, and for all attempts. Data provided by royal colleges and faculties.

## Annex B

### The picture across the four nations

- 1 Across the four nations, efforts are being particularly focused on supporting the increasing numbers of IMGs. This is being driven by workforce. It is positive that it is recognised that IMGs need quality inductions when they enter UK practice, and different types of support once they are in training. The rapid increase in numbers may present capacity of provision issues in the coming years. This may risk quality issues arising later, and we are having discussions with our stakeholders about this.

#### England

- 2 We are working closely with NHS England to embed induction for new IMGs. We are working at national, regional and local level to influence the system to adopt the Welcoming and Valuing IMG programme guidance\*.
- 3 Across England there are a range of activities underway to make the working environment for doctors more inclusive. In the South of England, we delivered training programmes aimed at helping doctors to challenge unprofessional behaviours and build inclusive working environments.
- 4 In the Midlands, we continued to work with NHSE and organisations to embed the Midlands charter. The charter aims to establish the Midlands as a beacon for postgraduate training, in part by ensuring trainees work and learn in supportive and inclusive environments. As part of this work, we established a subgroup with NHSE Midlands with the aim of developing an anti-misogyny toolkit.
- 5 In London we are working with NHSE London across three main areas to support inclusive environments. We are working on a shared data dashboard to enable providers to measure their progress across a range of areas. We are also working on a support programme for ASA doctors to ensure their work is valued and they are given access to appropriate leadership and development. We are also working with providers across the region to embed the Welcoming and Valued Induction programme for new International Medical Graduates.

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\* <https://www.e-lfh.org.uk/programmes/nhs-induction-programme-for-international-medical-graduates/>

## Agenda item M4 – Annex B

### Fair training cultures

- 6 In the North of England we have been building relationships with the new Integrated Care Systems to understand what their ED&I ambitions are and how we might be able to support these. So far, our data on workforce has been identified as a helpful evidence base to build their understanding of the doctor population within their System, especially around doctors new to practice from qualifying overseas who could benefit from induction.

### Northern Ireland

- 7 Northern Ireland is currently experiencing particularly rapid increase in IMGs arriving, with the GP trainee workforce rising from around 30% IMGs to 50% in the last year.
- 8 There are some examples of high-quality support being put in place. Western Health and Social Care Trust have an international recruitment programme with a tailored package of support for IMGs who choose to come and work for the trust. All attend Welcome to UK practice and can join a thriving in UK practice session as they mature in their NHS career.
- 9 The GMC Northern Ireland Team hosted an event in October titled *The Changing Medical Workforce in Northern Ireland*. This showcase event was designed to facilitate sharing of best practice in supporting our increasingly diverse medical workforce across the country providing networking opportunities, where links can be made to enable learning from others.

### Scotland

- 10 In Scotland, national office staff have joined the Improving Wellbeing task force set up by National Education for Scotland's "Centre for Workforce Supply".
- 11 This task force is sharing best practice, developing anti-racist resources, and working on onboarding and pastoral care. Making Welcome to UK Practice a mandatory course for new arrivals is under consideration.
- 12 We presented our Progression Reports, and have set up a focus group under the National Ethnic Minority Forum which the BMA have agreed to be secretariat of. The focus group's most recent meeting in August discussed developing peer roles and mentoring, including how to identify where this is needed. Our focus group will feed into the main forum.

### Wales

- 13 In Wales Health Education and Improvement Wales (HEIW) have set out several intentions through their actions plans, including:
  - a development of an enhanced induction and support programme for IMGs, and

**Agenda item M4 – Annex B**

**Fair training cultures**

- b** increasing the number of GP educators, to undertake additional training with those identified as being at most risk of having a complicated training journey.
- 14** HEIW also plan to appoint a new Associate Dean to lead on all aspects of ED&I, and appoint Fairer Training Pathway Leads in Medicine, Psychiatry, Pathology, Paediatrics and Obstetrics and Gynaecology - they are specialities with the highest number of IMGs

## Annex C: Key engagements this period

Table. Key stakeholder engagements this year

Who	Topics
<b>MDRS</b>	Joint working group on issues around equity of the recruitment and selection processes
<b>AoMRC</b>	Development of exam support principles Joint summer best-practice sharing event
<b>CoPMED</b>	Joint summer best-practice sharing event
<b>Royal Colleges (all)</b>	Sharing good practice: Working together to create fair training cultures for all Action plans
<b>Postgraduate Training Organisations (PTOs) (all)</b>	Action plans
<b>NHSE</b>	Pilots: <ul style="list-style-type: none"> <li>• Support for trainees taking high stakes exams</li> <li>• Support for trainers delivering feedback</li> </ul>
<b>Royal College of Psychiatrists</b>	Pilots: <ul style="list-style-type: none"> <li>• Support for trainees taking high stakes exams</li> <li>• Support for trainers delivering feedback</li> </ul>

Table. Major conferences we have attended this year

What	Description of role
<b>GMC/AoMRC/CoPMED joint events: Working together to create fair training cultures</b>	Engagement and sharing of activities
<b>College Presidents Meetings</b>	Engagement and sharing of activities
<b>CSRH Joint Conference: Differential Attainment General and CSRH trends</b>	Engagement and sharing of activities
<b>NES: Collaboration for Improvement</b>	Guest speaker. Topic: Interim findings from our pilot on exam preparation and educator support

## Annex D

### Fair training cultures qualitative review 2023 Headline outcomes

#### Review purpose

Reviews are carried out annually by the project team for the previous reporting year. It considers:

- Efficacy of all individual items of work
- Opportunities for benefits maximisation, and
- Efficacy of the programme of work as a whole

The review delivers:

- appraisal of the programme of work, value of its effort versus its current impact on the challenges differential attainment presents, and its likely impact in future, and
- Recommendations or options for alterations to the work programme for the reporting year ahead (new, changed or removed items of work)

#### Operational status

Fair training cultures is a very large undertaking that works across Education & standards internally and externally. There are in excess of 20 pieces of work in Education & standards, plus external work which we are supporting and quality assuring. With over 40 Royal College and Faculties and Post Graduate Training Organisations (PTOs) providing action plans, new data and research being published, 2022-2023 has been a very productive year for the Fair training cultures programme despite internal resource change and challenges.

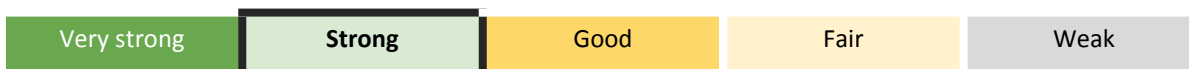
Operationally, the work programme remains broadly on track. The most substantive logistical amendments so far have been made for quality reasons, rather than cost or disruption pressures. The impact of Support for and approval of trainers is rated as “Fair” in this period for this reason of quality-based amendment.

Cost, resource and workforce pressures will, however, influence how we take forward two identified pieces of future work: Formative feedback, and mentoring. These pieces of work are potentially transformative but will require external stakeholders to make significant investment.

## Agenda item M4 – Annex D

### Fair training cultures

## Impact status



Overall rating of the programme of work is “**Strong**”; we have some evidence that our work is having practical effect. This is the same rating as last year.

This rating and the evidence for it has been scrutinised by the Fair training cultures working group and its programme board.

Headline ratings for each workstream theme follow. Details of how these were arrived at are included within this document.

### Theme 1: Recruitment and selection

**Good.** We have expectation our work will have practical effect.

### Theme 2: Support for learners

**Strong.** We have some evidence our work has had practical effect.

### Theme 3: Inclusive training environments

**Strong.** We have some evidence our work has had practical effect.

### Theme 4: Support for and approval of trainers

**Fair.** We have delivered some work in this area, and substantive work is planned.

### Theme 5: Data and evidence for change

**Strong.** We have some evidence our work has had practical effect.

### Theme 6: Curricula and assessments

**Strong.** We have some evidence our work has had practical effect.

## Metrics status

- Last year (Sept 2022) saw a narrowing of the differential attainment gap across most index measures.
- At this time, we had no information on the cause of this, amid speculation that COVID-related changes may have been responsible.

## Agenda item M4 – Annex D

### Fair training cultures

- We will consider the findings of an evaluation of derogations implemented during the pandemic when published, and we will continue to analyse data and review new research in considering our programme of work.
- As derogations are withdrawn, we may in future years explore the merit and practicality of further investigations.
- Given the level of disruption that was involved, which also coincided with other changes already being made in the system, we may however need to accept that attribution of this narrowing is not possible.
- This period:
  - FY1 preparedness, the gap has widened as figures generally have worsened (10.3pp gap previously, 11.7pp gap today. Both demographic groups dropping by 7-9pp)
    - The widening gap appears to support evidence that the most disadvantaged are most impacted by negative change, just as they benefit from positive changes
  - The gap between IMGs and UK PMQ trainees narrowed for inclusion and supportive environments (from a 3.3 gap to 2.6 today)
    - This may reflect better IMG induction support following a number of years of effort
  - The gap between IMGs and UK PMQ trainees also narrowed for PG exam results (from 252pp difference to 22.9pp).
    - IMGs taking exams in this period have benefited from an extra year of clinical experience.

## Headline recommendations for 2023/24

We consider the key challenge for 2023/24 will be maintaining momentum in a landscape under increasing cost and time and workforce pressures.

For this reason, our recommendations focus on strengthening current initiatives, adding value for and problem solving with stakeholders, and considering the impact of any new work burdens into the Fair training cultures team.

## Recommendations

1. Medical Dental Recruitment & Selection (MDRS) committee/GMC joint working group to deliver outcomes, establishing principles for recruitment and selection.
2. Investigate stakeholder barriers to implementing mentoring programmes, with a focus on ways to overcome these.

**Agenda item M4 – Annex D**

**Fair training cultures**

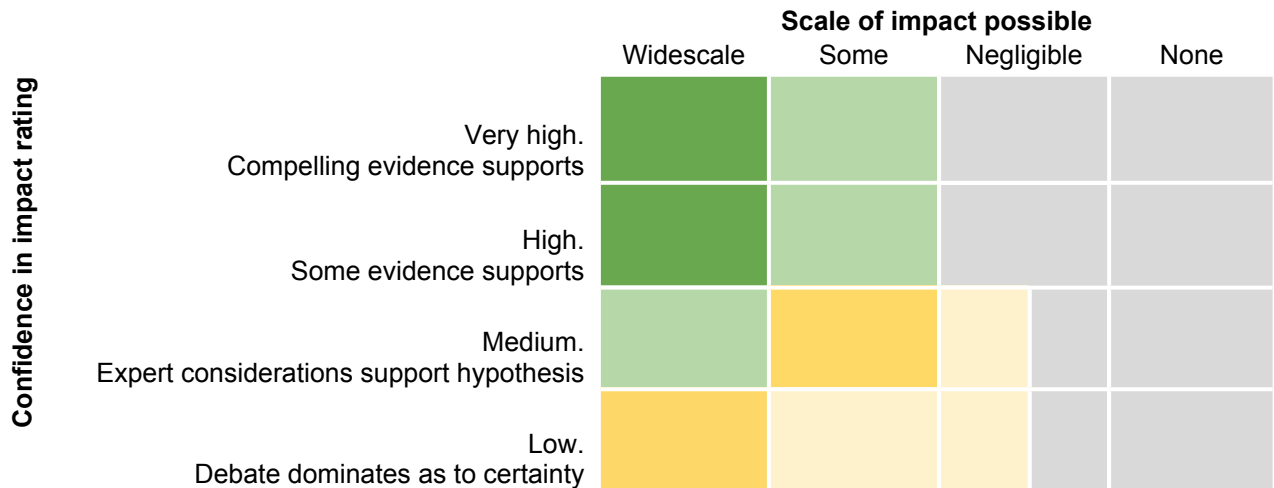
3. Engage with colleges seeking to implement exam preparation courses, and offer quantitative data analysis of results to some of these. This would add to the weight of evidence we already have as well as help the colleges hone their efforts.
4. Continue to monitor college and PTO efforts to work together on exam preparation support, with a view to building on existing evidence and providing examples of good practice for others.
5. Strengthen QA processes and add value for stakeholders through the creation of externally facing summary reports.
6. Engage in the “Valuing medical educators” element of emerging Education strategy.
7. Track the development of a “Train the trainer” programme being developed, piloted in 2024, which aims to empower trainers to be more aware of differential attainment and how they can mitigate some of its impacts at source.
8. Manage the impact of disaggregating data, following leads to pinpoint new insights. Seek to improve stakeholders’ experience of using progression and ED&I data
9. Support policy and operational teams to update policy and guidance with latest learning.

Agenda item M4 – Annex D

Fair training cultures

## Qualitative assessment matrix

Ratings are derived from scale of impact thought possible versus the weight of evidence.



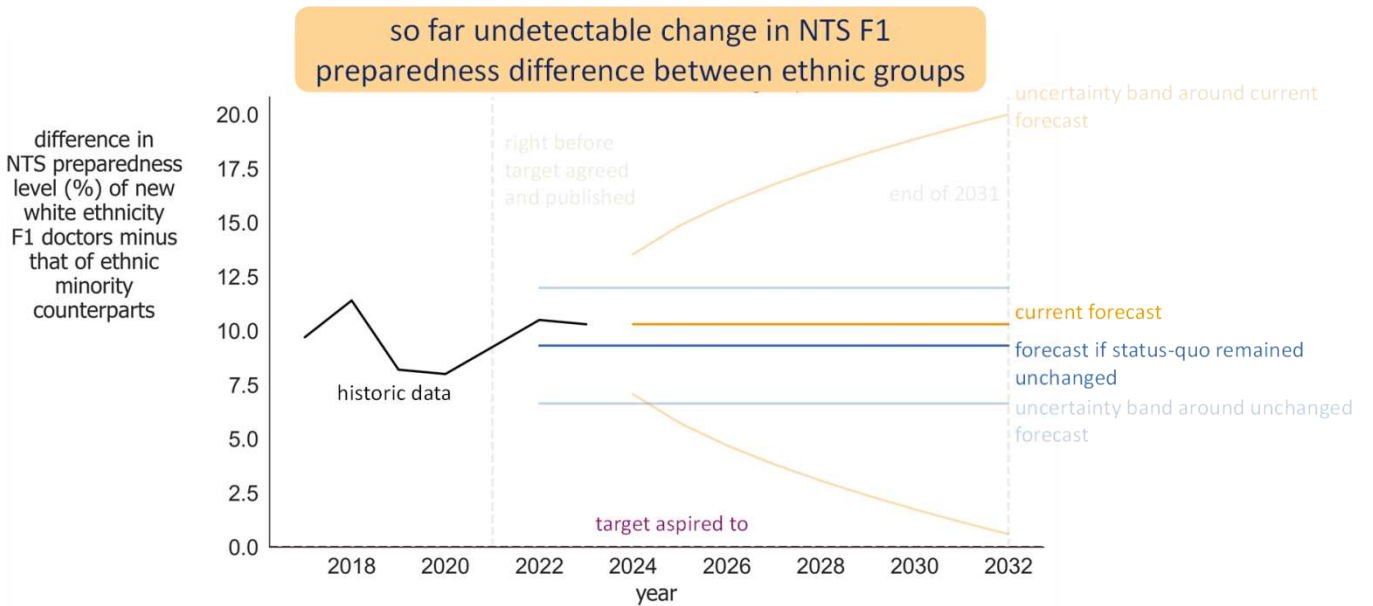
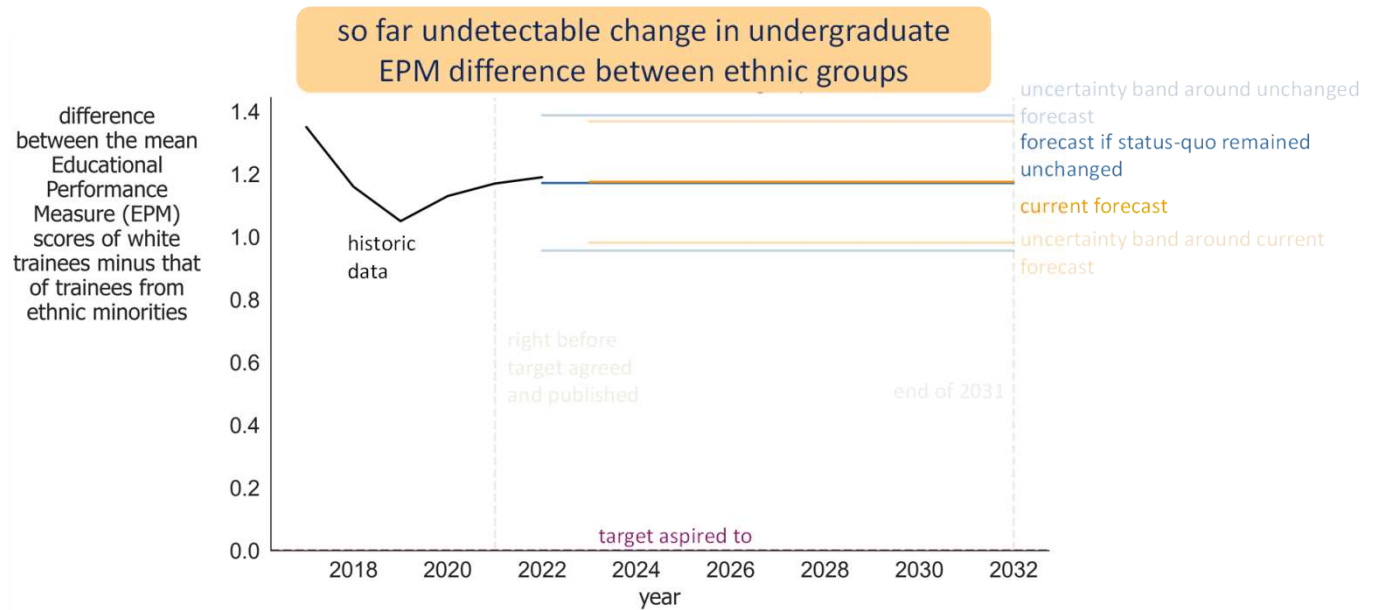
- Very strong. Evidence will have direct and widescale effect
- Strong. Some evidence will have practical effect
- Good. Expectation of work having practical effect
- Fair. Not confident of impact, but have a plan to improve
- Weak. Not confident of impact, no plan in place to change this

Rating	Standard
Very strong	We have evidence that our work will result in direct and wide-scale reduction of disadvantage.
Strong	We have evidence that our work will result in practical improvements and direct reduction of disadvantage.
Good	We expect our work will result in positive changes working towards the reduction of disadvantage. We have a clear plan or understanding of how that improvement will be directly felt, and how we will monitor that.
Fair	Although some positive outcomes have been achieved, we cannot be confident our current work is having or will have the real-world impact we want. We have plans agreed to address this, either by delivering this confidence or by pivoting our activities.
Weak/Neutral	We cannot be confident our work is having or will have a real-world impact. We do not yet know how we will address this, or we have not secured the resources we need to address this.

## Annex E: Action plan phases

2021 – 2024 Phase 1		2024 – 2028 Phase 2		2028 – 2031 Phase 3	
Scope, external engagement and initiate transformation of QA processes and testing interventions		Scale up, embed new standards or guidance, reassess scope of phase 2 in response to learning and evidence of impact		Iterative monitoring, evaluation of impact and refinement of scope	
Operational stages and activities					
Stage 1	Stage 2	Stage 3		Stage 4	
Scoping	Planning for phase 2	Execution of work plans. Ongoing evaluation		Closure	
Immediate work, groundwork					
External engagement with partners					
Phase action plans					
<p><b>Phase 1:</b></p> <p><b>FTC1:</b> Initiate EDI impact assessment of Recruitment &amp; Selection processes against GMC standards</p> <p><b>FTC2:</b> good practice guidance on supporting ‘higher risk’ learners, QA ‘deep-dive’ into action plans in priority regions, development of early needs analysis tools and testing interventions to build ‘what works’ evidence</p> <p><b>FTC3:</b> Modelling to identify concerning learning environments &amp; build evidence on interventions which improve inclusive local cultures</p> <p><b>FTC4:</b> Develop QA of and support for Trainers (linked with Outreach, GMP and Leg reform) WS5: Publish expanded EDI data &amp; improve visibility and links with MWRES</p> <p><b>FTC6:</b> Define QA requirements for curricula and assessments – college and medical school ED&amp;I action plans established</p>		<p><b>Phase 2:</b></p> <p>Evaluate evidence from Phase 1 and impact on KPIs within pilot regions – scale up effective interventions and identify gaps to be addressed in phase 2 &amp; 3 through new workstreams</p> <p><b>FTC1:</b> potential to create new Standards for Recruitment and selection</p> <p><b>FTC2:</b> Consider new Standards on personalised learning and recommended interventions for learners at higher risk (e.g. New to UK)</p> <p><b>FTC3:</b> – 6: Embed and expand QA of QAMI, data and research, Trainers and Curricula and Assessments</p>		<p><b>Phase 3:</b></p> <p>Impact on KPIs – identify any further gaps to be addressed in phase 3 through new workstreams</p> <p>Monitor impact of establishment of new standards, systems and monitoring</p>	

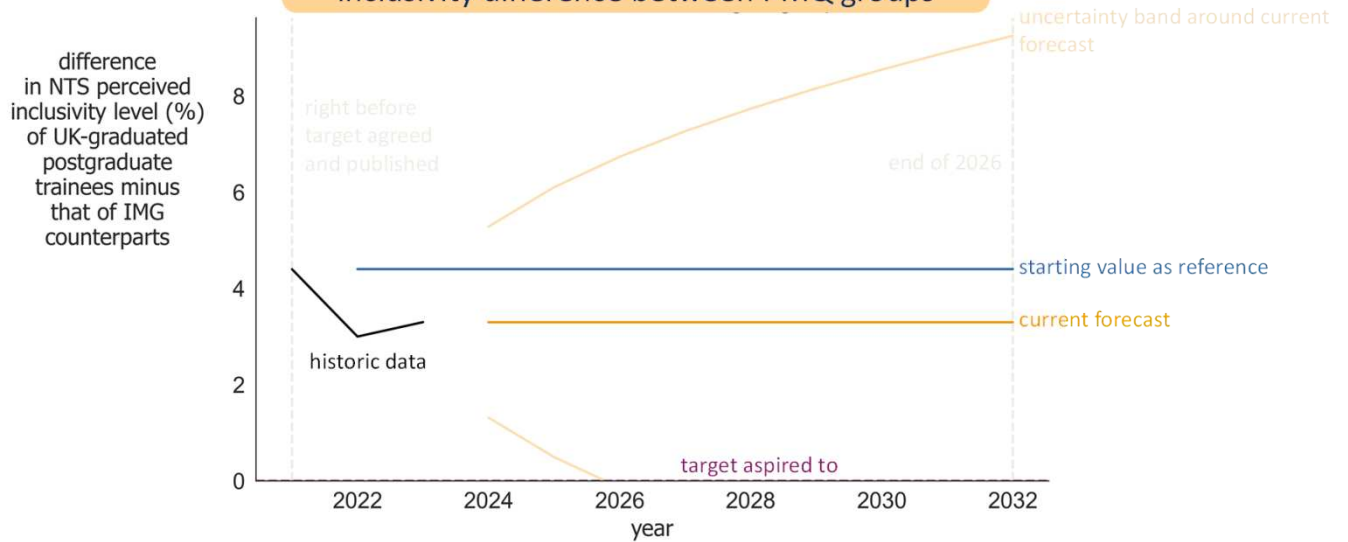
## Annex F: Fair training cultures forecasts



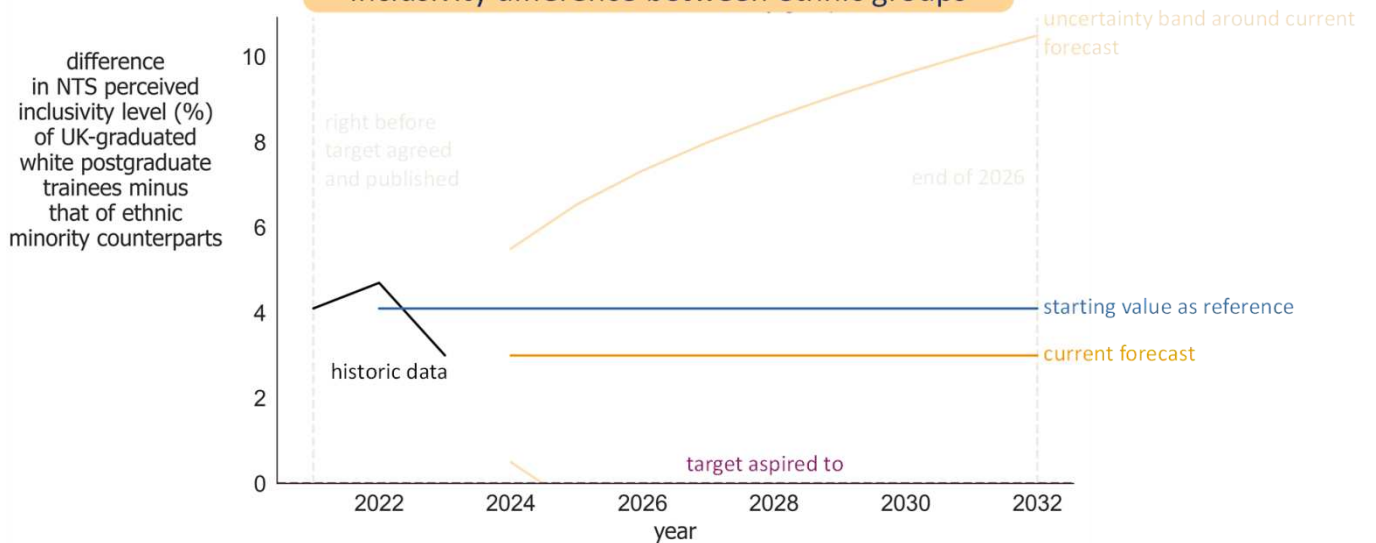
Agenda item M4 – Annex F

Fair training cultures

so far undetectable change in NTS postgraduate inclusivity difference between PMQ groups

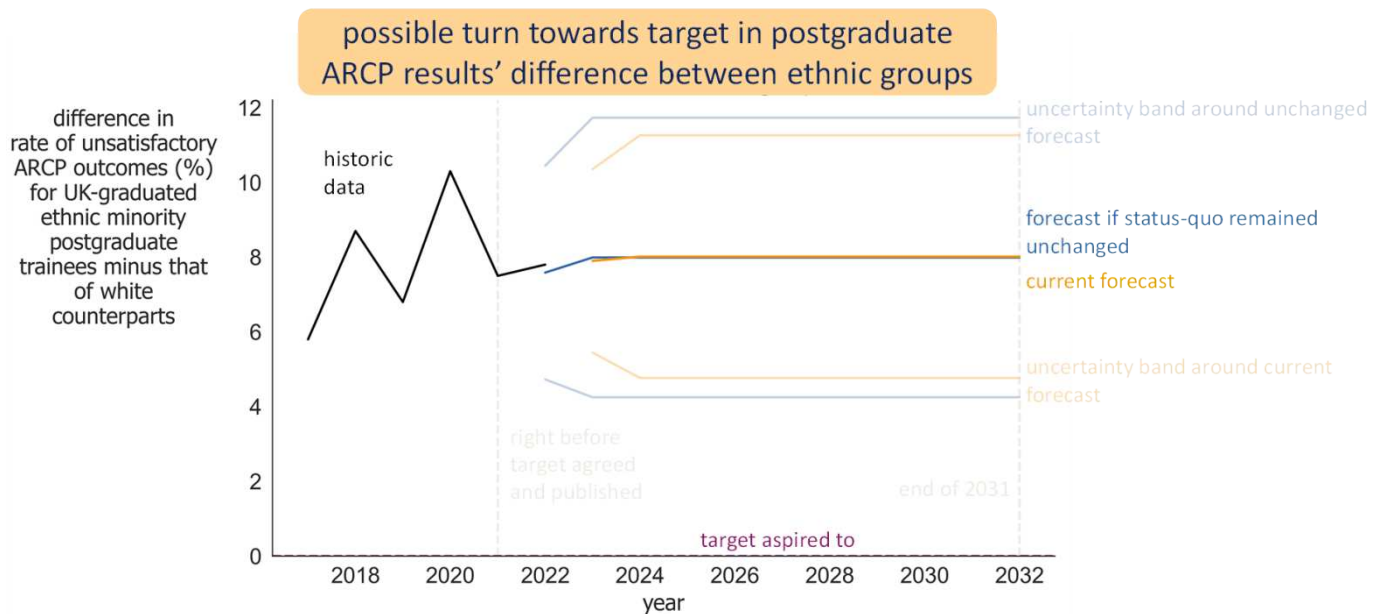
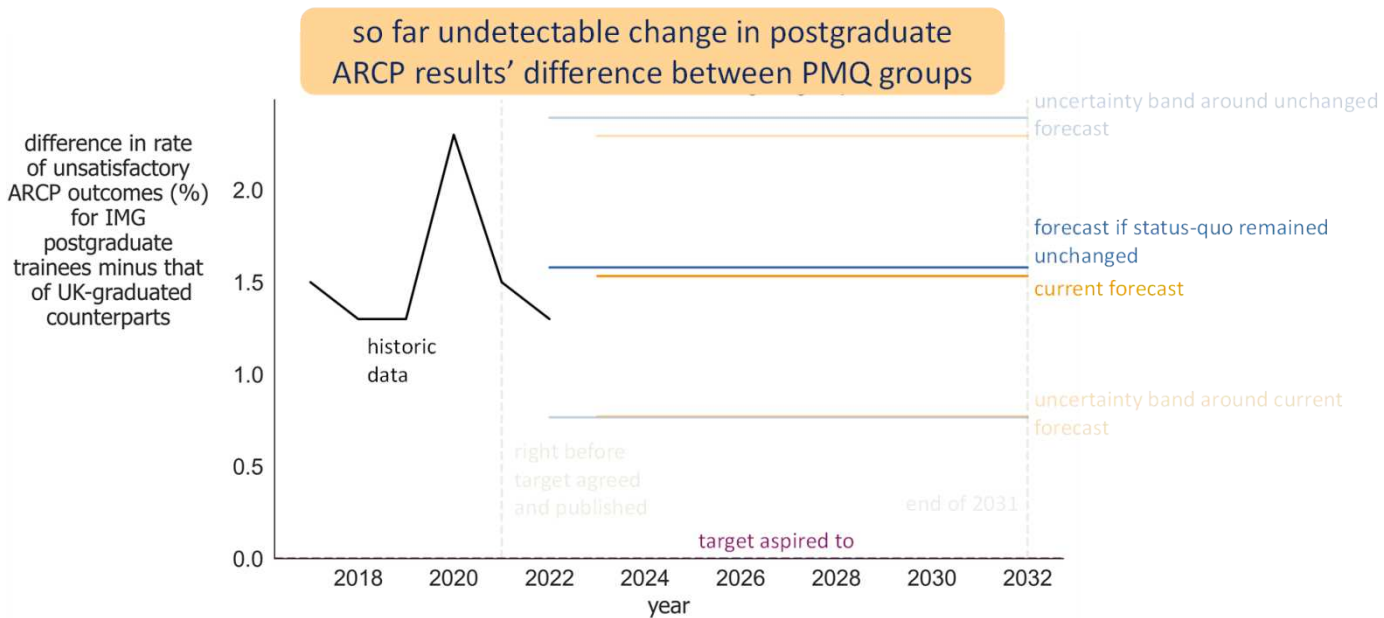


so far undetectable change in NTS postgraduate inclusivity difference between ethnic groups



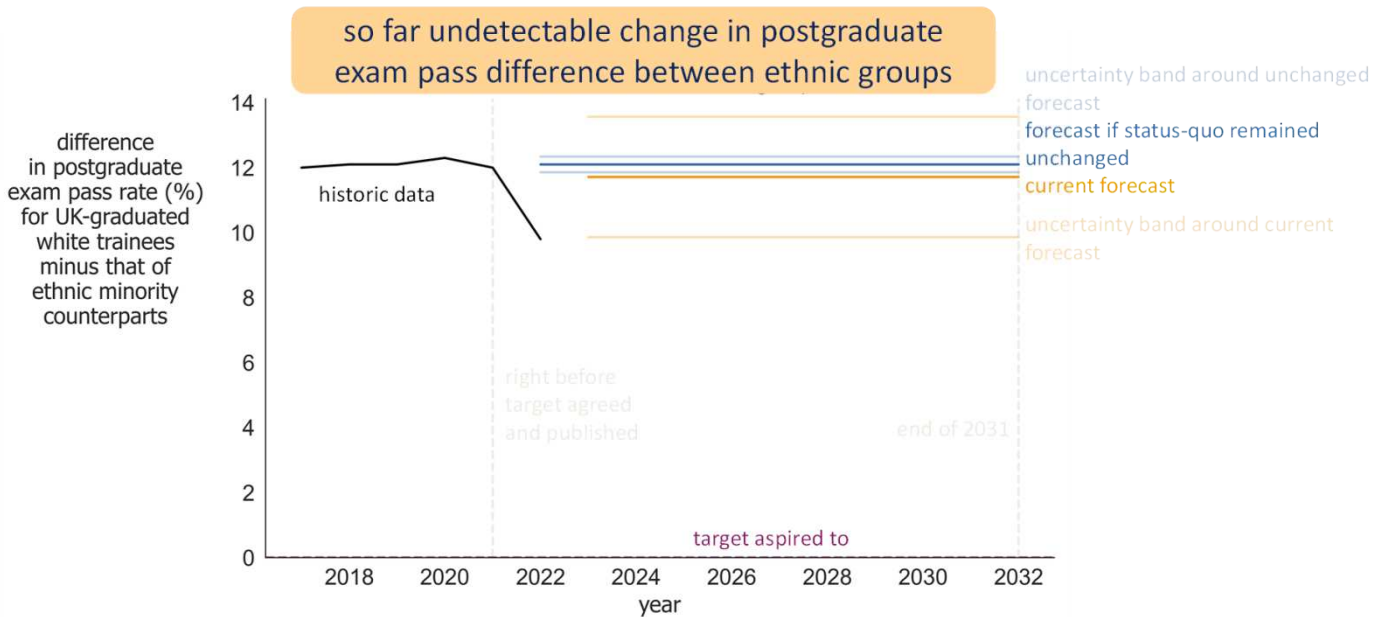
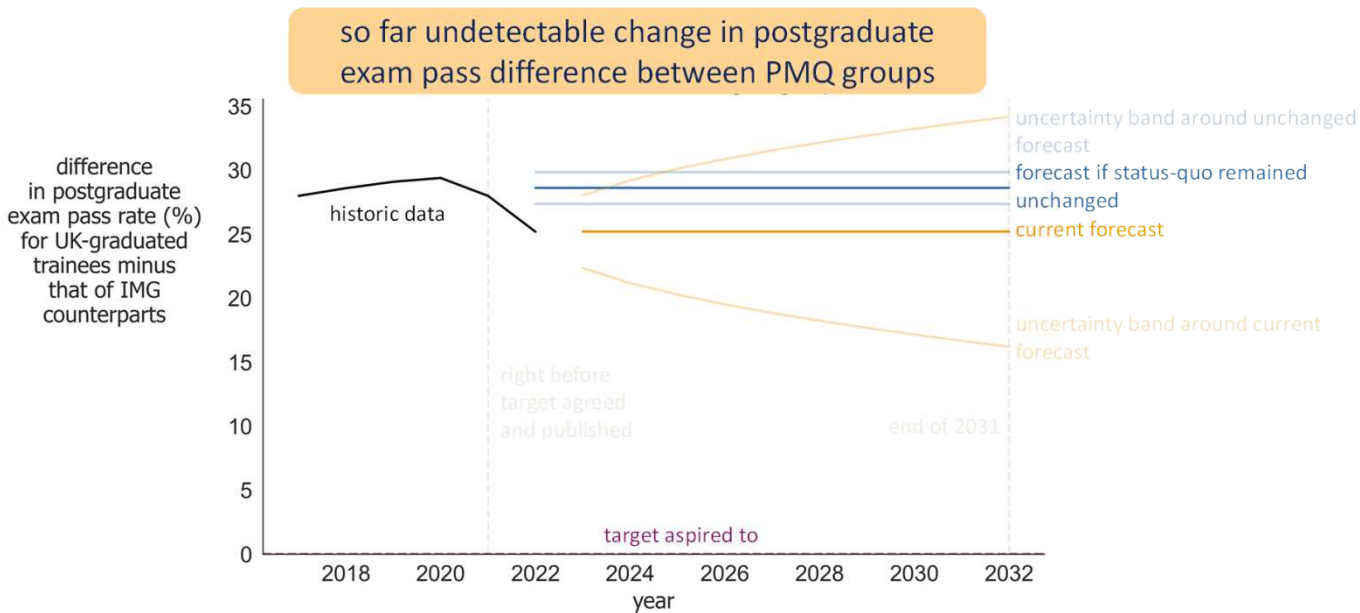
Agenda item M4 – Annex F

Fair training cultures



Agenda item M4 – Annex F

Fair training cultures



## Update on regulatory reform

<b>Action</b>	To note
<b>Purpose</b>	Ensure Council members remain up to date with progress within the regulatory reform programme and, in particular, engagement with the Department of Health and Social Care (DHSC) on the Anaesthesia Associates and Physician Associates (AAPA) Order and Medical Professions Order
<b>Decision Trail</b>	The Regulatory Reform and MAPs Programme Boards and SMT have been regularly appraised of progress
<b>Recommendations</b>	<ul style="list-style-type: none"> <li><b>a</b> To note the work being done to support and encourage a whole system response to the issues being raised around the roles of PAs and AAs.</li> <li><b>b</b> To note progress of the drafting of the AAPA Order and current plans for the GMC consultation on the rules, policies and guidance ahead of its implementation.</li> <li><b>c</b> To note developments in work on involving our audiences in regulatory reforms</li> </ul>
<b>Annexes</b>	N/A
<b>Author contacts</b>	<p><b>Tim Aldrich</b>, Assistant Director, Regulatory reform</p> <p>Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a></p>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Shaun Gallagher</b> , Director, Strategy & Policy

## Agenda item M5

### Update on regulatory reform

## Background

- 1 This short paper is designed to ensure Council members are kept up to date with progress on the regulatory reform and MAPs programmes. It comprises a part of wider engagement with Council members on reforms.

