

General
Medical
Council

Council Meeting -
22 June 2022

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Council Agenda

Virtual by MS Teams

Wednesday 22 June 2022

10:20 – 13:00: Main meeting

| | | Meeting |
|---------------------------------|-----------|---|
| 10:20 – 10:23 <i>3 mins</i> | M1 | Chair's business |
| 10:23 – 10:25 <i>2 mins</i> | M2 | Minutes of the meeting on 28 April 2022 and actions log |
| 10:25 – 10:45 <i>20 mins</i> | M3 | Chief Executive's Report |
| 10:45 – 11:05 <i>20 mins</i> | M4 | Equality, diversity and inclusion update – Regulatory Fairness review interim update |
| 11:05 – 11:15 <i>10 mins</i> | M5 | Sex, gender and gender identity consultation |
| 11:15– 11:30 <i>15 mins</i> | | Break |
| 11:30 – 11:50 <i>20 mins</i> | M6 | Report of the MPTS Committee |
| 11:50 – 12:10 <i>20 mins</i> | M7 | Freedom to speak up guardian annual report |
| 12:10 – 12:30 <i>20 mins</i> | M8 | Report of the Audit and Risk Committee |

| | | |
|---------------------------------|------------|--|
| 12:30 – 12:45 <i>15 mins</i> | M9 | Trustees' Annual Report and Accounts 2021 |
| 12:45 – 12:55 <i>10 mins</i> | M10 | Fitness to Practise Statistics Report 2021 |
| 12:55 – 13:00 <i>5 mins</i> | M11 | Any other business |
| | | Below-the-line items* |
| | M12 | Compliments and Complaints report |
| | M13 | 2022 Forward work plan |

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

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Council meeting – 22 June 2022

Agenda item M2

Minutes of the meeting on 28 April 2022

To approve

Minutes of the Meeting on 28 April 2022

Members present

Carrie MacEwen, Acting Chair

Steve Burnett

Vanessa Davies

Anthony Harnden

Philip Hunt

Paul Knight

Deepa Mann-Kler

Raj Patel

Suzanne Shale

Alison Wright

Others present

Charlie Massey, Chief Executive and Registrar

Shaun Gallagher, Director of Strategy and Policy

Una Lane, Director of Registration and Revalidation

Anthony Omo, Director of Fitness to Practise and General Counsel

Paul Reynolds, Director of Strategic Communications and Engagement

Neil Roberts, Director of Resources

Colin Melville, Medical Director and Director of Education and Standards

Melanie Wilson, Head of Corporate Governance and Council Secretary

Chair's business (agenda item M1)

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

Minutes of the meeting on 24 February 2022 and actions log (agenda item M2)

- 2 Council approved the minutes of the meeting on 24 February 2022 as a true record.

Chief Executive's Report (agenda item M3)

- 3 Council considered the Chief Executive's Report.
- 4 The Chief Executive and other members of SMT gave updates. Council noted:
 - a The consultation on *Good Medical Practice* was launched yesterday, which has received a positive reaction from stakeholders.
 - b The first 2022 UK Advisory Forum was held in Belfast which was a success. The forum discussed:
 - The GMC's role in convening conversation with stakeholders in Northern Ireland.
 - The need for strong engagement with the Department of Health
 - Their understanding of the degree of challenge facing the health services following the pandemic.
 - c Charlie Massey and Andrea Sutcliffe, Chief Executive, Nursing & Midwifery Council had a positive meeting with Amanda Pritchard, Chief Executive of NHS England to discuss the two professions' roles in driving change and promoting patient safety within the healthcare system.
 - d The latest version of the s60 order was received and is being considered. Council will be updated on its progress in June.
 - e The GMC conference is scheduled for Wednesday 4 May which is the first hybrid meeting since the pandemic.
 - f The four factors which are currently impacting the financial position of the organisation; COVID restrictions, a constricted labour market, the Russian invasion of Ukraine and inflation.

- g** Combined operating costs and income show an improvement of £700k against budget.
- h** Due to market volatility, there has been no income budgeted from the investment portfolio.
- i** The Investment Committee retendered the contract for their third-party adviser and offered the contract to Mercer, who replace Asset Risk Consultants.

5 During the discussion, Council noted that:

- a** The Annual Retention Fee and staff pay award is linked to September's CPI figure, as this has increased since then it may have an impact medium term for the budget.
- b** The Investment Committee is monitoring the investment portfolio closely and although the market is volatile, the fund managers are managing this appropriately.
- c** There are areas of the business which have high vacancy levels, in particular areas in IT. The organisation is competing with the private sector in these specialist area which can be challenging.
- d** At the conference the GMC will formally announce the new name for the Clinical Fellows Programme as the *Marx Clinical Fellow Programme* as a tribute to the GMC's previous Chair, Dame Clare Marx.

6 Council:

- a** Noted the Chief Executive's report and noted the Performance and Corporate Opportunities and Risk Register annexes.

Human Resources report 2021 and gender pay gap reporting (agenda item M4)

7 Council received an update from the People team regarding the Human Resources and pay gap report for 2021.

8 Council noted that:

- a** The current report focuses on the organisation's statutory obligations, there is an additional report that will return to Council in the autumn.
- b** The pandemic has impacted the reporting period, however the response to employee surveys suggests there is a good employee relations environment.

- c** Staff turnover has returned to pre-pandemic levels, albeit at the lower end of the our target range.
- d** The organisation's ED&I strategy remains ambitious and work is being conducted to meet the targets set.
- e** The gender pay report remains a focus for the organisation. There remains a gap in level 3 and above positions.
- f** In 2018 and 2019 ethnic minority candidates made up 30% of applicants and 20% of our appointments. In 2021 30% of appointees were from an ethnic minority background.

9 During the discussion, Council noted that:

- a** The Human Resources and Pay Gap reports are published on the intranet and internet to ensure transparency.
- b** The Defined Contribution (DC) pension scheme is generous and should be promoted further as part of the wider benefit package.
- c** There have been several level 3 roles where the skill set couldn't be found internally, so a focus has been on external recruitment.
- d** A DC pension scheme pay gap is not reported on as all employees receive the same options as a benefit and can change their own contributions to suit their individual needs.
- e** The People and Development Board researched what the most important factor was for each generation, to ensure the organisation attracts a wide pool of talent.
- f** Mental health reasons account for 46.7% of absences, however feedback from employees is that managers have been flexible and supportive.
- g** The organisation remains an on-site organisation, with a hybrid working pattern, however a more flexible working pattern will be considered on a case by case basis.

10 Council:

- a** Noted the Human Resources and gender pay gap reports.

PSA annual review of our performance (agenda item M5)

11 Council received an update on the annual report from the Professional Standards Authority on the GMC's performance for 2021.

12 Council noted that:

- a** The GMC passed all 18 of the PSA's standards which mainly focus on the GMC's statutory functions with several general standards focusing on diversity and working processes.
- b** The PSA made positive comments regarding the organisation's ambitious ED&I targets, the ability to influence external organisations and how quickly the organisation adapted working through the pandemic.
- c** The 2022 reporting period has already begun and the PSA have highlighted that they have a focus this year on ED&I and backlogs in Fitness to Practise cases.

13 During the discussion, Council noted that:

- a** The backlog in our Fitness to Practise cases is impacted significantly by third party investigations needing to conclude, the reporting of this is being considered for future use.
- b** Despite there being a delay in cases concluding, the relevant teams are working to reduce the pressure and stress on doctors under investigation.
- c** The internal GMC team and PSA scrutiny team are meeting regularly to ensure they are aware of the external issues around the backlog of cases.
- d** Capacity at the MPTS was increased as soon as possible after the lockdown to reduce the caseload.
- e** Advice from external Counsel has been sought to enquire if there is anything further the GMC can do to reduce the backlog of cases, the advice has been that the cases cannot progress.
- f** Regulatory Reform will have an impact on the PSA's standards and processes, however it has not been established what this new model will look like.
- g** The current executive panel that currently issues appeals will continue to sit after the right of appeal has been removed from the GMC and will provide the PSA with a recommendation.

14 Council:

- a Noted the PSA's review of the organisation's performance.

Communications and Engagement update (agenda item M6)

15 Council received an update on the communications and engagement activities of the last year.

16 Council noted that:

- a This report will be presented once a year but will encompass all activity from the Communications and Engagement rather than separate reports throughout the year.
- b The outreach team has reported high levels of pressure across the system which has evolved since the pandemic into service recovery pressure with a focus on clearing the backlog.
- c A new initiative has been piloted in the south of England where outreach engagement at Board level has been a focus, particularly with ED&I issues, which has been a success and will be rolled out across the UK.
- d Over the past year a proactive approach has been used to discuss our priorities with members in the House of Lords and Parliament which has ensured engagement remains high when bills are being considered in session.
- e The Communications team have supported the organisation in proactive and reactive media, in addition to several ad-hoc issues as the need arose.

17 During the discussion, Council noted that:

- a The National Training Survey seeks the views of GMC approved trainees and trainers of their experience. As the response rate has been lower than expected, the deadline will be extended.
- b The GMC does not hold a UKAF for England, instead there is a structured outreach programme focused around the English regions.
- c The communications team will focus on improving the website and creating a more personalised platform for the user.
- d November's Council meeting is scheduled to be held in Edinburgh with a seminar focused on the system challenges in Scotland. Meetings are programmed for Belfast and Cardiff on a rolling annual programme.

18 Council:

- a** Noted the achievements of the SC&E directorate in the last period and the priorities it has identified for its work in the future.

Approval of awarding bodies: (St Andrews/Dundee) (agenda item M7)

- 19** Council received an update on the progress of the quality assurance of the Scottish Graduate Entry Medicine (ScotGEM) programme delivered by both the Universities of Dundee and St. Andrews School of Medicine.
- 20** Carrie MacEwen declared an interest in this item as she is an Honorary Professor at the University of Dundee. Carrie advised Council that she had no involvement in the process to bring the paper to Council.
- 21** Shaun Gallagher, Director of Strategy and Policy notified Council that his daughter was studying medicine at St Andrews. Although it is useful to note in case of any perception of conflict of interest, this matter is for Council decision.
- 22** Council noted that as this is a combination award, if one of the schools failed any quality assessment, then both schools would be subject to improvements measures. The Medical Act gives the GMC the authority to approve combination programmes.
- 23** Council approved the *combination of the universities of Dundee and St. Andrews* being added to the GMC's list of bodies that can award UK Primary Medical Qualifications.

Any other business (agenda item M11)

- 24** Council paid tribute to our Education and Standards colleague Ioanna Maraki who sadly passed away last month.
- 25** Council noted that its next meeting is scheduled for Wednesday 22 June 2022 at 09:00 in room 2.65 at 3 Hardman St, Manchester.

Council members' register of interest (agenda item M9)

- 26** Council noted the below the line paper Council members' register of interest.

Biannual s40a appeals update (agenda item M10)

- 27** Council noted the below the line paper Biannual s40a appeals update.

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Agenda item M2 – Minutes of the meeting on 28 April 2022

Council Forward Work Programme (agenda item M11)

28 Council noted the below the line paper Council Forward Work Programme.

GMC Council - Actions arising from meetings

Last updated: 14/06/2022

| Action | Director responsible & lead for action | Status | Due date | Action update | Date last updated |
|---|--|-----------|-----------|---|-------------------|
| 8 and 9 December 2021 | | | | | |
| M7 - Report of the MPTS Committee 2021 - The GMC and MPTS's feedback from doctors, witnesses and patients on the FtP process to be shared with Council. | Anthony Omo & Gavin Brown | Completed | 14-Dec-22 | Summary of complainant/witness journey from initial complaint to hearing/post-hearing in terms of support and obtaining feedback has been circulated to members. | 16-Dec-21 |
| M10 - Compliments and complaints report - Council to be provided with the percentage split of doctors/patients at the three stages of complaint in future reports, and comparisons with complaints and compliments received by other regulators. | Charlie Massey Jennifer Broadley | Completed | 3-Nov-22 | Any lessons learned from other regulators to be included in the next report but direct comparisons are not possible due to unique nature of the data sets across each regulator. This will now form part of the regular report next due 3 November 22. An explanation will be included where a comparison can not be made. | 08-Jun-22 |
| 23 and 24 February 2022 | | | | | |
| C4 - Update on regulatory reform - Unitary boards - Seek external advice on maximising the potential opportunities of a unitary board. | Sophie Brookes Melanie Wilson | Completed | 1-Sep-22 | Meeting with Peter Wyman, former Chair of CQC, arranged with Council members for 2 August 2022. Further planned work included in Unitary Board project plan. | 08-Jun-22 |
| 27 and 28 April 2022 | | | | | |
| C5 - Any other business – for sensitive items Where relevant, Council papers to include stakeholder sensitivities and handling. | Paul Reynolds Steph McNamara | Completed | 1-Sep-22 | Point noted, will be included in commissioning email to authors and included in future papers when relevant. | 08-Jun-22 |

| Action | Director responsible & lead for action | Status | Due date | Action update | Date last updated |
|---|--|-------------|-----------|---|-------------------|
| Consideration to be given to facilitating Council to have collective view on international workforce planning in due course. | Shaun Gallagher Una Lane | Completed | 1-Sep-22 | Included on work programme, date to be scheduled. | 08-Jun-22 |
| Further discussion on matters related to sex, gender and gender identity to be scheduled for a future meeting. | Shaun Gallagher David Winks | Completed | 1-Sep-22 | Paper M5 to be discussed at June 2022 meeting. Further work will be scheduled in work programme as required. | 08-Jun-22 |
| M3 - Chief Executive's Report Operational key performance indicators for the Contact Centre to be reviewed and Council to be updated on how and when KPIs are reviewed. | Sarah Barlow | In progress | 01-Jun-22 | Broader review to of KPIs to be included in business plan and priority setting in December within the constraints of current system capability. For full review following reg reform changes. | 28-Apr-22 |
| M4 - Human Resources report 2021 and gender pay gap reporting An explanation of the pay bands to be sent to members and included in future reports | Andrew Bratt | In progress | 01-Jun-22 | An explanation will be included with Away day background reading and will be provided in the next report due April 2023. | 08-Jun-22 |
| M5 - PSA annual review of our performance Future reports to Council will update on our discussions with the PSA about recovery plans and the PSA performance review process | Anthony Omo Sarah Barlow | Not due | 27-Apr-23 | Next PSA annual review of our performance due April 2023 | 08-Jun-22 |
| M6 - Communications and Engagement update In future reports, the corporate strategy should be referred to and linked back to the report | Paul Reynolds | Not due | 27-Apr-23 | Next communications and engagement update due April 2023 | 08-Jun-22 |

M3 - Chief Executive's report

| | |
|--|---|
| Action | To note |
| Purpose | <p>This report outlines developments in our external environment and progress on our strategy since Council last met. Key points to note:</p> <ul style="list-style-type: none"> ● We are delighted that Professor Dame Carrie MacEwen has been appointed by the Privy Council as the new Chair of Council following a competitive recruitment process which led to the GMC recommending her as our preferred candidate. ● We had a successful GMC Conference on 4 May 2022, which focused on three themes: people, place and culture. It was a hybrid event and has received positive feedback on the wide-ranging keynotes and workshops. ● We have held our first in-person UK Advisory Fora since 2019 in Belfast, Cardiff and Edinburgh, with discussions focusing on how we can work together to support the medical workforce in all countries. |
| Decision Trail | Council receives this report at each full meeting. |
| Recommendations | <p>a To consider the Chief Executive's report.</p> <p>b To note the Performance Annex and the Corporate Opportunities and Risk Register.</p> |
| Annexes | <p>Annex A: Performance Annex</p> <p>Annex B: Corporate Opportunities and Risk Register</p> |
| Author contacts | <p>Iona Twaddell, Head of the Office of the Chair and Chief Executive</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p> |
| Sponsoring director/ Senior Responsible Owner | Charlie Massey , Chief Executive |

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Chief Executive's report

GMC Chair

- 1 On 9 May 2022, we announced that Professor Dame Carrie MacEwen has been appointed by the Privy Council as the new Chair of the GMC. Carrie was appointed following a competitive recruitment process. The diverse selection panel was made up of three current members of the GMC's Council and two individuals independent of the GMC and government. The panel is responsible for recommending a preferred candidate to the Privy Council, which make the appointment. All stages of the recruitment process were managed by GatenbySanderson, who were challenged to seek as robust and diverse a field as possible for the selection panel to consider.
- 2 The appointment process was reviewed by the Professional Standards Authority which confirmed that the process had adhered to the four principles of a good appointments process: merit, fairness, transparency and openness, and inspiring confidence.
- 3 We are delighted that Carrie is our new Chair and look forward to continuing to work with her.
- 4 We also pay tribute to Dame Clare Marx, Carrie's predecessor whose support for and embodiment of compassionate leadership lives on in our organisation. In recognition of her service, from this this year, clinical fellows who join the GMC each year through the National Medical Director's scheme, managed by the Faculty of Medical Leadership and Management (FMLM) will be known as 'Marx Fellows.'