## Public discourse on the role of PAs and AAs

- 2 Over recent weeks there has been an increase in the number of discussions about the role of PAs and AAs in the workforce, and the impact of proposals in NHS England's Long Term Workforce Plan to increase their numbers. Views are being expressed in multiple fora and on a variety of channels, including national and social media. These include questions about the scope of PA and AA practice and the capacity of local systems to incorporate increased numbers of PAs and AAs. This situation is causing uncertainty and anxiety amongst our current and future registrants, as well as the public more widely.
- 3 While many of the concerns being raised are not within the remit of the GMC, we continue to set out the benefits of professional regulation for patients, doctors and PAs and AAs themselves. We have also identified where others can take action to address concerns that are being raised, not only about deployment of PAs and AAs, but about the impact of workforce strategies on postgraduate training across all four countries of the UK. To that end we have written to health service leaders in England, Northern Ireland, Scotland and Wales, to ask them to make specific commitments to protect postgraduate training, including by growing training opportunities and capacity, protecting time for training and expanding the trainer workforce. [Our Chief Executive Charlie Massey has also responded to a letter from NHS England on their work to deliver the NHS Long Term Workforce Plan ambitions around Medical Associate roles.](#)
- 4 We have also encouraged a whole system response to questions such as how PAs and AAs fit within the multi-disciplinary team and how they may safely develop their scope of practice over time. For our part we continue to engage a wide range of stakeholders to remind them of the progress we've already made to develop the policies and processes required for regulation of PAs and AAs; and to explain the steps we're taking to ensure that regulation can begin at the end of 2024, if the UK government lays the AAPAO to their current timetable. We will keep Council updated as these discussions progress.

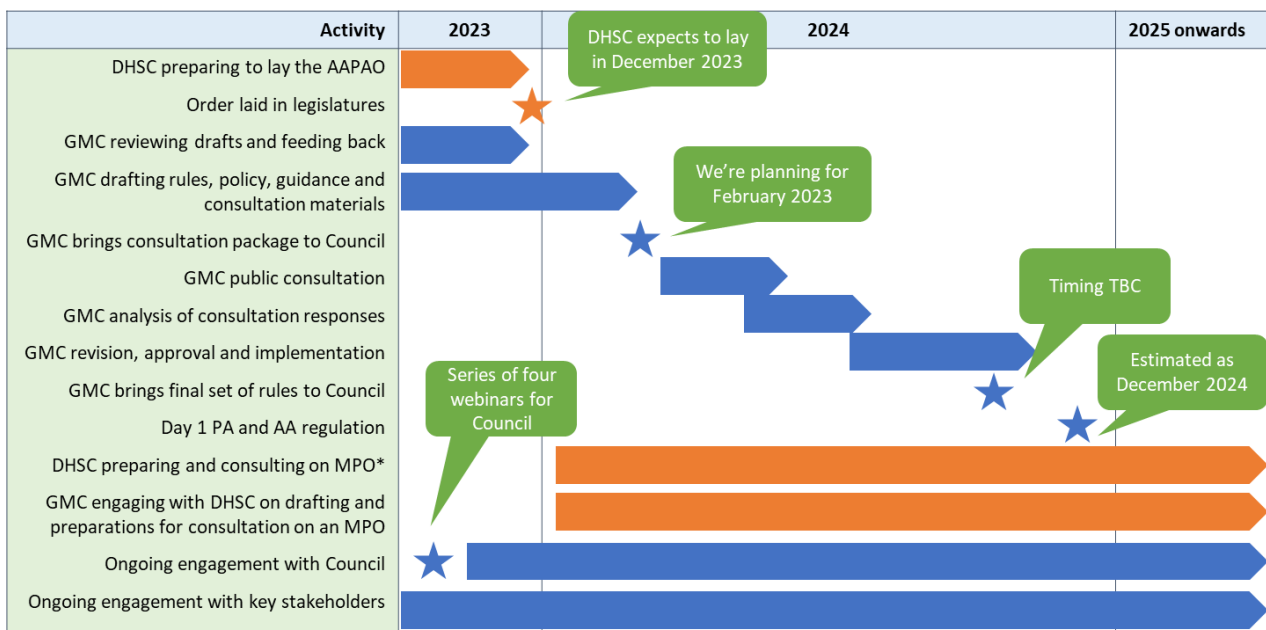
## Progress on the drafting of the AAPAO and MPO

- 5 DHSC is continuing to work on the drafting of the AAPAO Order and has shared a draft most recently with us and other professional regulators in September. We continue to provide comments on the drafting and engage with officials on remaining issues we've identified.

**Agenda item M5**

**Update on regulatory reform**

- 6 DHSC is planning to lay the Order in legislatures by the end of 2023.
- 7 Work continues apace on the drafting of the rules, guidance and standards for AAs and PAs along with the consultation document for the consultation scheduled for the spring of 2024.
- 8 Council members have been attending the optional webinars on the development of these and are encouraged to attend the last two of these this month (November).
- 9 The timeframes for all this work remain tight. We are aware that delays to the AAPA Order will likely result in further delays to the subsequent Medical Professions Order and so are encouraging DHSC to prioritise this and make progress so it can be consulted on as soon as possible.
- 10 The diagram below provides an indication of expected activity on the reforms over the next 18 months. NB: timing is dependent upon DHSC hitting its timeframes for laying the AAPAO.



**Involving our audiences in regulatory reform**

- 11 We are committed to involving our audiences in the development before, during and after regulatory reforms are implemented. We planned our approach to this in the early part of 2023 and are progressing through three strands of work. More information on the wider GMC PPI Programme is provided in item M6.

**A. Patient research to support our initial consultation on rules for AAs and PAs**

- 12 To supplement the responses we receive to our consultation next year, we'll carry out research seeking views from patients and members of the public on the proposed changes to how we regulate resulting from regulatory reform.

**Agenda item M5**

**Update on regulatory reform**

- 13** We're in the processes of finalising the specification for this research piece and then expect to go out to tender in November.

**B. Audience involvement panel**

- 14** Alongside the research, we're also commissioning the organisation Community Research to facilitate a panel of patients, doctors, AAs and PAs, which sits alongside the regulatory reform programme and help us co-produce processes, guidance and communications.
- 15** Community Research will recruit a diverse group of participants over the coming months and we expect the first meeting of the panel to take place in January 2024. The panel will run for an initial period of 18 months so that the participants can work alongside the programme and help shape our processes iteratively as we move towards the implementation of reforms.

**C. Connect and change – community of interest**

- 16** Our new community of interest on regulatory reform, *Connect and change*, is now live. This will provide a two-way channel for us to keep audiences updated and a key resource for ongoing engagement, testing and collaboration.
- 17** We're preparing the first newsletter to go out in late Oct/early Nov and would appreciate your help in spreading the word with audiences and contacts you're working with to encourage signups. We've added some info to our [regulatory reform webpage](#) about it and the direct link to sign up is here <https://www.smartsurvey.co.uk/s/BPYOBC/>.

**Conclusion**

- 18** We will continue to update Council members on these in coming months and welcome questions on any of the above.

## Involving patients and the public in our work

<b>Action</b>	To note
<b>Purpose</b>	To provide Council with an update on the progress we have made and are making in our engagement with patients, the public and their representatives and in embedding their views in our work as a regulator.
<b>Decision Trail</b>	<p>Council received our last update about our work with patients and the public in November 2022. Aspects of this work also featured in a review of the GMC’s Corporate Strategy which Council received in July 2023.</p> <p>Audit and Risk Committee received an update on our work with patients in March 2023. This followed a review of our approach to patient and public involvement by the GMC’s auditors.</p>
<b>Recommendation(s)</b>	To note the work being done across the organisation to improve our involvement of patients and the public.
<b>Annexes</b>	<p>Annex A – Timeline of our future patient involvement work</p> <p>Annex B – Examples of how we are involving patients and the public in the development of our policies</p>
<b>Author contacts</b>	<p><b>Robert Khan</b>, Assistant Director – Public Affairs and National Offices</p> <p><b>Kuljit Dhillon</b>, Assistant Director – Strategy, Planning and Inclusion</p> <p><b>Joanna Farrell</b>, Assistant Director – Investigation Operations</p> <p>Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a></p>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Una Lane</b> , Director – Registration and Revalidation

## Agenda item M6

### Involving patients and the public in our work

## Background

- 1 Our Corporate strategy says that we want every person, including patients and members of the public, to have a compassionate, fair and professional experience when they interact with us. The strategy adds that we will ‘work with diverse groups of patients and members of the public to shape our work, so we can continuously improve our interactions and processes.’
- 2 We are committed to improving our involvement of patients and the public in three aspects of our work as a public regulator: policy development, the experiences that patients and the public have of our services, and our engagement with patients through the organisations and networks that represent their needs and interests.
- 3 The Executive Sponsor for this work – our Director of Registration and Revalidation – and the three Assistant Directors responsible for delivering improvements in the three areas we have identified meet on a regular basis to review progress across all activities.
- 4 Building on the commitment we make in our Corporate strategy, we aim to achieve the following outcomes through this work over time. Some are contingent on the delivery of large-scale programmes (such as regulatory reform) and the procurement of new technology which are in progress but which will likely take the full length of our current Corporate strategy to achieve. These changes will enable developments in the way we interact with those who use our services:
  - We see an increase in the overall engagement we have with patients and the public with the development of our key policies and changes to our regulatory services.
  - We can demonstrate clearly how patients and the public have shaped and influenced the ongoing development of our services and policies.
  - Our policy, operational and engagement teams value the involvement of patients in shaping their work. We can see an increased awareness and consideration of patients and their perspectives throughout our policy development process.
  - We see an improvement in the quality of our relationships with organisations representing patients and the public. Bodies representing patients and the public believe we listen, respect and respond to their views.
  - When raising a concern about a doctor or needing our help in some other way, we can demonstrate (through the feedback that we collect) that patients are able to access our support easily and have a compassionate experience throughout their engagement with us.
  - We can demonstrate a broad range of patients and the public, who share protected characteristics, can engage with us effectively and have informed our policies and services.

## Agenda item M6

### Involving patients and the public in our work

- 5 This update to Council provides evidence of how we are meeting – or are making progress towards meeting – the outcomes set out above. A timeline setting out our future work in this area can be found in **Annex A**.

## The public's perception of the GMC

- 6 One way we listen to patients and the public is by commissioning independent research to understand their perceptions of us as a public regulator.
- 7 We commissioned a small survey with patients and the public in the summer of 2023 to help us understand their current perceptions of the GMC. Fieldwork was conducted in June and July 2023 and involved 2,000 adults from all four UK nations. The survey found:
  - 74% of patients and the public said they were confident in the way that doctors are regulated. This means there has been no change in their confidence since our last perception survey in 2022. Survey respondents who said they had received treatment from a doctor in the past 12 months (therefore, respondents who were classed as 'patients') had higher confidence in regulation (80%) than the public (68%).
  - 60% of patients and the public agreed that the GMC is an effective regulator. A higher percentage (69%) agreed that we are a relevant regulator. They had less of a view on whether we show compassion in our regulatory approach – 37% said they neither agreed nor disagreed that we are compassionate.
  - 54% of patients and the public said they knew something about the GMC (either a lot, a fair amount or a little). A further 26% said that, while they had heard of the GMC, they did not know anything about us. Awareness of the GMC was higher among those who had received treatment from a doctor in the past 12 months compared to those who had not (83% vs 77%). Awareness was also higher among adults of a white ethnicity (81%), adults identifying as disabled (85%) and those with an ABC1 background (84%).
- 8 We will commission our next perceptions survey with patients (and with other key audiences for the GMC) during 2024 and report the results by the end of that year.

## Involving patients in policy development

- 9 Our ambition is to firmly embed patient and public involvement in the way that we develop our policies. This involves:
  - using major policy initiatives to inform the development of tools that will assist the policy community in considering the needs and interests of patients at every stage of the policy development process.

**Agenda item M6**

**Involving patients and the public in our work**

- providing examples of how patient involvement has been done successfully, primarily by the GMC but also by other, similar organisations, to identify where lessons can be learnt and applied.
  - considering the best approach to conducting research activity to support patient and public involvement (including the funding to enable this).
- 10** We have now produced internal guidance and resources that will support policy teams across the GMC with this crucial aspect of policy development. Published in April 2023, this guidance:
- explains what we mean by patient and public involvement, why we should do it, and what good involvement looks like. There is also information on how to make patient involvement both meaningful and proportionate.
  - provides examples of patient involvement in GMC policy making.
  - shares signposts to established mechanisms within the GMC for hearing patients' views.
- 11** The guidance has been shared with the GMC's policy teams as part of a wider learning and development offer. We plan to continue to embed the guidance by:
- promoting the tools among our policy profession and its internal networks (including our policy leadership group)
  - embedding the tools in existing guidance, training and resources
  - delivering a session about the guidance as part of a 'policy surgery'. These surgeries are a space for our policy profession to meet informally to test ideas, work through issues and learn from each other.
- 5** We are also implementing training for the GMC's policy teams that will build our capability for evaluating the impact of our policy initiatives. This training will help our policy profession to set objectives for their work and measure the outcomes which are achieved, raising their awareness of the data sources and other evidence which can help them demonstrate this. Colleagues will be able to use these skills to highlight the impact of their work with patients and the public.
- 6** We will check the progress that has been made with the implementation of the learning and developing offer and the underpinning guidance. In 2024 we will plan a review of the learning materials as part of which we will seek to understand whether and how our policy profession is using these new resources, whether they have had an impact on their policy development work, and if any further support is required.
- 7** Our longer-term ambition is to produce patient and public involvement case studies and to incorporate them into the evaluation stage of all our policy work where appropriate. We have started to develop an initial suite of case studies based on current policy development initiatives (such as our review of *Good medical practice*). As they develop, we will continue to encourage policy teams to share their experiences of involving patients so that we can build our knowledge, skill and evidence in this area.

## Agenda item M6

### Involving patients and the public in our work

- 8 We can point to several examples of work where we have involved – and are planning to involve – patients in the development of our policies through the holding of public consultations and the commissioning of independent research. They include our review of *Good medical practice*, our programme of regulatory reform and the development of new language that we will embed in all of our communications as an organisation to better explain our role and functions. Our programme of regulatory reform, in particular, is an opportunity to explore methods of co-production with patients as well as our other audiences. These examples can be found in **Annex B**.
- 9 The examples and others provide evidence that our policy teams realise the value and importance of engaging with patients in a significant and meaningful way:
  - ‘Without commissioning an independent research company offering established relationships with community gatekeepers such as GPs and local charities, we couldn’t have reached patients, relatives and carers from diverse backgrounds on such scale across the UK.’ – *Policy manager in our Standards team who has been involved in our review of Good medical practice*
  - ‘I was struck by the passion and interest [from patients] in our work on promoting research’ – *Policy Officer in our Education Policy team after holding a session at our roundtable with patient organisations in May 2023.*
  - ‘I had previously thought that competence and skill would be something that patients would value more from their doctors as leaders – qualifications and accolades to prove and demonstrate their proficiency in leadership. However, the consensus amongst the [roundtable] was that values such as compassion, kindness, professionalism and honesty were all highly regarded...’ – *Clinical fellow after holding a session at our roundtable with patient organisations in May 2023.*

## Improving patients’ experience of our services

- 10 In our Corporate Strategy, we say that we will make sure that members of the public and healthcare professionals are ‘met with empathy, fairness and professionalism by all our colleagues’ and that we will ‘listen to, learn from and act on their feedback about our services.’
- 11 We have regular interactions with patients and the public across several areas of our work, although the amount of interaction is significantly less than that which we have with registrants and applicants for registration (i.e. medical students and international medical graduates). Our interaction with patients also varies in nature from service to service.
- 12 We know that we need to improve how we gather, analyse and report on the feedback that we receive from patients and members of the public about our services as a regulator. By doing so, we will gain a better understanding of their experiences. We will also find ways to make our services more accessible and helpful to them.

**Agenda item M6**

**Involving patients and the public in our work**

*Understanding the public's experience of using our Contact Centre*

- 13** Our Contact Centre seeks feedback from users of its services via an online survey. The results are reported to Executive Board and Council. Feedback from users of the Contact Centre is consistently positive, with 'Net Promoter Scores' averaging 80. However, the survey is sent and reported on manually, and is therefore based on a sample of our service users rather than the total population of those who engage with us via all our channels including by phone, email, webchat and messaging. Currently we seek feedback from approximately 2,000 service users a month with a response rate that sits around 10%. We estimate that about 5-10% of our interactions are with patients/members of the public. However, the manual system that we use makes it difficult for us to analyse feedback by category of service user or to have the level of granularity in our data to analyse by protected characteristic. This is something we want to improve.
- 14** Our Contact Centre is accredited with the Institute of Customer Service (ICS) and we are one of only 16 organisations that has achieved the level of distinction. The ICS carries out surveys of customers who have contacted us over a specific period, benchmarking results against other public service organisations. Again, feedback about the experiences that we deliver is positive and reassuring. However, these reports do not provide the granularity we need around the type of customer requiring our help, their protected characteristics and their experiences.
- 15** We are working to introduce a modern, omni-channel support system for the Contact Centre that will address these problems. We aim to complete the telephony phase of this project by Q2 2024 and the remaining elements of the system (covering email and messaging) the following year. The system will come with a capability that will allow us to seek feedback from users at scale, in an automated and more efficient way than happens now. We have stipulated a requirement that the system must allow us to analyse responses by category of service user (and by their protected characteristics). We aim to begin gathering feedback from all customers of the Contact Centre (including patients and the public) using the automated capabilities of the new system towards the end of 2024. We will take this opportunity to review our survey questionnaire to make sure it is capturing effectively the different elements of a user's experience of this service, including whether that experience has been fair and compassionate.
- 16** In the meantime, before this technology is in place, we will continue to seek and analyse feedback from users of the Contact Centre using our existing online survey which, while limited, provides useful learning opportunities for the team. We will of course continue to report the results of this survey to Executive Board and Council. We will also consider whether we can increase our deployment of this survey to reach a higher number of service users. In addition, the Contact Centre will begin its next cycle of accreditation with the Institute of Customer Service in early 2024. This cycle will include an independent external

**Agenda item M6**

**Involving patients and the public in our work**

survey of around 500 customers that will inform the team's reaccreditation report and recommendations for improvement.

*Improving our diversity data*

- 17** Another dependency that will improve our understanding of the experiences which patients and the public have of our services is the work being done by our equality, diversity and inclusion (ED&I) team to look at how we collect and use diversity data as an organisation. This work will help us develop a position on what diversity data should be collected from patients and registrants in the future. We need this data to analyse, benchmark and improve the experiences and outcomes which different groups receive.
- 18** Our ED&I team completed the first phase of this work – some desk-based research – in the first quarter of 2023. In May 2023 the team ran a session on diversity data at the GMC's roundtable with patient organisations. Representatives of these organisations told us:
  - Patients may find it challenging to disclose their diversity information to the GMC because they may not trust us to use the information appropriately. This may stem from wider concerns about sharing such information with government agencies and the impact this may have on issues such as benefits. Also, some patients may not share information due to their fatigue at sharing it with multiple organisations.
  - We may need to provide examples of how the collection of diversity data has positively influenced outcomes for groups who share protected characteristics.
  - We should try to nuance the approach we take for particular groups. Older people, for example, may be more apprehensive than others at sharing this information. For patients with learning disabilities, we will need to make sure the questions we ask are easy to understand and accessible.
- 19** Our ED&I team will take forward the learnings from their desktop research and the roundtable session with patient organisations into their work on this issue into 2024, when they will carry out further engagement with internal and external stakeholders. This will include conversations with organisations that can provide advice and insight on the best methods and approaches for collecting diversity data from patients.

*Implementing language standards for patients in Wales*

- 20** We have received our final compliance notice that requires us to meet new standards for the Welsh language and we are working towards achieving compliance by the imposition date in December 2023. The standards will help to improve the level of Welsh language service which members of the public can expect to receive.
- 21** We are developing internal guidance and putting processes in place to improve our Welsh language provision with a particular focus on patients. This will make it easier for members of the public to use the Welsh language in their interactions with us, be that through

## Agenda item M6

### Involving patients and the public in our work

correspondence, patient roundtable meetings, raising a complaint about a doctor, responding to a consultation survey or accessing key information on our website.

#### *Supporting patients who raise concerns about doctors*

- 22** Our Fitness to Practise (FTP) directorate continues to develop its approach to seeking feedback from those who come into contact with its processes. This year it has established a regular forum to review and discuss thematic feedback received across its operational functions and agree any changes to its processes. The directorate has also developed a series of audience personas to help its teams move towards a more compassionate, user-centric approach in their work. One of these profiles describes a patient who has raised a concern about a doctor. The profile imagines the patient's needs, expectations and concerns about interacting with us (such as understanding complex information and being without support).
- 23** Our FTP directorate continues to provide a dedicated service to patients who have raised a concern about a doctor. We offer meetings with complainants to help them understand the way that we work and, at the end of the investigation process, the decision that we have made about their concern. In early 2023, our FTP directorate merged its patient liaison team with another team focusing on complaints and correspondence to strengthen its ability to collect, learn and act on feedback from those who experience its processes.
- 24** Between January and June 2023, we held 140 meetings with patients to discuss the concerns they had raised about doctors. Patients are invited to give their feedback (through a survey) about their experience of each meeting they have. The team's data for the first half of 2023, which is based on completed survey responses from 36 patients, tells us that:
- 92% of patients said they were satisfied with their experience of meeting us (compared to 91% for the whole of 2022).
  - 83% agreed that team members showed empathy for their situation (compared to 98% for the whole of 2022) while 89% agreed they felt listened to.
  - 81% agreed they were satisfied that their concerns had been understood during the liaison meeting (compared to 96% for the whole of 2022).
  - 83% agreed that the meetings helped them to understand what action the GMC could take (compared to 96% in 2022).
- 25** The qualitative feedback that we receive about our patient liaison meetings shows that they continue to deliver a satisfactory experience, enhancing patients' understanding of our investigation process and the extent of our remit:
- 'The meeting felt personal and empathetic. The staff responded clearly and went through everything clearly and reassured me where needed.'

## Agenda item M6

### Involving patients and the public in our work

- ‘...I don't think I realised how raw my grief still is. Being listened to was so very important and having somebody acknowledge those emotions even though they cannot change or situation made me feel as though this process has been both worthwhile and necessary.’
- ‘[Team member] was very understanding and compassionate. I was very upset with the outcome of the investigation and it was a very heavy discussion because of it....I would like to say thank you to [her] for being easy to talk to during such a difficult time.’

**26** The feedback from patients also highlights some aspects of this service which we could enhance, such as exploring opportunities to:

- strike a better balance between providing information to patients in meetings and listening to their concerns. One patient said they felt they had to interrupt the liaison team member in order to ask a question.
- improve the content and timing of the information we provide to complainants. One patient said they would have liked more detailed written information about the provisional enquiry process and the limits of what can be done at this stage in our investigation process. The team intends to review its material over the course of 2023.

## Improving our relationships and engagement with patient groups

- 27** We continue to engage with patient organisations, seeking their input into our priority programmes (such as regulatory reform and our review of *Good medical practice*) and providing them with platforms where they can communicate their work.
- 28** Our Chair and Chief Executive meet with the leaders of patient organisations to discuss our priorities. In September, for example, our Chair met with Professor David Croisdale-Appleby, the new Chair of Healthwatch England. These meetings are supplemented by routine engagement by our external relations teams in the four UK nations. Some of the patient organisations we engage with (such as the Health and Social Care Alliance in Scotland, the Board of Community Health Councils in Wales, and the Patient and Client Council in Northern Ireland) are members of our UK Advisory Fora which meet twice a year.
- 29** Wales has introduced a new patient voice body called Llais (the Welsh word for ‘voice’). We responded to the consultation on Llais’s establishment in March 2023, welcoming its introduction and noting the potential for further engagement with a diverse range of patients in Wales. Our former Interim Head of Wales held an introductory meeting with the Chief Executive of Llais, Alyson Thomas, in June 2023. They discussed opportunities for collaboration and information sharing between our two organisations.
- 30** In Scotland, we have focused our engagement on re-establishing our ties with patient organisations. One organisation we have made a priority is the umbrella body, the Health

**Agenda item M6**

**Involving patients and the public in our work**

and Social Care Alliance. We hope to work closely with them to promote our updated professional standards, *Good medical practice*, to their members and networks. In the coming weeks we have introductory meetings planned with other patient groups in Scotland such as Healthcare Improvement Scotland Community Engagement, the Patient Advice and Support Service, and the Scottish Independent Advocacy Alliance.

- 31** Our Director of Registration and Revalidation, in her role as executive sponsor for our strategic engagement in Northern Ireland, has met with the outgoing and incoming chief executives of the country's Patient and Client Council. During the meeting the chief executives highlighted the immense harm suffered by the patients of Dr Michael Watt, the importance of timely communication with his former patients and their families, and opportunities for learning from the Independent Neurology Inquiry. Throughout 2023 our team in Northern Ireland had had regular contact with the senior management team at the Patient Client Council to provide updates on developments in the Dr Michael Watt case. We have shared information to support their engagement with his former patients and their families, via their Neurology Engagement Platform.
- 32** We bring together the patient organisations mentioned above plus others from around the UK twice a year to discuss our emerging thinking about our policies and services. We hold these meetings virtually to make them accessible to organisations across the four countries.
- 33** We held our last roundtable with patient organisations on 24 May 2023. The agenda included sessions on research, leadership and (as already mentioned) collecting diversity data from patients. Our Chair also held a Q&A session with participants. The meeting included attendees from Action against Medical Accidents, The Patients Association and several influential charities representing groups from all four countries of the UK. The Professional Standards Authority also attended as an observer.
- 34** We will hold our next roundtable meeting with patient organisations on 28 November 2023 and will discuss: the development of a training package for patient organisations to support our implementation of *Good medical practice 2024*; the involvement of patients in regulatory reform; and the updates we plan to make to our guidance for decision makers on allegations of low-level violence and dishonesty.
- 35** In collaboration with Manchester University's Doubleday Centre for Patient Experience, we hosted a roundtable meeting in May 2023 to explore the issue of patient partnership in medical education. Our education policy and quality assurance teams outlined the role we play in overseeing medical education and training and the role of patient partnerships in *Outcomes for graduates*, which provides the basis for medical schools to develop their curricula and methods of assessment. Following discussions, we agreed to look at the questions that we ask medical schools about patient and public involvement in the self-assessment questionnaires which they are required to complete as part of our quality assurance process.

**Agenda item M6**

**Involving patients and the public in our work**

- 36** As part of our response to the audit of our approach to patient and public involvement, which our Audit and Risk Committee received in November 2022, we said we would conduct a review of the approaches taken by other organisations to patient and public involvement.
- 37** Between April and May 2023, we invited stakeholders from across the health and care sector to take part in a survey to help us understand how they involve patients in their work and how we might adapt our approach in the future. Eighteen organisations from the four UK nations responded to our survey. They included seven healthcare regulators and five medical colleges. Our survey found:
- We are not alone in wanting to improve the way that we involve patients and the public in our work.
  - The approach we take to engaging with patient organisations across the four UK nations mirrors that taken by other stakeholders.
  - Many of the organisations surveyed commission third parties to carry out research and engagement activities, particularly with members of the public who face the most barriers to accessing services and support.
  - Four organisations, including three regulators, said they are trying to begin co-production with patients or improve how they do it. Another four organisations said they carry out co-production but only for specific pieces of work.
  - Only seven out of 16 organisations routinely survey patients and the public about their experiences of services.
  - 13 out of 16 organisations have patient and public representation in their governance structure and processes. Four have members of their board, council or governing body who are patients with lived experience rather than lay members.
  - Only four out of 16 organisations are required to consider patients and the public in papers prepared for their governing body. Our internal guidance requires the authors of papers to consider and mention the impacts which our working is having or will have on patients and the public and other audiences.
- 38** The survey suggests we are broadly in the same place as other organisations in terms of our current approach to patient and public involvement. That said, several bodies said they had a specific strategy for patient and public involvement. This is not something we have at present, although our Corporate Strategy does include an explicit commitment that we will ‘work with diverse groups of patients and members of the public to shape our work’. We will consider whether we should develop a strategic approach to patient and public involvement as part of the work which the GMC will do, starting in 2024, to agree a new Corporate strategy for 2026-31. We will also consider ways that we can use our new strategy to reinforce a strong and positive culture of patient involvement throughout the organisation.

**Agenda item M6**

**Involving patients and the public in our work**

## Conclusion

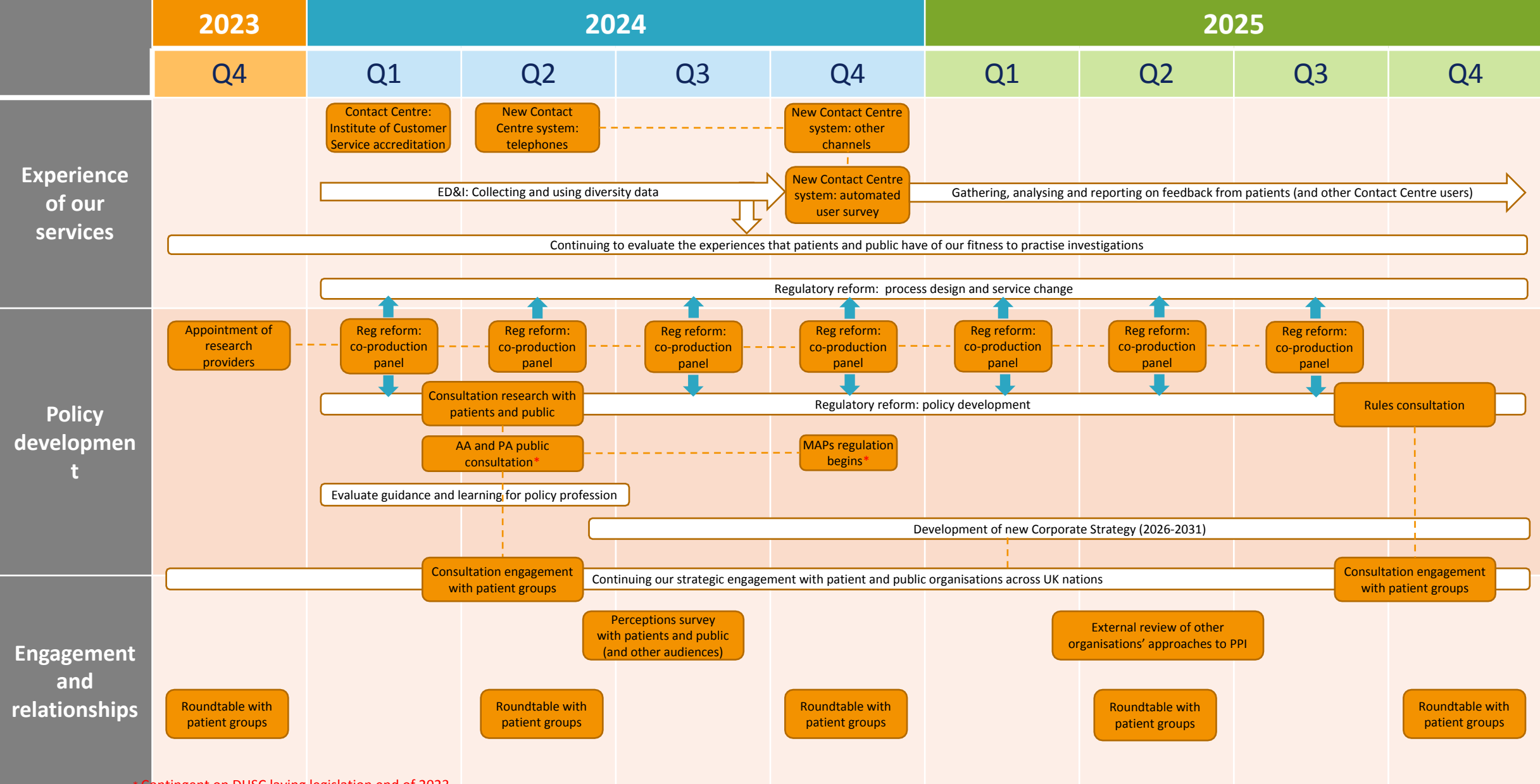
- 39** We believe we are making progress towards improving how we involve patients and the public in our work as a regulator:
- Our survey of other organisations suggests that our approach to patient and public involvement is broadly the same as other bodies.
  - We can point to several examples where we have had – or are planning to have – significant and meaningful engagement with patients in the development of our policies, processes and services. These examples provide evidence that our policy and operational teams recognise the value of involving patients in their work.
  - Work is underway to procure the technology necessary to capture, analyse and act on the experiences which patients and other users are having of our services.
- 40** It is also reassuring to see the public’s confidence in the work of the GMC remains high and that the majority of those surveyed earlier this year consider us to be an effective regulator. We will carry out our next perceptions survey with patients (as well as with doctors and our other audiences) in the summer of 2024 and see if there has been any change in their views.
- 41** While it can be hard to measure the impact of work like this, there is evidence that we are making progress. That said, we know there is more to do between now and the end of our current Corporate strategy if we are to fully realise the ambition we have set ourselves to deliver fair and compassionate experiences to patients and the public (as well as to all our other audiences and users of our services).
- 42** With certain elements of this work, the timescales are longer than we would like. The procurement of new technology for our Contact Centre is a case in point. However, our current plan is that we will begin to gather feedback from patients and other users of our services using this new technology, with its automated capabilities for seeking feedback, towards the end of 2024. In the meantime, our Contact Centre and fitness to practise teams will continue to survey patients about their experiences of their services using their existing approaches, identifying and taking forward opportunities to make those experiences better.
- 43** We also face the potential risk that our engagement with patients and the public reduces once the opportunities presented by our major policy initiatives (namely, *Good medical practice* and regulatory reform) are complete.
- 44** It is crucial we sustain the level of engagement with patients that we are currently achieving and find ways to build on this, such as by using our programme of regulatory reform to explore ways that we can co-produce work with patients and others. The guidance and training that we are implementing for our policy profession should mitigate the risk that our engagement with patients reduces (although we will monitor that carefully). We will also consider ways that we can reinforce a strong and positive culture of patient involvement

**Agenda item M6**

**Involving patients and the public in our work**

throughout the organisation in our next Corporate strategy (work on which will begin during 2024).

# M6 - Annex A: timeline of patient and public involvement work



\* Contingent on DHSC laying legislation end of 2023.

## Annex B

### Examples of how we are involving patients and the public in the development of our policies

#### Introduction

- 1 This Annex shares examples of where we have involved – or are planning to involve – patients and public significantly and meaningfully in the shaping of our policies.

#### Good medical practice 2024

- 2 This summer, we published *Good medical practice 2024*, our updated professional standards for medical professionals which will come into effect in January next year. The new standards have been welcomed by several patient organisations, including The Patients Association in England:

*‘We welcome the new standards, especially [the] focus on kind, compassionate care for patients. We also like the call for shared decision making to be standard practice & the need for patients to be given the info they need, in a format they can use, to make decisions about their care.’*

- 3 In our work to update the professional standards, we have engaged extensively with patients and the public, hearing the views over 1,000 patients, carers and relatives via a patient survey as well as commissioned research. We also included external thought leaders with expertise in patient engagement in our advisory forum and held a specialist policy workshop for people with expertise in patients’ rights.
- 4 The commissioned research was undertaken at the beginning and end of the public consultation that we held about the new standards. The first phase involved a mix of virtual and face-to-face focus groups. The researchers interviewed 40 members of the general public from all four UK countries, and 119 people from more than 20 seldom heard groups (including ex-offenders, travellers, people undergoing gender reassignment, domestic abuse survivors, people with physical, mental and sensory disabilities, refugees and asylum seekers, homeless people, people with additional communication needs, and people with low literacy).

**Agenda item M6 – Annex B**

**Involving patients and the public in our work**

- 5 The second phase of this research involved over 40 respondents participating in qualitative focus groups. Respondents were selected on the basis of the issues we wished to explore or gaps we had seen in public consultation responses (for instance, fewer men responded to the consultation).
- 6 We have now published this research, carried out by a behavioural insights agency, on our [website](#).
- 7 The views of patients influenced many of the decisions that we made about key policy principles throughout the new professional standards, including the introduction of a dedicated domain on patients, partnership and communication.
- 8 Examples of changes that were influenced by patients' views included:
  - We asked patients what kindness meant to them. As a result, our updated standards set clear expectations that medical professionals will listen to patients, communicate sensitively, recognise vulnerability and be alert to signs of (and take steps to alleviate) pain or distress.
  - We listened to patients' views on sustainability – balancing the need to make sustainable choices without impacting on the quality of patient care.
  - We strengthened our duties for medical professionals on supporting patients with disabilities and communication support needs.
  - We introduced a new duty for medical professionals to be aware of the relevant law on capacity and mental health.
  - We also updated standards relating to dignity, privacy, the right to choose whether or not to accept a doctor's advice, and the right to access treatment to meet your needs whether or not the doctor has a conscientious objection.
- 9 When *Good medical practice 2024* comes into force, we will hold training sessions for staff and volunteers at national patient organisations across the UK. This is to make sure the advice they give to patients about what they can expect from medical professionals is based on an accurate and up-to-date understanding of our professional standards.
- 10 We are reflecting on what people told us during our public consultation to inform other ways that we can raise awareness of our professional standards among patients. We are also actively seeking opportunities to share learning from our patient engagement work with other health bodies.

**Agenda item M6 – Annex B**

**Involving patients and the public in our work**

## Regulatory reform

- 11** We are committed to creating opportunities for patients and the public and everyone else who will be impacted by our programme of regulatory reform to shape our future policies and processes.
- 12** We have established an audience involvement workstream as part of this programme and we have agreed to take forward three strands of activity:
  - An audience involvement panel – we have commissioned an external supplier to build and facilitate a panel of patients, doctors, anaesthesia associates (AAs) and physician associates (PAs). We will use this group to help us co-produce processes, guidance and communications. We anticipate the first meeting of this panel will take place in early 2024, when we will likely seek their input on certain aspects of the reforms that we wish to make to our fitness to practise processes (for example, accepted outcomes). We will make sure that we capture, evaluate and share our learnings from this experience of co-production.
  - Patient research to support our initial consultation – As the GMC has done with other major public consultations, we will commission research with patients and members of the public to help us understand how we should regulate AAs and PAs. Although we will promote the consultation to patient organisations, we anticipate (based on past experience) that patients and the public will be less likely to respond. Therefore, the research that we commission will help us to engage with the broadest possible sample of patients. We anticipate that the fieldwork for this research will be conducted in the spring of 2024. As this will be the first piece of research that we have carried out with patients about AAs and PAs, it's likely that we will include some general questions about their awareness of these roles.
  - A community of interest – we will build a network of people who have an interest in the changes that we will deliver. This community will provide us with a two-channel through which we can update patients and our other audiences about key developments in the programme. Crucially, it will be another means by which we can open up our engagement and collaborate with our key audiences on pieces of work. This community will be open for anyone to join and we will take steps to make sure it includes patients and the public with protected characteristics.

## Describing our role and work to patients

- 13** Our role and processes as a regulator will change when we begin to regulate medical associate professionals and when our programme of regulatory reform takes effect. These changes have required us to update the ways that we describe our role and work to patients

**Agenda item M6 – Annex B**

**Involving patients and the public in our work**

and our other audiences, making sure these standard descriptions are clear, accessible and consistent across the organisation and all its communications.

- 14** Between December 2022 and February 2023, we commissioned independent research to test a set of updated standard descriptions that we had developed. A key principle that informed the development of these descriptions was that they must be understandable by members of the public. We aimed for a [Hemingway Editor](#) readability score of nine (a reading age of 14-15 years) to reflect the content on our website.
- 15** The agency that we used was able to reach a diverse number of members of the public who we expected to have little or no knowledge of the GMC. We are confident that the participation was reflective of the UK's population according to census data.
- 16** The independent research received almost 300 responses to a survey, with 132 responses (45%) coming from members of the public, of whom:
  - 91% agreed the descriptions were clear
  - 80% agreed the descriptions were understandable
  - and 89% agreed the descriptions were accessible.
- 17** While the survey found the new descriptions were broadly effective at communicating our purpose and functions, the responses from patients and other audiences told us that the language we used could be made more direct, simple and easy to read. As one member of the public said: 'The concept language was hard to decipher'.
- 18** We used this feedback from patients and other audiences to improve the descriptions that we developed. We are now in the process of working with teams from across the GMC to embed the descriptions in their routine communications with customers and audiences (including their letters and emails).

## People Survey 2023

<b>Action</b>	To note
<b>Purpose</b>	To provide Council with an update on the results of the 2023 people survey and proposed priority areas for further work.
<b>Decision Trail</b>	Considered by Senior Management Team.
<b>Recommendation</b>	Council is asked to note the people survey findings and the related ongoing work programmes
<b>Annexes</b>	Annex A – People Survey Insight Report
<b>Author contacts</b>	<b>Andrew Bratt</b> , Assistant Director – People  Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Neil Roberts</b> , Director of Resources

**Agenda item M7**  
**People Survey 2023**

## Background

- 1 Our people survey provides a detailed analysis into key aspects of our performance as an employer helping us identify areas of strong performance along with opportunities for improvement. The survey outcomes are also central to tracking our progress on equality, diversity, and inclusion where Council have agreed targets and these are covered in our report on our ED&I targets.
- 2 We continue to run an annual cycle for surveys to help us better track our performance and assess the impact of the work we have undertaken.
- 3 The 2023 survey was carried out by IQVIA, our new survey provider. IQVIA has significant experience of working in the UK health field and they carry out surveys for a number of NHS organisations.

## Overview

- 4 In preparation for this year's survey, we asked IQVIA to carry out a comprehensive review of the survey questions as we had been using broadly the same question set for several years. The review included a testing phase with across the organisation on the design of the survey before it was finalised.
- 5 The review resulted in a revised question set for 2023. Questions were moved into more logical groupings with clearer headings, and standalone sections were developed for wellbeing questions and bullying, harassment and discrimination (negative behaviours). Line manager and senior manager questions were also separated.
- 6 The employee engagement and inclusivity index questions were not changed as part of the review. This was to enable us to continue to measure these key survey metrics and track progress.
- 7 The survey has many elements that allow us to track our performance over the long term and benchmark externally. We analyse employee views across the GMC and by individual directorates and teams (subject to sufficient responses to preserve anonymity). We can also analyse the results by job level, location, and protected characteristic. This information is shared with managers across the GMC to allow a local, as well as corporate response, to be developed.
- 8 Our improved capacity to analyse and report our staff survey data means we are seeing it inform a wide range of projects and initiatives, especially around our working arrangements.
- 9 Our priority is to ensure that we build on the areas of positive feedback and that this reflects the experience of working at the GMC for all colleagues, whilst recognising there is work to do in some areas.

## Agenda item M7

### People Survey 2023

- 10** All our reports, produced by IQVIA, have been published internally. These include the main survey insight report (Annex A). Directorate based reports and analysis of free text comments are issued to each Directorate and we have an ongoing programme of follow up focus groups. Our People Forum receive the same briefing that our Senior Management Team have on publication.

## Survey results

- 11** With a participation rate of 88% (up 2% on last year) the survey is a comprehensive and representative view of our employees' opinions. Our provider's view is that this exceptionally high level of participation is a positive indicator.
- 12** We have tracked progress to previous survey questions where we feel able to do so following the review, even where questions have changed, as this still gives an indication of progress in the same areas. 70 questions fall into this category. Five questions saw an improvement of above 5%, 27 a decline of over 5%, while 38 remained in line with last year. It is important to note however that even small changes to questions can impact on responses so progress tracking needs to be considered with this caveat in mind.
- 13** Whilst we are content with the revised format we expect the 2024 to provide further insights into our progress as we will be able to analyse responses based on a like for like question set from this year's survey.

### Most improved areas

- 14** The most improved areas from the survey are around understanding the corporate strategy, co-operation between and within teams and awareness of our expectations around inclusive behaviours:
- I understand how my own work priorities are aligned to the GMC's corporate strategy \* - 92% (+19%)
  - I understand the GMC's corporate strategy \* - 93% (+18%)
  - There is helpful and effective co-operation between colleagues in your directorate and colleagues in other directorates - 67% (+8%)
  - There is helpful and effective co-operation between colleagues in your team and other teams within your directorate - 83% (+7%)
  - I am aware of the inclusive behaviours I need to demonstrate at work – 96% (+4%)

**Agenda item M7**  
**People Survey 2023**

**Biggest declining areas**

**15** The areas where we have seen responses fall or not improve as we would have hoped are:

- The reasons behind important decisions made at the GMC are always explained – 52% (-21%)
- Change is managed well within my organisation - 43% (-15%)
- There are opportunities for me to work in other areas of the GMC - 58% (-14%)
- There are processes in place that let me make suggestions to improve the way we work - 66% (-14%)
- Assistant Directors represent my views to the Senior Management Team (CEO and Directors) effectively – 46% (-14%)

**16** As with previous years our focus is on consolidating our work in areas of good practice and addressing areas where we can improve.

**Engagement index**

**17** Our engagement index provides a headline indication of our overall performance as an employer and is based on the following questions:

- I am proud to say that I work for the GMC - 80% (-5%)
- I would recommend working for the GMC - 82% (-7%)
- I speak positively about the services that the GMC provides - 82% (-5%)
- I am committed to going the extra mile for the GMC when needed - 83% (+3%)
- To what extent are you satisfied or dissatisfied with working for the GMC? - 81% (-3%)
- I intend to still be working for the GMC in 12 months' time - 76% (-1%)

**18** Our main aims on the index are twofold. We want to sustain high levels of engagement and maintain our current performance. We also want to move average scores for lower scoring groups towards our GMC average. Differentials are relatively limited across many protected characteristics, but we continue to see lower average engagement scores for some ethnic groups, especially black Caribbean and mixed ethnicity. While we have seen the differential diminish overall for minority ethnic staff (and some groups on average are above the GMC score) this remains an area of concern.

**19** Our engagement index score for 2023 is 70.88. This compares to scores of 73.92 in 2022, 75.67 in 2021, 79.77 in 2020 and 73.24 in 2019. Like many organisations we are seeing a decline from the high engagement score achieved in 2020 which reflected positively on how we managed the pandemic as an employer, but this trend has continued. Our specific targets in this area are covered in more detail in the report on our employer targets.

**Agenda item M7**

**People Survey 2023**

**20** 70.88 as an engagement score still benchmarks favourably externally. It is higher than the overall civil service engagement score from their 2022 people survey - 64.58; and it would put us 11<sup>th</sup> out of the 107 government departments and agencies that make up that survey.

**Inclusion Index**

**21** We introduced the inclusion index in 2020 as a pilot and we now have an agreed target to improve our inclusion index score year on year.

**22** The index is based on the questions below that focus on the workplace experience of colleagues, an area where we are seeking to make targeted improvements for some groups of colleagues.

- My manager treats me with respect and fairness - 94% (-1%)
- The GMC provides an inclusive environment for people from all backgrounds - 78% (-2%)
- Everyone is given the opportunity to progress at the GMC regardless of background, beliefs, or identity - 70% (-2%)
- I am confident that I can raise an issue with the organisation without it being held against me - 56% (-5%)
- My views and ideas are listened to - 61% (-10%)
- Bullying is not an issue where I work - 78% (+1%)
- Harassment is not an issue where I work - 83% (+2%)
- Discrimination is not an issue where I work - 76% (+2%)

**23** There has been a slight drop in our index score to 74% this year compared to 75% in 2020 and 2021 and 76% in 2022.

**24** Similar to the engagement index scores, differentials are relatively limited across many protected characteristics, but we do continue to see lower average inclusion scores for some ethnic groups, in particular Asian Pakistani, black African and mixed ethnicity.

## 2023 priority areas

**25** Our priority areas for responding to the 2023 People Survey are as follows:

**Senior Management and Assistant Directors**

**26** There has been a decline in scores for all questions relating to the senior management team (CEO and directors). The biggest drop in scores relate to asking colleagues' opinions before making important decisions that affect the way the organisation works are made (-9%), and confidence in the way senior management are leading the organisation (-7%). We introduced Director specific questions this year on making time for colleagues, being visible across the

## **Agenda item M7**

### **People Survey 2023**

directorates, and interest in colleagues view and we achieved similar scores for each question – 55%, 59% and 54%.

- 27** There was also a decline for all assistant director scores. The biggest drop in scores for relate to assistant directors representing colleagues' views to senior management effectively (-14%) and being role models for the GMC values (-11%).
- 28** We are disappointed in these scores as following a series of SMT discussions in light of the 2022 results, we have made a concerted effort on senior management engagement and visibility over the past 12 months. For example, directors increasing visibility with other Directorates, staff network sponsorship, additional national office visits and commitment to more whole organisation activity through activities such as brown bag lunches (staff briefing sessions). In addition Directors have a specific objective focussed on inclusion, which also supports wider engagement across the organisation. However, we do accept the feedback that colleagues have provided in the survey and recognise that we need to make further progress in this area. We will undertake further reflection on what lies behind the scores through staff focus groups and discussions at SMT and individual Directorate levels. The outputs of this will help inform how we can refine and bolster work in this area.

### **Change management**

- 29** This area has been a priority area previously and we saw an improvement to scores relating to change management following that work. However, change management related questions have seen a drop down again this year however. These include: colleagues who think change is managed well at the GMC down 15% and managed well in their directorate down 12%; colleagues feeling that senior management has communicated a clear vision of what the GMC is trying to achieve down 3%; senior management asking for the opinions of colleagues before making important decisions that affect the way the organisation works down 9%; colleagues feeling that the reasons behind important decisions made at the GMC are always explained down -21%; and colleagues feeling there are processes in place that let them make suggestions to improve the way we work down 14%.

### **Pay**

- 30** As with the 2022 survey, lower scores on pay were expected given the ongoing cost of living issues many colleagues will be experiencing, and it is one of our most important employee relations issues. While we expected to receive negative feedback, the work we did to support lower paid colleagues is likely to have prevented a more significant deterioration.
- 31** In response we have already implemented a greater degree of formal engagement with the People Forum on our pay award and are reviewing our 2024 priorities as part of our planning for next year.

### **Bullying, harassment and discrimination and raising concerns**

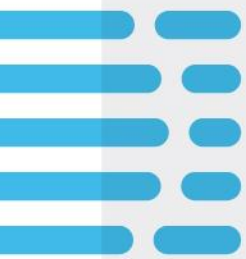
**Agenda item M7**

**People Survey 2023**

- 32** Colleagues saying that harassment is an issue has reduced to 4% and discrimination has reduced to 7%. Bullying being reported as an issue remains at 10%. Confidence in raising an issue has decreased by 5% and the reporting of specific incidents remains low. Of 103 colleagues who said they had experienced or observed bullying, only 41% reported the issue. For harassment only 41% of 42 issues were reported, and for discrimination only 32% of 71 issues were reported. The biggest increase in the source of the bullying, harassment and discrimination was from a colleague (not line manager).
- 33** Whilst we have seen some improvement in bullying, harassment and discrimination scores, we will continue with this dedicated workstream focusing on how we can further improve our performance in this area. We will align this with workstream with work on raising concerns, as we have seen a significant drop in confidence of colleagues in raising concerns without fear of negative consequences.
- 34** Where possible we will also undertake follow up reviews on areas where scores on these issues are low. We will also continue our work around professional behaviours and inclusion where we have seen an improvement in our scores.
- 35** Director sponsors for each of the priority areas will have been appointed by the time of the Council meeting. We also want to use our internal staff networks and People Forum to shape any new developments along with our ongoing staff focus groups.

## Local Responses

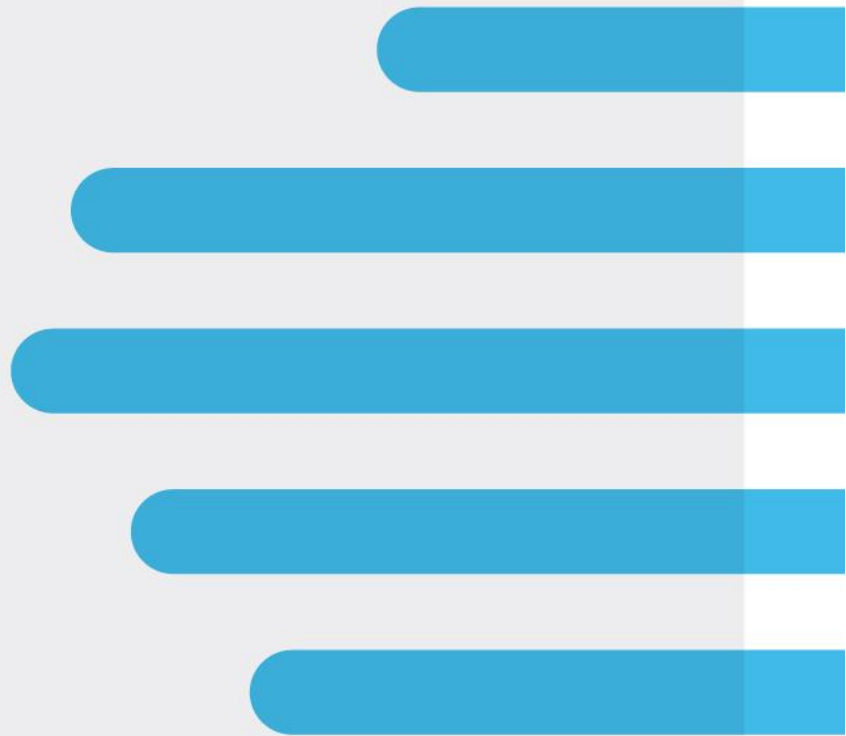
- 36** The survey provides the capacity to analyse issues at local level (with the caveat that we don't report on groups on fewer than 10 colleagues). We have provided detailed directorate and team by team reports. Individual Directorates and teams will now produce their own local action plans, reflecting their priorities, and complimentary to what is being coordinated centrally. This is particularly important as the variation by scores is most significant between teams and teams.
- 37** Local responses to the survey results are likely to have the most impact on future survey results. We will therefore be monitoring action planning and responses to the survey at both the local level the corporate level through the People Board.



# General Medical Council People Survey 2023

*Insight Report*

October 2023



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## Contents

<b>INTRODUCTION .....</b>	<b>3</b>
Objectives .....	3
Methodology.....	3
Survey development process.....	5
Reporting conventions .....	6
<b>RESPONSE RATE .....</b>	<b>6</b>
<b>EMPLOYEE ENGAGEMENT .....</b>	<b>7</b>
How the Engagement Index is calculated.....	7
Engagement by Directorate .....	8
Engagement by location .....	9
Engagement by ethnicity, sexual orientation and disability .....	9
Engagement by length of service.....	10
Engagement index by question.....	11
<b>THE INCLUSION INDEX.....</b>	<b>12</b>
How the Inclusion Index is calculated .....	12
Inclusion by Directorate .....	14
Inclusion by ethnicity, sexual orientation and disability .....	15
Inclusion by length of service.....	16
Inclusion index by question.....	16
<b>ORGANISATIONAL HIGH AND LOWS.....</b>	<b>18</b>
Highest scoring questions .....	18
Lowest scoring questions.....	18
Most improved scores.....	19
Most declined scores .....	19
<b>PERFORMANCE AGAINST 2022.....</b>	<b>20</b>
<b>FINDINGS FROM THE WORKSTREAM AREAS .....</b>	<b>22</b>
Workstream 1: Senior Management .....	22

Workstream 2: Bullying, harassment and discrimination .....23

Workstream 3: Equality, diversity and inclusivity .....26

Workstream 4: Pay and benefits.....27

**LEADERSHIP PERCEPTIONS .....28**

**OTHER FINDINGS .....29**

Wellbeing .....29

Line Managers .....30

Working Together .....30

Communication .....30

**OVERALL SUMMARY AND RECOMMENDATIONS .....31**

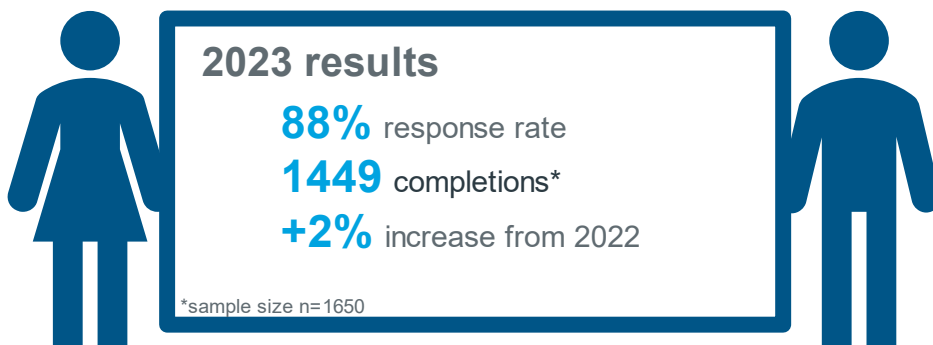
Other areas of significance .....32

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## Introduction

In Autumn 2022, the General Medical Council (GMC) commissioned IQVIA to take over as its provider to conduct their annual People Survey. This was previously provided by another company between 2019-2021. In selecting a new provider for the People Survey, GMC have worked in collaboration with IQVIA to enhance and improve it, to ensure that it reflects the experiences of the people at GMC, both for the current year and in further iterations in the future. Consistency with the previous year's survey was retained as much as possible, in order to allow for longitudinal analysis of results and identify any changes in the working environment, both positive and negative. This was especially important in areas where targeted actions have been applied to improve processes and experiences for staff.

This report details the key findings derived from the 2023 survey - fieldwork for which was undertaken during June/July 2023. A sample of 1,650 members of staff were given the opportunity to complete the survey. A total of 1449 responses were received, giving a response rate of 88%. This represents a 2% rise from the 2022 survey.



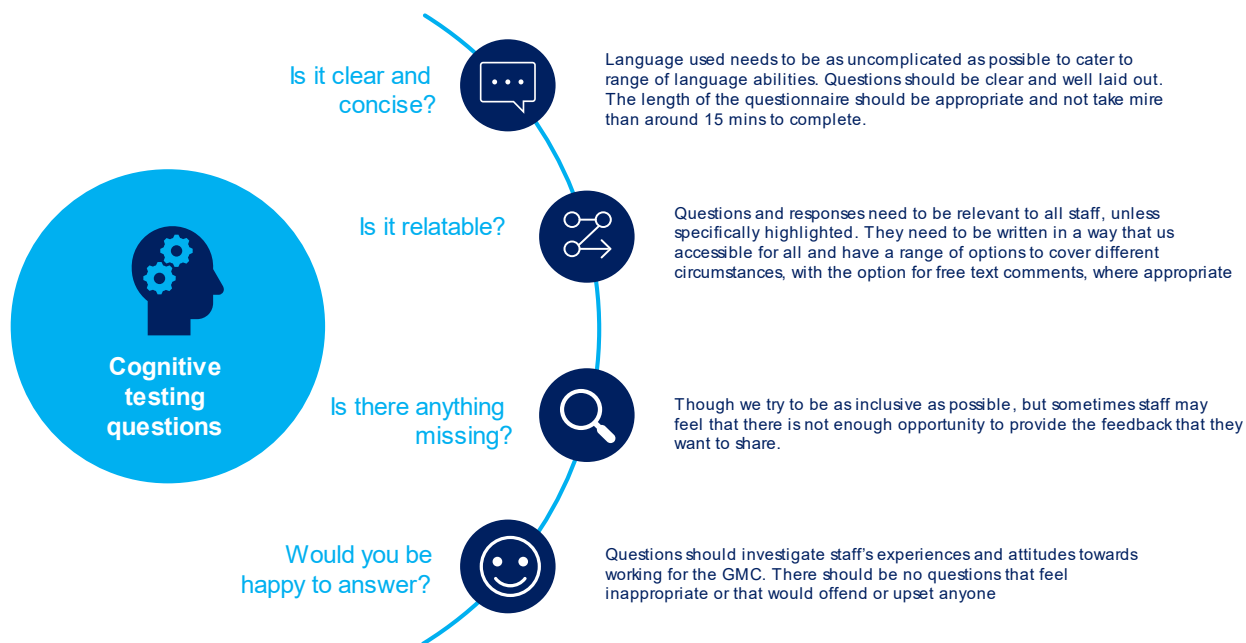
## Objectives

The main aim of the People Survey is to gather the experiences of staff at the General Medical Council (GMC) in the period since the last survey was run in 2022. The survey collects data from staff about how they feel about working at the GMC, what opinions they have about various aspects of the organisation, what can be done better and what is working well, both at Directorate level and organisationally. The results of the survey are used each year to inform strategic action planning to make improvements across the board and make the GMC an even better place to work.

## Methodology

A question set that was used for the 2022 survey, was provided to IQVIA's Insight and Feedback Team. The questions and the structure of the questionnaire were reviewed and revised for the 2023 survey, allowing it to be more accessible for completion going forward. Once the draft of a newly developed questionnaire had been agreed between IQVIA and GMC, this was then put through a cognitive testing procedure. Staff members were recruited from across the GMC, from a range of Directorates, locations and levels, in order to test the questionnaire. The cognitive testing process asks staff to look at the questionnaire and make comments about how they found it completing it,

including being able to understand the questions included, the language used, relevance, length and response options, alongside any other feedback the tester wants to provide. It is a valuable part of the survey development process and IQVIA introduced this within the planning the GMC's People Survey, where previously it did not feature.