GMC Conference

- 5 On 4 May 2022, we held our first hybrid conference: better healthcare together. Thank you to all Council members who attended and took part. 161 delegates attended in person and 236 people attended online.
- 6 The workshops on offer at the event focused on key three themes – people, place and culture. The event was chaired by Samira Ahmed, journalist and broadcaster. In the morning we heard from Dr Farzana Hussain, GP principal, The Project Surgery in Newham. Clo Abe and Tinuke Awe, co-founders of Five X More, spoke in the afternoon. Five X More is a grassroots organisation which campaigns to improve maternal mortality rates and the healthcare outcomes for black women in the UK.
- 7 Initial feedback from delegates has been positive with 93% of respondents rating their overall conference experience as excellent (62%) or good (31%).

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Chief Executive's report

PLAB

- 8 In March we paused a scheduled PLAB 1 release for places in February 2023 because of technical issues. After exploring improvements to our booking system, we have now announced that the release will be rescheduled to 25 June. There will be places available for all eligible candidates, and we have extended the validity period of English language evidence, to ensure that no candidates will be disadvantaged by the paused release in March. We have kept stakeholders updated and will email all eligible candidates with detailed booking information before the release.

UK Advisory Fora

- 9 We held our first in-person UK Advisory Fora (UKAFs) since 2019 this spring. They were held in Belfast on 26 April, Edinburgh on 10 May and Cardiff on 9 June. Discussions focused on how the GMC can work with our partners to support the workforce. In Northern Ireland, we spoke about the importance of valuing the health and social care workforce and the role the GMC has in sharing our data to support the workforce priorities in Northern Ireland, including team working, leadership, service transformation and psychological safety. In Scotland, the focus was on workforce and ED&I. We heard an update from the Scottish Government on their new workforce strategy, and we presented on how our data can support workforce and ED&I work. Discussion focussed on retention, culture, leadership, and the model of training. In Wales, the meeting focused on challenges faced now for the workforce and how the new Wales Workforce strategy will address these in the future.

Patient roundtable

- 10 On 18 May 2022, we held our spring patient roundtable, chaired by Paul Reynolds. We had four country representation with 20 attendees including patient organisations and people with lived experience including representatives from Healthwatch England, AvMA, Prostate Cancer UK and the Royal National Institute of Blind People. We explored with the attendees the best ways to communicate with patients and families around complaints and discussed the *Good medical practice* (GMP) consultation.

Legislation and Parliamentary affairs

- 11 Royal Assent was given to the key pieces of legislation we were engaged with in the last session of Parliament including the Professional Qualifications Act, and the Health and Care Act.
- 12 The Queen's Speech marking the new session of parliament took place on 10 May. The following bills were announced that we expect to be of some interest to the GMC:

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Chief Executive's report

- **Mental Health Act Reform Bill** (Department for Health and Social Care): introduce reforms to how mental health patients are detained and modernising the Mental Health Act 1983.
- **Conversion Therapy Bill** (Government Equalities Office): Will ban conversion therapy for gay, lesbian and bisexual people.
- **Identity and Language (Northern Ireland) Bill** (Northern Ireland Office): Delivery of a package of identity and language measures as negotiated by the Northern Ireland parties under the *New Decade, New Approach* Deal. This may place language requirements on us, similar to the Welsh Language Standards.

13 We will also be monitoring progress on these three bills, which we expect may have some relevance to professional regulation:

- **Brexit Freedoms Bill** (Cabinet Office): Aims to enable law inherited from the EU to be changed more easily.
- **Trade (Australia and New Zealand) Bill** (Department for International Trade).
- **Data Reform Bill** (Department for Culture, Media and Sport): Aims to create a data rights regime. Modernise the Information Commissioner's Office. Increase industry participation in Smart Data Schemes.

14 In addition to Bills announced in the Queen's Speech, we are expecting two white papers of interest. One aims to build on the SoS's priorities speech earlier in the spring, a 'White Paper on reform' that will include a section on workforce, and a Health Disparities White paper that will include among other plans, proposals around shifting training places to parts of the country that are less well served; and generalism in medical education and training.

15 Colin Melville, Medical Director and Director of Education and Standards, gave oral evidence on 11 May to the Health and Social Care Select Committee on medical education reform as part of their Inquiry into *Workforce: recruitment, training and retention in health and social care*. The session was about medical education and training with the Committee particularly focussed on undergraduate education. Colin appeared alongside the Medical Schools Council (MSC), the British Medical Association (BMA) and the Royal Society of Medicine (RSM).

Dr Manjula Arora

16 On 12 May 2022 a Medical Practitioners Tribunal published their determination in the case of Dr Manjula Arora. They found Dr Arora's fitness to practise impaired due to dishonesty and suspended her for one month. The case has prompted a significant reaction. We have heard the strong views expressed in this case, and it is absolutely right that our decisions are open to scrutiny. As a regulator we are not complacent and always believe that there is room to

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Chief Executive's report

improve the way that we carry out our duties. Therefore, we will carry out a review of this case to understand whether there are lessons to learn and apply for future cases.

- 17 The case has also prompted discussion about our work to eliminate disproportionate referrals and to ensure fairness in our own processes. We are wholeheartedly committed to tackling discrimination in medicine and ensuring that we constantly seek ways to improve our own processes.

Equality, diversity and inclusion

- 18 We have launched our equality, diversity and inclusion policy on 27 April 2022, setting out our approach to being an inclusive and fair regulator. The policy translates our commitments to ED&I into our everyday delivery of regulatory services. It demonstrates in a transparent way what we already have in place. The importance of publishing this policy in reference to our work as a regulator was highlighted in the recent ET judgment.
- 19 As part of our move to increase diversity of our workforce, we have completed recruitment for our interns programme which has achieved great results. On 4 July, 10 interns will be joining the GMC. 7 out of 10 of these interns are from an ethnic minority background, and nearly 80% of applications we received were from applicants from an ethnic minority background. They will be split across Manchester and London across teams including: communications, Outreach, L&OD, MPTS, Legal, Assessment teams, ED&I, Education Policy and data, research and insight.
- 20 We have taken stock on our internal inclusion programmes and after reflecting on what colleagues have told us we made the decision to stop working with the initial supplier we were working with to deliver some of our inclusion programmes. This includes for our Developing Diverse Talent and Leadership (DDT/DDL) programmes, as well as Fostering Inclusion. We remain committed to the objectives we set for ourselves in relation to our inclusion programme and believe that this decision will enable us to make improvements, and continue our commitment to delivering a high-quality programme for everyone. We have put in place support for those currently on the programmes as we consider our next steps.

Good medical practice

- 21 The Consultation on our updated *Good medical practice* guidance remains open until 20 July 2022 but we have already had a hugely positive response. As of 26 May 2022, 1449 people have completed the healthcare professionals survey and 584 have completed the patient/public survey. The updated guidance aims to shift the tone of the guidance to be more empathetic and has a greater focus medical professionals' responsibility to address negative interpersonal behaviours such as bullying and harassment. We have also been running

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Chief Executive's report

outreach events and specialist workshops with a wide variety of people across the UK to get views beyond the written consultation. We will reconvene the GMP Advisory Forum in the autumn with our post-consultation analysis and return to December Council seminar for discussion.

National training survey

22 We extended the deadline on our *National training survey* to Tuesday 17 May. We are currently analysing the results and will publish them in July. We will share the results with Council prior to publication. As usual, we will use the results to help maintain the quality of medical training and support recovery from the pandemic.

Inquiries and reviews

Early engagement

23 The Chair of the UK Covid-19 Inquiry, Baroness Hallett, has made recommendations to the Prime Minister on the final Terms of Reference (TOR) for the Inquiry. As expected for an Inquiry of this scale, these are very broad ranging and include detailed coverage of the UK-wide public health response, including legislative and regulatory control and enforcement, and the response of the health and social care sector. Subject to the TOR being agreed by the Prime Minister, the Inquiry will formally come into being as a statutory Inquiry under the Inquiries Act. The Inquiry is in the process of establishing its legal team and our intelligence suggests the Inquiry will begin planning how to approach evidence gathering over the summer. We await further information and will keep Council updated.

Ongoing Inquiry support

24 Following our interviews with the East Kent Investigation into maternity services on 17 February and 1 March 2022, we continue to assist the Investigation with evidence gathering ahead of publication in the Autumn.

Inquiry publications

25 The Ockenden review into maternity services at Shrewsbury and Telford Hospital NHS Trust was published on 30 March 2022. The review reiterates the importance of tackling negative cultures to ensure that women and their babies get the safe, high-quality care that they deserve. Following publication of the report, the Secretary of State for Health wrote to a number of organisations, including the GMC, about their plans to address the issues raised by the review. We have replied setting out how we intend to respond. Addressing the issues in maternity requires a cross-regulatory response and we are working with the NMC and CQC to drive change in culture and in sharing our data to best identify risks earlier and act on emerging issues.

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Chief Executive's report

26 We have been assisting the Independent Neurology Inquiry in Northern Ireland through engaging with its fact checking process ahead of publication. The Inquiry has been reviewing the circumstances surrounding the Belfast Health and Social Care Trust's recall of neurology patients following concerns about the clinical practice of Michael Watt, with a focus on local clinical governance processes and complaints handling. We anticipate that the Inquiry's findings will have implications for the GMC and will brief Council following publication.

Key implementation activity

27 We continue to support the implementation of the Government's response to the IMMDS review (specifically recommendation 8 on Conflicts of Interest) through our attendance on the DHSC's Task and Finish Group. Discussions continue on how a locally led approach to the declaration and publication of Conflicts of Interest can be implemented across all four countries of the UK. DHSC are planning to publish a progress report on their implementation of the IMMDS review's recommendations later this Summer.

Operational performance

28 The annexed report details performance against our KPIs and the rationalised set of priorities, agreed in the Business Plan. Legislative timeframe delay remains the primary driver of exceptions in our change priorities, as well as delay to the Brexit end of standstill date.

29 In the main we have met our service targets for March and April. Our Contact Centre service target was missed due to an increase in call volumes driven mainly by the ongoing migration of doctors after the GMC Online upgrade and after pausing booking for PLAB 1 places due to technical issues. This pushed up abandonment rates, and call answering times. 17 new starters are joining the Contact Centre imminently.

30 Included for the first time in the report is our annual Legal Counsel Diversity update. This reports on the diversity of the external Counsel we use as part of our ED&I ambition to better track the diversity of third parties we work with.

Finance

31 The April financial update shows we expect to be in a marginally worse off position at the end of 2022 compared to budget. Our planned operational deficit is forecast to be £2.0m lower, leaving us in an improved position, however we currently expect to make £1.0m loss on our investments, against a budgeted £1.9m gain. Our overall finances remain in good shape and we are confident our medium term financial forecasts are in line with previous projections and consistent with our reserves policy.

32 The cancellation of PLAB 2 exams in January and February reduced both income and expenditure, however we are forecasting an additional 900 PLAB 1 places and 8 additional

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Chief Executive's report

PLAB 2 circuit later in the year. There have been further reductions in expenditure in the early part of the year, such travel and other costs impacted by restrictions linked to the Omicron variant, which we expect to increase to budget levels as we start new working patterns in May. Our planned vacancy factor was 4% however it currently stands at over 5% which also reduces our expenditure compared to budget.

- 33** There continue to be a number of financial risks which could impact our current forecasts for 2022. These include the potential for change in PLAB candidate volumes linked to pandemic restrictions, the performance of our investments and the rise in inflation, which will impact our 3rd party costs and drive labour market pressures.
- 34** We will continue to monitor our investment performance and the impact of inflation rises closely.

Executive Board

- 35** The Executive Board met on 3 and 30 May to consider items on:
- a** The organisation's Annual Report and Accounts in advance of it being considered by the Audit and Risk Committee and Council.
 - b** The revised guidance for undergraduate clinical placements for publication on the website.
 - c** Our proposed approach to the collection and publication of sex, gender and gender identity data and set out our proposed approach prior to it coming to this Council meeting.
 - d** An action plan following a Quality review of the GMC as a Designated Body.
 - e** An update on the business activities and financial performance of GMCSI.