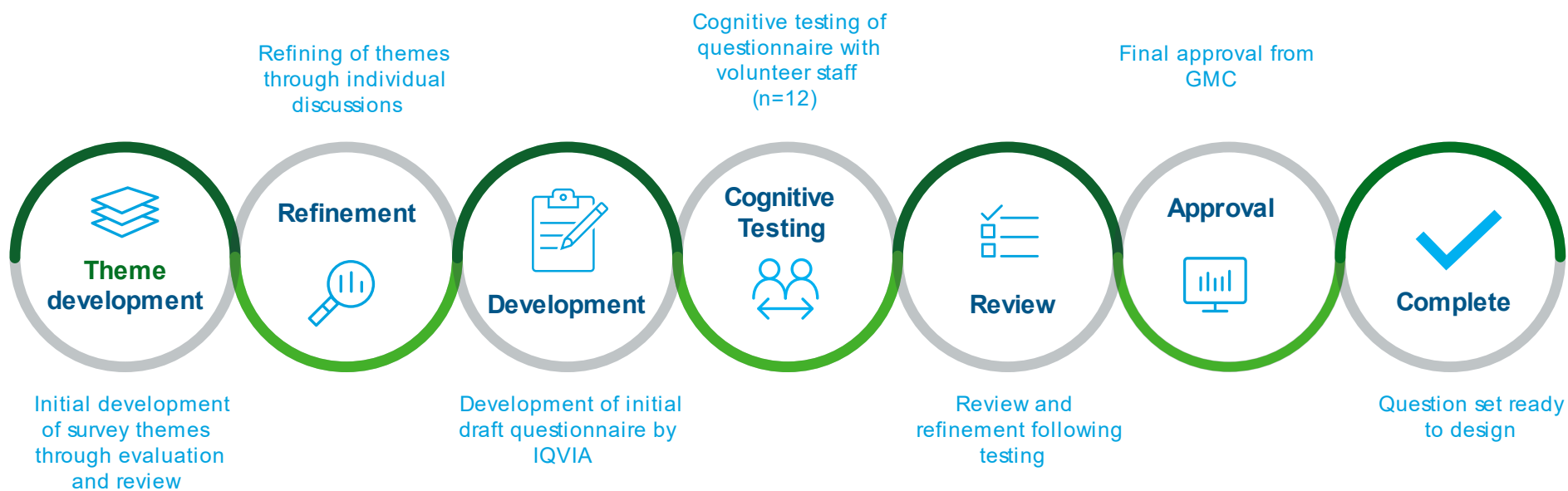


Cognitive feedback provides those who would be completing the survey a chance to help shape the questionnaire. This process ensures that staff feedback is considered and guarantees the questions are accurate, simple and relatable. Once volunteer staff had reviewed the draft questionnaire, their feedback was then discussed with an IQVIA representative during a scheduled, recorded, video call. All feedback was collated, and a summary and recommendations were provided to the GMC, in order to support their decisions on the changes that would be implemented in a final version of the questionnaire.

Once amendments to questions were agreed by senior management and included in the questionnaire, it was signed off and was ready for online design and development within IQVIA's online survey platform.

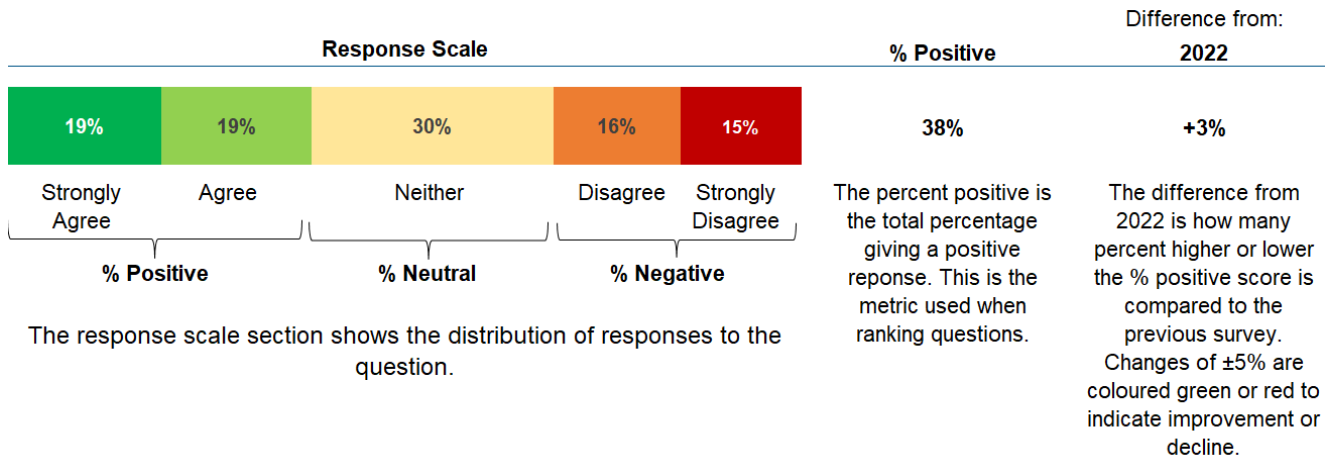
## Survey development process

*Development of the GMC questionnaire followed a tried and tested organic process*



All staff received an email invitation to complete the survey online. An invitation was sent directly to work email addresses, inviting staff to securely log in to the online questionnaire portal and provide their responses. There were 5 email reminders to non responders (4 July, 1 week after launch, 11 July, 18 July, 20 July, and a final reminder on 24 July, the last day the survey was available to complete).

## Reporting conventions



Percentages are calculated after excluding those respondents that did not answer that particular question or who selected "Don't know" to questions which offered that response.

All percentages are rounded to the nearest whole number. When added together, the percentages for all answers to a particular question may not total 100% because of this rounding.

## Response rate



The overall employee engagement score for 2023 is 88%, which is a 2% increase on the previous year's score. This is very positive, considering the delivery of the survey has moved over to a new provider. The questionnaire has had a complete review and has had several revisions made to it. It demonstrates the commitment of staff for providing feedback on their working experience, to help support organisational development, and the significant buy in from senior leaders for the survey and drive for improvement at the GMC.

This is a significantly high response rate for a staff survey. It exceeds that of other comparable public sector organisations, such as, NHS England, who had a response rate of 63% in 2022; the Care Quality Commission's, who had a 77% response for their last survey; and the Office of the Public Guardian, whose 2022 survey response rate was 71%.

## Employee engagement

### How the Engagement Index is calculated

The Engagement Index is calculated by creating a weighted score based on the responses to the statements below:

**Q7a** I am proud to say that I work for the GMC

**Q7b** I would recommend working for the GMC

**Q7c** I speak positively about the services that the GMC provides

**Q7d** I am committed to going the extra mile for the GMC when needed

**Q25a** To what extent are you satisfied or dissatisfied with working for the GMC?

**Q25b** I intend to still be working for the GMC in 12 months' time

Overall employee engagement score is

**70.88**

This shows a decline on 2022's score of 73.9

A weighting is applied to each response - 5 for strongly agree and 4 for agree, and the average of each of the participants' responses is taken. This is then divided by the highest possible score, to give the proportional engagement of the respondent, which is then converted to an index score out of 100. These index scores can then be averaged across groupings of staff.

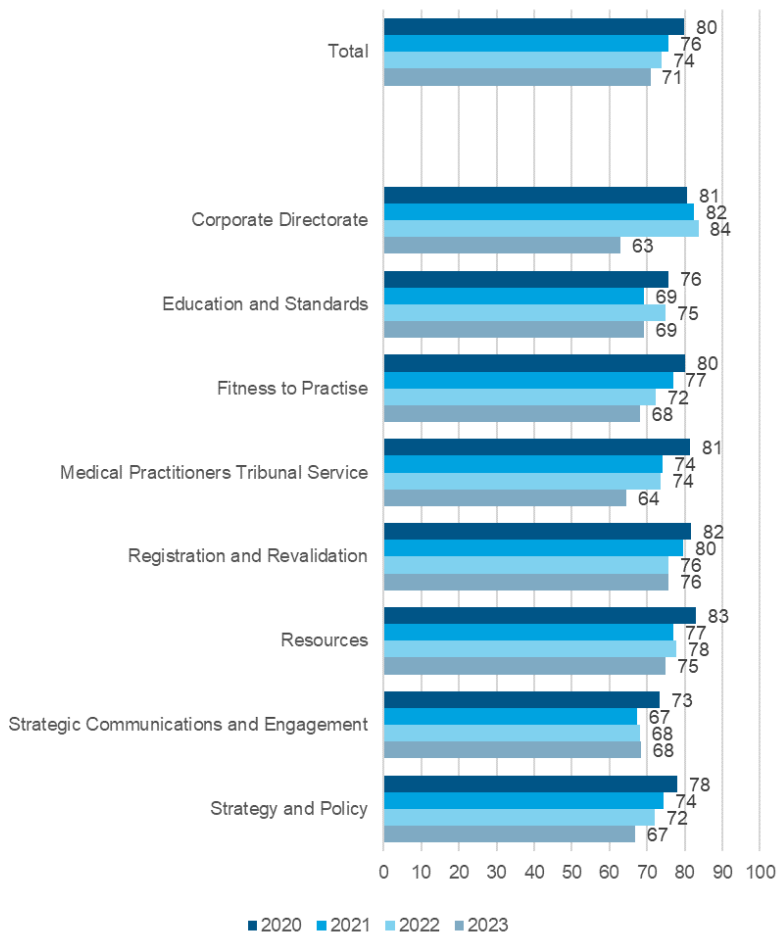
70.88	Response Scale			% Positive	Difference from: 2022	
I am proud to say that I work for the GMC	29%	51%	16%	80%	-5%	
I would recommend working for the GMC	31%	51%	12%	82%	-7%	
I speak positively about the services that the GMC provides	27%	55%	14%	82%	-5%	
I am committed to going the extra mile for the GMC when needed	37%	46%	12%	83%	+3%	
To what extent are you satisfied or dissatisfied with working for the GMC?	31%	50%	11%	7%	81%	-3%
I intend to still be working for the GMC in 12 months' time	40%	36%	16%	6%	76%	-1%

## Engagement by Directorate



Staff engagement has dropped overall since last year, and this can be more closely analysed by what is happening at Directorate level. The most engaged Directorate has switched from Corporate (2023: 63.02%/2022: 83.64%) last year to Registration and Revalidation (2023:75.75%/2022: 75.58%) this year. The score for the Corporate Directorate has seen a decline of almost 20% from last's year's score and has dropped from most engaged to least engaged.

The chart to the right shows how the engagement score has changed from year to year, both overall and by Directorate. The overall score is showing some decline over time, but by Directorate, these have remained fairly stable or have shown a slight decline in 2023. The Corporate Directorate, for which the trend had shown an upward movement over the last few years, has shown a fairly significant drop this year and below that of the 2020 engagement score.

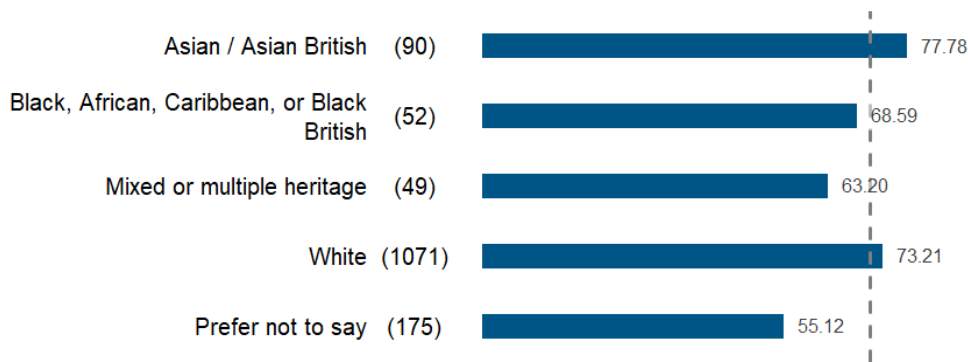


## Engagement by location

The most engaged staff are located in the Manchester HSQ (82.24%) and the least engaged are based at Manchester SJB (64.18%). Homeworkers are second largest group of engaged staff, whereas in last year's survey they were one of the staff groups that were identified as being lower on the engagement index (65%). This is encouraging for the GMC as even though working remotely, the staff who work outside the office environment still feel very engaged with the organisation.

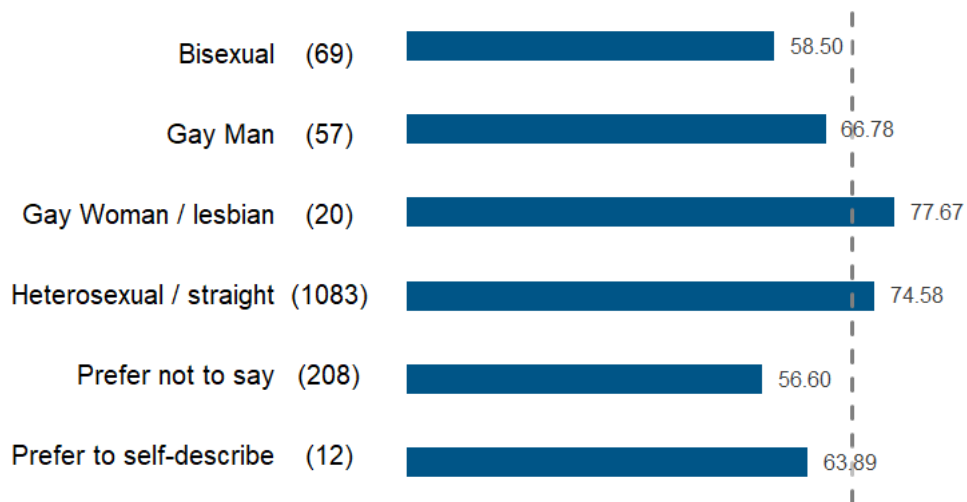
## Engagement by ethnicity, sexual orientation and disability

Although there does not seem to be much difference in the engagement of staff by age, sex, and religion, there are some quite stark differences by ethnicity, sexual orientation and disability, as seen in the three charts below.



When looking at ethnicity, the most engaged staff are Asian/Asian British and the least engaged, of those who stated their ethnicity, come from mixed or multiple heritage. Within the most engaged group of are Asian/Asian British, staff from Bangladeshi backgrounds come out top of the list and bottom are staff from Pakistani backgrounds.

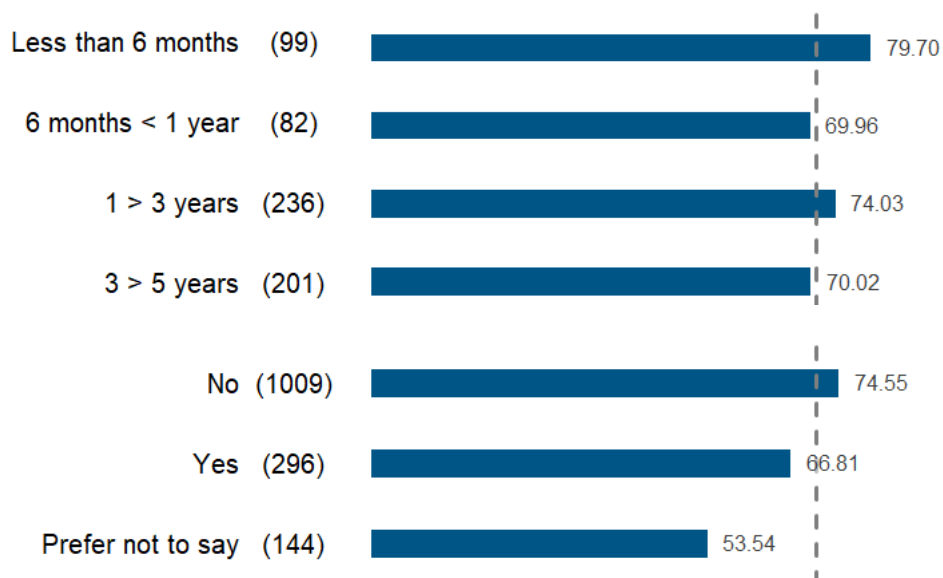
For sexual orientation, the most engaged staff group was gay women/lesbians and the least engaged, of those who stated their sexual orientation, was bisexual staff. Bisexual staff also had low engagement levels last year (68%) and this figure has dropped in 2023.



When looking at staff engagement by disability, those staff who said they did not have a disability (74.55%) were far more engaged than those staff who said that they did (66.81%)

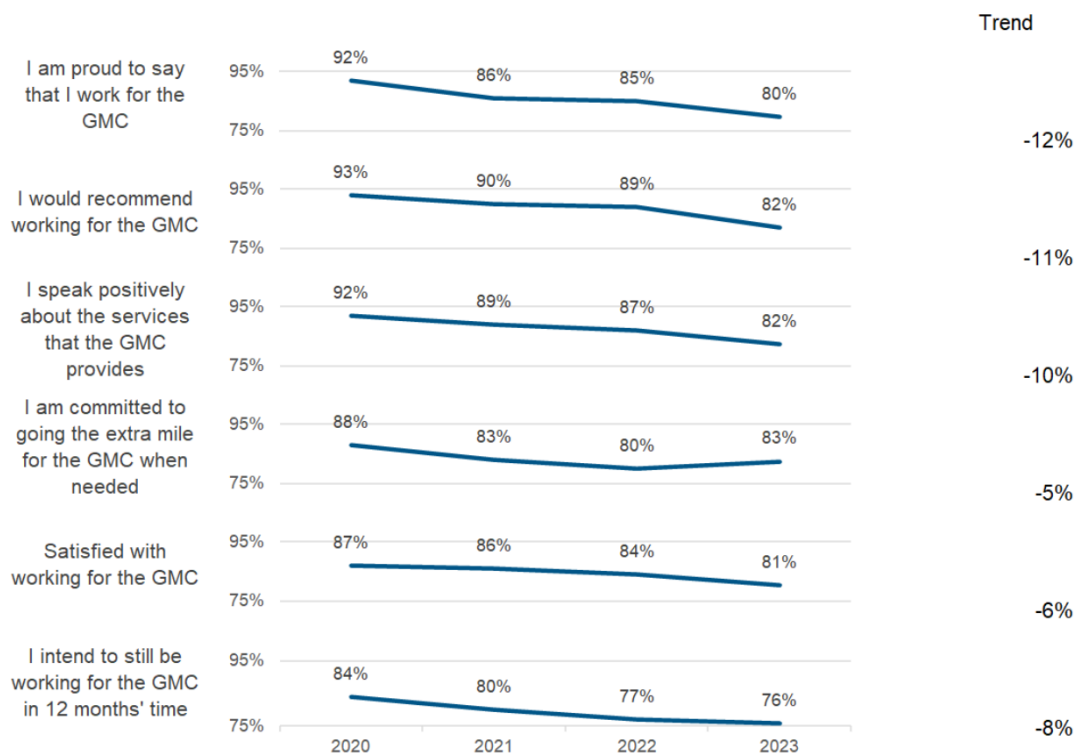
## Engagement by length of service

Unsurprisingly, staff who had worked at the GMC for less than six months had the greatest level of engagement (79.90%). Those staff with 10+ years of service were the least engaged (68.97%)



## Engagement index by question

As we can see in the chart below, across the measures that feed into the engagement score, the responses have shown a steady downward trend since the peak in 2020. Only the statement 'I am committed to going the extra mile' has seen any improvement in this area in 2023, and, in fact, reverses the previous downward trend for this question. At a local level, the Resources Directorate are the most likely to have agreed to go the extra mile, with a score of 89%. The least likely to agree were the Corporate Directorate at 62%.



When looking in more detail at how staff scored the remaining questions in the Engagement index, which have declined scores, the following was true:

- **Being proud to work for the GMC** – similar to last year, the Strategy and Policy Directorate are least likely to say they are proud to work for the organisation. This Directorate has one of the two lowest scores overall for engagement.
- **Staff recommending the GMC as a place to work**, Registration and Revalidation was most positive (86%) and Fitness to Practice were least positive (77%). Fitness to Practice were also one of the lower scoring Directorates for this question last year (88%), and their score has also declined in 2023.
- **Speaking positively about the GMC's services** – the Medical Practitioners' Tribunal Service were least likely to be positive about the services that GMC provides (71%). The Education and Standards and Registration and Revalidation Directorates were most positive.
- **Staff's satisfaction with working for the GMC** – has an overall score that has seen a downward trend since 2020's survey. The Strategy and Policy Directorate are the least satisfied at Directorate level.

- GMC staff who intend to be working at the organisation within the next 12 months** – is another overall score that is declining over time. Again, staff within the Strategy and Policy Directorate are most likely to be the ones who want to leave, with a low score of 64% for this question. It would be useful to drill down into the results for this question to find out what the issues are for staff. It may be due to length of service; staff feel it is time to move on. However, it may also reflect specific issues that are present that affect a particular group of staff, which could be resolved. It is recommended that further work is done, with groups of staff, to investigate what the issues are that are affecting staff morale. For the next survey, it would be useful to include some supplementary questions, which ask about intentions to leave GMC in more detail, as is included in other staff surveys. Focus groups and interviews are also an efficient method of looking at these issues in more detail.

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## The Inclusion index

### How the Inclusion Index is calculated

The Inclusion Index is calculated by creating an average of the rate of positive responses to the following statements:

Overall inclusivity index score is

**74.5%**

This shows a decline of 1.5% on 2022's score of 76%

**9a** My manager treats me with respect and fairness

**Q15b** The GMC provides an inclusive environment for people from all backgrounds

**Q15c** Everyone is given the opportunity to progress at the GMC regardless of background, beliefs, or identity

**Q15d** I am confident that I can raise an issue with the organisation without it being held against me

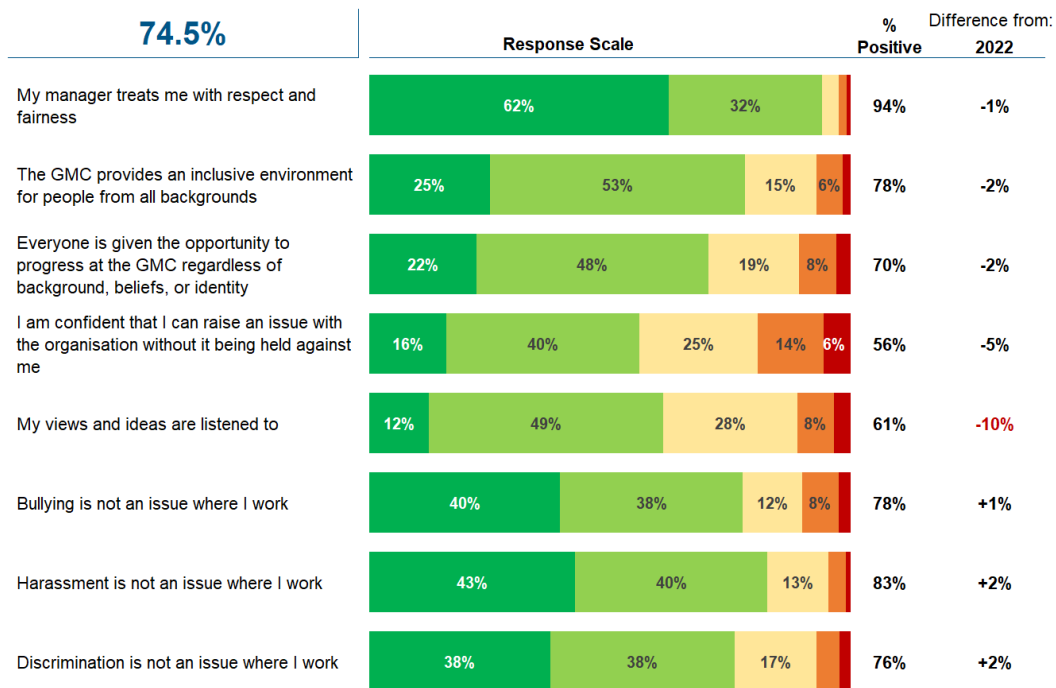
**Q16d** My views and ideas are listened to

**Q17a** Bullying is not an issue where I work

**Q18a** Harassment is not an issue where I work

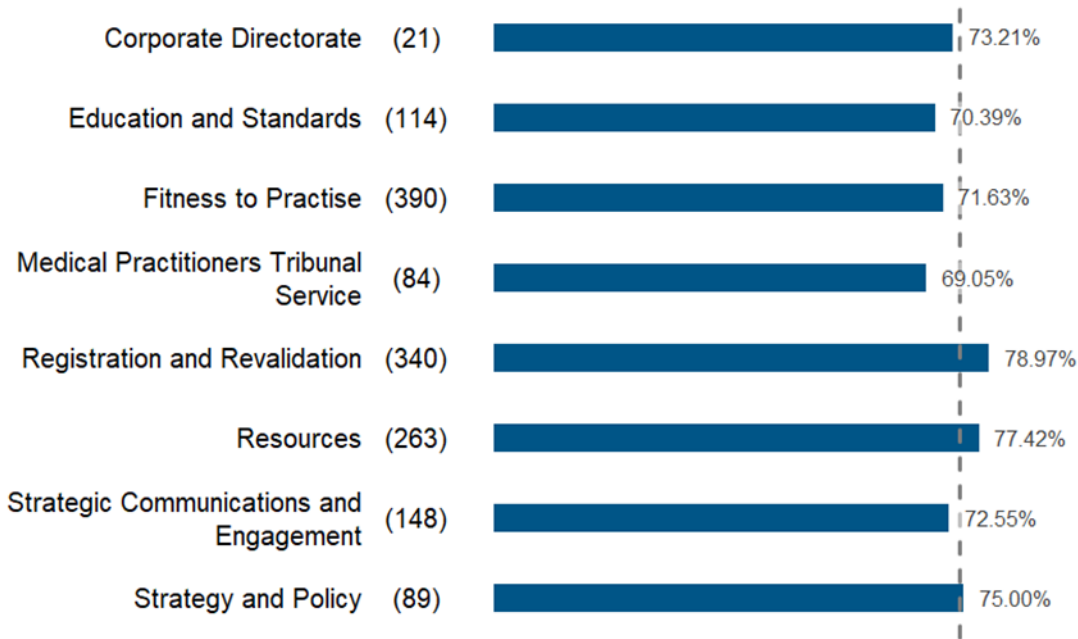
**Q19a** Discrimination is not an issue where I work

The inclusion score in the 2023 survey is 74.5%. This represents a slight decline from that recorded in the previous year (2022 - 76%). The questions that feed into the score remain broadly stable, however, there is a 10%- decline for staff agreeing to “My views and ideas are listened to”. The highest scoring question within the inclusion score is, for the second year, is “My manager treats me with respect and fairness” at 94%, a very slight drop from the score of 95% in 2022.



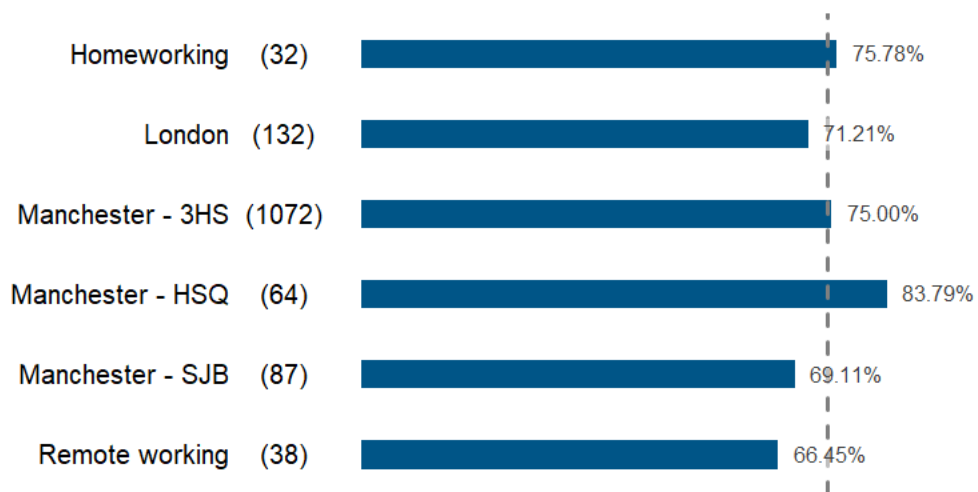
The chart above shows the difference from 2022 for each of the inclusion questions. With the exception of the questions around negative experiences, all scores have shown some decline since the previous survey. The questions about whether bullying, harassment and discrimination are an issue within the workplace, have improved since last year. Work in this area should be continued in order to continue rising scores.

## Inclusion by Directorate



The inclusion score has dropped overall since last year, and this can be more closely analysed by what is happening at Directorate level. The organisation average (74.48%) is indicated by the grey dashed line on each chart. From this, we can see that the most inclusive Directorate is Registration and Revalidation (2023:79%/2022:76%). This has switched from the Corporate Directorate, who had the highest score last year (2023: 73%/2022:83%). The score for the Medical Practitioners Tribunal Service is 69%, and this puts them at the bottom of the inclusion list.

## Inclusion by location

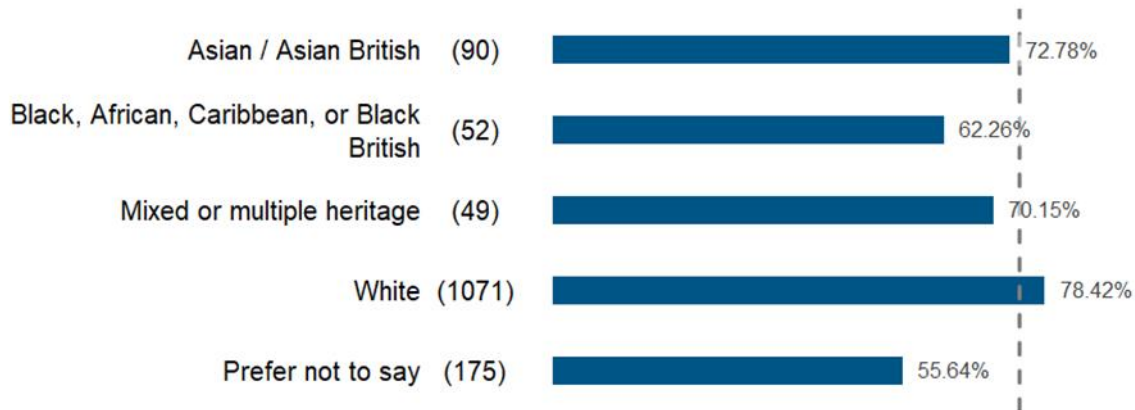


Staff in the Manchester HSQ had the highest inclusion score at 83.79%. The lowest score was found in the staff who work remotely with a score of 66.45%. As with the engagement score, homeworkers are the second highest scoring staff location group within inclusion.

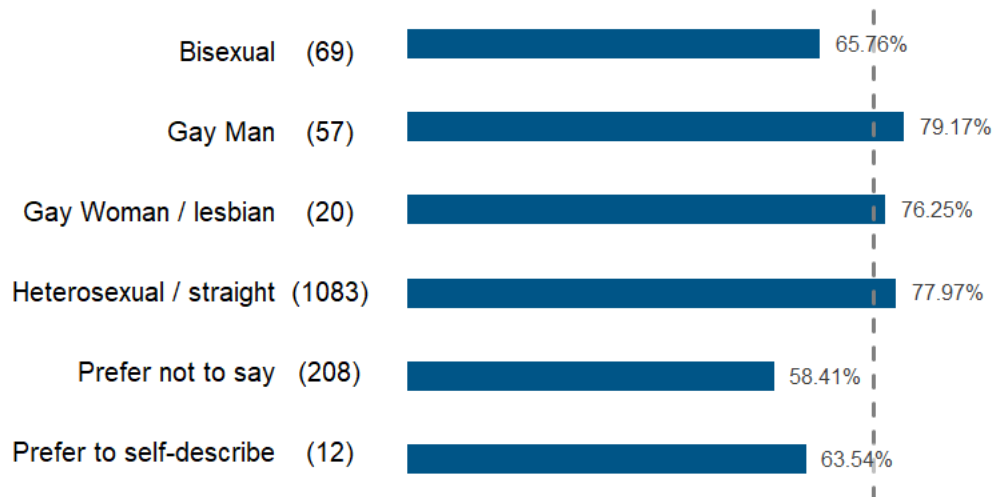
## Inclusion by ethnicity, sexual orientation and disability

Similar to what we have seen with engagement scores, the Inclusion scores are broadly in line for inclusion by age, sex, and religion. However, there are some obvious differences when looking at scoring by ethnicity, sexual orientation and disability, as seen in the three charts below.

When looking at ethnicity, the highest inclusion score is found in staff that said they are white and the lowest scoring ethnic group is Black African, Caribbean, or Black British. Within the lowest scoring ethnic group, African (57.77%) scores below Caribbean (67.71%).



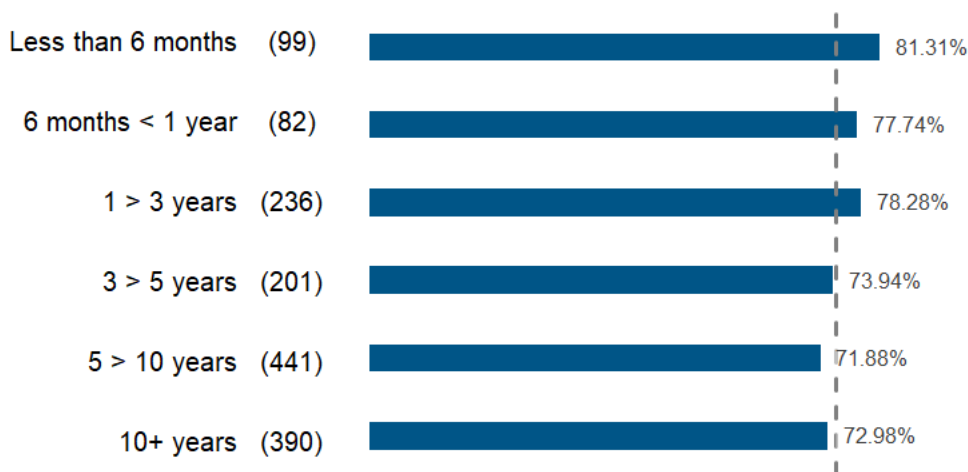
For sexual orientation, gay men (79%) were found to be the most inclusive group, and bisexual staff were the lowest recorded group within the inclusion scores. Bisexual staff also had low inclusion scores last year (70%) and this figure has dropped again in 2023 (66%).



When looking at staff inclusion by disability, mirroring the engagement scores, those staff who said they did not have a disability (79.01%) were in agreement about inclusion questions far more than those staff who said they did have a disability (66.77%)



## Inclusion by length of service



Similar to the results for the engagement index, scores for inclusion when looking at the length of service of staff, shows that those who have only recently joined the organisation are likely to feel more inclusion than those staff who have worked for the GMC for 5-10 years and longer.

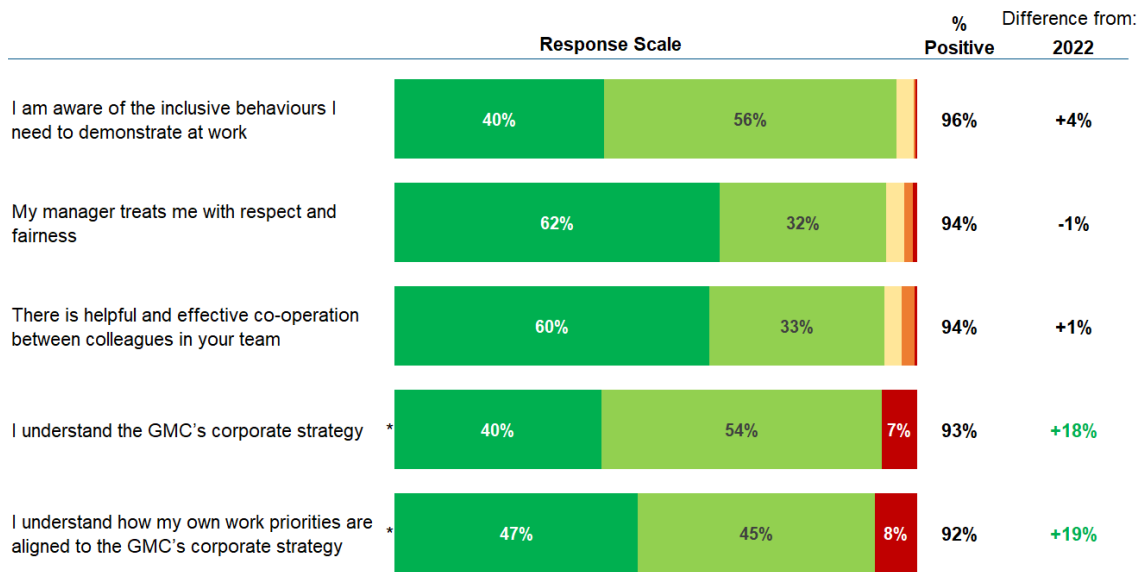
## Inclusion index by question

- Managers treating staff with respect and fairness** – Most of the scores for this question are broadly in line across the Directorates and in the low to mid 90% range. This is a very positive score for managers. The only exception is the Corporate Directorate, who have a score of 81%, which has dropped from the perfect score of 100% in 2022. It may be worth looking at the dynamics within this Directorate.
- The GMC providing an inclusive environment for people from all backgrounds** - Education and Standards are the lowest scoring for this question at 66%. This was also true in 2022 when they had a score of 68%. Resources are the top-scoring Directorate at 86%, with Registration and Revalidation being just behind at 84%.

- **Everyone being given the opportunity to progress at the GMC regardless of background, beliefs, or identity** – Education and Standards have once again the lowest score at 57%. Resources are the Directorate that speak most positively about this with a score of 77%. Corporate Directorate's score has dropped 10% this year (From 86% to 76%).
- **Staff's confidence in raising issues without it being held against me** – The scores across Directorates are broadly in line and are in the 50% range. The one exception is Registration and Revalidation whose score is 64%. Scores in this area suggests there are issues around raising concerns, which should be further investigated as a priority.
- **Staff views and ideas being listened to** – This is an overall score that is showing decline over time, and fairly significantly. The highest score is 71%, which is from the Corporate Directorate, but the majority of scores are in the 60% range, and the lowest is 51%, from the Fitness to Practice Directorate. Staff morale will be affected by whether people feel they are being listened to by different levels within the organisation. The visibility of and access to Senior Management will play a key part in the scoring around this.
- **Bullying/Harassment/ Discrimination being an issue at work** – The Medical Practitioners Tribunal Service have the lowest scores across all three questions about negative experiences and the reasons for this should be investigated. It may be that there is a particular issue that has affected and had a knock-on effect on many staff within this Directorate. Conversations with individuals and groups would support interrogation of the issues, along with looking at what incidents have been reported within this area. Registration and Revalidation score most positively across all three questions with scores in the 80% range. Scores overall have improved very slightly since 2022.

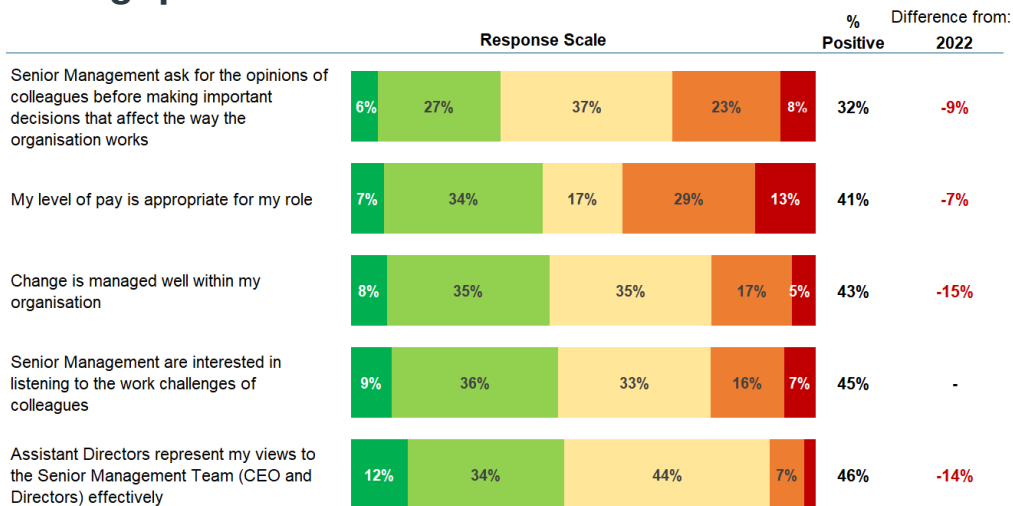
# Organisational high and lows

## Highest scoring questions



The table above, shows the questions that scored highest overall in the in the survey this year. Encouragingly, staff agreeing that they are aware of the inclusive behaviours that they needed to demonstrate at work, is the highest scoring question. Questions around teamwork and treating staff with dignity and respect also score in the top five questions.

## Lowest scoring questions



**Key**

Strongly Agree   Agree   Neither   Disagree   Strongly Disagree

\*   Yes   Yes, to some extent   No

Scores 5 or more percent HIGHER  
Scores 5 or more percent LOWER

The table above shows the questions that scored lowest overall in the in the survey this year. The lowest scoring question relates to senior management and whether they ask the opinions of colleagues before making important decisions that affect the way the organisation works. It is

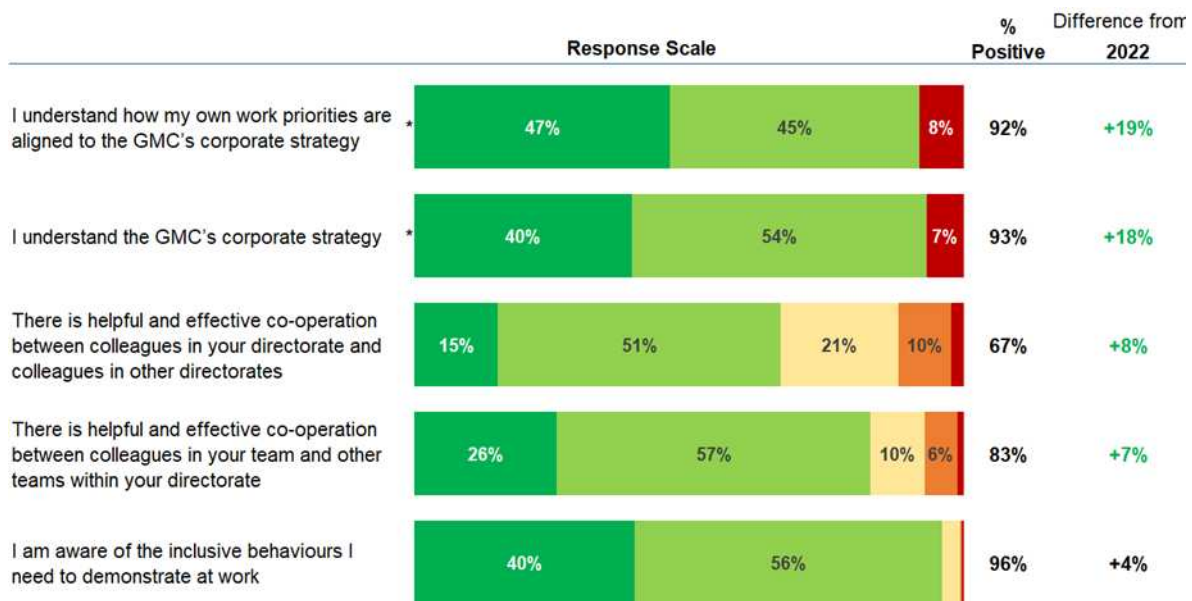
18

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recommended that this is an area that the GMC investigate further, through discussion with a representative group of staff, as it is also a question that has declined year on year.

Staff saying that change is managed well is also included in the lowest scoring questions and signifies that the previous work in this area that was introduced after the COVID-19 pandemic, may need to be restarted in order to improve issues. Looking at staff’s comments about this may help to inform what the specific issue are.

## Most improved scores



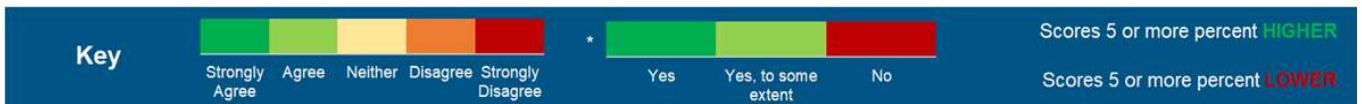
The table above, shows the questions that have seen the most significant improvement since 2022’s survey. Staff saying they understand how the how their work priorities align with that of the corporate strategy has increased by 19% on last year’s figure. This reverses the trend for this question, which in the preceding years had shown a very slight decline.

## Most declined scores

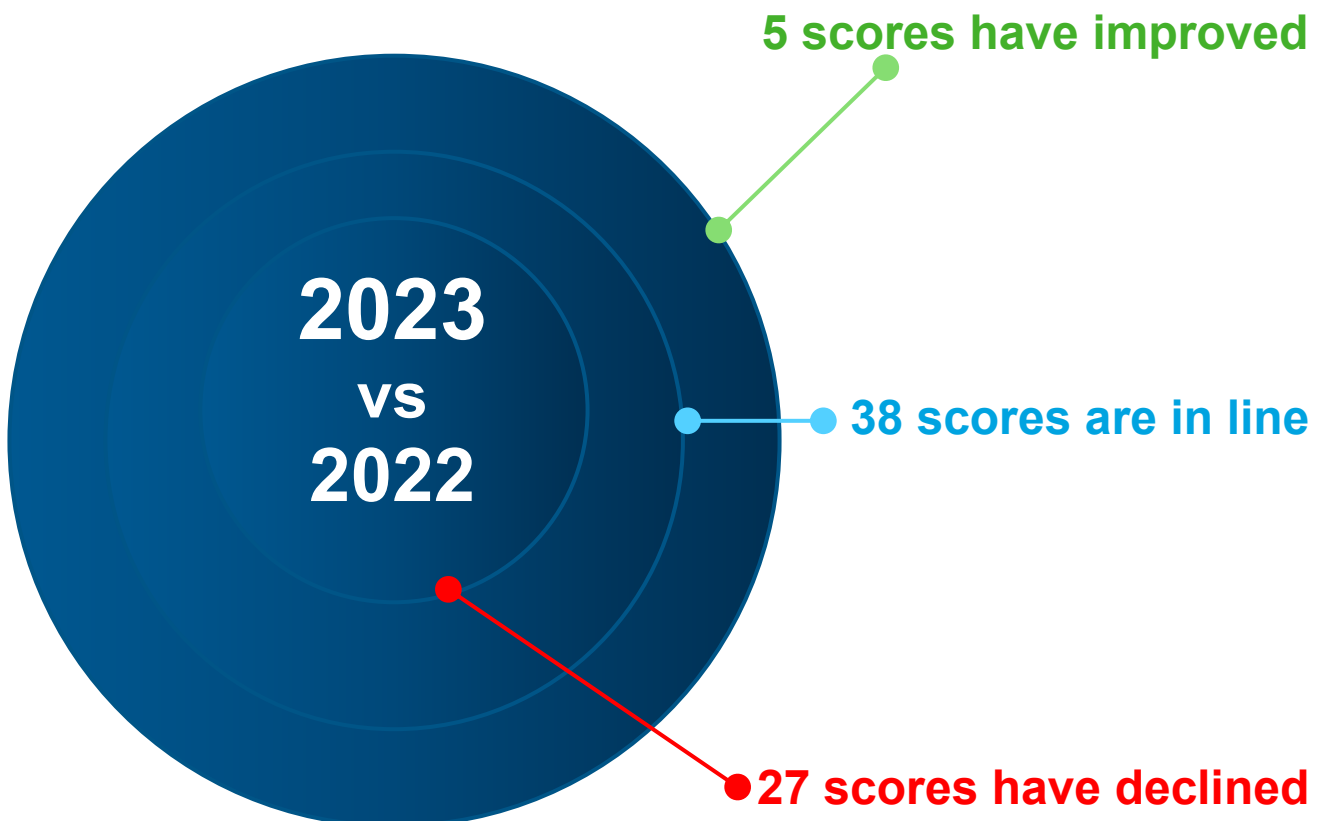
The table below, shows the questions that have seen the most significant improvement since 2022’s survey. Staff saying that the reasons for important decisions being made has shown the most significant decline since 2022, with a drop of 21%. This will almost certainly tie into scores around staff feeling that senior leaders are visible within the organisation and that they ask the opinions of

staff when making important decisions that affect the organisation, which are also amongst the most declined and lowest-scoring questions.

	Response Scale					% Positive	Difference from: 2022
The reasons behind important decisions made at the GMC are always explained	9%	43%	27%	17%	5%	52%	-21%
Change is managed well within my organisation	8%	35%	35%	17%	5%	43%	-15%
There are opportunities for me to work in other areas of the GMC	11%	47%	23%	15%	4%	58%	-14%
There are processes in place that let me make suggestions to improve the way we work	12%	54%	22%	10%	2%	66%	-14%
Assistant Directors represent my views to the Senior Management Team (CEO and Directors) effectively	12%	34%	44%	7%	2%	46%	-14%



## Performance against 2022



When comparing scores from the 2023 People Survey to those from the previous survey in 2022, there are 5 scores that have shown an improvement. The majority of scores (n=38) have remained stable, and 27 question scores have shown a decline.

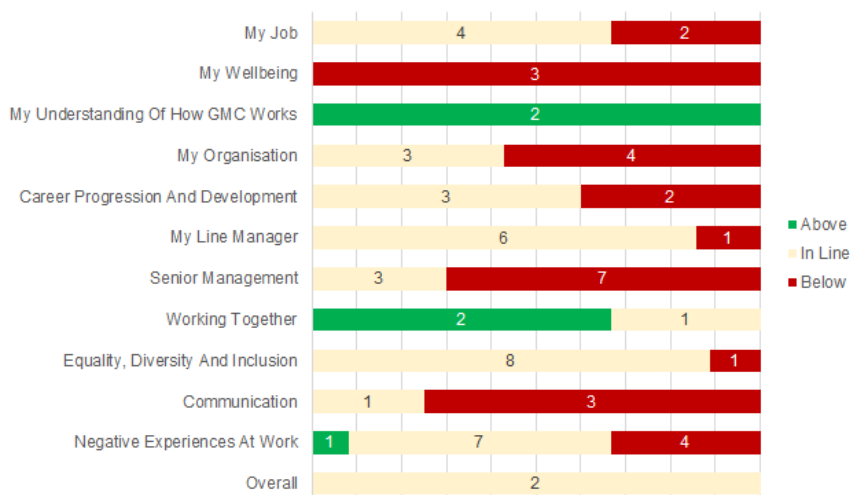
The five questions that improved since last year's survey are shown in the table below, along with their percentage increases.

This chart shows the questions with the greatest improvement in the percentage of respondents giving positive responses to the questions.

Follow-up questions about the experiences of a limited number of respondents (eg questions about experiences of bullying) are excluded from the ranking.

	Response Scale	% Positive	Difference from 2022
I understand how my own work priorities are aligned to the GMC's corporate strategy		92%	+19%
I understand the GMC's corporate strategy		93%	+18%
There is helpful and effective co-operation between colleagues in your directorate and colleagues in other directorates		67%	+8%
There is helpful and effective co-operation between colleagues in your team and other teams within your directorate		83%	+7%
I am aware of the inclusive behaviours I need to demonstrate at work		96%	+4%

The chart below, shows the movement in questions by which section they are in the questionnaire. The largest cluster of declined questions are located within Senior Management and the most improved are spread mainly between understanding how the organisation works and working together.



## Findings from the workstream areas

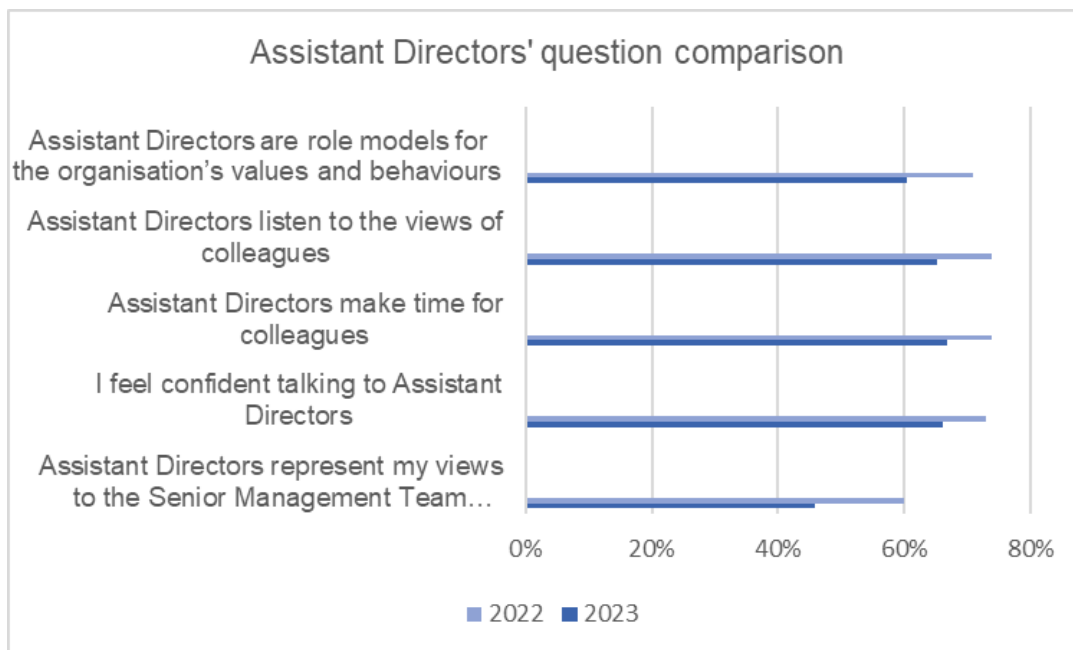
### Workstream 1: Senior Management

SENIOR MANAGEMENT	Response Scale				% Positive	Difference from: 2022	
I am confident in the way that Senior Management are leading the GMC	11%	49%	30%	8%	60%	-7%	
Senior Management have communicated a clear vision of what the GMC is trying to achieve	11%	51%	26%	10%	61%	-3%	
Senior Management ask for the opinions of colleagues before making important decisions that affect the way the organisation works	6%	27%	37%	23%	8%	32%	-9%
I would feel confident talking to Senior Management if I needed to	11%	42%	21%	19%	7%	53%	-1%
Senior Management are interested in listening to the work challenges of colleagues	9%	36%	33%	16%	7%	45%	-
Senior Management are role models for the organisation's values and behaviours	9%	40%	38%	10%	48%	-5%	

When looking at all of the comparable questions in Senior Management, we can see that there has been a decline in all questions. See table above.

Questions which show significant decline, include those around staff's confidence in leadership skills of senior management, asking for staff's opinions when making important decisions that affect the organisation, and being role models for GMC's values and behaviours.

SENIOR MANAGEMENT	Response Scale				Positive	2022
My Director makes time for colleagues	14%	41%	32%	10%	55%	-
My Director is visible across the directorate	15%	44%	24%	12%	59%	-
My Director is interested in the views of colleagues in my directorate	15%	39%	33%	9%	54%	-
Assistant Directors represent my views to the Senior Management Team (CEO and Directors) effectively	12%	34%	44%	7%	46%	-14%
I feel confident talking to Assistant Directors	23%	43%	21%	10%	66%	-7%
Assistant Directors make time for colleagues	20%	47%	26%	6%	67%	-7%
Assistant Directors listen to the views of colleagues	20%	46%	26%	6%	65%	-9%
Assistant Directors are role models for the organisation's values and behaviours	17%	43%	33%	5%	60%	-11%



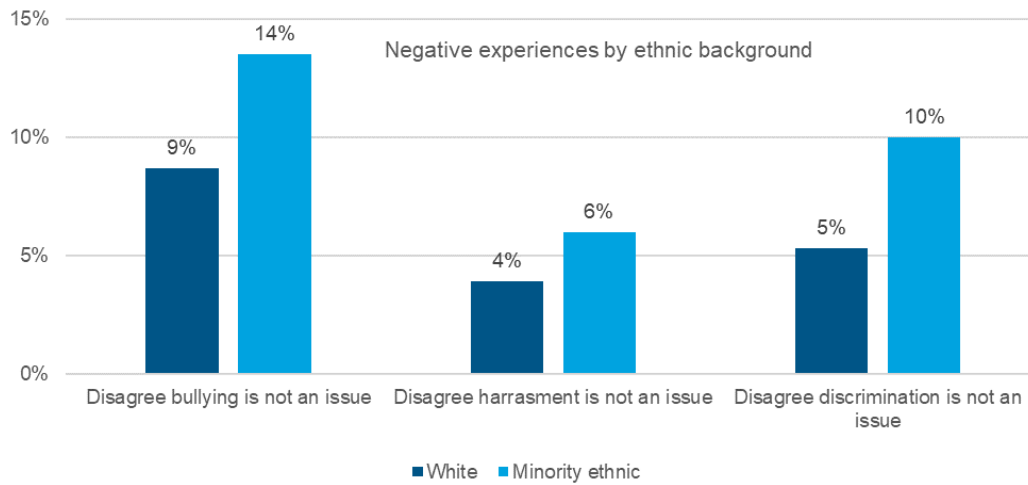
At Director level, the question scores also show decline. These are most apparent in the questions relating to Assistant Directors representing staff views to the senior management team, staff feeling confident to talk to Directors and them making time for them. Scores for Assistant Directors listening to the views of colleagues and being role models for the values and behaviours of the GMC, have also declined. Most scores continue the downward trend from 2021 survey. These scores show a direct correlation to staff feeling around morale and being included. Some of the most declined scores are based in staff feeling like they matter and are being listened to. This is very evident in the Inclusivity Index scoring. If staff do not feel that they are being listened to, that their opinions matter and that they are not being consulted, it will affect the way in which they view senior management. This could have an impact on how they feel about raising concerns. The score around raising concerns and reporting issues are generally fairly low. It is recommended that issues around trust and morale in relation to senior management are interrogated further. The Directorate that scored least favourably for questions around Assistant Directors, was Registration and Revalidation, where no scores were above the 60% range.

## Workstream 2: Bullying, harassment and discrimination

NEGATIVE EXPERIENCES AT WORK	Response Scale				% Positive	Difference from: 2022
Bullying is not an issue where I work	40%	38%	12%	8%	78%	+1%
Harassment is not an issue where I work	43%	40%	13%	4%	83%	+2%
Discrimination is not an issue where I work	38%	38%	17%	7%	76%	+2%

As evidenced in the table above, overall scores for bullying, harassment and discrimination have shown a slight improvement since the last survey. When considering the previous 12-month period, 78% of staff did not feel that bullying was an issue; 83% said that harassment was not issue; and 76% reported that discrimination was not at an issue. However, work should be continued in this area and a review as to why there are any incidents, and what they are, should be reviewed. Achieving a

perfect 100% score for staff not experiencing or witnessing negative experiences would be desirable for all organisations.



When breaking down the data into minority ethnic and non-minority ethnic respondents, we can see that a significantly higher proportion of minority ethnic staff disagree that bullying, harassment and discrimination is not an issue where they work.

Of the 147 staff (15%) who were asked and responded that they felt bullying was an issue within the GMC:

Personally experienced	17%
Observed	30%
Personally experienced and observed	23%

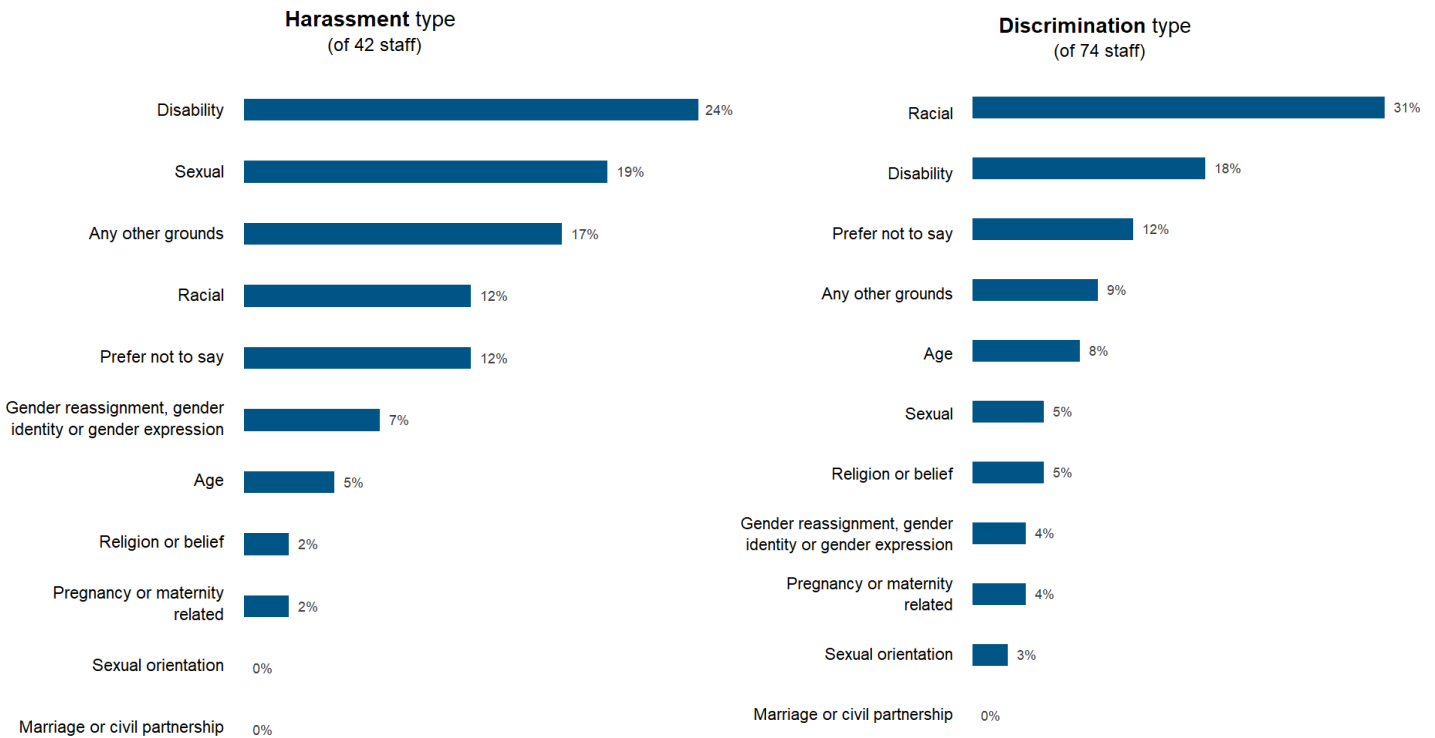
Of the 71 staff (26%) who were asked and responded that they felt harassment was an issue within the GMC:

Personally experienced	30%
Observed	18%
Personally experienced and observed	11%

Of the 104 staff (18%) who were asked and responded that they felt discrimination was an issue within the GMC:

Personally experienced	18%
Observed	30%
Personally experienced and observed	15%

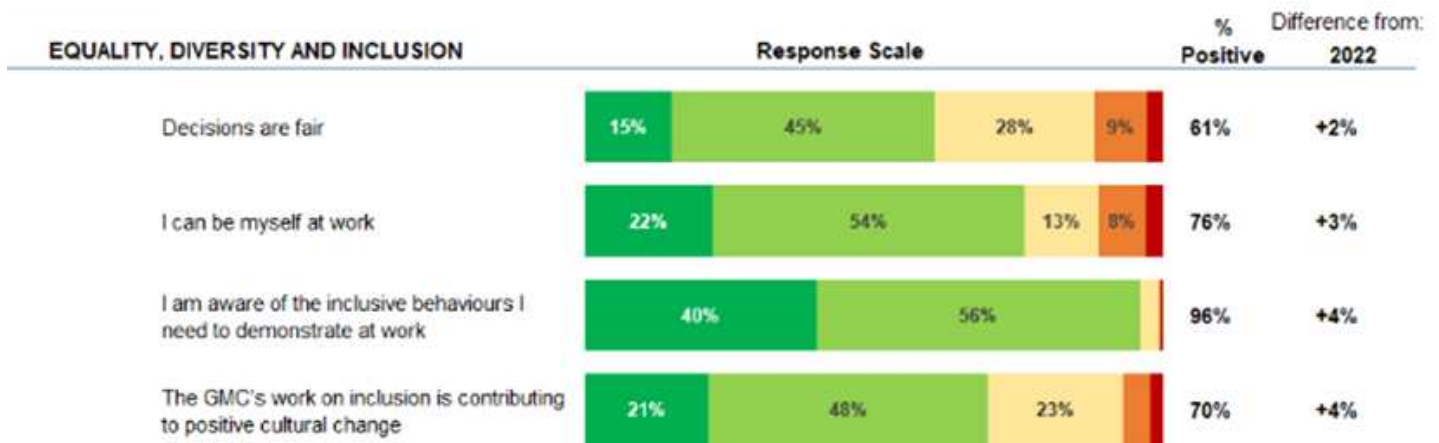
In all incidences, it was reported that the highest level of bullying, harassment and discrimination was experienced from a colleague. The most common forms harassment and discrimination were on the grounds of disability.



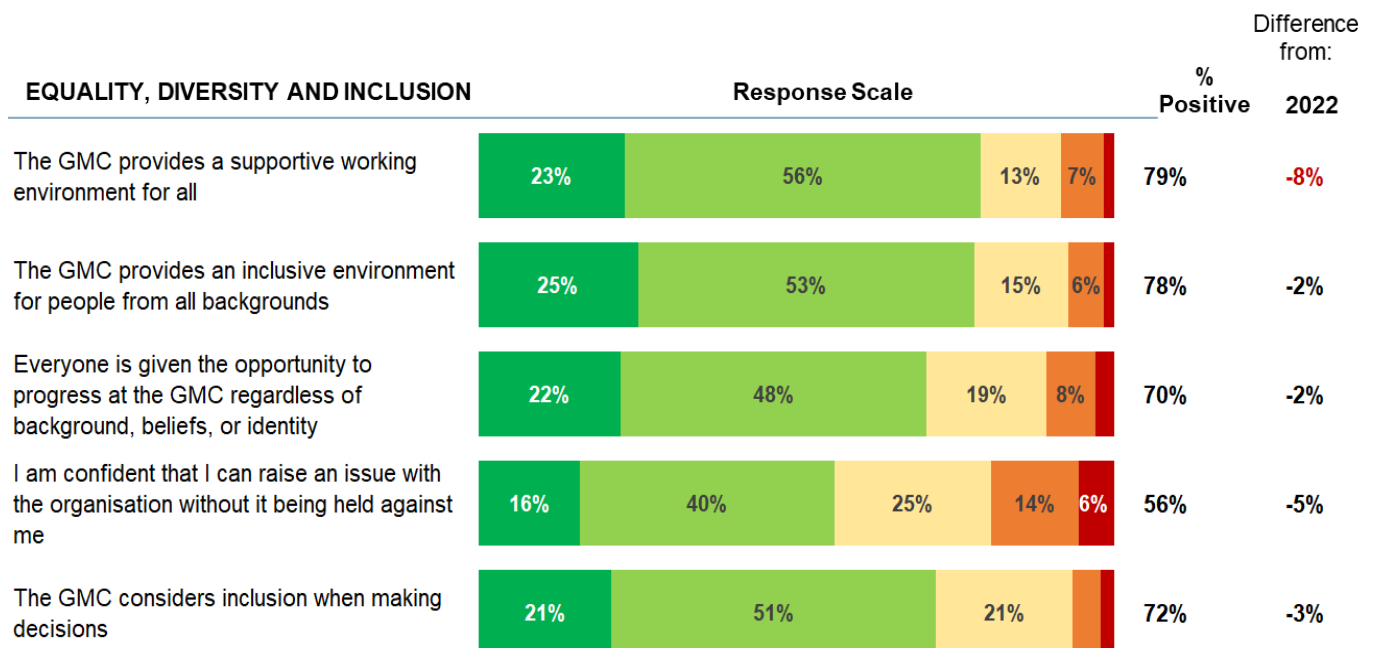
At a local level, of the Directorates that had a sufficient number of responses above the threshold to enable analysis of the data, the Medical Practitioners Tribunal Service (17%) had the highest number of staff who agreed that (within the last 12 months) bullying **was** an issue within GMC. Fitness to Practice (7%) had the lowest score for this statement. For harassment, on the same basis, Medical Practitioners Tribunal Service, again, had the highest numbers of staff reporting that it **was** an issue (14%), along with Corporate Directorate with the same score. Registration and Revalidation (2%) had the lowest score. For discrimination, Medical Practitioners Tribunal Service, once again, have the greatest number of staff reporting this is an issue (14%), with Corporate Directorate and Resources saying this the least with 5% each.