M3 – Annex A - Performance annex

Data presented as at 30 April 2022 (unless otherwise stated)

Operational Key Performance Indicator (KPI) – since last report to Council

| Indicator | | Mar | Apr | Exception commentary |
|--------------|---|----------|----------|---|
| Operations | Decision on 95% of all registration applications within 3 months | 97% | 99% | Revalidation The target of 95% was missed by 0.6% (21 decisions out of 3,495 received). This coincided with a higher number of complex decisions than was expected which reflects a general trend that we've seen as we've returned to normal operations in the last 12 months arising mainly from higher numbers of multiple consecutive deferral recommendations. |
| | Decision on 95% of all revalidation recommendations within 5 working days | 94% | 95% | |
| | Respond to 90% of ethical/standards enquiries within 15 working days | 100% | 94% | |
| | Conclude 90% of fitness to practise cases within 12 months | 93% | 94% | |
| | Conclude or refer 90% of cases at investigation stage within 6 months | 96% | 96% | |
| | Conclude or refer 95% of cases at the investigation stage within 12 months | 96% | 97% | |
| | Commence 100% of Investigation Committee hearings within 2 months of referral | No Cases | No Cases | |
| | Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral | 100% | 100% | |
| Organisation | 2019/20 Income and expenditure [% variance +/- 2%] | 2.23% | 2.94% | Finance The KPI was missed (2.94% variance against the +/-2% target). All PLAB 2 tests were cancelled in January and a further proportion in February, which reduces income. Expenditure is under budget as the variable costs linked to PLAB tests were not spent, ongoing limited travel patterns and working from home reduces some of our operational costs and the current vacancy rate is 5.8% which is higher than the 4% assumed in the budget. |
| | Rolling twelve month staff turnover within 8-15% | 8.7% | 9% | |
| | IS system availability (%) – target 98.8% | 99.93% | 99.96% | |
| | Monthly media score | 716 | 424 | |

Operational Key Performance Indicator (KPI) – since last report to Council

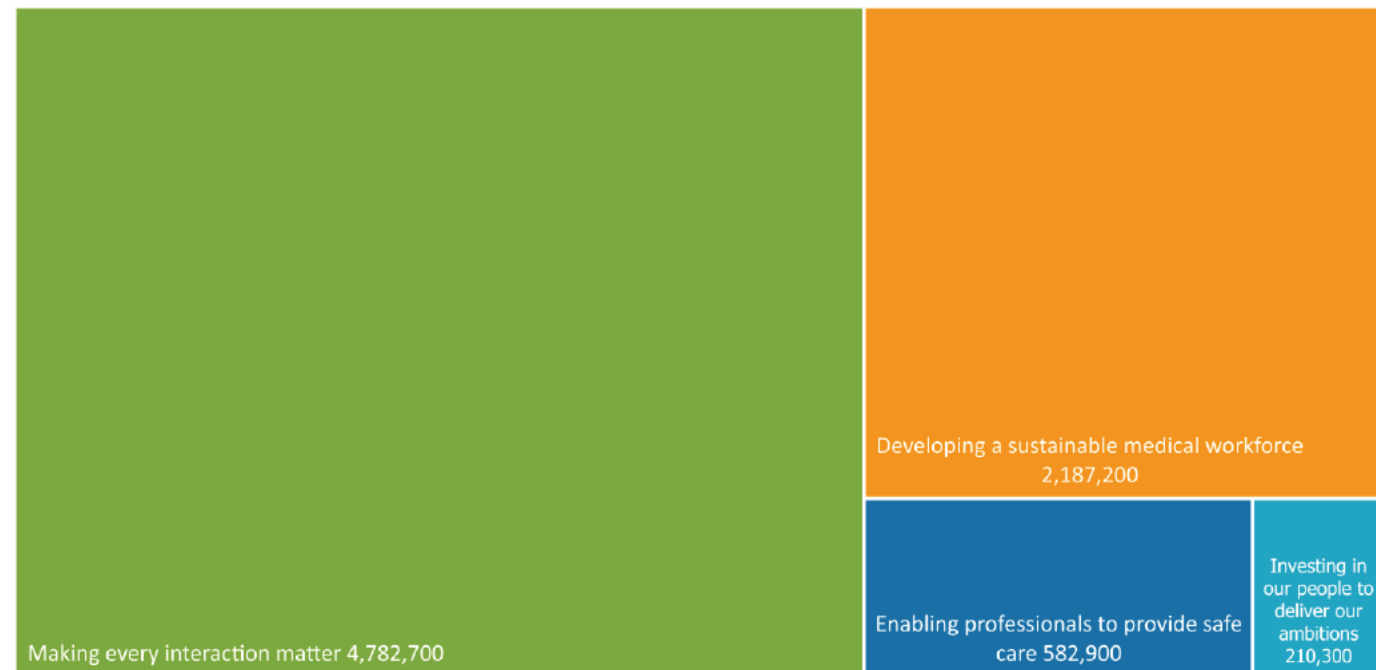
| Indicator | | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | |
|--------------|---|-------|----------|--------|----------|--------|--------|----------|-------|--------|----------|----------|----------|-----|
| Operations | Decision on 95% of all registration applications within 3 months | 99% | 99% | 98% | 97% | 97% | 96% | 96% | 96% | 98% | 97% | 97% | 99% | |
| | Decision on 95% of all revalidation recommendations within 5 working days | 98% | 97% | 99% | 98% | 98% | 98% | 98% | 98% | 98% | 96% | 94% | 95% | |
| | Respond to 90% of ethical/standards enquiries within 15 working days | 100% | 100% | 96.1% | 100% | 94% | 100% | 100% | 100% | 97.5% | 98.2% | 95% | 100% | 94% |
| | Conclude 90% of fitness to practise cases within 12 months | 92% | 93% | 92% | 90% | 91% | 95% | 93% | 92% | 94% | 93% | 93% | 94% | |
| | Conclude or refer 90% of cases at investigation stage within 6 months | 95% | 96% | 96% | 95% | 93% | 95% | 95% | 96% | 96% | 96% | 96% | 96% | |
| | Conclude or refer 95% of cases at the investigation stage within 12 months | 95% | 95% | 94% | 93% | 95% | 97% | 95% | 95% | 96% | 96% | 96% | 97% | |
| | Commence 100% of Investigation Committee hearings within 2 months of referral | 100% | No Cases | 100% | No Cases | 100% | 100% | No cases | 100% | 100% | No Cases | No Cases | No Cases | |
| | Commence 100% of Interim Order Tribunal hearings within 3 weeks of referral | 92% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| Organisation | 2019/20 Income and expenditure [% variance +/- 2%] | 3.16% | 2.78% | 2.63% | 3.81% | 2.76% | 2.80% | 2.5% | 2.65% | 2.61% | 0.70% | 2.23% | 2.94% | |
| | Rolling twelve month staff turnover within 8-15% | 4.6% | 5.2% | 6.2% | 6.8% | 6.8% | 7.5% | 7.9% | 8.2% | 8.4% | 8.3% | 8.7% | 9% | |
| | IS system availability (%) – target 98.8% | 100% | 100% | 99.97% | 99.99% | 99.91% | 99.45% | 99.6% | 100% | 99.98% | 99.99% | 99.93% | 99.96% | |
| | Monthly media score | 175 | -152 | 757 | 182 | 544 | 1016 | 162 | 115 | 79 | 4 | 716 | 424 | |

Performance Indicators – Making every interaction matter

| | | 2021 | | | | | | 2022 | | | | | |
|---|--|------|------|------|-----|------|-----|------|-----|-----|-----|-----|-----|
| Indicator | | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr |
| Contact centre operations | Answer 80% of calls within 20 seconds (KPI) | 83% | 78% | 68% | 71% | 48% | 33% | 57% | 60% | 58% | 78% | 64% | 43% |
| | Answer 90% of emails and letters (enquiries and updates) within 4 working days | 92% | 87% | 80% | 84% | 59% | 50% | 53% | 91% | 96% | 87% | 83% | 84% |
| | Average wait time (calls – seconds) | 21 | 34 | 44 | 57 | 96 | 221 | 61 | 73 | 63 | 26 | 50 | 121 |
| | Abandonment rate | 3% | 5% | 6% | 9% | 15% | 34% | 9% | 11% | 10% | 4% | 9% | 19% |
| <p>Contact Centre - the KPI was missed in April, when we answered 43% of calls within 20 seconds against a target of 80% (64% in March). April was a very busy month for calls, with an approximate 2000 monthly increase in comparison to April 2021. This also pushed up abandonment rates, compounded by large volumes arriving concurrently. A significant part of the increase was driven by the ongoing migration of doctors after the GMC Online upgrade. About 5% of doctors will experience difficulties requiring them to call the Contact Centre. Around 50% of users have now migrated. There were also limited numbers of advisers available to take calls.</p> <p>17 new advisers are joining the Contact Centre imminently. Training commences on 6 June and they are expected to move on to live operations at the beginning of July which should start to have a positive influence on performance and service delivery. The Team has been working jointly with Continuous Improvement (CI) and Information Systems (IS) to implement a strategy to migrate as much call and email traffic as possible over to new messaging channels. These channels are more efficient as one adviser can interact with three customers at the same time. This work is still in its infancy but work is underway to divert calls and emails into instant messaging as quickly as our IS systems allow.</p> | | | | | | | | | | | | | |

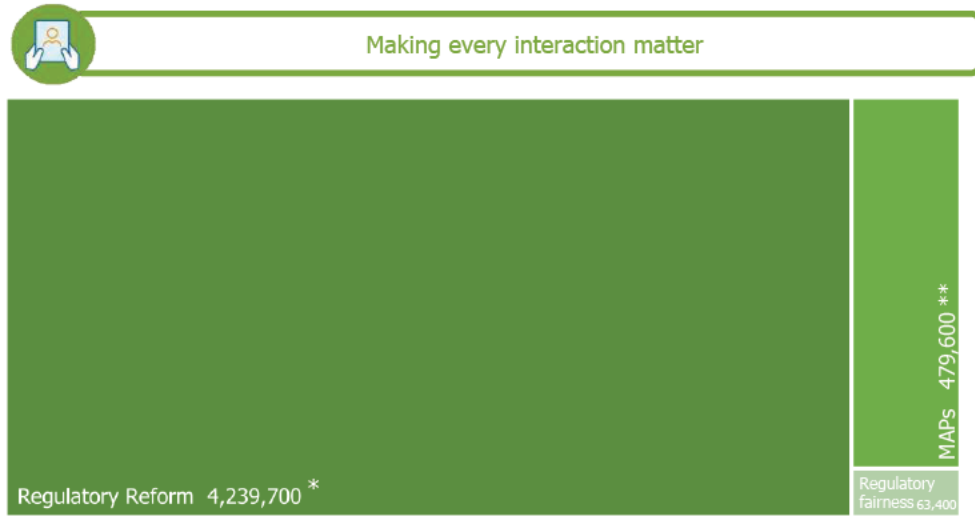
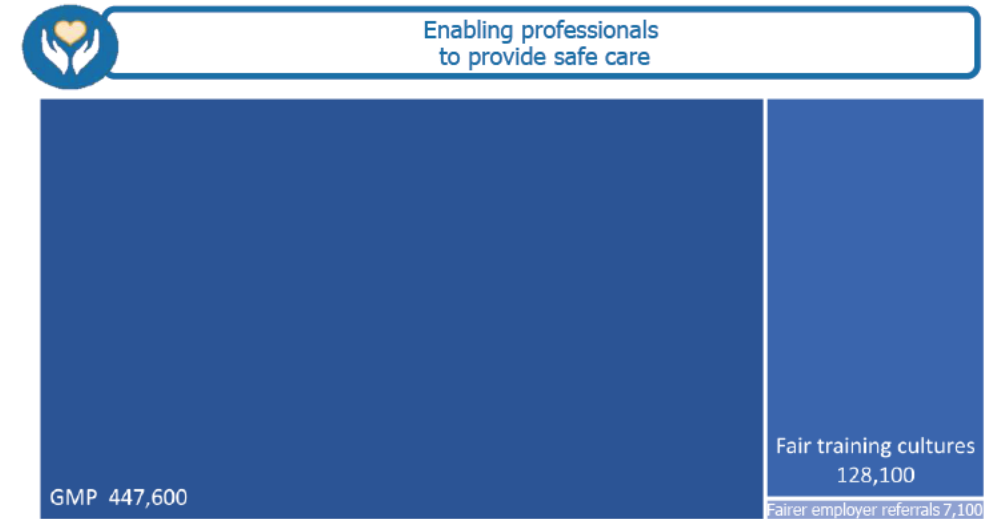
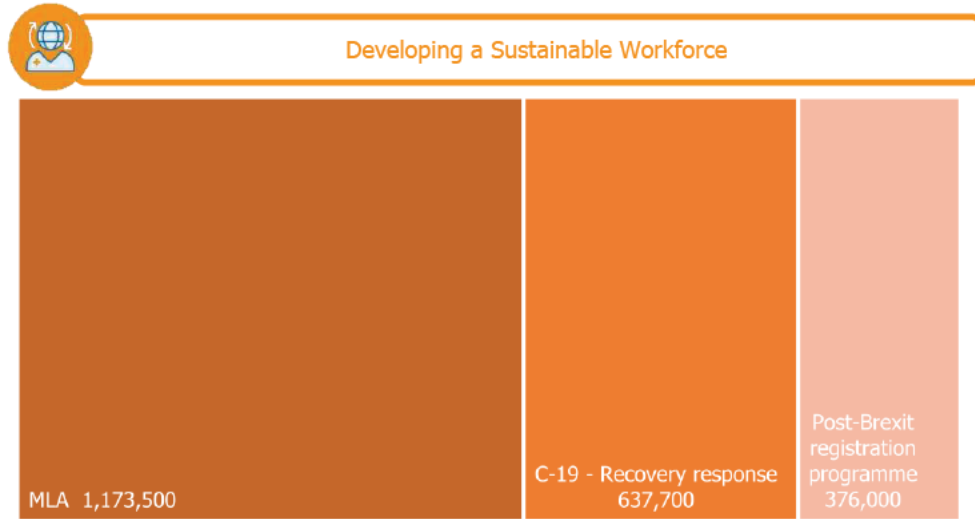
Corporate Strategy Delivery – Priority activities forecast May - December 2022 investment (project team resource)

Our strategy 2021-25



| Theme | Project resource costs to deliver tier 1 priorities |
|--|---|
| Making every interaction matter | 4,782,700 |
| Developing a sustainable medical workforce | 2,187,200 |
| Enabling professionals to provide safe care | 582,900 |
| Investing in our people to deliver our ambitions | 210,300 |
| Total | 7,763,100 |

Corporate Strategy Delivery – Priority activities forecast May – December 2022 investment (project team resource)



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

**MAPs resource is funded by DHSC and nil cost to the GMC. Estimations are currently to Sept 22



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

| 2021-23 Priority activities | | RAG | Status |
|---------------------------------|--|-----|---|
| Review of Good Medical Practice | <p>Why: Want to make sure our standards for professions we regulate reflect current patient and public expectations – and that our approach to embedding those with the profession maximises their relevance and application to care. Our guidance will be publicly consulted on and we will have launched an updated GMP.</p> <p>When: Complete by Q3 2023 Who: Colin Melville; Mark Swindells</p> | | <p>The consultation was launched at the end of April and there has already been significant number of responses to each of the consultation surveys (i. patient/public; ii healthcare professionals; iii stakeholders). Together with Outreach, we will continue to deliver a very ambitious engagement plan with stakeholders until the consultation period closes. In the meantime, the team is also planning and preparing for the analysis and post consultation steps.</p> |
| Fairer Employer Referrals | <p>Why? To eliminate differentials in employer fitness to practise referrals</p> <p>When: by 2026 Who: Anthony Omo</p> | | <p>A feedback mechanism between Case Examiners and Responsible Officers is being rolled out in May 2022. Training materials to assist Assistant Registrars to counteract bias is complete and awaiting sign-off.</p> <p>A shared narrative to support the delivery of the NHS England People Plan workstream titled 'Tackling the disciplinary gap' has been shared with NHS Resolution (NHSR). We are awaiting comments/feedback.</p> <p>Analysis of our allegations of impairment (AOI) data shows that differentials between both ethnic groups and PMQ are minimal and no action is required. We will monitor and review in two years' time.</p> <p>The Steering group met to agree priority action for 2022 and an action plan is being drafted.</p> |
| Fairer Training Cultures | <p>Why? To deliver on our commitment to eliminate discrimination, disadvantage and unfairness for all index measures of fair medical education and training pathways.</p> <p>When: September 2031 Who: Colin Melville</p> | | <p>Workshops continue to develop deliverables plans, which will be recommended to the programme board when complete.</p> <p>Latest results from the RCPsych pilot we are co-funding with HEE continues to show a doubling of the pass rate for those who previously were at high risk of failing the CASC exam. A further four Masterclasses will run before the end of 2022. Edge Hill University have been commissioned to evaluate the pilot and to explore why the intervention is effective.</p> <p>Our joint event with AoMRC takes place at the beginning of May. This is a workshop event for the royal colleges. A member of RCPsych will give a talk on our pilot, and the benefits and challenges of exam preparation are likely to be topics of workshop discussion.</p> <p>Clinical fellows are being tasked with developing evidence reports for us to continue our discussions with MDRS with a view to persuading MDRS to take action (following our recent positive engagement with them).</p> |



Developing a sustainable medical workforce

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

| 2021-23 Priority activities | | RAG | Status |
|--|---|--------|---|
| Introducing the Medical Licensing Assessment | <p>Why? Want to give patients greater confidence that they will receive a consistent level of core knowledge, skills and behaviours from any doctor practising in the UK. UK medical schools will deliver the Assessment embedded within final exams for a UK medical degree, overseen and regulated by us, and we will administer the assessment for IMG doctors. When: Q4 2025 Who: Colin Melville; Judith Chrystie</p> | Yellow | <p>Discussions with medical schools and the Medical School Council (MSC) are ongoing following last June Council's approval. Regular meetings of the joint oversight group have started. Engagement is now moving into the details of the piloting stage. Medical school piloting is now beginning.</p> <p>Cross-GMC work has now begun in relation to the coordination of programmatic work and planning for overlapping commitments, interdependencies and resource demands across the organisation.</p> <p>The programme is currently on track against agreed plans. The team is not yet fully resourced and with an estimated 6 month lead for recruitment we anticipate we'll notice the resource gap in Q1 and Q2 2022. The complex task of assuring that all AKTs and CPSAs meet the GMC's standards and requirements has begun. Intensive and useful CPSA engagement sessions have been completed.</p> |
| Post-Brexit Registration Pathways | <p>Why? To ensure we have efficient and effective routes for skilled professionals to gain registration and maximise the number of skilled doctors available to the UK medical workforce. To start, we will expand our Clinical Assessment capacity for international medical graduates to respond to Covid and manage the UKs post-Brexit registration approach for EU professionals. When: Q4 2022 Who: Una Lane; Kirstyn Shaw</p> | Red | <p>We have started gathering stakeholder engagement requirements and after pausing three projects we have reallocated resource and made appropriate changes to the members of our core team and programme board.</p> <p>DSMT have confirmed that the RSQ pathway in the specialist/GP pathways project should be permanent, which changes the project approach slightly. We are engaging with external stakeholders about the standard of knowledge, skills and experience required for GP or Specialist registration and allocated additional project resource to focus on this significant piece of work. We intend to develop a roadmap of changes for specialist/GP pathways project to outline planned work over the coming years following amendments to the PMET Order.</p> <p>Representatives from the EFTA trade deal project met with BEIS, who confirmed the deadline to implement the deal is 1 December 2023. We are unclear of how this will be timed with the wider end of standstill changes. Uncertainty remains about trade deal coverage (we have sought further clarification). We have been invited to a DHSC cross-regulator group to explore cross border working solutions for the island of Ireland.</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

| 2021-23 Priority activities | RAG | Status |
|---|-------------------------|---|
| <p>Regulatory Reform and MAPs</p> <p>Why? To improve the design and delivery of our functions so that we can be more responsive to the changing needs and expectations of patients, the health system, and the professions. To expand the medical workforce and the contribution by our professionals to quality patient care, while continuing to safeguard patients. We will deliver equivalent statutory functions across MAPs and doctors.</p> <p>When: Changes for MAPs to come into effect summer 2023, remaining changes to be implemented by Q4 2024. Who: Shaun Gallagher; Tim Aldrich for Regulatory Reform; Una Lane; Clare Barton for MAPs.</p> | <p>Amber</p> <p>Red</p> | <p>Regulatory reform is currently rated amber – this is because of ongoing concerns that DHSCs timetable remains very ambitious. We have now received a draft of the new legislation and are currently reviewing this. Workshops with DHSC to provide feedback on the drafting are taking place and are scheduled to run up until mid-June. DHSC then plan to update the legislation to incorporate feedback from us and other regulators ahead of this going through legal checks before their consultation later this year. We continue to work closely with DHSC to review the timetable and monitor dependencies with our plan. We have an internal planning workshop scheduled for 29 June to review our plan.</p> <p>All outputs that are within GMC control are progressing well, but the MAPs programme is graded red to reflect continuing uncertainty around the timescale for legislative development. We're working with DHSC to construct a revised timeline that takes account of the remaining work needed - within both Government and the GMC - to enact regulation of PAs and AAs. Stakeholders will be informed as soon as a new target date has been agreed. We are well advanced in developing the processes and systems needed to regulate PAs and AAs. Current work includes finalising the new PA and AA curricula, developing a revalidation approach, and establishing criteria for acceptable overseas qualifications.</p> |
| <p>Regulatory Fairness</p> <p>Why? We are focussed on making fairness central to our work and we're reviewing the fairness and transparency of high-stakes decision we make.</p> <p>When: September 2022 Who: Shaun Gallagher</p> | <p>Green</p> | <p>The initial procurement of an expert review of our assurance audits was unsuccessful and as a result a second procurement exercise was required. This was successful and the vendor contract has now been signed. This did however extend activities beyond the planned end date and the Review has been extended by a month to accommodate this change. All planned/replanned milestone schedules fit within this new plan.</p> <p>The analysis of the outputs of the learning needs analysis workshops continues, with the identification of the first stage urgent need provision plan underway.</p> <p>The FtP ED&I data analysis and review scope has been agreed and has commenced, along with the production of a standard FtP data pack.</p> <p>The high-stakes decision making working group members have commenced trials of the agreed approach to reviewing fairness process controls.</p> <p>The second procurement exercise for the external quality assurance of Regulatory Reform process EqlAs was unsuccessful. Next steps are being considered.</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

| 2021-23 Priority activities | | RAG | Status |
|-----------------------------|--|-----|---|
| Investing In Our People | <p>Why? To ensure our approach as an organisation to leadership, support and ongoing improvement attracts and retains the right people to meet our ambitions - we're expanding the diversity of our people and targeting the barriers some colleagues experience so we can become a more inclusive work environment. We're also working to achieve Gold accreditation under Investors in People (IiP).</p> <p>When: Q3 2023 (IiP), 2026 for wider diversity.</p> <p>Who: Neil Roberts; Andrew Bratt</p> | | <p>We've relaunched our Feedback for success programme, having engaged with colleagues and updated the questions to better reflect our One GMC Behaviours.</p> <p>Having listened to feedback from colleagues who took part in our first cohorts, we have taken the decision to end our contract with Berkshire for the delivery of our Developing Diverse Talent & Leadership and our Fostering Inclusion programmes. The feedback was not in line with what we usually record for our learning events, so we want to make changes. Interim support is available for impacted colleagues on our DDL/T programmes. A lessons learned review is underway and we will be re-engaging with colleagues in May and June as we implement plans to transition to a new set of programmes.</p> <p>We have completed our initial data collection as part of the ED&I Learning Needs Analysis. Our aim is to create an annual plan of ED&I training. As part of this work we will consider alignment with and links to existing packages; such as Professional Behaviours, the refresh of our Treating People Fairly e-learning module and our Fostering Inclusion programme.</p> <p>We have successfully completed our intern recruitment and 10 interns will join on the 4 July 2022. 7 out of 10 interns are ethnic minority students. We are working closely with recruiting managers with the graduate programme and now plan to go live around mid-June. We will still be on track for graduates to join in October 2022.</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 | | |
|---|--------------|----------|------------|-----------------------|-------------------------|--------|--------------------------|------|
| | | 2021 (%) | 2021 (Vol) | 2022 ¹ (%) | 2022 ¹ (Vol) | 2023 | % points off 2023 target | 2026 |
| Increase the level of BME representation at Level 3 and above | Applications | 32.1% | 253 | 34.3 | 283 | 27% | +7.3 | 30% |
| | Interviews | 22.4% | 60 | 23.5 | 53 | 22% | +1.5 | 25% |
| | Offers | 32.1% | 16 | 32.6 | 15 | 17% | +15.6 | 20% |
| | Workforce | 13.3% | 77 | 14.2 | 87 | 16% | -1.8 | 20% |
| level of BME representation at Level 2+ | | 10.8% | 23 | 12.0 | 25 | 14% | -2.0 | 20% |
| level of BME representation at level 3 | | 14.3% | 54 | 15.3 | 62 | 16% | -0.7 | 20% |
| Increase the level of BME representation at all levels | Applications | 40.0% | 1,332 | 49.1 | 1,908 | 37% | +12.1 | 40% |
| | Interviews | 27.4% | 260 | 27.2 | 277 | 32% | -4.8 | 35% |
| | Offers | 30.2% | 88 | 31.4 | 112 | 27% | +4.4 | 30% |
| | Workforce | 16.0% | 247 | 16.5 | 258 | 17% | -0.5 | 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** | | 0.4% | - | BME (%) | Non-BME (%) | 1-2% | % points between groups | 1.0% |
| | | | | 9.4 | 8.6 | | 0.8 | |
| Proportion of BME staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level <i>*difference is not set against the 2023 figure, the target is that the proportion of staff will be equal across BME and Non-BME</i> | | 3.4% | - | BME (%) | Non-BME (%) | 18% | % points between groups | 18% |
| | | | | 15.1 | 13.5 | | 1.6 | |
| Pay differentials within a confined band limited to 2% from 2023 ² (table shows the proportion of bands that are outside of the tolerance) | | 50.0% | 6/12 | 41.7% | 5/12 | 2.0% | N/A | 2.0% |

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

² Specialist bands are not included

*difference is not set against the 2023 figure, the target is that the proportion of staff will be equal across BME and Non-BME

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



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.

Counsel Diversity Update

Why: We need to make sure that our ED&I ambitions are reflected in the diversity of third parties who support the delivery of our functions. In 2021 we wrote to all Chambers we instruct setting out our ambition for our preferred Chambers and Counsel list:

By the start of 2024, one in every three (33%) additions to our Counsel list will be from a Black, Asian, or minority ethnic background.

When: Q1 2024 **Who:** Anthony Omo; James Stables

To track progress against this ambition, we've been working with Chambers to share good practice and every 12 months we will share a progress update with Council. This is our first annual update.

Progress to date:

- We added more people from a minority ethnic background to our list in 2021 than ever before. Of the 11 new barristers we added to our list, four were from an ethnic minority group (36%).
- We instruct more black barristers in our litigation and employment work.
- Our most recent initiative is to allow barristers who are not yet at our minimum five-year call (to work with us) to act as the junior on our complex cases where we instruct two barristers - a lead and a junior. This will allow chambers to introduce people (including people from a minority ethnic background), who are relatively new to the profession, to our work in the early years of their career. Hopefully putting them in an excellent place to immediately start acting for us at year five of call.

We will undertake a full review of Chambers' ethnicity data in 2024 to measure change against the baseline data we secured in 2021 and we will continue to work with Chambers to promote greater diversity across all protected characteristics.

Other initiatives:

- We have regular meetings with the Bar Council to update on our work and maintain an ongoing dialogue around initiatives in this area.
- We recruited our first solicitor apprentices in September 2021 through our social mobility programme. All come from schools in Greater Manchester's districts with the highest percentage of child poverty. We appointed four talented female students, three from ethnic minority backgrounds.
- We continue to work with the Social Mobility Business Partnership (SMBP), a charity working with students from socially disadvantaged backgrounds who are interested in a career in law. In August we hosted 15 year 12 students from across Greater Manchester in a mock trial. In December we welcomed students who had attended a Black Solicitors Network presentation, given by our legal team, for work experience. In July we'll be hosting up to 25 SMBP Year 12 students at the MPTS hearing Centre and our Clinical Assessment Centre.

Financial summary (April)

| Financial summary as at Apr 2022 | Budget Apr | Actual Apr | Variance | | Budget 2022 | Forecast 2022 | Variance | |
|--------------------------------------|----------------|---------------|--------------|-----------|----------------|----------------|--------------|-----------|
| | £000 | £000 | £000 | % | £000 | £000 | £000 | % |
| Operational expenditure | 41,966 | 39,474 | 2,492 | 6% | 130,953 | 127,866 | 3,087 | 2% |
| Capital expenditure | 1,813 | 1,818 | (5) | (0)% | 8,833 | 8,833 | 0 | 0% |
| Total expenditure | 43,779 | 41,292 | 2,487 | 6% | 139,786 | 136,699 | 3,087 | 2% |
| Operational income | 42,202 | 40,860 | (1,342) | (3)% | 133,782 | 132,643 | (1,139) | (1)% |
| Operational surplus/(deficit) | (1,577) | (432) | 1,145 | | (6,004) | (4,056) | 1,948 | |

| Financial summary as at Apr 2022 | Budget Apr | Actual Apr | Variance | | Budget 2022 | Forecast 2022 | Variance | |
|----------------------------------|------------|----------------|----------------|------|--------------|----------------|----------------|--------|
| | £000 | £000 | £000 | % | £000 | £000 | £000 | % |
| Investment income | 635 | (2,062) | 2,697 | 425% | 1,926 | (1,000) | (2,926) | (152)% |
| Investment management fees | 65 | 63 | (2) | (3)% | 262 | 202 | 60 | 23% |
| Net investment return | 570 | (2,125) | (2,695) | | 1,664 | (1,202) | (2,866) | |

| | | | | | | | | |
|--------------------------------|----------------|----------------|----------------|--|----------------|----------------|--------------|--|
| Total surplus/(deficit) | (1,007) | (2,557) | (1,550) | | (4,340) | (5,258) | (918) | |
|--------------------------------|----------------|----------------|----------------|--|----------------|----------------|--------------|--|