Where bullying, harassment and discrimination has taken place, low numbers of staff said that they reported this across all three types of negative experience. Figures sit in the low 40% range, or as is evident with reporting of harassment, 31%. Low numbers are also reported for staff saying that the incident was dealt with in an acceptable manner, when it was reported; bullying 17%; harassment 10%; and discrimination 7%. This a significantly important issue that the GMC should pay close attention to.

## Workstream 3: Equality, diversity and inclusivity



The five questions that have shown the most improvement since the 2022 survey are included in the chart above. Positively, 96% of staff agree that they are aware of the inclusive behaviours that they need to demonstrate at work. However, considering the figures around bullying, discrimination and harassment from colleagues, it is evident that not all staff are applying these inclusive behaviours, even though they are aware of what they are.

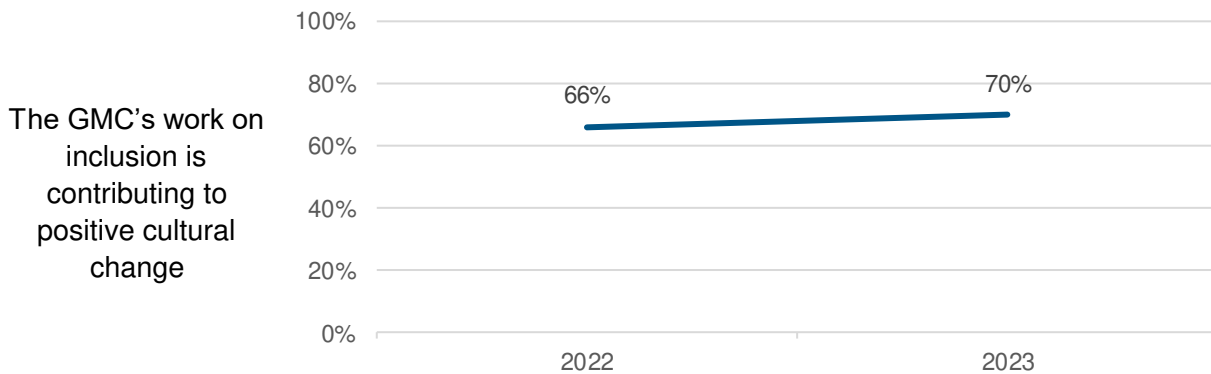


The table above shows the most declined scores for this area of work. Staff saying that the GMC provides a supporting working environment for all, is the question showing the most decline and one that has shown a downward trend over the last few years. Staff feeling that they are comfortably able to raise an issue without it being held against them, and the GMC providing an inclusive environment for staff from all backgrounds, may correlate with this declining score.

At a local level, staff agreeing that they would feel comfortable talking about personal matters at work (such as health or caring responsibilities), scores broadly the same across all Directorates with scores in the 70% range. The one exception is Strategy and Policy, whose score is slightly below at 66%.

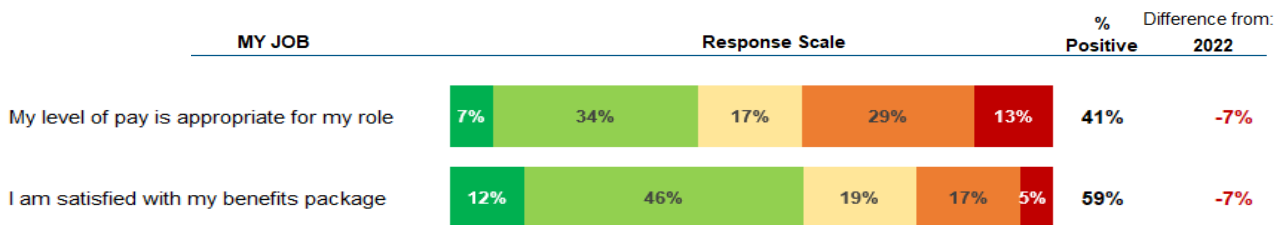
It is a similar situation with staff who say they feel they can be themselves at work, again with most of the scores across all of the Directorates being in the 70% range, with the exception of Education and Standards who have a score of 69%.

Overall the score for this question is improving over time (see chart below).



The response to the question ‘The GMC’s work on inclusion is contributing to positive cultural change’ has a mixed response that ranges from the high 50% range to the mid 70%, with the lowest scoring Directorate being Medical Practitioners Tribunal Service with 57% to Registration and Revalidation with 75%.

## Workstream 4: Pay and benefits



As with previous years, pay and benefits remains an issue at the GMC. From the table above, it is apparent that there are still issues with pay and benefits among staff at GMC. This is not a surprise and remains an issue for the majority of staff across many staff surveys. The scoring for these two questions in the survey are low and also show a decline from last year’s survey.

Question	Corporate Directorate	Education and Standards	Fitness to Practice	Medical Practitioners Tribunal Service	Registration and Revalidation	Resources	Strategic Communication and Engagement	Strategy and Policy
My level of pay is appropriate for my role *	62%	48%	23%	31%	42%	52%	56%	54%
I am satisfied with my benefits package	57%	54%	47%	46%	67%	66%	66%	62%

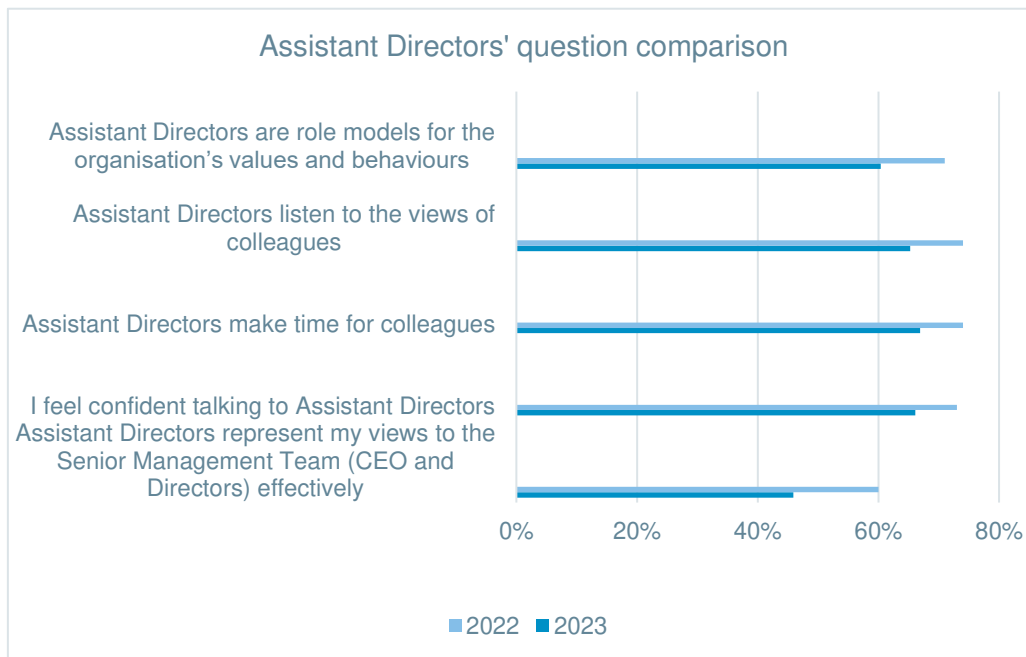
Through closer analysis, and looking at scores on a local level (as in the table above), the Directorate the shows the most dissatisfaction with pay is Fitness to Practice (23%). The Medical Practitioners Tribunal Service Directorate are the least satisfied with benefits (46%), but also have the second lowest score for satisfaction with pay (31%).

Often, there are other issues that feed into staff dissatisfaction with pay, and this can include staff morale and problems around resourcing that results in them feeling over worked. It is recommended that further interrogation of staff feedback and cross analysis of results is undertaken to find out if there is a link with pay and other negative feeling around staff roles.

## Leadership perceptions

All scores around senior management have worsened over time. This is especially apparent with questions around about Assistant Directors. Questions about staff feeling they are confident in the way that Senior Management are leading the GMC and Senior Management asking for the opinions of colleagues before making important decisions that affect the way the organisation works, are most notably showing declined scores and have followed a trend of lowering over time.

With Assistant Directors, the chart below shows how the scores for 2023 compare with those of the previous survey. These scores show that staff do not feel positive of confident about their interactions with Assistant Directors, and perhaps even less so than the most senior management, who they are less likely to come into contact with.

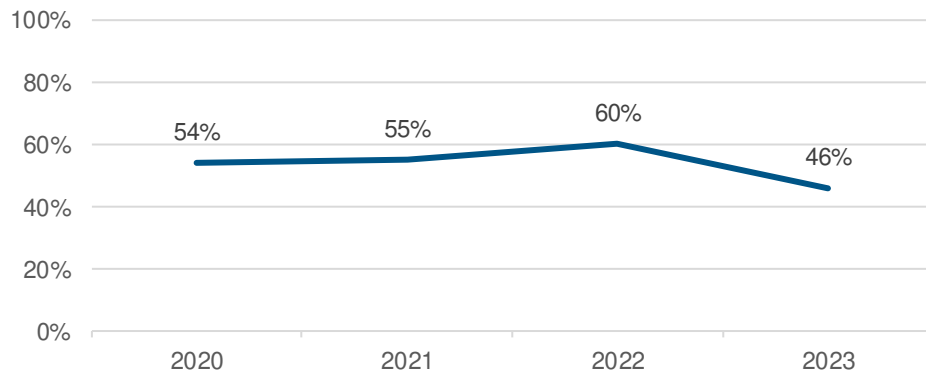


The questions 'Assistant Directors represent my views to the Senior Management Team (CEO and Directors) effectively' and 'Assistant Directors are role models for the organisation's values and behaviours' show the largest decline since 2022, and scores have lowered over time since 2021.

Assistant Directors represent my views to the Senior Management Team (CEO and Directors) effectively



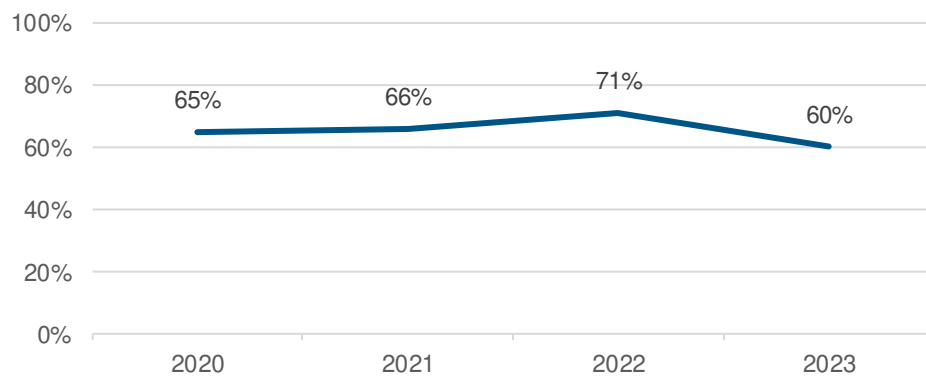
Assistant Directors represent my views to the Senior Management Team (CEO and Directors) effectively



Assistant Directors are role models for the organisation's values and behaviours



Assistant Directors are role models for the organisation's values and behaviours



## Other findings

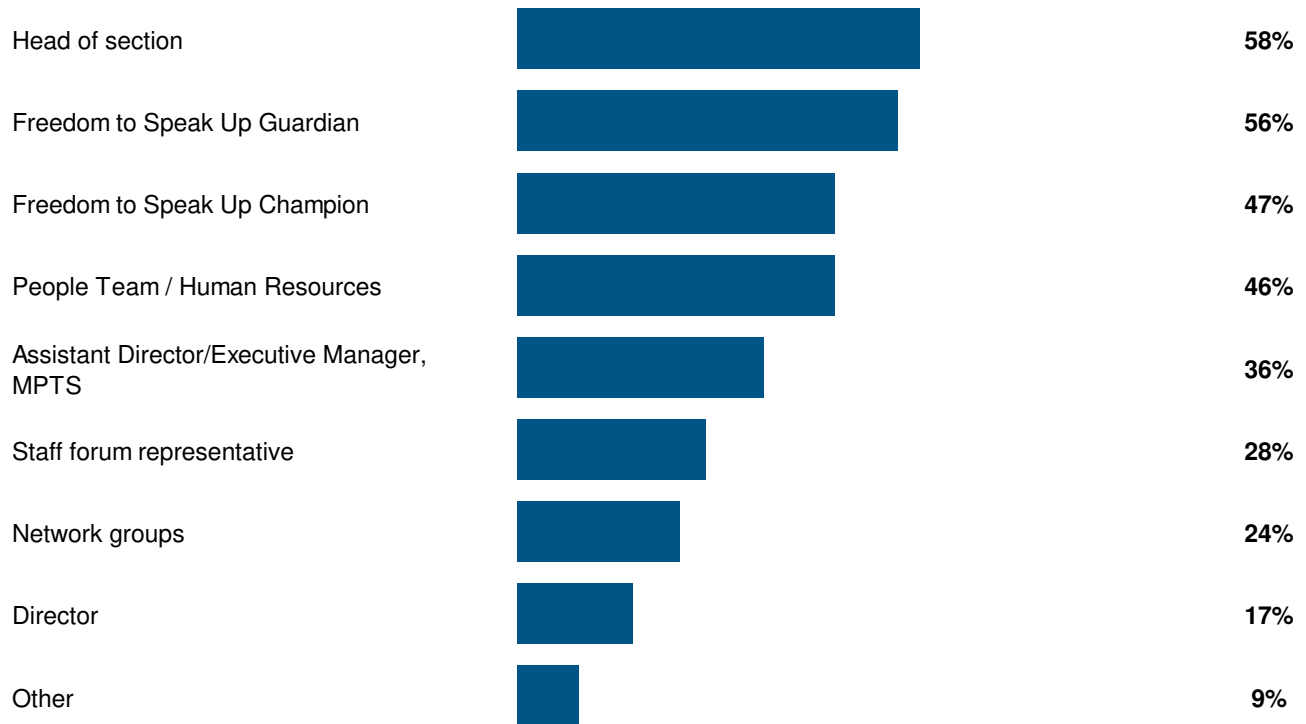
### Wellbeing

For this year's survey, a new section was created specifically to bring all the questions about staff wellbeing together. This section was introduced earlier, as the second section in the questionnaire, in order to demonstrate the importance that this has on staff in the workplace. This was only preceded by the section about 'My job'.

Scores for wellbeing questions present a fairly mixed picture. There are 5 questions in this section, and while scores for the majority are in the 70 and 80% ranges, there is more work to be done to improve, especially for the question 'Senior Management (CEO and Directors) take an interest in the health and wellbeing of colleagues' that had a score of 47%. Of the comparable scores, of which there are three, there have been year on year declines and significantly so. Two questions: 'As an employer, the GMC prioritises the health and wellbeing of colleagues'; and 'Health and wellbeing support available is valuable and relevant' had no comparable scores from last year, but both scored in the 70% range - 75% and 78%, respectively.

## Line Managers

Staff scored quite favourably for questions about their line managers. These managers who were in direct contact with staff were seen to positively treat staff with respect and fairness (94%); be supportive of staff in their role (92%); and make fair decisions about staff. One question: 'My manager recognises and praises my good performance' had a score of 84%, but had seen a 5% drop from last year's score.



A significant number (92%) of staff agreed that they knew who to contact about issues or concerns about work, other than their immediate manager. The majority of staff said this would be their Head of Section (58%), closely followed by the Freedom to Speak Up Guardian (56%). Of those that specified, staff said that they were least likely to approach a Director (17%) with any concerns or issues that they had.

## Working Together

Staff tended to speak highly about working together with their colleagues, in particular with those in their immediate teams (94%). However, scores for working with 'Colleagues in your team and other teams within your directorate' scored at 83%. Staff were least likely to agree that they worked together well with 'Colleagues in your directorate and colleagues in other directorates' (67%), but the two latter scores have shown some significant improvement since 2022.

## Communication

Scores in this area show significant decline on last year's results and also present a year-on-year downward trend. There are four questions that make up this section and at least three of them relate to communication that would be initiatives that derive from senior leaders. In which case, it is not a surprise that they are low scoring. Communication scores across staff surveys in general are often poor, and this can often correlate with other issues, such as feeling valued and staff morale. The most declined score, and over time, in this section is 'Thinking about the communication within GMC - There are processes in place that let me make suggestions to improve the way we work'. This is

something that can easily be reviewed and improved, by introducing feedback mechanisms for staff and allowing them to feed into the decision processes.

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## Overall summary and recommendations

This year's People Survey for the GMC presents a positive picture for the organisation. The response rate was again high for another year, and exceeded that of other comparable organisations. While the results and feedback from staff is positive, there will always be areas where the organisation could improve performance. For 2023, a number of key themes have been identified for review by senior management. These themes can be used as a basis to plan for more focused work to be developed over the next 12-month period.

There are key themes that have been identified through this research for the GMC to concentrate on in the forthcoming year:

- **Raising Concerns** – the scores for staff agreeing that 'I am confident that I can raise an issue with the organisation without it being held against me' (56%) AND 'Appropriate action is taken when concerns are raised' (55%) are not encouraging for the GMC. If staff do not feel confident that issues that they raise will be dealt with effectively, and, perhaps more importantly, if they feel that they will be treated differently for doing so, then there may be significant problems with the organisation that are being left to continue without appropriate action. This can be highly problematic and should be addressed as a priority. In the first instance, review and, if necessary, revise your staff feedback procedures, and look to find out what the issues are and why staff are not feeling able to speak about them.
- **Negative Experiences** – any level of negative experience for staff reflects badly for an organisation. Prioritise robust investigations into where any incidents of bullying, harassment and/or discrimination have occurred. Are these isolated incidents that are having a ripple effect and affecting a number of staff, or are there isolated incidents which all need due care and attention? Review all procedures for allowing staff to report incidents. It may be that more staff are experiencing or witnessing negative experiences, but that they do not feel confident to report this or assured that anything positive will happen as a result. There are a high number of staff who said that they did not feel that reported issues were managed effectively and to their satisfaction, so it may be that reporting mechanisms are ineffective, or that staff feel that they will be singled out if highlighting any issues.
- **Senior Management** – perceptions of senior management are often negative within staff survey results. This comes about when staff feel disconnected from the leadership of the organisation. Look to improve communication from senior management. Make this regular and relatable for staff. Consider implementing all staff groups, where there are representatives from different levels of the organisation, and this does not have to be the 'usual suspects' who volunteer for these activities. Make sure to include the voices of staff who often feel overlooked or unheard. Working groups, staff forums and focus group activity, or even in-depth one-to-one discussions, can support staff to feel more empowered and better connected to senior management. Ensure that senior leaders are visible, approachable, open and that they listen to their staff.
- **Change Management** - was previously an area of significant importance, and especially following the COVID-19 pandemic. There were immediate changes that needed to be adopted

during the pandemic, which followed through and continued once the restrictions were lifted. A close eye was put on such implemented changes. Through this research, it has been identified that this focus be reignited and work in this area be reviewed and potentially restarted. The relating question, 'Change is managed well within my organisation' has a positive response rate of 43%, and has dropped significantly since last year – a 15% decline.

- **Pay** – this is an area that requires continual internal review. It is not a new issue that staff be dissatisfied with their pay and benefits, but it is recommended that some focus is put on why that is the case. Are staff actually not happy with their level of pay for the role that they have, or is it dissatisfaction with other areas of their job that lowers morale and brings them to this conclusion? Could there be other benefits that could be awarded which would increase job satisfaction for staff? Speaking to staff and recognising their concerns would be the first step to resolving these issues and supporting an increase in scoring for this area in the next survey.

## Other areas of significance

- As with all organisations, staff retention is an issue that should be consistently under review. Quality staff make for a quality organisation and retaining skilled and experienced individuals and attracting high calibre people should always be high on the list of priorities. Unfortunately, staff saying that they wish to leave the GMC is a question that is showing decline from year to year and this year has a score of 64% for staff intending to remain at the organisation in 12 months. Although there will be a natural movement of staff, it would be worth looking in more detail at the reasons why people feel the need to seek alternative employment and whether there is anything that can be implemented to reverse this trend. Speaking to staff directly and making them feel heard would be a first step in looking into this.
- An action that would tie in to listening to staff's views, would be having senior management making best use of their staff by including them in their decisions. Staff currently feel that their opinions are not garnered, which will make them feel isolated from the decision-making process. Team that with poor communication about why important changes are made that affect the whole organisation, and the gap between senior management and staff gets bigger and staff feel more isolated. This will also feed into issues around staff morale and retention.
- There appear to have been some significant declines in scores from the Corporate Directorate. It is recommended that some further review of working experiences of those staff is undertaken.
- Finally, overall 72% of staff say that they are confident that the results from this survey will be used to inform action planning. While this is a fairly high score, continuing to follow a 'you said we did' approach, will help to reassure staff that senior management are committed to making positive change within the GMC.

## Equality, diversity and inclusion employer targets

<b>Action</b>	To note
<b>Purpose</b>	An update on work and progress towards our agreed Employer ED&I targets
<b>Decision Trail</b>	Council received an update in the annual HR report in April this year, the People Board received a mid-year update and our data is reported monthly to help monitor progress.
<b>Recommendation(s)</b>	To note the update on progress towards our Employer ED&I targets and the supporting work programme.
<b>Annexes</b>	Annex A: Employer ED&I targets data, September 2023 Annex B: Ethnicity pay gaps Annex C: Engagement and Inclusion Index Tracking Annex D: Staff Survey Inclusion Report
<b>Author contacts</b>	<b>Andrew Bratt</b> , Assistant Director - People Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Neil Roberts</b> , Director of Resources

## Agenda item M8

### Equality, diversity and inclusion employer targets

## Background

- 1 Council has agreed a series of employment targets relating to ethnicity. These are:
  - a A more ethnically diverse workforce with 20% of colleagues from minority ethnic backgrounds, and a management profile that reflects this.
  - b Closing pay gaps where they exist and maintaining alignment on pay where it exists.
  - c Ensuring a more consistent workplace experience across all our workforce, measured via our engagement and inclusion index.
- 2 The position for the year to September on workforce profile and pay is set out in annex A.

## Workforce & Management Profile

- 3 Our aim, by 2026, is for 20% of our workforce to be from a minority ethnic background and for our management profile to reflect this. Our all workforce target is broadly in line with our historic trends on recruitment and retention. To support progress we have targets on:
  - a Recruitment, where we are seeking to convert high attraction rates into higher appointment rates, especially for management roles.
  - b Turnover, where we have previously seen higher leave rates for minority ethnic staff and want to achieve consistency across all groups.
  - c Promotions, where we want to see comparable rates for all groups of staff.
- 4 Since setting our targets we have been operating in a volatile recruitment market, but this has not had a significant impact on the trends we have seen in terms of our own profile.

## Overall Workforce

- 5 Our progress towards our all workforce target of 20% by 2026 is on track. Projections are sensitive to turnover, which could be impacted by changing economic conditions, but by 2026 current trends we would see around 21% of our workforce from a minority ethnic background. We are currently 1.5 percentage points above our 2023 target.
- 6 This is a well-established long-term trend so we have a reasonable level of confidence that we will meet our target.
- 7 The UK workforce is more diverse in younger age cohorts, so this will be an important consideration over the next few years, so more work on opportunities such as apprentice roles is likely to add to our overall progress.
- 8 Our progress was helped by a significant improvement in our turnover patterns, which in 2021 and 2022 have seen the higher rates for minority ethnic colleagues reduce to 10.4% (0.9% below non-ethnic minority colleagues). 2023 however has not followed the same

## **Agenda item M8**

### **Equality, diversity and inclusion employer targets**

pattern. A higher proportion of minority ethnic colleagues have left the GMC during the first nine months of the year. On average turnover levels have been 4 percentage points higher.

- 9 Exit interviews and our staff survey give us some insights into this, and part of the challenge is the relatively limited number of management roles we recruit to each year. We are a more diverse organisation at levels 4 and below and career opportunities at 3, and especially level 2 are quite scarce.

### **Management Profile**

- 10 Our management profile targets are more demanding, and with smaller cohorts are more sensitive to the number of vacancies that arise and turnover patterns.
- 11 At level 3 (our first management grade) 14.6% of our cohort is from a minority ethnic background, so 1.3 percentage points below our 2023 target. Our current trends would see us fail to meet our 2023 target by the end of this year. To achieve the target we would need to see an appointment rate of around 40%.
- 12 Our long-term trend shows a significant improvement in our workforce profile since 2019 (when only 7.36% of senior managers were from a minority ethnic background). We saw very good progress in 2020/21 but this has slowed.
- 13 This tier of management has 180 colleagues, and we'd typically recruit to around 15 posts a year. Turnover at this level is incredibly low at around 2.5%. Over the last 12 months we have had no AD vacancies.
- 14 This isn't a pattern we expect to change significantly, and retirements will have a limited impact. We only have six level two managers over the age of 65. It may increase with retirements over the 2023-26 period, but our progress is determined by a small number of recruitment decisions.

### **Next Steps**

- 15 In summary we are on track to meet our all workforce target by 2026.
- 16 For management roles at level 2 and above it is unlikely that we will meet our targets without increasing the number of vacancies. We are currently evaluating the options, costs and risks of generating the necessary additional vacancies within this cohort. .
- 17 We know that our progress in increasing the diversity of our management population is driven by internal hires. Good career support is crucial and we can do more, particularly on development secondments (which provide an opportunity to work in a different role or at a different level as a career development tool). This, along with a new suite of career development support that is now live, should aid career progression.

## **Agenda item M8**

### **Equality, diversity and inclusion employer targets**

- 18** We are also likely to move towards more internal recruitment for level 3 (middle manager roles) from the start of 2024. We are currently analysing our internal talent pools and will take an informed view on the right internal/external approach to campaigns later this year.
- 19** We also now have a dedicated outreach role to work with external candidates and will continue to build on this work.

## **Pay Gaps**

- 20** There is no statutory reporting requirement or standard formula for ethnicity pay gaps. We report on pay gaps by pay band, based on average salaries (full time equivalents) in the same way we track differentials between men and women.
- 21** If we did report a single figure for a GMC ethnicity pay gap it would be in the region of 13% which hasn't altered much since 2021.
- 22** This gap is partially explained by our workforce profile. While 18.5% of our workforce is from a minority ethnic background, representation in management roles is below this level: 14.0% at level 3; 13.2% at level 2 and 10% at AD level.
- 23** While our overall improvement is driven by our recruitment trends this does mean that new hires and recently promoted staff are more diverse, so this does have an impact on our overall figures.
- 24** In management roles minority ethnic staff are typically younger with shorter average service periods in post. However senior manager pay levels are very closely aligned.
- 25** While we are seeing some progress, there are wide variations within this trend, for example black staff earn around 28% below the GMC average. Ethnic minority men earn around the GMC average (-0.7%), but less than non Ethnic minority men. Ethnic minority women earn 15.4% below the GMC average.
- 26** While progress towards a more diverse workforce at all levels will reduce our overall pay gap, we are aiming to see pay differentials confined to within 2% for our main pay bands.
- 27** We are currently meeting this target in 5 of our 10 main pay bands. Once we have assessed the impact of the 2024 pay award, which should reduce pay gaps, we will then consider what further adjustments are required.

## **Workplace Experience**

- 28** Our recruitment, promotion, turnover and pay data can be tracked monthly and allow us to monitor progress to a series of career progression measures. We also have targets to close differentials on colleagues' workplace experiences, which have been reported via the staff survey through our engagement and inclusion indices.

**Agenda item M8**

**Equality, diversity and inclusion employer targets**

- 29** Our targets are to reduce the difference in staff survey engagement levels for specific protected groups to within 5% of the organisation’s average and to improve our inclusivity index score in the staff survey. The engagement index is designed to allow benchmarking externally (see People Survey report). Our tracking data is set out at Annex C.
- 30** The inclusion index was introduced in 2020 as a pilot. We set a broad target at this stage to improve year on year and we have continued to use this as a more focused measure, with questions on inclusion, bullying, harassment and career development. The inclusion report is attached as Annex D.
- 31** Our average engagement scores for most minority ethnic groups are now within 5 percentage points of the GMC average, although this in part is helped by a lower engagement score.
- 32** While the narrowing of the gap is welcome, some groups (colleagues of mixed or multiple heritage) are outside the agreed target. Given that some ethnic groups on average have higher engagement scores we will apply this target to individual groups moving forward to provide a more realistic assessment of progress.
- 33** This overall trend suggests that some of our work on career development, professional behaviours, speaking up and the positive impact of our networks is translating to some improved experiences. However, these scores also highlight the very different feedback from some groups, in particular a less positive workplace experience. This stands out as differentials for other characteristics (such as sex, caring responsibility, age, grade, length of service) are very low.
- 34** The overall inclusivity index has not improved year on year as we hoped but we will use the further insights gleaned from focus groups and from the comments in the survey to identify opportunities to improve.

**Next Steps**

- 35** We have an established programme of activity to support our ambitions. Over the next twelve months we will have a particular focus on internal decision making, with a specific focus on our performance management system.
- 36** We are now working with Business in the Community on our internal career support programme and we will look at providing more opportunities for existing colleagues on a temporary or permanent basis.
- 37** On pay we are currently modelling options for 2024, including the impact on pay gaps, and expect further improvements to be secured through the April 2024 pay award.