Financial detail (April)

| Expenditure as at Apr 2022 | Budget Apr | Actual Apr | Variance | | Budget 2022 | Forecast 2022 | Variance | |
|--------------------------------------|---------------|---------------|--------------|-----------|----------------|----------------|--------------|-----------|
| | £000 | £000 | £000 | % | | | £000 | £000 |
| Staff costs | 25,723 | 25,308 | 415 | 2% | 79,750 | 78,408 | 1,342 | 2% |
| Staff support costs | 1,162 | 795 | 367 | 32% | 3,757 | 3,378 | 379 | 10% |
| Office supplies | 463 | 346 | 117 | 25% | 1,035 | 1,077 | (42) | (4)% |
| IT & telecoms costs | 1,673 | 1,522 | 151 | 9% | 5,170 | 4,990 | 180 | 3% |
| Accommodation costs | 2,648 | 2,527 | 121 | 5% | 7,899 | 7,771 | 128 | 2% |
| Legal costs | 1,591 | 1,587 | 4 | 0% | 4,820 | 4,816 | 4 | 0% |
| Professional fees | 783 | 807 | (24) | (3)% | 3,232 | 3,231 | 1 | 0% |
| Council & members costs | 123 | 99 | 24 | 20% | 440 | 399 | 41 | 9% |
| Panel & assessment costs | 6,221 | 4,903 | 1,318 | 21% | 19,505 | 18,445 | 1,060 | 5% |
| PSA Levy | 279 | 280 | (1) | (0)% | 858 | 864 | (6) | (1)% |
| Gateway fund | 0 | 0 | 0 | 0% | 3,187 | 3,187 | 0 | 0% |
| Pension top up payment | 1,300 | 1,300 | 0 | 0% | 1,300 | 1,300 | 0 | 0% |
| Total operational expenditure | 41,966 | 39,474 | 2,492 | 6% | 130,953 | 127,866 | 3,087 | 2% |

| Income as at Apr 2022 | Budget Apr | Actual Apr | Variance | | Budget 2022 | Forecast 2022 | Variance | |
|--|---------------|---------------|----------------|-------------|----------------|----------------|----------------|-------------|
| | £000 | £000 | £000 | % | | | £000 | £000 |
| Annual retention fees | 34,004 | 34,089 | 85 | 0% | 104,718 | 104,803 | 85 | 0% |
| Registration fees | 1,529 | 1,224 | (305) | (20)% | 7,115 | 6,548 | (567) | (8)% |
| PLAB fees | 5,437 | 4,116 | (1,321) | (24)% | 17,155 | 16,166 | (989) | (6)% |
| Specialist application CCT fees | 667 | 767 | 100 | 15% | 2,903 | 3,046 | 143 | 5% |
| Specialist application CESR/CEGPR fees | 424 | 460 | 36 | 8% | 1,293 | 1,325 | 32 | 2% |
| Interest income | 19 | 40 | 21 | 111% | 54 | 149 | 95 | 176% |
| Other income | 122 | 164 | 42 | 34% | 544 | 606 | 62 | 11% |
| Total Operational Income | 42,202 | 40,860 | (1,342) | (3)% | 133,782 | 132,643 | (1,139) | (1)% |

GMCSI summary & investments (April)

Finance - GMCSI summary

| GMCSI summary as at Apr 2022 | Budget Apr | Actual Apr | Variance | |
|------------------------------|------------|------------|-------------|-------|
| | £000 | £000 | £000 | % |
| GMCSI income | 145 | 102 | (43) | (30)% |
| GMCSI expenditure | 121 | 94 | 27 | 22% |
| Profit/(loss) | 24 | 8 | (16) | |

| Budget 2022 | Forecast 2022 | Variance | |
|-------------|---------------|----------|----|
| £000 | £000 | £000 | % |
| 323 | 323 | 0 | 0% |
| 323 | 323 | 0 | 0% |
| 0 | 0 | 0 | |

Legal summary (as at 13 May 2022)

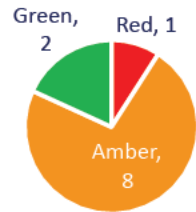
The table below provides a summary of appeals and judicial reviews as at 13 May 2022:

| | Open cases carried forward since last report | New cases | Concluded cases | Outstanding cases |
|-----------------------------|--|-----------|-----------------|-------------------|
| s.40 (Practitioner) Appeals | 14 | 7 | 5 | 16 |
| s.40A (GMC) Appeals | 10 | 0 | 9 | 1 |
| PSA Appeals | 3 | 0 | 0 | 3 |
| Judicial Reviews | 2 | 2 | 1 | 3 |
| IOT Challenges | 2 | 1 | 1 | 2 |

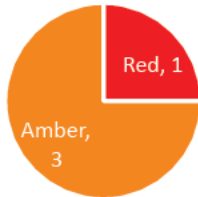
| | | |
|--|--|--|
| Explanation of concluded cases | s.40 (Practitioner) Appeals | <ul style="list-style-type: none"> a. GMC successful <ul style="list-style-type: none"> i. 1 appeals dismissed ii. 3 appeals struck out b. GMC unsuccessful <ul style="list-style-type: none"> i. 1 remitted to tribunal (by consent) |
| | s.40A (GMC) Appeals | <ul style="list-style-type: none"> c. GMC successful <ul style="list-style-type: none"> i. 9 appeals allowed |
| | Judicial Reviews | <ul style="list-style-type: none"> d. GMC successful <ul style="list-style-type: none"> i. 1 permission refused |
| New referrals by PSA to the High Court under Section 29 since the last report with explanation, and any applications outstanding | PSA Appeals | There have been no new referrals by PSA to the High Court under Section 29 since the last report, and zero concluded. |
| Any new applications in the High Court challenging the imposition of interim orders since the last report with explanation; and total number of applications outstanding | IOT challenges | There has been one new application in the High Court challenging the imposition of interim orders since the last report, and one concluded (one order revoked), therefore two challenges outstanding. |
| Any other litigation of particular note | We continue to deal with a range of other litigation, including cases before the Employment Tribunal, the Employment Appeals Tribunal and the Court of Appeal. | |

Corporate Risk Register (CORR) Overview

Threats - post-mitigation rating summary



Threats - Post-mitigation rating higher than appetite



Opportunities - Post-enhancement rating summary



New Risks:

None

Active Threats above risk appetite

315 - MAPs regulation delay – red (critical) after mitigation. If there are further delays to the timescale for commencing regulation of PAs and AAs, we could lose the confidence of stakeholders, and numbers of PA/AAs in education and employment may fail to increase as expected

148 – Delivery of Statutory Functions - remains amber (significant) after mitigation. 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

120 - ED&I compliance - remains amber (significant) after mitigation. The assurance we can evidence that our regulatory decision-making is fair - is not persuasive to key stakeholders and weakens confidence in regulation

309 – Safeguarding at the GMC remains amber (significant) after mitigation. If there isn't sufficient corporate understanding and visibility of our safeguarding activities, we may not meet our safeguarding obligations as a regulator and as an employer

Opportunities

27 – Deriving more insight from our data capability –gold after enhancement. 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

28 – Working with patients and public – silver, after enhancement. 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

Corporate Opportunities & Risk Register (CORR) - May 2022

| Id | Classification | Title | Category | Detail | Owner | Likelihood - | Impact - | Rating - | Mitigation / Enhancement | Likelihood - | Impact - | Rating - | Council and / or Board Assurance | Assurance | Further Action Detail | Risk Appetite |
|-----|--------------------|---------------------------------|--------------------|---|-----------------|---------------|----------|----------|---|--------------|----------|-------------|--|---|--|---------------|
| | | | | | | Inherent | Inherent | Inherent | | Residual | Residual | Residual | | | | |
| 120 | Operational Threat | ED&I compliance | Strategic / Policy | The assurance we can evidence that our regulatory decision-making is fair - is not persuasive to key stakeholders and weakens confidence in regulation | Shaun Gallagher | QUITE LIKELY | MAJOR | CRITICAL | <ul style="list-style-type: none"> Equality, Diversity and Inclusion (ED&I) objectives published within the corporate strategy and supported by focused targets based on evidence and routine monitoring and reporting of progress Supporting governance including the Strategic EDI Advisory Forum (external) and ED&I Steering Group (internal) provides senior oversight and guidance to inform action and priorities Skilled ED&I team to provide strategic advice across the GMC Mandatory training for all staff and associates Guidance and tools for equality analysis as a requirement of project and policy activity to consider fairness impacts of approach Past research, fairness audits, Campbell Tickell Governance and Compliance review | UNLIKELY | MAJOR | SIGNIFICANT | <ul style="list-style-type: none"> Executive Board and Council consideration of Campbell Tickell compliance report (Feb and April 2021) | <ul style="list-style-type: none"> Strategy and policy ED&I compliance and governance review - Campbell Tickell (2020) Engagement, not personal characteristics, was associated with the seriousness of regulatory adjudication decisions about physicians: a cross-sectional study, Javier A Caballero, Steve P Brown, British Medical Journal (2019) Fairness of decisions to refer doctors to the MPTS interim orders tribunal (2018) Plymouth University Review of decision-making in the GMC's FTP procedures (2014) | <ul style="list-style-type: none"> 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 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 Consider the adequacy of how we report the timeliness of our regulatory processes to better understand the characteristics of the individual in that process and possible real-time interventions required to address risks of unfairness Review our approach to a regulatory Equal Opportunities Policy 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 | Low |
| 148 | Operational Threat | Delivery of statutory functions | Operational | If we fail to deliver our core statutory functions, there is a potential impact on patient safety, public confidence, and the GMC's reputation as a leading regulator | Charlie Massey | QUITE LIKELY | MAJOR | CRITICAL | <ul style="list-style-type: none"> Monitoring and reporting against statutory delivery to Executive Board and Council Forecasting of operational demand is built into budget planning Active engagement with doctors about potential situations which may put patients at risk Outreach structure in place (ensures statutory process for responsible officers to continue effectively) to help identify and manage concerns (pre-investigation) Available staff with relevant training and skills Information exchange with competent authorities informs our processes Documented operational process and procedures, that are subject to regular review and continuous improvement by specialist staff Auditing our decisions on a regular basis GMC SMT oversight of pandemic response and recovery planning Following the cancellation of PLAB 2 exams in January and February 2022 we have worked with affected candidates and their representative organisations to secure them new places. Limited sittings for priority candidates have taken place throughout February, and the Assessments team will be running three circuits concurrently through 2022 in order to accommodate as many candidates as possible. | QUITE LIKELY | MODERATE | SIGNIFICANT | <ul style="list-style-type: none"> Council <ul style="list-style-type: none"> Review of performance metrics through the quarterly CEO report Executive Board <ul style="list-style-type: none"> Review of performance metrics through the bi-monthly Performance and Risk Report Risk deep dive (November 2020) | <ul style="list-style-type: none"> Internal Audit <ul style="list-style-type: none"> Recovery and renewal (November 2021, green-amber) FTP Covid-19 Response (Aug 2021, green-amber) Quality Control Audit CE IOT decisions (Aug 2021) Quality Control Audit CE Rule 8 decisions (July 2021) Review of progress in implementing Outreach (May 2021, green-amber) Quality Control Audit Triage decisions (April 2021) Education Quality Assurance (February 2021, green) Curricula approvals (January 2021 green-amber) Virtual hearings (September 2020, green) Temporary registration (September 2020, green) Interim Order Tribunals (January 2020, green-amber) Standards and Ethics (September 2021, green-amber)2019, green-amber) Interim Order Review on Papers (May 2019, green-amber) Voluntary and admin erasure (May 2019, green-amber) Other assurance <ul style="list-style-type: none"> Annual PSA Performance review (2020/21) 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) | <ul style="list-style-type: none"> Continue to engage with the Professional Standards Authority and other regulatory partners, coordinating the Covid-19 response and reviewing our approach as the situation evolves We'll consider and triage all new concerns, progressing those requiring investigation The MPTS continues to meet our service level agreement to commence 100% of new interim referrals within 21 days The MPTS continues to hear reviews of all MPT sanctions and IOT orders within statutory deadlines We will secure a new supplier for digital identity checking software and implement an interim solution for managing ID checks in the intervening period. In response to recent technical issues experienced by candidates attempting to book places on PLAB 1, we are in the process of designing and building a new, expandable, cloud-based PLAB booking system. This will be able to be expanded to cater for the handful of peaks each year, and then contracted again. Building a system of this nature involves business analysis including workshops, requirements documentation, system design, development, and testing. We expect the system to be ready for Q1 2023 but we will deliver it earlier if possible. In the interim, before the new system is ready, we are looking at the process that we use to release PLAB 1 places and what we can do to make sure that the same problems do not occur again. | Low |
| 149 | Operational Threat | Availability of resources | Resource | If we don't secure and retain: an appropriately skilled and experienced workforce; a resilient and secure IT and facilities infrastructure; or maintain a sound financial position, we threaten delivery of our statutory functions and strategic aims. | Neil Roberts | HIGHLY LIKELY | MAJOR | CRITICAL | <ul style="list-style-type: none"> Our HR practices and leadership strategy is aimed towards attracting and retaining a high calibre workforce We have processes in place to identify and manage key staff risks We consider recruitment market surveys and data to identify potential skills shortages. Our Health and safety policies and procedures are robust in regards to our workforce Clear Financial management practice and controls and safeguards including around investment (GMCSI), fraud policies and pensions. New activity, including Gateway Fund initiatives and existing project work routinely considered by Planning Gateway process to form a cross-organisational recommendation on the priority and deliverability of proposals for SMT to consider collectively Routine monitoring and reporting of operational performance and the volume and complexity of our work Process for regularly mapping workload pressures across teams to help focus resourcing and prioritisation decisions Reactivated Recovery and Renewal Taskforce to coordinate our transition to resuming paused activities and use of office space We are working closely with the Pension Trustees to address the increased scheme liability arising from the Govt decision to align RPI and CPI Financial reserves and management provide financial resilience to risks that are realised and effective business continuity processes manage and minimise the impact of such risk We continually invest in our IT infrastructure and systems to ensure availability and protect against cyber-security threats and maintain ISO 27001 accreditation | QUITE LIKELY | MODERATE | SIGNIFICANT | <ul style="list-style-type: none"> Council <ul style="list-style-type: none"> Review of annual budget and Annual Accounts Executive Board <ul style="list-style-type: none"> Executive Board regular review of finance, HR, project and operational performance and risks Risk deep dive (June 2020) | <ul style="list-style-type: none"> Internal Audit <ul style="list-style-type: none"> Social engineering: Nov 2021 green/amber Recovery and renewal: Nov 2021 green/amber Payroll (May 2021, green-amber) Procurement (March 2021, green-amber) Fraud arrangements (March 2021, green) Raising concerns arrangements (March 2021, green) Risk Management (October 2020, green) Covid learning review (August, 2020) Assurance Spot-check - Business Planning & Budgeting changes (May 2020 green-amber) Recruitment (September 2019, green-amber) Managing change (August 2019, amber) Transformation Programme (July 2019, amber) Risk Management (June 2019, green-amber) Other assurance <ul style="list-style-type: none"> Covid learning reviews (GMC Case Studies): The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response (December 2020) | Medium | |

| | | | | | | | | | | | | | | | | |
|-----|--------------------|--------------------------------------|--------------------|---|-----------------|---------------|----------|----------|---|--------------|----------|-------------|--|--|---|--------|
| 150 | Operational Threat | Ability to work with others | Strategic / Policy | If we are unable to work collaboratively with our external partners, we may not be able to achieve the ambitions of the corporate strategy, reducing our potential impact on patient safety and doctors' practice | Paul Reynolds | QUITE LIKELY | MAJOR | CRITICAL | <ul style="list-style-type: none"> Being transparent and managing stakeholders at SMT level Engagement with other regulatory bodies to identify opportunities for collaboration and alignment (such as through the Chief Executive Officer Regulatory Body (CEORB) Group) Proactive engagement on all major policies and issues Development and management of stakeholder relationships of strategic importance at national and regional levels of the UK, supported by annual relationship plans delivered by our external affairs and outreach teams Regular evaluation of our relationships with key partners, through analysis of insights captured in our new Engage system and periodic surveys of our stakeholders' perceptions Active engagement with the four UK Governments over the future of our legislation Contribute to joint work through CEORB group | QUITE LIKELY | MODERATE | SIGNIFICANT | <p>Council</p> <ul style="list-style-type: none"> Paper: Perceptions Survey 2020 (which included key results from stakeholders) (December 2020) Paper: Four countries update (November 2020) Paper: Annual update on communications and engagement (July 2020) Paper: Four countries update (April 2020) <p>Executive Board</p> <ul style="list-style-type: none"> Four country public affairs update (March 2021) Risk 'deep dive' (July 2020) Public affairs strategy (June 2020) | <p>Internal audit</p> <ul style="list-style-type: none"> Review of progress in implementing Outreach (May 2021, green-amber) <p>Other assurance</p> <ul style="list-style-type: none"> Quarterly health assessments of our major relationships (last assessments carried out by external affairs teams in July 2021) Corporate strategy and perceptions survey 2020 (published December 2020) Corporate strategy and stakeholder perception baseline survey (published March 2019) | <ul style="list-style-type: none"> Initial adoption programme for Engage system is now complete and system now managed on BAU basis using quality framework Continue to strengthen our collaboration on patient safety issues with our regulatory partners (such as CQC and NMC) following Paterson inquiry report on issues such as maternity care and treatment in the independent sector | Medium |
| 151 | Operational Threat | Responding to a changing environment | Strategic / Policy | Inability to respond effectively to changes in the external environment, including legislation and wider social impact changes, could lessen our influence and reduce public, profession and political confidence in our role | Paul Reynolds | QUITE LIKELY | MAJOR | CRITICAL | <ul style="list-style-type: none"> Proactive, senior-level engagement with stakeholders to understand their agendas Outreach teams structures in place, aligned to UK countries and regions of England, to help us understand and influence national and local systems Contribution to NHS People Plan (England) and Government initiatives across the UK Continuous monitoring of our external environment, including longer term horizon scanning and research (e.g. barometer and perception surveys with the medical profession) Contributing to meetings and networks across the UK and Europe Internal governance in place to process, consider and make decisions on the intelligence we receive about the quality and safety of local practice and training environments (JWIG and PSIF meetings) Intelligence from our external environment is shared on a weekly basis with Senior Leadership team and Council members | UNLIKELY | MODERATE | LOW | <p>Council:</p> <ul style="list-style-type: none"> Four countries update (November 2020) Update on Outreach implementation (October 2020) Seminar: Four countries update (September 2019) <p>Executive Board:</p> <ul style="list-style-type: none"> Deep dive on Devolution (September 2021) Four country public affairs update (March 2021) Future scenarios for GMC Outreach (December 2020) New public affairs strategy (December 2019) | <ul style="list-style-type: none"> Review of progress in implementing Outreach (May 2021, green-amber) Regulatory Reform - Spot Check (June 2021, March 2021) Horizon scanning arrangements (June 2020, amber) | <ul style="list-style-type: none"> Initial adoption programme for Engage system is now complete and system is now managed on BAU basis using quality framework and our engagement and policy teams continue to capture intelligence from our engagement with stakeholders Internal programme established by Strategy and Policy to improve our approach and capabilities for capturing, coordinating, recording and using intelligence from our external environment Media Relations team exploring how new monitoring platform can be exploited to improve content of daily media summary, to make it more relevant to work of teams across GMC | Low |
| 152 | Operational Threat | Unplanned event | Reputational | The impact of an event in the external or internal environment causes our systems to be compromised or our activities to be publicly challenged, potentially leaving us vulnerable to delivery of key functions central to patient safety and reputational damage | Neil Roberts | QUITE LIKELY | MAJOR | CRITICAL | <ul style="list-style-type: none"> Crisis management policies & procedures; pandemic response plan Business continuity champions and emergency response plans in place with regular testing Mandatory e-learning for GMC staff and support from business continuity consultants Responding to public inquiries and reviews, and proactive horizon scanning Analysis of range of qualitative and quantitative information about the external environment through the Patient Safety Intelligence Forum Regular engagement with the Professional Standards Authority to assure them on the exercise of our statutory powers – including emergency powers under section 18A of the Medical Act 1983 (Covid-19) | QUITE LIKELY | MODERATE | SIGNIFICANT | <ul style="list-style-type: none"> 'Deep Dive' Executive Board (June 2021) Paper: People planning across the United Kingdom (November 2019) | <p>Internal audit</p> <ul style="list-style-type: none"> Cyber security (July 2021, green-amber) Cyber security (November 2020, green-amber) Cyber security (July 2019, green) <p>Audit and Risk Committee</p> <ul style="list-style-type: none"> Significant Event Review: Fraudulent registration application, Teodora Crisovan (March 2021) Report on Significant Event Review follow-ups (March 2021) Significant Event Review: Fraudulent doctor Zholia Alemi (November 2019) Significant Event Review: Fraudulent registration application, Teodora Crisovan (March 2021) Report on Significant Event Review follow-ups (March 2021) <p>Other assurance</p> <ul style="list-style-type: none"> Covid learning reviews (GMC Case Studies): How the regulator responded to emerging evidence of higher prevalence of Covid-19 infection in BAME people; Temporary registration implementation; The impact of the pandemic on the regulator's corporate strategy/the impact of the strategy on the regulator's response; Approach to producing Covid specific guidance (December 2020) | <ul style="list-style-type: none"> Response to a range of public Inquiries and Reviews underway including Paterson (now reported), Infected Blood Inquiry, Hyponatraemia, and Historical Public Abuse Continue to engage with the Professional Standards Authority regularly, to assure them of how we use our emergency powers in response to the Covid-19 pandemic arising from section 18A of the Medical Act 1983 | Medium |
| 200 | Operational Threat | Regulatory Reform | Strategic / Policy | There is a risk that we do not secure and deliver the full range of benefits that the reforms present. | Shaun Gallagher | HIGHLY LIKELY | MAJOR | CRITICAL | <ul style="list-style-type: none"> Governance and controls in place for the programme, including: agreed objectives, defined scope, benefits identified, appropriate risk management and robust plans for delivery Stakeholder influencing plan developed to ensure we secure external support for changes Ongoing engagement with DHSC to maintain good working relationships, enabling us to collaborate effectively and influence their work and manage potential implementation risks associated with drafting of the legislation Cross-directorate working built into programme approach, to ensure that policy is developed in conjunction with operational teams, encouraging a 'one GMC' approach and making sure that opportunities are maximised, and changes can be operationalised as soon as policy agreed | QUITE LIKELY | MODERATE | SIGNIFICANT | <p>Executive Board</p> <ul style="list-style-type: none"> Risk deep dive (28 March) | <p>Most recent spot check took place in Nov 2021. Previous spot checks completed in June 2021 and March 2021. The next is scheduled for June 2022.</p> | <ul style="list-style-type: none"> Combined programme plan developed (in conjunction with DHSC) setting out critical path and clear caveats and assumptions that underpin our planning (Plan being reviewed at regular check in meetings with DHSC) Use existing structures/communication channels internally as a way of reinforcing messaging and maintain momentum and morale Continue to use internal audit assurance to provide ongoing scrutiny and give assurance that the programme is being run appropriately Be prepared to escalate concerns to senior DHSC stakeholders as appropriate | Medium |
| 234 | Operational Threat | ED&I Strategic Ambition | Strategic / Policy | The actions we take to influence change across the health and education system, and within the GMC, do not deliver progress at a pace to meet our strategic ED&I targets, sustaining known areas of inequality | Shaun Gallagher | HIGHLY LIKELY | MODERATE | CRITICAL | <ul style="list-style-type: none"> Clear timebound targets to focus system-wide efforts Nominated Executive leads for each of our strategic commitments Skilled and resourced teams designing interventions to deliver against the targets Established plans of action to deliver against the targets both internally and externally Annual and bi-annual progress reporting Scrutiny and monitoring and reporting from the ED&I Steering Group, Executive and Council to allow refinement of plans in response to progress Established Outreach and engagement functions to understand and influence the system with broader calls for action and support to facilitate system-wide change Supporting and aligned commitments of others (i.e. reducing differentials in disciplinary processes) Research and data assets including our surveys and insights to highlight relevant issues and support calls for action | QUITE LIKELY | MODERATE | SIGNIFICANT | <p>Council</p> <ul style="list-style-type: none"> Regular agenda item on ED&I Executive Board Twice yearly review by Executive Board and performance against internal targets embedded in Performance and Risk Reporting Risk 'deep dive' (July 2021) | <ul style="list-style-type: none"> Strategy and policy ED&I compliance and governance review - Campbell Tickell (2020) | | Medium |

| | | | | | | | | | | | | | | | | |
|-----|-------------------------|--|--------------------|--|-----------------|---------------|----------|-------------|--|---------------|----------|-------------|---|--|--|--------|
| 310 | Operational Threat | CSR position | Reputational | Lack of awareness and understanding of our environmental work / position and progress made to date (incl. our net zero ambitions) may mean that the organisation is perceived as not taking appropriate accountability for social responsibility, which could lead to reputational damage to the organisation. | Paul Sargeson | HIGHLY LIKELY | MAJOR | CRITICAL | <ul style="list-style-type: none"> Regular briefing to Council, Executive Board & ARC so that awareness is maintained at the highest levels External website presence Intranet presence CSR comms plan covering internal and targeted external comms Cross regulatory CSR group (2022) | UNLIKELY | MINOR | LOW | | | Medium | |
| 315 | Operational Threat | MAPs regulation delay | Reputational | <p>If there are further delays to the timescale for commencing regulation of PAs and AAs, we could lose the confidence of stakeholders, and numbers of PA/AAs in education and employment may fail to increase as expected. As well as adversely affecting workforce objectives, this would reduce GMC fee income and further increase our funding requirement from DHSC, which is subject to approval annually.</p> <p>The workforce impact of delay is magnified by the fact that extension of prescribing responsibilities to PAs and AAs is subject to a separate legal process that cannot start until these professions are regulated.</p> | Una Lane | HIGHLY LIKELY | MAJOR | CRITICAL | <ul style="list-style-type: none"> Regular communication with key stakeholders, including promoting achievements from the programme so far and upcoming activity We will maintain some dedicated staffing resource on each workstream until regulation starts, in order to retain expertise and ensure readiness for implementation Programme cost projections updated quarterly and reported to DHSC/GMC Financial Accountability Group, providing advance notice of funding needs Principle clearly established that costs of MAPs regulation will not be met from doctor fees | HIGHLY LIKELY | MODERATE | CRITICAL | <ul style="list-style-type: none"> Agree joint communication principles with DHSC which recognise the nature of our relationships with key PA/AA stakeholders and the importance of maintaining trust for our continuing progress on regulatory development Use our influence with Governments, SEBs and other stakeholders to press for actions that would help mitigate the workforce impact of continuing delay to regulation Provide a clear narrative to accompany financial bid for 2022/23 and subsequent years, emphasising the impact of further delays to the legislative development timeline on programme costs | | Low | |
| 309 | Operational Threat | Safeguarding at the GMC | Reputational | If there isn't sufficient corporate understanding and visibility of our safeguarding activities, we may not meet our safeguarding obligations as a regulator and as an employer. | Neil Roberts | QUITE LIKELY | MODERATE | SIGNIFICANT | <ul style="list-style-type: none"> Safeguarding Working Group in place since 2019 and Neil Roberts chairs. Advisory Review conducted by BDO using a specialist social worker to review our practices and recommend Action plan Action plan in place – Project team assembled to take forward recommendations SCIE appointed as specialised consultants Presentation given to SMT and Council (Feb 2022) on direction of project Draft policy out for consultation . Workshops taking place with staff across directorates to work through detailed process design | QUITE LIKELY | MODERATE | SIGNIFICANT | <ul style="list-style-type: none"> Developing our policy and process to ensure we have corporate approach and consistency in decision making Development of training package – level one for all staff to be delivered by e-learning and level two for specialist colleagues Reporting arrangements to be finalised for both workstreams Recruitment has been undertaken for a Designated Safeguarding Manager work to commence in Q3 on developing a new reporting system | | Low | |
| 27 | Operational Opportunity | Deriving more insight from our data capability | Strategic / Policy | Developing, sharing and working with others using our insight capability provides an opportunity to shape public debate, influence the external environment and deliver more proactive regulation | Shaun Gallagher | QUITE LIKELY | MAJOR | GOLD | <ul style="list-style-type: none"> We use our research and insights to highlight key issues facing the medical profession, suggesting courses of action which healthcare systems can take to improve workforce and workplace issues We leverage our communications channels (such as media and social media) and engagement opportunities to raise awareness of our research and insights and secure external support for the issues and recommendations we are highlighting We use our influence to bring regulatory partners and key stakeholders together to drive positive changes in practice and training environments Continue to use data to contribute to mailouts, briefings and external engagement Provide data support to the rest of the GMC in managing our response to the Covid-19 pandemic Exploring innovative ways of collaborating on data and insight with regulatory partners | HIGHLY LIKELY | MAJOR | GOLD | <ul style="list-style-type: none"> Paper: Review of UK Advisory Forum meetings (December 2019) Executive Board Risk 'deep dive' (March 2021) | <p>Internal audit</p> <ul style="list-style-type: none"> Arrangements for assessing progress in the delivery of the Corporate Strategy (July 2021, green-amber) <p>Other assurance</p> <ul style="list-style-type: none"> Corporate strategy and stakeholder perceptions baseline survey (published March 2019) Tracking survey, undertaken every two years, currently underway and due to report findings in Q4 2022 | | High |
| 28 | Operational Opportunity | Working with patients and public | Operational | Understanding and improving the experiences which patients and the public have of our regulatory services and involving them effectively in our work (such as strategy and policy development) will help us gain their trust and confidence as an effective and transparent regulator | Paul Reynolds | QUITE LIKELY | MODERATE | SILVER | <ul style="list-style-type: none"> Champion for patients established at SMT level to ensure senior-level overview of our engagement Strategic ambition to improve patient and public involvement agreed by Executive Board (in November 2020) Clear information easily accessible for patients and public about how we work and can support them (such as on our website) Regular assessment of patients and the public's perceptions of our work through research (such as our bi-annual perceptions survey) Regular engagement with patient leaders in all four countries of the UK (such as through our bi-annual roundtable, our UKAF meetings and other activities) Accessing stakeholder networks to learn how other organisations engage meaningfully and well with patients and public Insights and perspectives from patients regularly shared with the organisation to inform their work (e.g. Brown Bag Lunches and insight reports) | QUITE LIKELY | MODERATE | SILVER | <p>Council</p> <ul style="list-style-type: none"> Discussions at Council Away days (July 2019) about patient and public engagement in our work and preparation Strategic approach to communications and engagement update (June 2019) <p>Corporate Strategy 2021-2025</p> <ul style="list-style-type: none"> Session on patient and public involvement at Council Away Day (September 2021) Paper: annual update on communications and engagement (July 2020) <p>Executive Board:</p> <ul style="list-style-type: none"> Risk deep dive (February 2021) Paper: Strategic approach to patient and public involvement (November 2020) | <ul style="list-style-type: none"> Annual perceptions survey showing the public's confidence in how doctors are regulated and feedback on working relationships with patient and public bodies Insights and perspectives from patients shared in weekly external update | <ul style="list-style-type: none"> Planning next meeting of patient roundtable on 18 May 2022. Sessions on Good medical practice consultation and FTP reforms. Standards team have appointed research provider to support patient engagement during consultation on Good medical practice. Assistant Directors in SC&E, S&P and FTP directorates progressing plans to improve our engagement with patients in our policy development work and through the embedding of principles in the redesign of our services as part of the regulatory reform programme. Audit of patient work in development. Fieldwork to be carried out in June, with report to Audit and Risk Committee in Sept 2022. Fieldwork for 2022 audience perceptions survey will commence in May, as part of which we will seek feedback from patient organisations about the quality of our relationships and ascertain the level of broader public confidence in our work as a regulator. Results to be reported to Council end of 2022/early 2023. | Medium |