## Annex A: Employer EDI targets data, September 2023

Underlying measures and targets						Target		
		2022 (%)	2022 (Vol)	2023 <sup>1</sup> (%)	2023 <sup>1</sup> (Vol)	End of 2023	% points off 2023 target	2026
Increase the level of BME representation at Level 3 and above	Applications	34.9%	236	34.0%	411	27%	+ 7.0%	30%
	Interviews	23.1%	42	18.6%	45	22%	- 3.4%	25%
	Offers	12.1%	Redacted <sup>^</sup>	11.6%	5	17%	- 5.4%	20%
	Workforce	14.0%	88	14.0%	90	16%	- 2.0%	20%
level of BME representation at Level 2+		12.7%	27	12.7%	27	14%	- 1.3%	20%
level of BME representation at level 3		14.7%	61	14.6%	63	16%	- 1.4%	20%
Increase the level of BME representation at all levels	Applications	44.4%	1,697	44.3%	2,308	37%	+ 7.3%	40%
	Interviews	28.1%	260	29.7%	327	32%	- 2.3%	35%
	Offers	24.3%	61	25.2%	71	27%	- 1.8%	30%
	Workforce	17.3%	278	18.5%	308	17%	+ 1.5%	20%
Reduce differential turnover rates for BME staff compared to the average to improve retention and for rates to be within 1-2% of each other by end of 2023		3.7%	-	BME (%)	Non-BME (%)	1-2%	N/A	1.0%
				12.0%	7.9%			
Proportion of BME staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level <small>*difference is not set against the 2023 figure, the target is that the proportion of staff will be equal across BME and Non-BME</small>		-1.77%	-	BME (%)	Non-BME (%)	18%	N/A	18%
				9.6%	11.7%			
Pay differentials within a confined band limited to 2% from 2023 <sup>2</sup> <small>(table shows the proportion of bands that are outside of the +/-2% tolerance)</small>		58.3%	7/12	75.0%	9/12			

<sup>1</sup> Rolling 12 month period used to the end of the reporting month

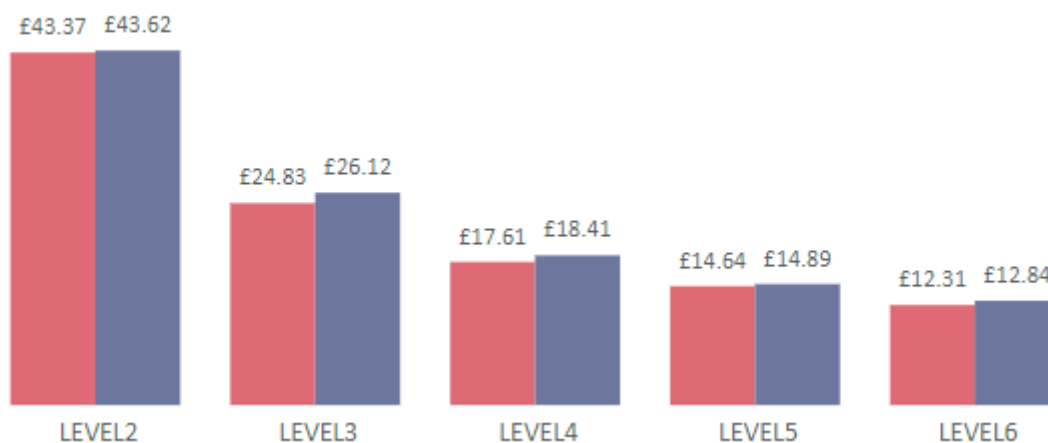
<sup>2</sup> Specialist bands are not included

<sup>^</sup> Volumes fewer than 5 have been redacted to preserve anonymity

## Annex B: Ethnicity pay gaps

### Manchester standard pay bands

● Minority Ethnic ● Not Minority Ethnic



### London standard pay bands

● Minority Ethnic ● Not Minority Ethnic



**Agenda item M8**  
**ED&I employer targets**

## Annex C: Engagement and Inclusion Index Tracking

		2022 Actual	2023 Actual	2023 Target	2026 Target
Improve overall inclusivity index score		76.0%	74.5%	77%	80%
Ensure engagement scores for all BME groups are less than 5% below the GMC average.	GMC Engagement Score	73.9%	70.9%		
	Black/African/Caribbean/Black British	66.4%	68.6%	65.9%	<5% gap
	Asian / Asian British	75.0%	77.8%	65.9%	<5% gap
	Mixed or multiple heritage	61.5%	63.2%	65.9%	<5% gap

General  
Medical  
Council



# GMC Staff Survey 2023 Inclusivity Report

# Contents

- 1. Introduction** **3**
- 2. Inclusivity Index** **4**
  - 2.1. Work Area 4
  - 2.2. Demographics 10

# 1. Introduction

## How the Inclusivity Index is calculated

The inclusivity index is calculated by creating an average of the rate of positive response to the below statements:

- Q9a My manager treats me with respect and fairness
- Q15b The GMC provides an inclusive environment for people from all backgrounds
- Q15c Everyone is given the opportunity to progress at the GMC regardless of background, beliefs, or identity
- Q15d I am confident that I can raise an issue with the organisation without it being held against me
- Q16d My views and ideas are listened to
- Q17a Bullying is not an issue where I work
- Q18a Harassment is not an issue where I work
- Q19a Discrimination is not an issue where I work

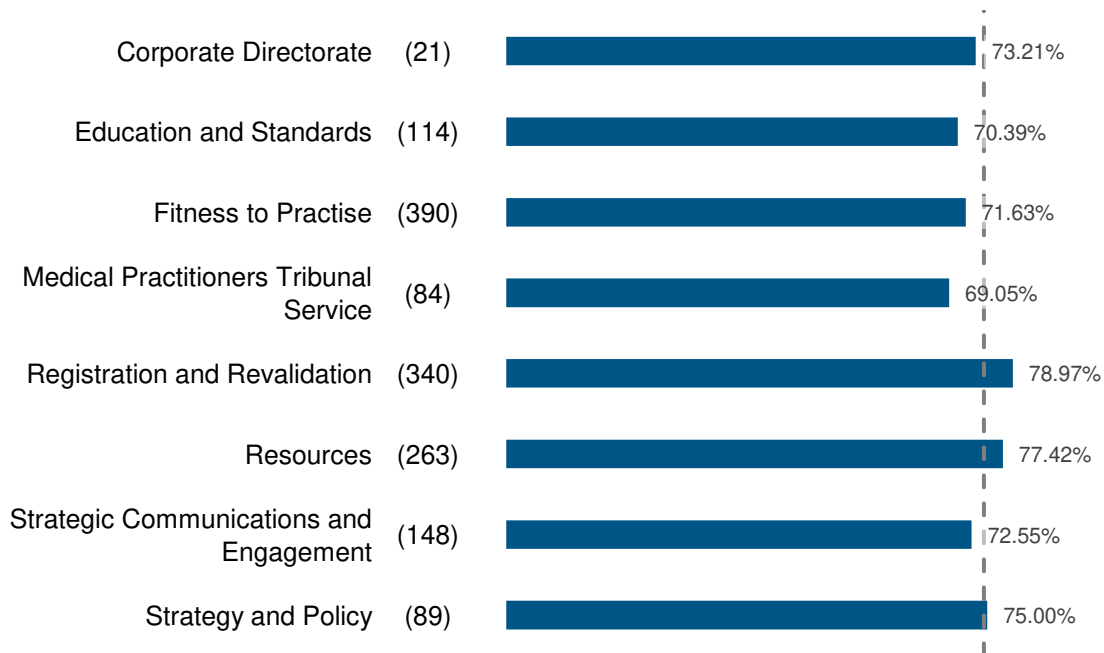
This report provides an outline of the inclusivity scores across various sections of staff, with the organisation average (74.48%) indicated by the grey dashed line on each chart.

# Inclusivity Index

## Work Area

### Inclusivity by Directorate

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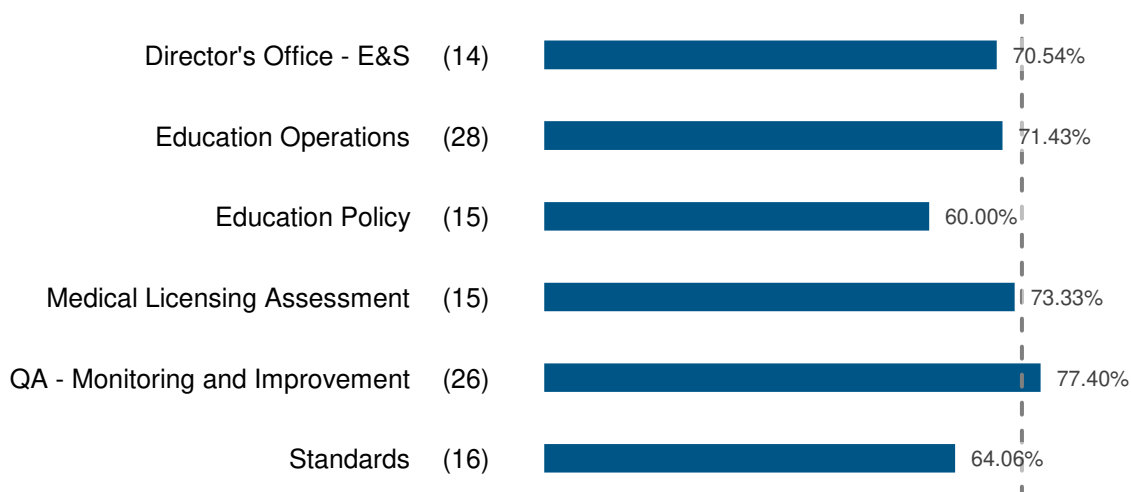


### Inclusivity by Report Section (Corporate Directorate)

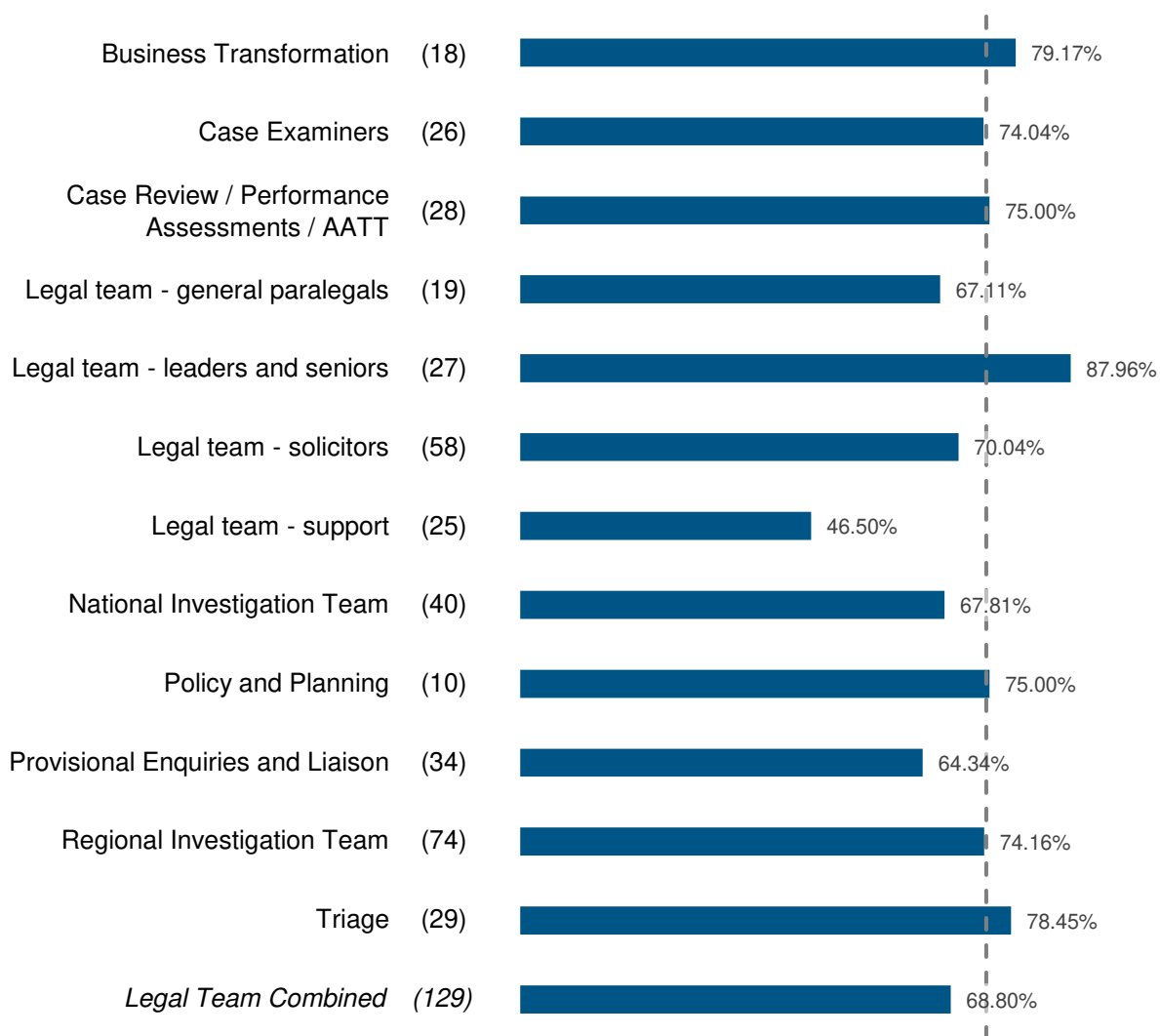
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### Inclusivity by Report Section (Education and Standards)

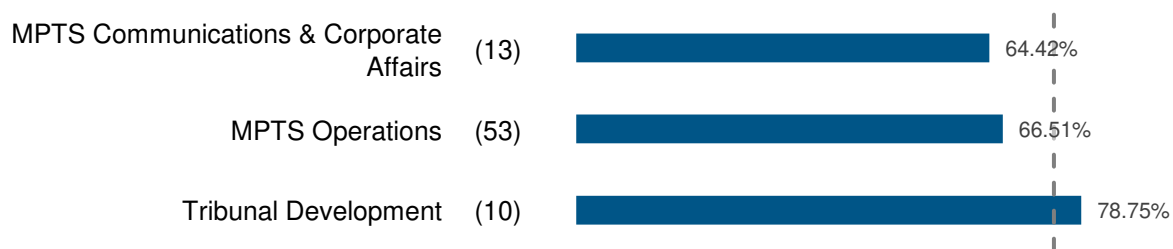


### Inclusivity by Report Section (Fitness to Practise)



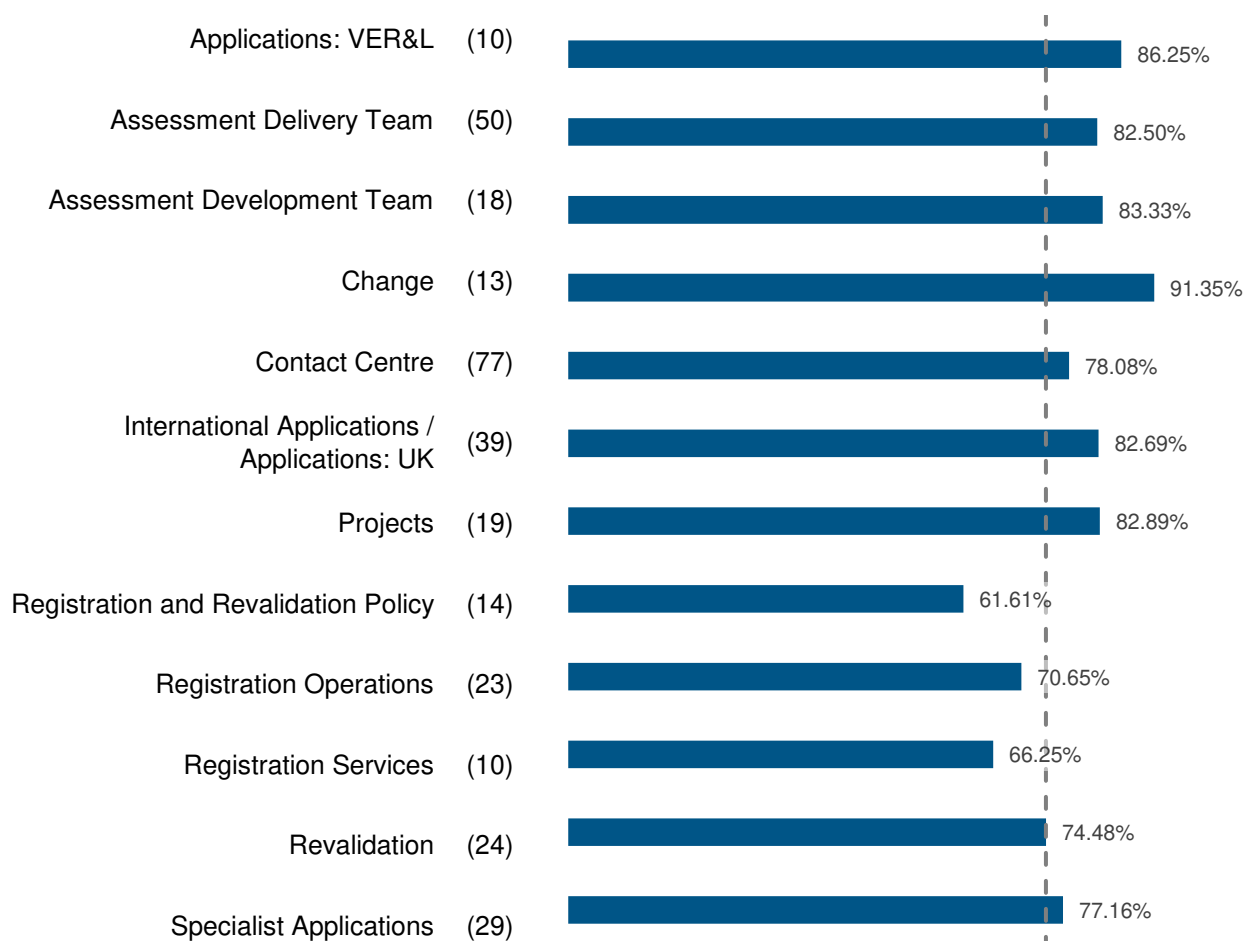
### Inclusivity by Report Section (Medical Practitioners Tribunal Service)

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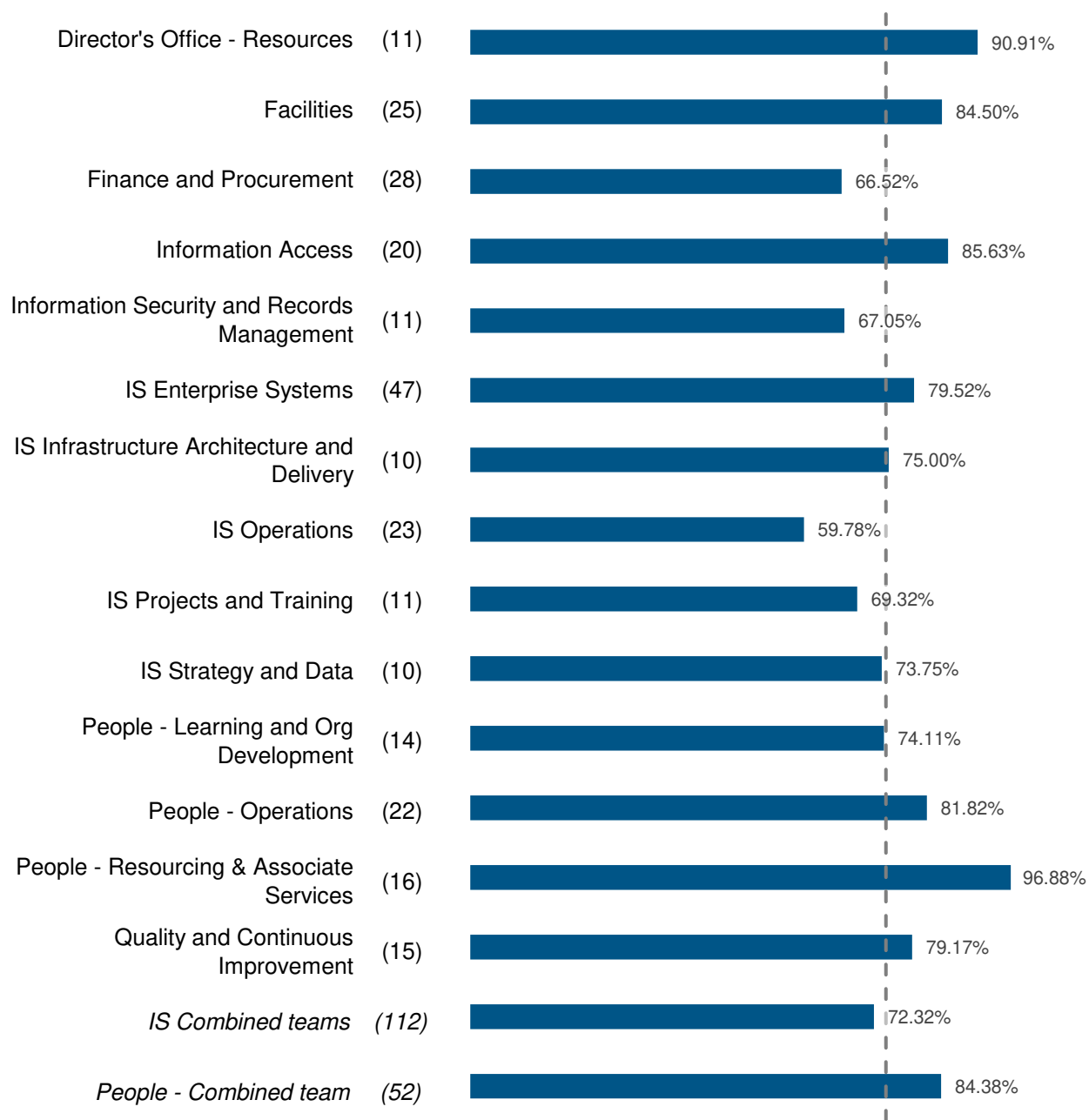
### Inclusivity by Report Section (Registration and Revalidation)

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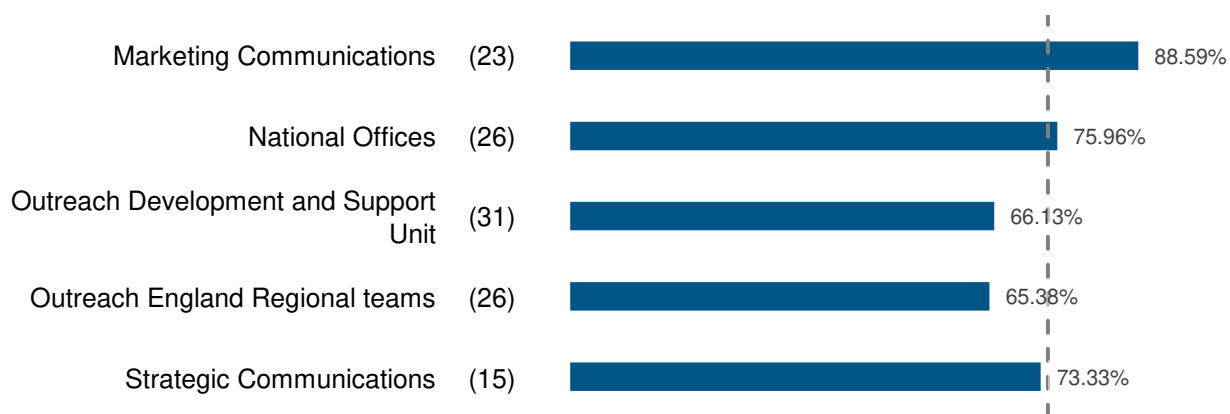


## Inclusivity by Report Section (Resources)

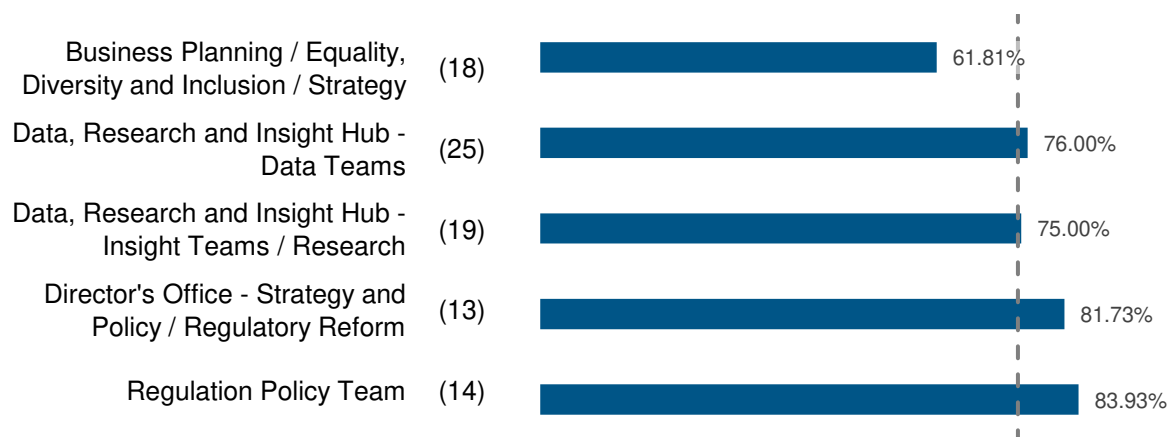
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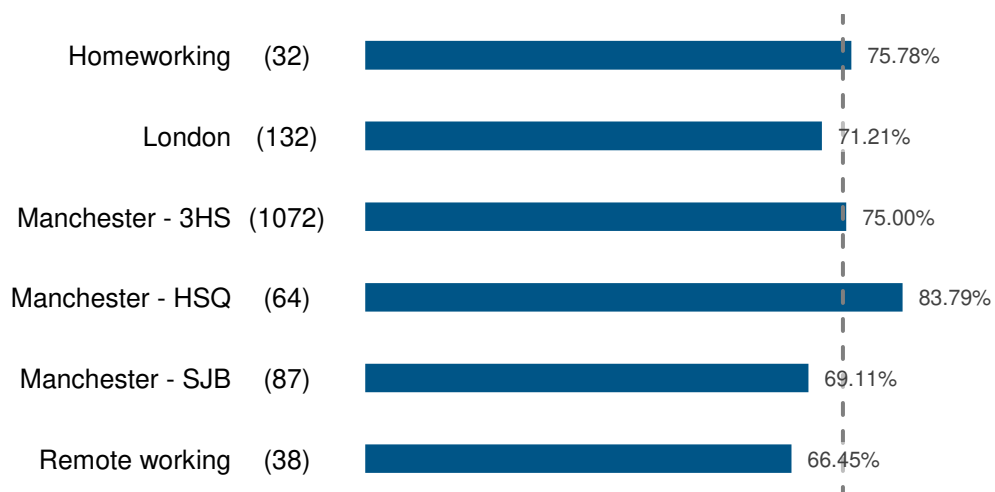
### Inclusivity by Report Section (Strategic Communications and Engagement)



### Inclusivity by Report Section (Strategy and Policy)

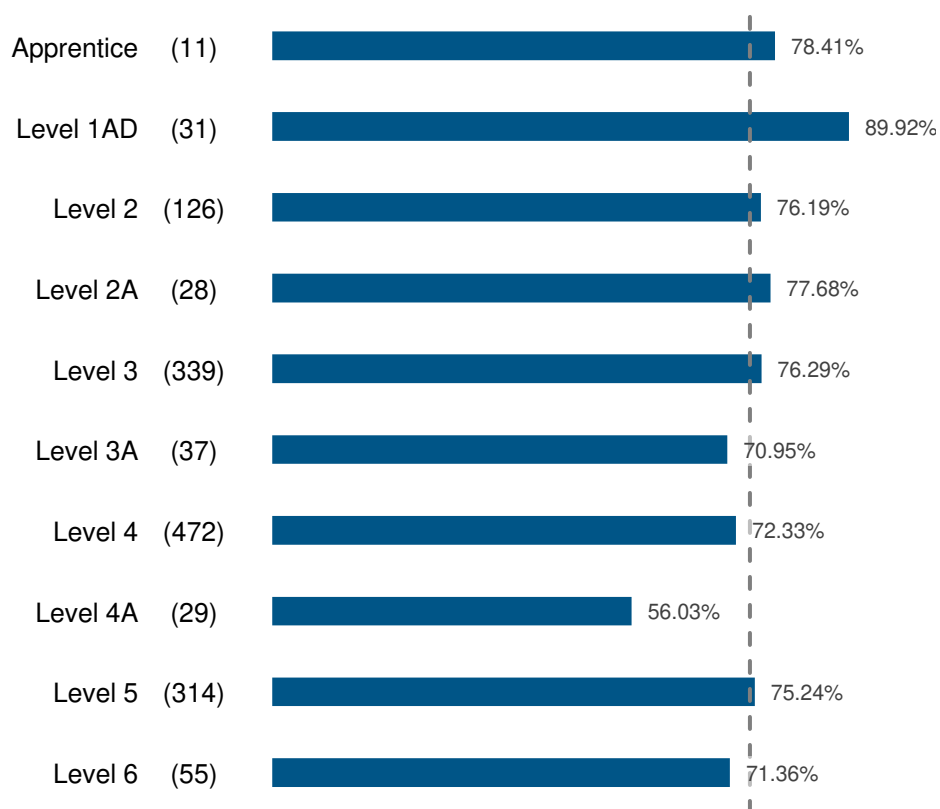


### Inclusivity by Location



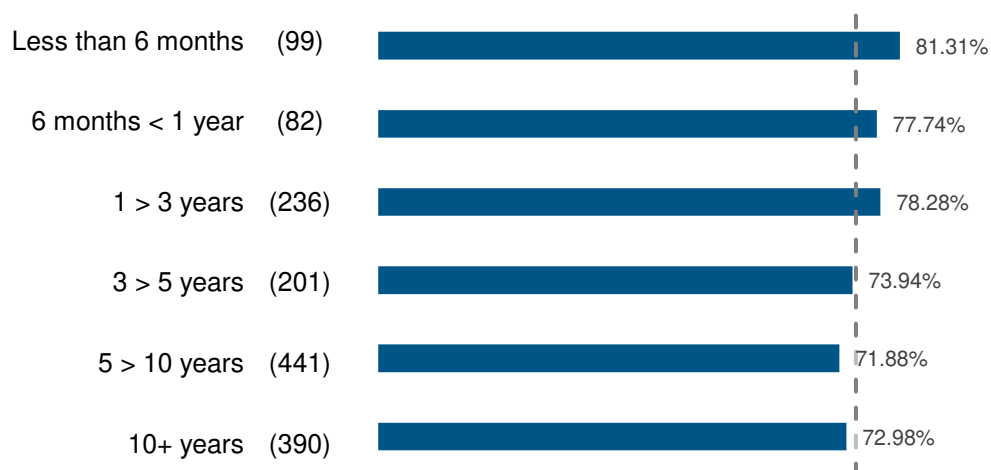
## Inclusivity by Level

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## Inclusivity by Length of Service

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**Inclusivity by Promotion or transfer**

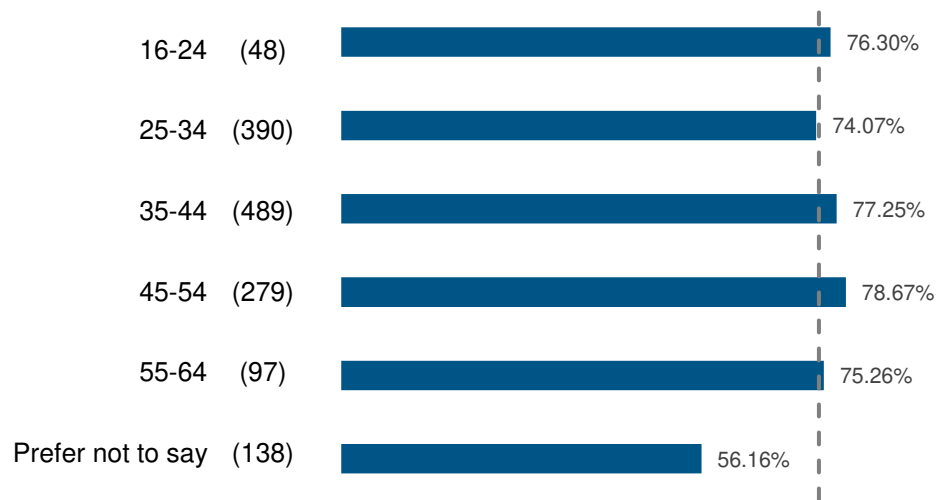
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## Demographics

### Inclusivity by Age

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### Inclusivity by Sex

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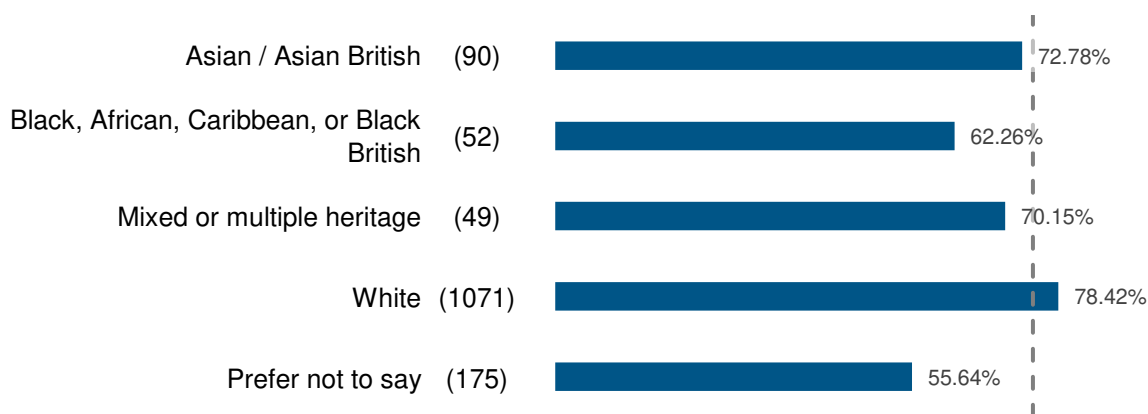
### Inclusivity by Ethnicity (White/BME)

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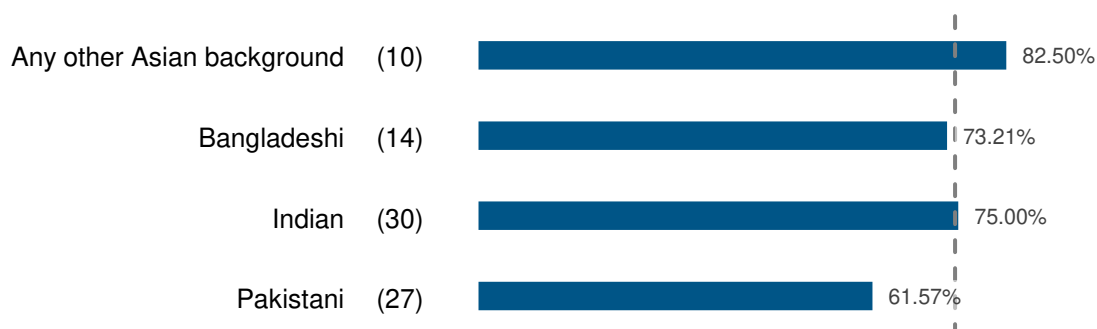
## Inclusivity by Ethnic Origin

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## Inclusivity by Ethnicity (Asian / Asian British)