M4 - Regulatory Fairness Review Interim Report

| | |
|--|---|
| Action | To note |
| Purpose | <p>The purpose of this interim report is to bring Council members up to speed with the approach taken to deliver the Regulatory Fairness Review (RFR) outcomes, a summary of progress and some emerging themes, such as:</p> <ul style="list-style-type: none"> • The consideration of bias/fairness controls has identified many gaps in the articulation of what is already in place • Ensuring fairness in decision making should be an activity of all functions of the GMC, not just externally facing operations. |
| Decision Trail | The is the first report to Council since the RFR was established. |
| Recommendations | <p>a To note the interim report</p> <p>b To note the progress update at Annex A</p> |
| Annexes | Annex A: Regulatory Fairness Review progress update |
| Author contacts | <p>Laura Harding, Regulatory Fairness Review Lead – Strategy and Policy</p> <p>Kuljit Dhillon, AD Strategy, Planning and InclusionGovernanceTeamMailbox@gmc-uk.org</p> |
| Sponsoring director/ Senior Responsible Owner | Shaun Gallagher , Director, Strategy and Policy |

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Regulatory Fairness Review Interim Report

Background

- 1 Our Corporate strategy 2021-2025 commits to making fairness a central platform of everything we do. The RFR is one of the four priority areas for action designed to achieve this ambition.
- 2 In June 2021 an Employment Tribunal (ET) upheld a claim that we had racially discriminated against a doctor in a fitness to practise case. While we believe the ET ruling is flawed and have, in May 2022, been granted permission to proceed with an appeal; it highlighted the challenge of readily evidencing the active promotion of fairness in our processes.
- 3 Executive Board subsequently escalated a risk to the Corporate Risk Register noting the need to build stronger assurance around the fairness of our regulatory processes.
- 4 The Strategy and Policy directorate established the RFR (initially referred to as a “learning review”) as mitigation to that risk. Following a successful Gateway bid, Laura Harding was seconded from Outreach in October 2021 to lead the RFR
- 5 The GMC also wanted to understand what contributed to the adverse ET outcome. The aim of the Significant Event Review [SER] into this case was to identify direct and immediate learnings to improve how future non-standard litigation, including ETs are managed.
- 6 Whilst the governance of the SER and the RFR are separate; one of the recommendations in Scope Area 6 of the SER report was accepted within the scope of the RFR [detail is given in Appendix A].

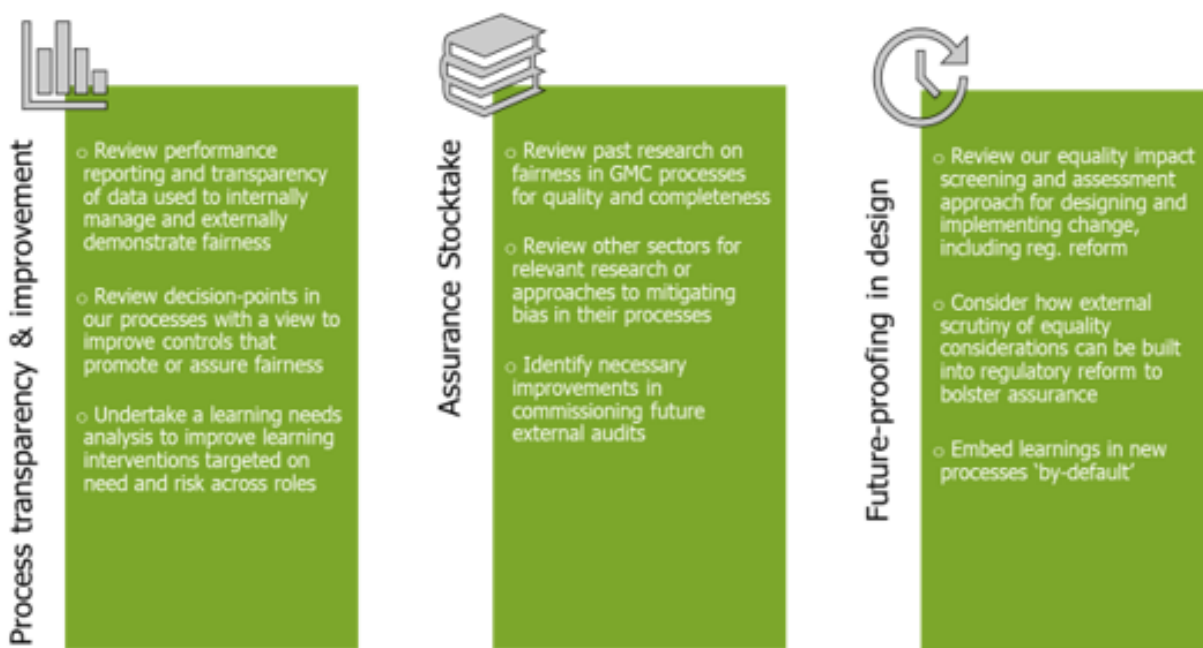
Aim and approach

- 7 The RFR aims to test and assure that the existing controls on mitigating bias, monitoring differentials, and promoting fairness across our regulatory functions are as robust as possible for now and the longer-term.

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Regulatory Fairness Review Interim Report

8 The three key focus areas of the review are:



9 The key desired outcomes of focusing on these areas are:

- GMC staff and Associates have an enhanced understanding of their role in embedding fairness into all of GMC's activities
- Greater clarity as to where and how the GMC can actively identify and remove bias/unfairness
- The GMC's ability to demonstrate proactive commitment to ED&I and fairness is improved
- Perceptions of, and trust in, the GMC as a fair, honest, and transparent regulator are enhanced

10 The approach that we have taken is to collaborate with members from every GMC directorate to develop and deliver five review work streams [full descriptions are provided in Annex A]:

- Assurance programme research and development: - We have commissioned Howlett Brown: <https://howlettbrown.com/> to carry out an expert review of our past approach to auditing fairness in our decision making. The aim is to design and implement a forward-looking rolling programme of external audits, utilising the learnings from this review. The final draft review report will be delivered by the end of July 2022, with the rolling audit programme plan being completed by September 2022.
- Review of high-stakes decision points: - We have identified a prioritised list of high-stakes decisions, taken in six of our directorates, and are currently testing a method of assessing the risk of bias and the mitigating controls in place/required. We will be

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producing a report on the outcomes of this trial, with a log of initial learnings/changes made, plans for next steps and recommendations by July 2022.

- Learning needs analysis (LNA): - We have collated information on the ED&I learning needs from surveys sent to colleagues, and workshops run in every directorate. We will produce a prioritised schedule of learning interventions and a costed resource plan to fill the most urgent gaps to be approved through the Gateway process by August 2022.
- Review and standard publication of FtP ED&I data: We are utilising the protected characteristics as a lens through which to view cases which did not meet our KPIs to ascertain any themes for further analysis. We are also collating previously completed FtP ED&I data analyses in preparation of a standard data pack for publication. The first stage of this is due for completion in May 2022. The outcome of this first stage will inform the next steps, including giving an indication of the schedule for the publication of a standard FtP data pack.
- Equality impact analyses supporting Regulatory Reform (EqIA): - The aim of this workstream is to publish EqIAs for all of the processes developed to support Regulatory Reform. Two procurement exercises for an external organisation to quality assure the EqIAs before publication have not proven successful. Alternative approaches to securing external expertise, and providing the assurance that we would like, are currently being considered.

- 11 One objective of the RFR is the production of a number of blueprints/plans for ongoing fairness assurance activities. Two of these; the rolling plan of external audits and, potentially, the initial resource plan arising from the LNA, will result in the submission of gateway bids in Q3/4 of 2022. Ownership of these activities and transition plans will be produced before the review closes.
- 12 The Regulatory Fairness Review Board oversees this work, supporting the RFR Lead to ensure that the aim and outcomes are achieved.

Communications and engagement

- 13 We have been keeping staff and external stakeholders across the UK up to date on this review since we announced it in 2021, through meetings, events and our Strategic ED&I forum. We are developing a communications and stakeholder handling plan in preparation for publishing the final report in November. This includes making sure organisations with a strong interest in regulatory fairness are fully briefed on the recommendations and encouraged to support them via their communication channels. It will also involve making sure teams across the organisation, particularly those with recommendations affecting them, feel well informed and supported ahead of our external launch.

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- 14 The final report to Council is an important communication milestone in our ongoing work to raise awareness of our ED&I programme. It will help us demonstrate to our external and internal audiences that we are continually challenging ourselves on the fairness of our processes and how we can make improvements.
- 15 We will regularly review our approach and messages to consider external developments relevant to ED&I. This includes the ongoing Employment Tribunal and our separate review of Dr Manjula Arora's case, which may affect how our external and internal audiences respond to our ED&I messages.

Emerging themes

- 16 The first six months of the RFR have been focused on the initiation of activities; however there has still been the opportunity to learn:
- The act of thinking about processes and activities in the context of fairness/bias has been useful in itself in articulating what controls are already in place as well as identifying areas for improvement
 - Identifying and managing the risk of bias needs to be an ongoing process, not an event
 - Having organisation-wide decision-making principles and sharing would assist in assurance and communications activities; there is a clear appetite to develop common practise across directorates where possible
 - Ensuring fairness in decision making should be an activity of all functions, not just the externally facing operations; the approaches being championed by the RFR could be equally applicable across the GMC
 - The message that bias is being part of being human and that it is our responsibility to identify and manage the risk of bias has not proven difficult to communicate
 - There are clear themes where people want to build knowledge and confidence:
 - Bias (types, unconscious, identifying third party, managing)
 - Cultural competency
 - Feedback and challenging conversations

We already provide learning interventions for much of what has been requested; this is an opportunity to articulate what is already available and how it meets the learning needs.

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Completing the Regulatory Fairness Review

- 17** The substantive activities of the RFR are scheduled to be completed by September 2022. A delay in the commissioning of external experts has extended the timeline by a month (from August 2022).
- 18** It is anticipated that there will be a number of recommended improvement activities to take forward e.g. Registration and Revalidation have put an external audit of their processes on hold in anticipation of receiving additional guidance around the commissioning of such audits. Some of the recommended work will proceed as part of business as usual; other elements may require further planning.
- 19** A final RFR report will be presented to Council members at the November meeting. This will summarise the learning from the review; any “quick wins” / changes that have already been implemented and any further recommendations for change.
- 20** The expectation will be that the GMC Directors, Assistant Directors and Heads of Section will drive and support efforts to embed new assurance processes and address those areas of risk of bias that have been identified as more complex to resolve.

Annex A

Regulatory fairness review progress update

Regulatory Fairness Review (RFR) design

- 1 The overall aim of the RFR is to test and assure that the existing controls on mitigating bias, monitoring differentials, and promoting fairness across our regulatory functions are as robust as possible for now and the longer-term.
- 2 In order to meet this aim, the focus of the RFR has been organised around three themes:
 - An assurance stock take
 - Process transparency and improvement
 - Futureproofing in design
- 3 These areas of focus have been translated into RFR activities which have been designed, not only to achieve the review’s aim, but also to deliver its desired outcomes.
- 4 There are five primary RFR activities which comprise the work streams:

Assurance programme research and development

| Activity | Success criteria | Desired outcome |
|---|---|--|
| 1. Commission research report on past assurance, considering potential areas for development for future external audits 2. Develop a plan for a rolling programme of assurance audits, costed and funded | 1. A resourced plan has been submitted as a gateway proposal 2. The organisation adopts a systematic way of utilising audits as a vehicle for learning | Perceptions of, and trust in, the GMC’s audit processes and outcomes are enhanced. |
| Theme: Assurance stocktake | | |

Review of high-stakes decision points

| Activity | Success criteria | Desired outcome |
|---|---|---|
| 1. Develop a decision point fairness control checklist 2. Identify a prioritised list of high-stakes decision points to which a checklist will be applied. 3. Report on the outcomes and improvement recommendations after application of the checklist to the decision points. | 1. The adoption of a consistent core set of good practice checks applicable across the organisation 2. Identification of process improvements for immediate and longer term implementation | The reduction of the risk of bias when making high-stakes decisions |
| Themes: Process transparency & improvement / Assurance stocktake | | |

Learning needs analysis (LNA)

| Activity | Success criteria | Desired outcome |
|---|---|--|
| 1. ED&I LNA documented by role 2. Produce a resource plan to develop and implement the LNA recommendations | 1. Identification of urgent learning need gaps 2. Comprehensive plan to deliver the required learning interventions 3. Common and complete understanding of the ED&I learning needs 4. Adoption of the LNA model as an ongoing, live, activity | 1. GMC staff and Associates have an enhanced understanding of their role in embedding fairness into all of GMC's activities. 2. Capability to comprehensively report on all ED&I learning interventions delivered in the organisation |
| Theme: Process transparency & improvement | | |

Review and standard publication of FtP ED&I data

| Activity | Success criteria | Desired outcome |
|---|---|---|
| 1. Re-analysis of FtP cases that have not met the KPIs with protected characteristics as the key criteria 2. Routine FtP data pack defined/routine schedule agreed and commenced | 1. An understanding of the FtP process performance through an ED&I lens 2. Stronger organisational rules around processes for disclosing information | Enhanced transparency through the routine publication of data |
| Theme: Process transparency & improvement | | |

NB: This activity incorporates part of the recommendation from the January 2021 Significant Event Review, Scope Area 6:

The GMC should consider whether it is appropriate to prepare a compendium of GMC ‘performance data’ on ED&I, which has had cross directorate input and undergone ‘stress-testing’ – i.e. challenged and risk assessed internally as to how it could be reinterpreted or presented in a different light by parties external to the GMC.

Equality impact analyses supporting Regulatory Reform (EqIA)

| Activity | Success criteria | Desired outcome |
|---|--|--|
| 1. EqIAs supporting regulatory reform processes, carried out and internally quality assured | The publication of quality assured EqIAs | Internal and external confidence in the fairness of the processes that we have developed for regulatory reform |
| 2. Commission external organisation to quality assure EqIAs | | |
| Themes: Future-proofing in design / Process transparency & improvement | | |

NB: The schedule for this activity extends beyond the length of the RFR. The completion of this will be led by the ED&I team.