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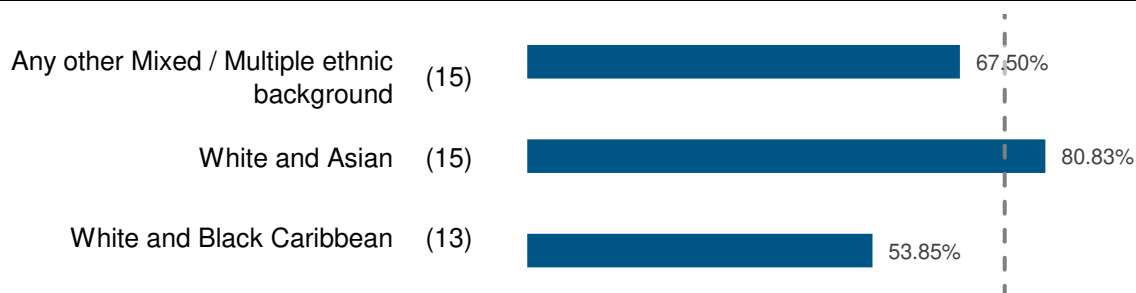
## Inclusivity by Ethnicity (Black, African, Caribbean, or Black British)

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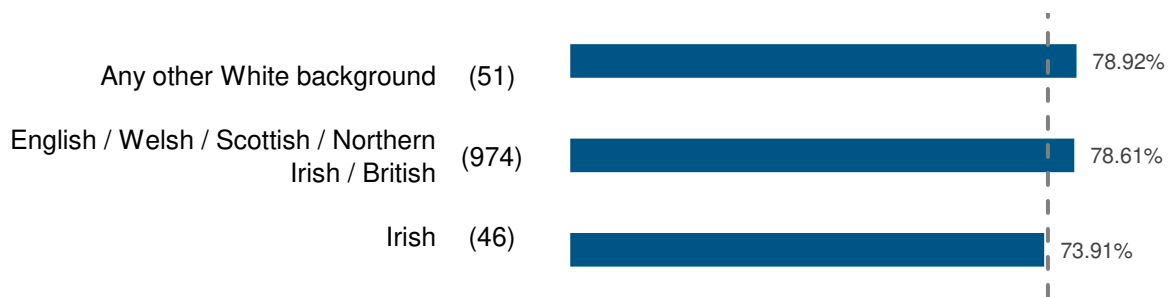
## Inclusivity by Ethnicity (Mixed or multiple heritage)

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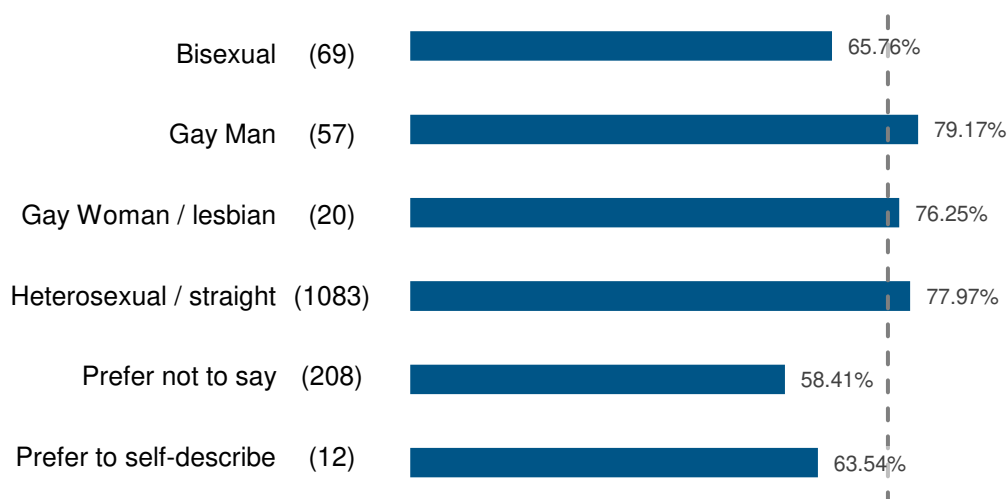
### Inclusivity by Ethnicity (White)

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### Inclusivity by Sexual Orientation

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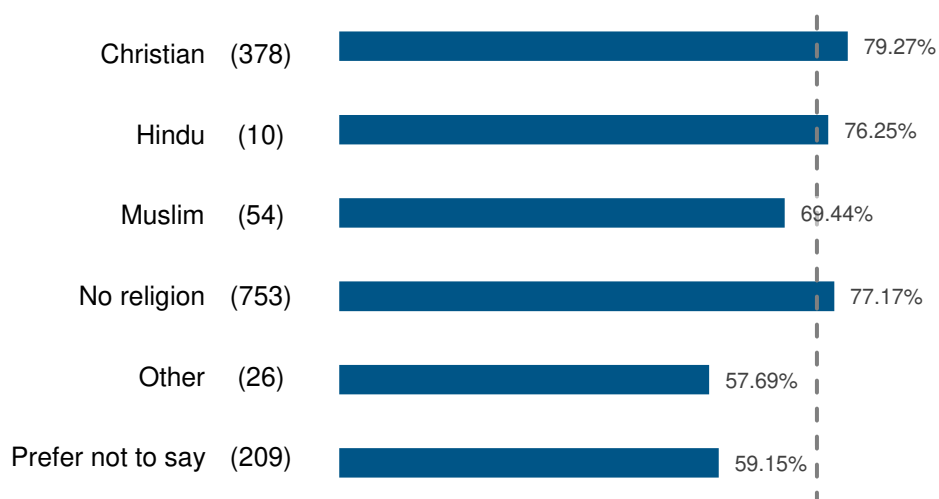
### Inclusivity by Religion (Grouped)

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### Inclusivity by Religion

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### Inclusivity by Disability

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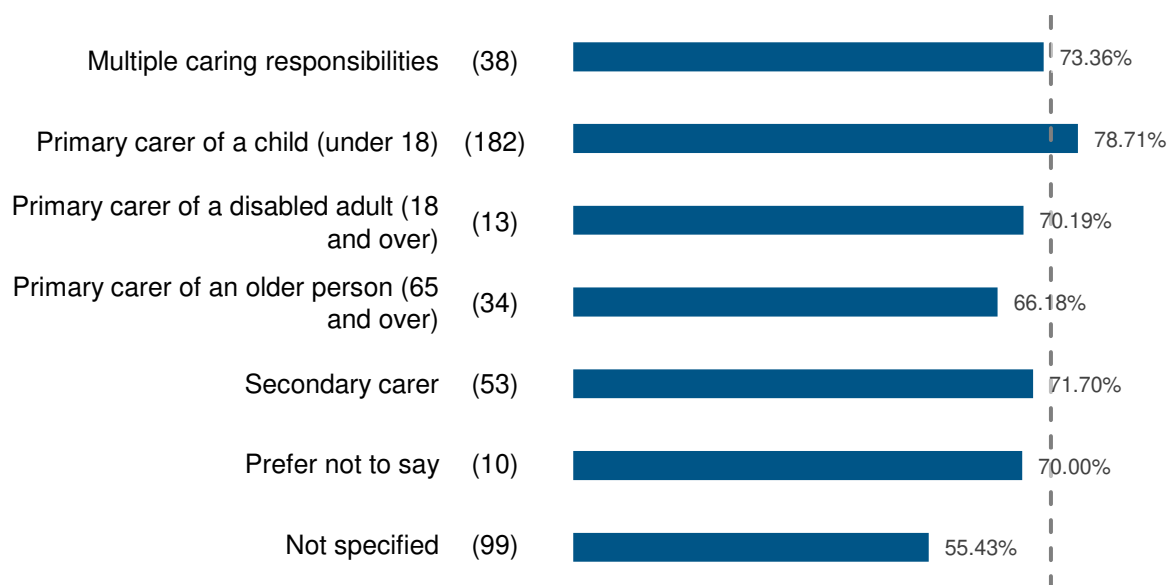
### Inclusivity by Caring Responsibilities

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## Inclusivity by Nature of caring responsibilities

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# Complaints and Compliments Report

<b>Action</b>	To note
<b>Purpose</b>	To provide Council with an update on our handling of customer complaints from April – June 2023, identifying key trends and summarising any business improvements that arise as a result of learning from complaints across the organisation.
<b>Decision Trail</b>	As agreed at the meeting in November 2017, Council will receive biannual updates on customer complaints and compliments. This is the second update of the year, covering data for 2023 Q2. 2023 Q3 and Q4 will be presented to Council in the April 2024 meeting to ensure accurate data is available. This report will be considered by the Executive Board on 27 November 2023.
<b>Recommendation(s)</b>	Council is asked to note the review of customer complaints and compliments and discuss any issues arising from the trends identified
<b>Annexes</b>	Annex A: Business improvements and case studies Annex B: Complaint volumes and outcomes
<b>Author contacts</b>	<b>Jennifer Broadley</b> , Head of Corporate Review Team Any enquiries to: <a href="mailto:GovernanceTeamMailbox@gmc-uk.org">GovernanceTeamMailbox@gmc-uk.org</a>
<b>Sponsoring director/ Senior Responsible Owner</b>	<b>Sophie Brookes</b> , Assistant Director

**Agenda item M9**

**Complaints and Compliments Report**

## Background

- 1 The GMC has ISO 10002 accreditation for customer complaints handling, which is audited annually. The last audit in October 2022 was successful and no non-compliances or opportunities for improvement were identified. The auditor will consider our processes again in November 2023.
- 2 We will continue to provide information to the PSA at their request, in line with their standard. This formalises actions we already take and provides an additional layer of external oversight of our complaints handling.

## 2023 Q2 trends

- 3 We received 259 complaints in 2023 Q2, 4% (10) more than in 2023 Q1, where we received 249 complaints. In the same period in 2022, we received 25% more complaints (349) (see Annex B).
- 4 We responded to 372 complaints, 26% fewer than the 469 complaints we responded to in 2023 Q1. In 2022 Q2, we responded to 9% more complaints (407) (see Annex B).
- 5 We replied to 86% (319) of complaints with an explanation, compared with 73% (344) in 2023 Q1. In 2022 Q2, we resolved 74% (300) with an additional explanation, and considered a further 12% (48) of complaints as part of a campaign response. Campaign responses are also usually responded to with an additional explanation of our processes, meaning we continue to resolve the majority of complaints received with an additional explanation. Campaign complaints tend to be about the GMC's general position rather than a specific service the GMC has provided to an individual, for example when a case has received large amounts of media coverage. Some examples of campaign complaints we have considered have related to high profile cases, such as Dr Arora, responses to our messages to the profession, and our position on public health issues such as mandatory vaccination for healthcare professionals.
- 6 We concluded 8% (30) of complaints by apologising for a service failure, a slight increase on the 21 apologies issued in 2023 Q1. Although complaint volumes were slightly lower in 2023 Q1, we did respond to more complaints as a result of complaints continuing from 2022 Q4 into 2023 Q1. We generally issue apologies in around 10% of the complaints received so it is positive to see this figure has decreased. Examples of service failure include significant delays to our handling or administrative errors such as communicating by email when the customer has requested all correspondence is sent by post.
- 7 We closed the remaining 6% either with no response, as a result of us previously terminating correspondence on the specific issue(s) in the complaint or because we signposted the

**Agenda item M9**

**Complaints and Compliments Report**

customers to other areas of the business, such as for a review under Rule 12 or an information access request.

- 8** Our complaints policy allows for three stages of escalation. Previous external audits have confirmed that it is important to manage a customer’s expectations and not to unfairly raise their expectations by engaging in lengthy, repetitive correspondence. Taking this into account, the Corporate Review Team send the intended final response and explain that we have exhausted all of the mechanisms available to us to address their complaints. Our letters also set out that, in the absence of new information, we will not be responding further on the issues related to that complaint. To contextualise, of the 259 complaints received, we considered 13 under stage three of our complaints policy. In 11 complaints, we received no further correspondence and seven reiterated their complaints but were not responded to.
- 9** We met the 10-working day service level agreement (‘SLA’) in 83% of complaints. Most directorates work towards an SLA of 90% but we are conscious that Registration and Revalidation work to a 95% target. Whilst we have not met the 90% SLA in this period, we have seen an improvement on the 60% reported in the last paper, as a result of fewer unplanned absences within the complaints teams. We will continue to monitor this and consider whether there are any trends to indicate we may need to consider the level and allocation of resources.
- 10** Of the 44 complaints not responded to within the 10-day SLA, 36 were complex complaints, requiring input from various parts of the organisation. In 30 of those complex complaints, we responded on day 13, with the remaining 6 being responded to within 15 days. A further 6 complaint responses were delayed as a result of workload issues, with 2 complaint responses being delayed as a result of staff absence. In each of these complaints, we kept the customer up to date and advised when they could expect our response.
- 11** The only notable trend this period related to complaints managed by the Corporate Review Team in January 2023. We received 45 complaints following the message to the profession in December 2022, where we reiterated our position that we would always take context into account when considering fitness to practise concerns. Approximately 50% of these complaints were from doctors who had been subject to a fitness to practise investigation, and therefore felt context was not considered. The remaining complaints related to the overall challenges facing the NHS, and raised the issue that the GMC should intervene more at a local level.
- 12** Of the 259 complaints received, we resolved 78% (201) at the first stage of our processes. We resolved a further 17% (44) at the second stage, and only needed to escalate 5% (13) to the Corporate Review Team for an intended final response. It is positive to see that most complaints continue to be resolved at the earliest possible point in our complaints handling process, and that the further explanations we provide to customers help to address the complaints raised.

## Agenda item M9

### Complaints and Compliments Report

- 13 We have continued to log complaints which feature an element of equality, diversity, and inclusion/Equality Act issues. During this period, 6% (16) of complaints included references to equality, diversity and inclusion issues. This was very similar to the 14 complaints highlighting equality, diversity and inclusion in 2023 Q1. In each of these complaints, we were satisfied that the complainant's interactions with us had been in line with our processes and there was nothing to suggest there was any evidence of discrimination.
- 14 As with the previous papers, most complaints are recorded by R&R. This is in the context of the directorate having by far the most interactions with doctors and the public, in handling doctors coming on and off the register, revalidation, the contact centre and PLAB.
- 15 In the reported period, FTP recorded 10 complaints, the majority of which continued to be based on general dissatisfaction with the GMC's approach. Between April – June 2023, we received 1,668 triage enquiries, a 19% increase on the 1,354 triage enquiries received in the equivalent period in 2022. It is positive to see that we only saw complaints in fewer than 1% of interactions.
- 16 The Corporate Review Team recorded 62 complaints, 13 of which were escalated from other areas of the business. In the same period, the Corporate Review Team sent 99 decisions not to commence a review of an FTP decision.

### Business improvements

- 17 Since the last report, we have carried out one further improvement:
  - a After a doctor handed documents in to the Reception desk, we've implemented a process to ensure a receipt is provided, and the documents are copied on arrival so that they can be stored securely to avoid the risk of documents getting lost. We have not received any further complaints about this issue since implementing the process.
- 27 As a result of feedback from complaints, we have identified a further 12 potential improvements, some of which are set out in Annex A.

### Compliments summary

- 18 At the time of writing, we had recorded 970 compliments across the directorates.
- 19 The majority (953) of the 970 compliments recorded were received by R&R. As well as general emails expressing thanks, there were positive comments about processes and the manner in which customers were dealt with, for example:
  - a 'As much as I am pleased about the outcome of my application, I am also indebted to you about the valuable guidance you have provided me throughout the process, and you have done a great job in helping me throughout this arduous process. I am absolutely thrilled!!! Thank you so much. It was a long process but so worth it. I could not have

**Agenda item M9**

**Complaints and Compliments Report**

done this without your guidance and your patience and for that I would like to thank you so much. I really am very grateful to you.'

- b** 'That is exactly what I needed, and I am very grateful.'
- c** 'Thank you for your thoughtful response and effort to be sympathetic.'
- d** 'I cannot thank you enough for your help. I wouldn't have been able to do it without you.'
- e** 'Thank you so much for your email! I honestly cannot believe it! I made my husband to read the email back to me as I was not sure if I was getting the content right! I am so grateful! Could you please pass my huge thanks to...my adviser at the initial stages. She was excellent! I was not expecting the result until after 14 May! I would also like to say that there had been recently a lot of negative feedback re CESR process but my experience was great! GMC was excellent! Very smooth process. And I felt supported at all stages of the process!'

## Annex A

### Business improvements and case studies

- 1 The Corporate Review Team considered an escalated complaint from R&R. The doctor had previously written to us because they had not received the original Certificate of Completion of Training ('CCT'), which we had had posted out to them. We explained in our response that we send the certificate automatically once a CCT application is granted, and that we had posted the certificate on 20 September 2019, as usual. On 9 December 2021, the doctor contacted us to ask that the certificate was reissued. We advised we cannot reissue certificates if more than two months has passed, but identified a potential improvement that, although the information about reissuing the certificate is on the website, we do not communicate this by email at the point the CCT is awarded. Following this complaint, we are being clear in our correspondence that a CCT certificate will not be issued if more than two months has passed.
- 2 We received a complaint from a doctor who was unhappy with the results of their PLAB assessment. The doctor had previously applied for a refund of an earlier assessment, on the basis of an accident they had suffered. The doctor provided medical evidence at the point of requesting the refund. When considering the complaint about the PLAB assessment, we identified that there was an opportunity for the assessments team, on receipt of medical evidence, to ask if any additional reasonable adjustments might be needed going forward to help us to take a more compassionate approach in future. We therefore suggested that when a doctor provides medical information about a refund, the CAC team could highlight our reasonable adjustment guidance.
- 3 Fitness to practise considered a complaint from a member of the public involved in different processes. It was clear from the complaint correspondence that the member of the public had found the various processes confusing, particularly in the context of receiving simultaneous updates from different teams. In responding to the complaint, we identified that there might be benefit in having a single point of contact when there are multiple processes ongoing. We are now considering how we can tailor updates to the circumstances of a request.
- 4 Following a complaint from a doctor who had misplaced their CCT, we wrote to advise that whilst we cannot replace the certificate, we could issue a letter confirming the details of the CCT. We also confirmed we would contact the relevant authority to advise of our processes,

**Agenda item M9 – Annex A**

**Complaints and Compliments Report**

and to ask that they accept letters from us going forward. We will be contacting the Saudi authorities to ask them about duplicate letters.

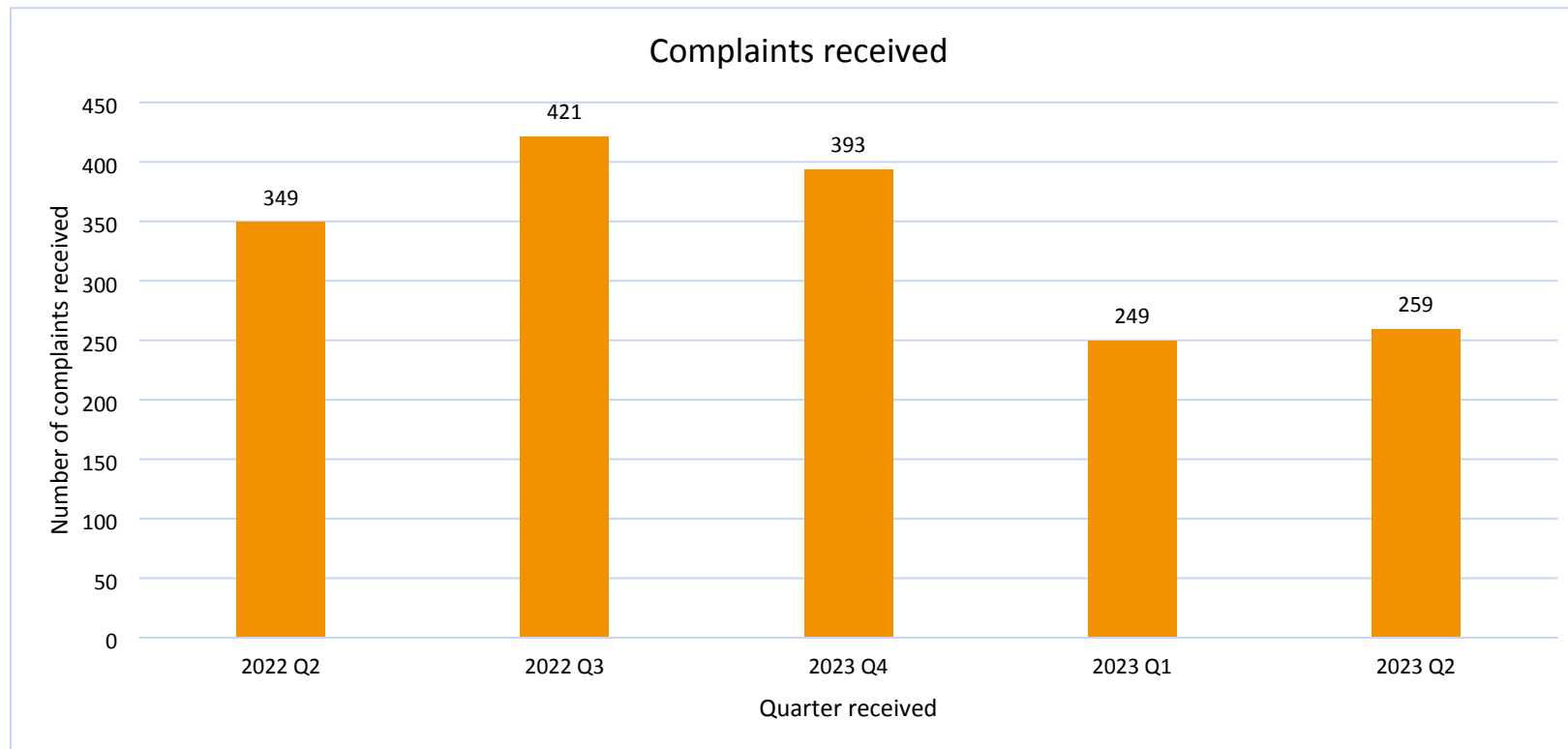
- 5 We received a complaint from a doctor in relation to the confirmation emails from the GMC and the British Council about when to arrive for their PLAB 1 exam in Madrid. The doctor was concerned that the GMC's confirmation set out an arrival time, whereas the British Council's confirmation provided a start time. The doctor told us that the inconsistency led to them missing their exam. We accepted that our confirmation emails were not aligned with the British Council, and agreed to refund the booking fee, as well as ensuring priority access to book PLAB 1 again. We also identified the need to be consistent in our email correspondence, by considering our use of 'arrival time' rather than 'start time' at PLAB.
- 6 A doctor wrote to us to express their dissatisfaction that they had received a reminder to pay the Annual Retention Fee despite applying for Voluntary Erasure. We apologised to the doctor, and explained that there had been a delay in considering the application, which was received by post rather than online. We are considering how we can acknowledge hardcopy applications and ensure they are processed in the same way as those completed on GMC Online.

## **Application of complaints policies**

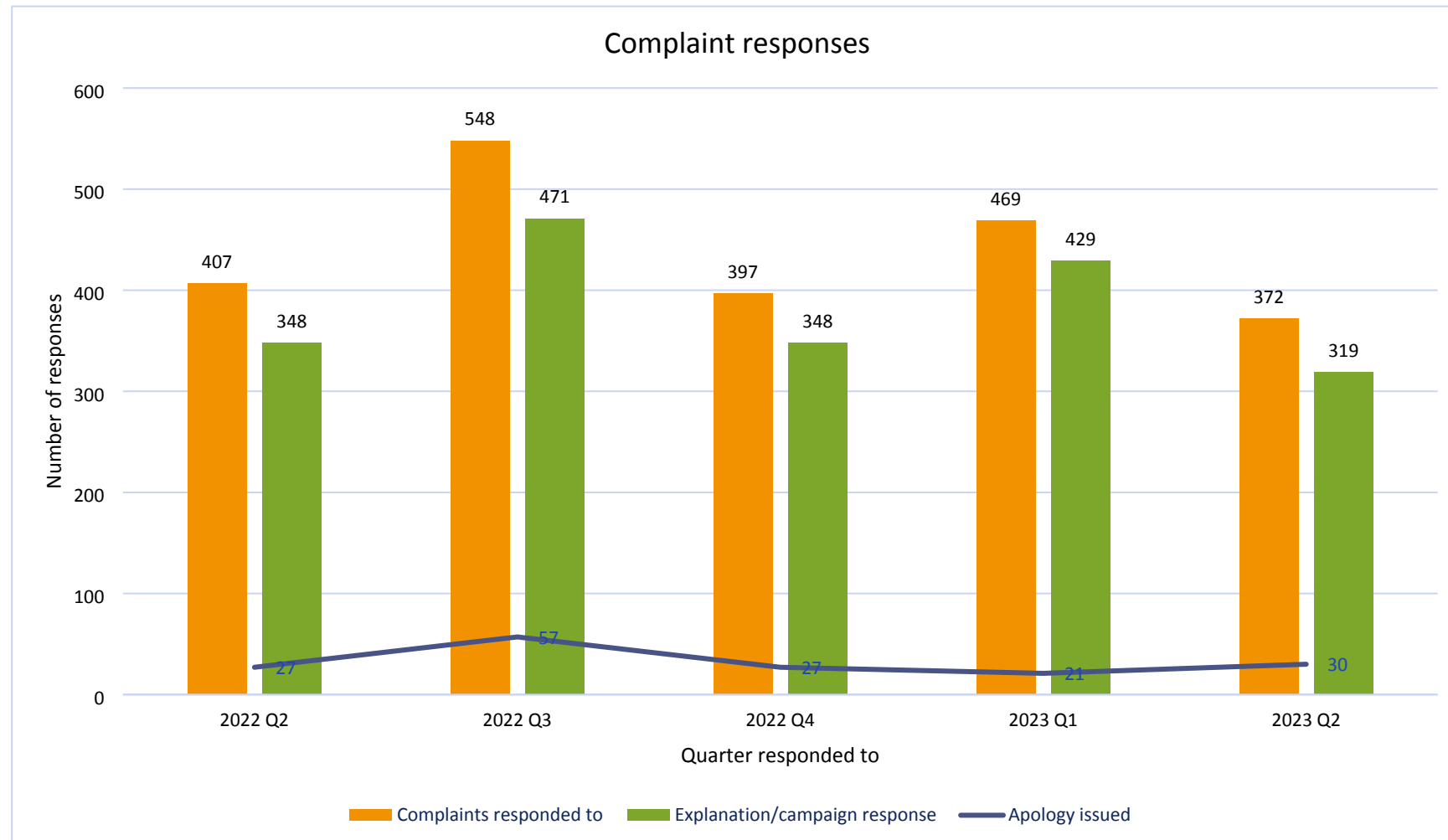
- 7 A member of the public had recently received the outcome to their fitness to practise concerns. They had been advised that we would not be investigating their concerns further. On receipt of the outcome letter, the member of the public emailed the Corporate Review Team and used abusive language, including threats of violence. We responded to the member of the public with a warning under our unreasonable behaviour policy, emphasising that we have a duty to staff and that we will not tolerate abuse. The member of the public responded immediately, again using foul language. Because of our duty to staff, we restricted contact with the member of the public and confirmed that we would not engage further unless there were new concerns about doctors which had not previously been considered.

## Annex B

### Complaint volumes and outcomes



## Complaint outcomes



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

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

<b>12/13 December 2023 – London</b>		
	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	<ul style="list-style-type: none"> <li>• Perceptions survey results</li> </ul>	Paul Reynolds
	<ul style="list-style-type: none"> <li>• External speaker – Navina Evans, Chief Workforce Training and Education Officer at NHS England</li> </ul>	
	<ul style="list-style-type: none"> <li>• Changes to the Investment Policy</li> </ul>	Neil Roberts
<b>Confidential session</b>	<ul style="list-style-type: none"> <li>• -</li> </ul>	
<b>Public session</b>	<ul style="list-style-type: none"> <li>• Chief Executive’s report</li> </ul>	Charlie Massey
	<ul style="list-style-type: none"> <li>• 2024 Business plan and budget</li> </ul>	Neil Roberts
	<ul style="list-style-type: none"> <li>• Report of the MPTS Committee 2023</li> </ul>	Deborah Taylor
	<ul style="list-style-type: none"> <li>• Report of the Audit and Risk Committee 2023</li> </ul>	Paul Knight
	<ul style="list-style-type: none"> <li>• Report of the Remuneration Committee 2023</li> </ul>	Anthony Harnden
	<ul style="list-style-type: none"> <li>• Update on Regulatory Reform</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>• GMC Credentials update</li> </ul>	Colin Melville
	<ul style="list-style-type: none"> <li>• Fairer employer referrals</li> </ul>	Anthony Omo
<b>Below the line</b>	<ul style="list-style-type: none"> <li>• 2024 Council forward work programme</li> </ul>	Carrie MacEwen
	<ul style="list-style-type: none"> <li>• Annual report on defined contribution pension plan</li> </ul>	Neil Roberts

**Agenda item M11**

**Council forward work programme**

<b>13/14 February 2024 – Virtual</b>		
	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	<ul style="list-style-type: none"> <li>Space for an external speaker</li> </ul>	
<b>Confidential session</b>	<ul style="list-style-type: none"> <li>Annual Review of Governance Framework between the GMC and GMC Services International Ltd</li> </ul>	Charlie Massey
	<ul style="list-style-type: none"> <li>Unitary Boards</li> </ul>	Charlie Massey
<b>Public session</b>	<ul style="list-style-type: none"> <li>Chief Executive’s report</li> </ul>	Charlie Massey
	<ul style="list-style-type: none"> <li>Report of the Investment Committee</li> </ul>	Neil Roberts
	<ul style="list-style-type: none"> <li>Update of Governance Handbook</li> </ul>	Charlie Massey
	<ul style="list-style-type: none"> <li>Regulatory reform &amp; MAPS update</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>PSA Annual report</li> </ul>	Shaun Gallagher
<b>Below the line</b>	<ul style="list-style-type: none"> <li>Council forward work programme</li> </ul>	Carrie MacEwen
	<ul style="list-style-type: none"> <li>Report of the Executive Board</li> </ul>	Charlie Massey

<b>12/13 March 2024 Away Day – Manchester</b>		
	<b>Item</b>	<b>Sponsor</b>
	<ul style="list-style-type: none"> <li>TBC</li> </ul>	
	<ul style="list-style-type: none"> <li></li> </ul>	

<b>17/18 April 2024 – London</b>		
	<b>Item</b>	<b>Sponsor</b>
<b>Seminar</b>	<ul style="list-style-type: none"> <li>The Future of specialist registration</li> </ul>	Una Lane
	<ul style="list-style-type: none"> <li>Voice of the registrant – going through our processes</li> </ul>	Anthony Omo
<b>Confidential session</b>	<ul style="list-style-type: none"> <li>Report from GMCSI</li> </ul>	Paul Reynolds
	<ul style="list-style-type: none"> <li>Reserved for an external speaker</li> </ul>	

**Agenda item M11**

**Council forward work programme**

<b>Public session</b>	• Chief Executive’s report	Charlie Massey
	• People Report	Neil Roberts
	• ED&I Annual report	Shaun Gallagher
	• 2023 national reports	Paul Reynolds
	• Annual Quality Assurance update	Colin Melville
	• Adding to the list of bodies able to award a PMQ	Colin Melville
	• Biannual section 40a report	Charlie Massey
	• Unitary boards – decision	Charlie Massey
	• Regulatory reform & MAPS update	Shaun Gallagher
	• SoMEP Workplace & Experiences report – key findings/messages	Shaun Gallagher
	• Sex, gender and gender identity – approval of policy decisions	Shaun Gallagher
	• Complaints and compliments report	Charlie Massey
<b>Below the line</b>	• Council forward work programme	Carrie MacEwen
	• Council members’ register of interest	Carrie MacEwen

## 5/6 June 2024 – Manchester

	Item	Sponsor
<b>Seminar</b>	• Our data capabilities	
	• External speaker	
<b>Confidential session</b>	• -	
<b>Public session</b>	• Chief Executive’s report	Charlie Massey
	• Report of the MPTS Committee	Deborah Taylor
	• Trustees’ Annual report and accounts	Paul Reynolds / Neil Roberts
	• Fitness to practise statistics report	Anthony Omo

**Agenda item M11**

**Council forward work programme**

	<ul style="list-style-type: none"> <li>• Communications and engagement update</li> </ul>	Paul Reynolds
	<ul style="list-style-type: none"> <li>• Freedom to Speak Up Guardian annual report</li> </ul>	Neil Roberts
	<ul style="list-style-type: none"> <li>• Regulatory Reform &amp; MAPS update</li> </ul>	Shaun Gallagher
<b>Below the line</b>	<ul style="list-style-type: none"> <li>• Council forward work programme</li> </ul>	Carrie MacEwen

## 23/24 July 2024 – Virtual

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

## 1/2 October 2024 – Cardiff

	Item	Sponsor
<b>Seminar</b>	<ul style="list-style-type: none"> <li>• Wales focus</li> </ul>	
	<ul style="list-style-type: none"> <li>• Space for an external speaker</li> </ul>	
<b>Confidential session</b>	<ul style="list-style-type: none"> <li>• -</li> </ul>	
<b>Public session</b>	<ul style="list-style-type: none"> <li>• Chief Executive’s report</li> </ul>	Charlie Massey
	<ul style="list-style-type: none"> <li>• Regulatory Reform and MAPS update</li> </ul>	Shaun Gallagher

**Agenda item M11**

**Council forward work programme**

	<ul style="list-style-type: none"> <li>• SoMEP Workforce report – launch and impact</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>• Regulatory fairness implementation update</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>• Regulatory Reform consultation update</li> </ul>	Shaun Gallagher
	<ul style="list-style-type: none"> <li>• Complaints and compliments report</li> </ul>	Charlie Massey
<b>Below the line</b>	<ul style="list-style-type: none"> <li>• Council forward work programme</li> </ul>	Carrie MacEwen
	<ul style="list-style-type: none"> <li>• Council members’ register of interest</li> </ul>	Carrie MacEwen