- 5 In addition to the planned activities, the RFR is supporting and/or monitoring GMC-wide activities that can contribute to the desired RFR outcomes. These may be activities already in progress or those arising from the development of the RFR work.
- 6 These activities currently include:
 - Development of anti-bias training for FtP Assistant Registrars – affiliated with the LNA work stream
 - Development of a decision-making framework aligned to the new GMC Equal Opportunities Policy – affiliated with the High-stakes decision making and Assurance programme R&D work streams
 - Review of FtP ED&I data at key decision points – affiliated with the High-stakes decision making and LNA work streams
 - Legal review of FtP cases over two years old
 - Introduction of protocols around the timing of opening investigations whilst local investigations are underway

RFR progress update

- 7 The substantive activities of the RFR are scheduled to be completed by September 2022. A delay in the commissioning of external experts has extended the timeline by a month (from August 2022).
- 8 Programme of assurance research and development

Status: Green

The first procurement exercise to engage external experts to review our previous audit processes and reports did not receive any viable supplier bids. After conversations with potential vendors, a slightly amended ITT was published and two viable supplier bids were received. A contract has been awarded to Howlett Brown: <https://howlettbrown.com/> and the work has now commenced.

The final research report is due to be received by the end of July 2022. The plan for the rolling programme of audits scheduled for completion by the end of September 2022 in time for submission to the Q4 Gateway process.

- 9 Review of high-stakes decision points

Status: Green

The working group have provisionally approved the working definition of a “high-stakes decision” and a checklist/matrix based upon the research carried out by the RFR Lead. The group have identified and prioritised their high-stakes decisions. Group members are in the process of applying the checklist to those decisions to test its useability and identify areas for improvement; both in the checklist and in the controls around the selected decisions. Initial findings will be reported back at the mid-May meeting.

Findings and recommendations, for inclusion in the final RFR report, will be put forward by the group by Q3 2022.

- 10 Learning needs analysis (LNA)

Status: Green

Learning needs identification surveys had been sent to all GMC staff and Workshops have been attended by staff from all directorates. An initial categorisation of ED&I learning needs by role has been completed and further analysis is being carried out.

A resource plan for the most urgent learning needs will be developed by Q3 2022 in time for submission to the Q3 Gateway progress. This will be a partial representation of the LNA. A

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Regulatory Fairness Review Interim Report

transition plan for the management and delivery of the full ED&I LNA will be developed by the project group for approval by the Project Board, by the end of Q3 2022.

11 Review and standard publication of FtP ED&I data

Status: Green

The working group have agreed the scope of this work stream and the work has now commenced. The initial review of FtP cases, through a protected characteristics filter, that have not met the KPIs is scheduled for completion in Q2. This timeline is later than originally scheduled (Q1) but does not impact on the overarching RFR schedule. Findings and recommendations will be included in the final RFR report.

The collation of published FtP ED&I data analyses into a single compendium is due for completion in Q2. The working group will, at that point, consider the composition of the standard data pack and its publication schedule.

12 Equality impact analyses supporting Regulatory Reform (EqIA)

Status: Amber

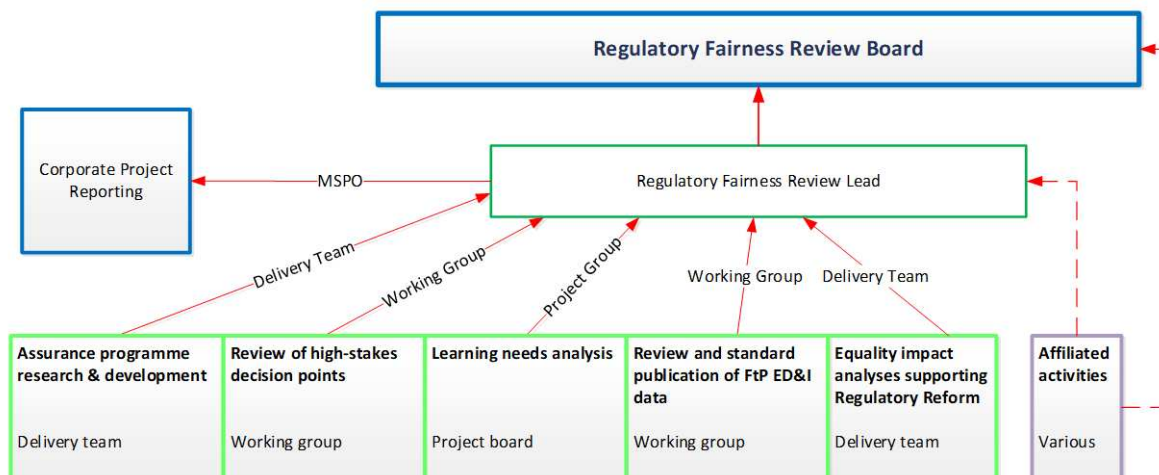
The internal preparations for quality assuring the EqIAs of the processes developed for Regulatory Reform have been running to schedule. The team have carried out two procurement exercises seeking to commission an external organisation to quality assure the EqIAs have not been successful. Following discussions with potential suppliers, the issues appear to lie with the large quantity of the work in conjunction with a requirement for flexibility in delivery.

The ED&I and procurement teams are currently working together to identify a strategy for addressing these issues and engaging appropriate provider(s). This impact upon the Q4 deadline for publication; replanning of timelines will take place once a strategy has been agreed.

13 The RFR final report will be presented at Council in November 2022.

RFR Governance and organisation

14 The RFR is utilising a variety of mechanisms for delivery as outlined in the diagram below.



15 As it is a corporate priority, monthly reports are provided via the corporate project reporting mechanisms.

16 The overarching governance; receiving regular progress updates and providing guidance and support to the RFR Lead is the Regulatory Fairness Review Board. The board meets monthly to discuss progress, challenges, risks, opportunities, and learnings.

17 The composition of the RFR Board is:

- Kuljit Dhillon - AD, Strategy (Sponsor)
- Shaun Gallagher – Director, Strategy and Policy (Chair)
- Laura Harding - Regulatory Fairness Lead
- Sunil Kapur – AD, Quality Assurance and Continuous Improvement
- Claire Light - Head, Equality Diversity and Inclusion
- Steph McNamara – AD, Communications
- Anthony Omo - Director, Fitness to Practise

M5 – Sex, gender and gender identity data

| | |
|--|--|
| Action | To approve recommendations for our approach to the collection and use of sex, gender and gender identity data. |
| Purpose | Address questions raised when the project was last discussed by Council; share outcomes from internal and external engagement; present suggested policy proposals and approach to a public consultation. |
| Decision Trail | The proposals have been discussed and agreed with a cross-GMC project board and with the Executive Board at its 30 May meeting. |
| Recommendation(s) | <ul style="list-style-type: none"> a To note the outcome of scoping work and pre-consultation engagement activity for the sex, gender and gender identity project. b Agree the proposal to expand the data we collect from registrants to encompass the categories of sex, gender reassignment and gender identity. c Note our proposed approach to collecting and handling new and existing SG&GI data. d Agree that we consult on ending the publication of registrants' gender details on LRMP (whilst continuing data collection for our own regulatory purposes). e Note the proposed approach to a public consultation. f Note plans for a further discussion about relevant wider debates concerning issues of sex and gender identity. |
| Annexes | Annex A: Background information, including legal and four-country considerations and headline messages from internal and external engagement. |
| Author contacts | <p>David Winks, Regulation Policy Manager</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p> |
| Sponsoring director/ Senior Responsible Owner | Shaun Gallagher , Director of Strategy and Policy |

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Sex, gender and gender identity data

Background

- 1 We are considering our approach to the collection, use and publication of data about the sex, gender and gender identity (SG&GI) of doctors, physician associates and anaesthesia associates. The work has been prompted by external interest and queries relating to this area, and a need to consider the data collection requirements we set out as a part of regulatory reform.
- 2 The work is informed by three overarching questions: What data should we collect? How should we collect it? and, how should we use it? As part of the latter point, we are asking whether or not we should continue to publish details about the gender of registrants on the List of Registered Medical Professionals (LRMP) on the GMC's website.
- 3 The Medical Act 1983 does not place a legal requirement on the GMC to collect information about gender. However, regulations made by the Council under the provisions of the Act provide that the Register must include information about the gender of medical practitioners, meaning that we have to collect it.* We have discretion over what information we publish on LRMP.
- 4 Full background – including details about how we use gender data currently, legal and four-country considerations, and headline messages from internal and external engagement – can be found at Annex A.
- 5 This paper sets out policy proposals that we intend to consult on in the autumn and the rationale behind them. It explains the data we collect at present and how we use it; the data that we propose collecting and our approach to doing so; our suggested approach to the publication of data on LRMP; operational considerations; and the approach we intend to take to a public consultation.
- 6 In the course of the paper, we also address questions that were raised when we spoke with Council about this topic last September. Among the points that were raised during this meeting, it was suggested that we consider:
 - Variations in gender recognition legislation across the UK.
 - The implications of proposed changes, potential unintended consequences, and the number of doctors who are likely to be affected. Also, the way in which changes could impact on how we regulate.
 - The perspectives of organisations representing gender critical viewpoints and organisations representing the trans community.
 - Questions and perspectives relating to issues of patient choice.

* The latest drafting of the new Section 60 legislation does not include any requirement for us to collect or publish information about sex, gender or gender identity, but would give us a discretion to do so.

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Sex, gender and gender identity data

- The experiences of other organisations that already collect more categories of information.
- 7 Since the discussion in September, we have engaged with a wide range of internal and external stakeholders to help ascertain different views and perspectives and to inform our proposals. External organisations that we have spoken with have included other regulators, the BMA, The Association of LGBTQ+ Doctors and Dentists (GLADD), women’s rights organisations, and patient representatives. A full list of stakeholders we have spoken with can be found at the end of Annex A.
- 8 This paper, and the proposed consultation exercise, relates specifically to our arrangements for registration, and does not touch on wider questions related to sex and gender identity, for instance the clinical treatment of gender dysphoria and the banning of conversion therapy.

Summary of key points

- 9 Although the scope of this work is relatively narrow, it is not without complexity. In formulating policy options, we have sought to balance a range of factors including legal obligations, differing social expectations, and corporate aims. We have considered a range of options and none are risk free. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
- 10 We are therefore recommending what we have concluded is the most balanced approach and with the potential to be acceptable to a range of stakeholders, which we will test through public consultation. An initial indication of this came when we presented our proposals to the Strategic ED&I Advisory Forum, where they were met with a positive response from representatives of GLADD, The BMA and Women in Surgery. Nonetheless, given the polarised landscape in which we are operating, we are very unlikely to be able to please everyone.
- 11 The changes that we propose to consult on are discussed in further detail throughout the rest of the paper but, in summary, they are to:
- Ask registrants to provide data about their sex, gender reassignment status and gender identity (ie. expand the data that we ask registrants to provide beyond the options of ‘man’ and ‘woman’).
 - No longer indicate the gender of doctors on the List of Registered Medical Professionals.
 - No longer make the provision of the sex and gender information we ask for, a mandatory requirement on registrants.
 - Linked to this, not undertake verification of the sex and gender information we are given.

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Sex, gender and gender identity data

- Enable registrants to update details of their sex, gender reassignment status and gender identity at a point in time when they would routinely interact with the GMC.

The data we collect

12 The data we collect about gender at present is important and we use it in number of ways, including to:

- Understand if there are trends and differentials that arise from our regulatory processes and among the profession, including outcomes in fitness to practise and revalidation.
- Examine differentials in education and training and quality assurance of medical schools and training programmes.
- Report on trends for male and female doctors in research and annual publications, including SoMEP and the National Training Survey.

13 It is important that we retain these capabilities and there is potential to enhance them by extending the scope of the data we collect and building a better understanding of the diversity of the register. It is therefore not an option for us to stop collecting data about the sex/gender of registrants altogether.

The data we collect in future

14 Through the conversations we have held with internal and external stakeholders, we have found there to be a broad consensus that the binary gender options we provide at the point of registration are not in keeping with current social expectations and out of line with what many other comparable organisations are doing. More generally, they do not reflect the fully inclusive organisation that we aim to be. [REDACTED]

15 A common message we have heard is that we should enable data to be collected about trans and non-binary doctors in order to gain a better understanding of their experiences and any challenges they may face in order to help us regulate in an inclusive way. For example, it could help us identify whether there are trends in differential attainment or disproportionate referrals among these groups and inform relevant action where required. Collecting such data would mean we are more likely to be able to meet the expectations of medical students and younger doctors, and it could help us respond more sensitively to registrants when engaging with them (for example, during interactions with case examiners, at MPTS hearings, and during the PLAB process).

16 From our conversations with stakeholders, we also know that many other organisations collect a wider range of information beyond the binary male/female. Of the other regulators that we have spoken with, a majority already provide, or plan to provide, more options for their registrants to select from when they are asked to provide SG&GI data, whether for registration or for ED&I monitoring. This includes the Nursing and Midwifery Council, the

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Sex, gender and gender identity data

- General Dental Council, and the Healthcare Professions Council.* To collect additional data would therefore help bring us closer in line with what other organisations are already doing.
- 17 These benefits aside, a number of stakeholders have stressed that our collection approach should not be at the expense of data about women, and that it is important we hold data about the specific category of sex to prevent its loss.
 - 18 At present we ask for details of ‘gender’ on the basis that it represents a more inclusive way of collecting this information since not everyone identifies with their sex registered at birth. However, a criticism of this is that it conflates sex and gender and therefore leaves room for doubt about whether individuals are providing data on the basis of the sex they were assigned at birth or their lived gender. A consequence of this is that it is not then possible to clearly distinguish between non-trans and trans individuals, to the potential detriment of both groups. Therefore, by separating out the categories of information we wish to collect (ie. by collecting data about sex, gender reassignment and gender identity), this would help ensure a greater clarity of data.
 - 19 A further compelling rationale for collecting data about the category of sex relates to the fact that it is a protected characteristic under the Equality Act 2010, and we are required to publish information to demonstrate that we have complied with the public sector equality duty. The same logic applies to the collection of data about gender reassignment status. It is also worth noting that the Professional Standards Authority (PSA) have signalled their intention to further strengthen the equality and diversity standard (Standard 3). This standard has a particular emphasis on diversity data collection and the PSA have been clear that they expect regulators to have robust measures in place to ensure that they have an understanding of the diversity of their registrants and the communities they serve.†
 - 20 While non-binary identities are not currently recognised in law, we have seen pressure for the recognition of gender diversity, creating an expectation on us to do so. This view is not universally shared, and some may question whether a greater emphasis on gender identity could be detrimental to our understanding of biological sex, and to the rights of women and girls in particular. However, by collecting data about both sex and gender identity, we intend to mitigate this risk whilst accruing a deeper and more sophisticated understanding of the diversity of our registrant population. This is supported by the aim ‘Every Interaction Matters’ in our corporate strategy, which commits us to learn more about the experiences of people who interact with us and to make sure that everyone can access our services and information in a way that is suited to them. The work is also relevant to the aim ‘Enabling Professionals to Provide Safe Care’, which highlights that some groups of doctors face greater challenges and barriers in their working environment, which can impact on their working lives and career progression.

* The NMC ask registrants to state their gender as it stands and whether their stated gender differs from their gender at birth. The GDC ask registrants what their sex is (male; female; prefer not to say) and whether the gender they identify with is the same as their sex at birth (yes; no; prefer not to say), giving them the opportunity to state their gender identity. For EDI monitoring purposes, the HCPC provide registrants the ability to indicate if they identify as trans or non-binary and have been looking to update the questions they ask at the point of registration to expand beyond the options they currently provide of ‘male’ and ‘female’.

† Professional Standards Authority, ‘Equality, Diversity and Inclusion: Where have we got to?’ [PSA website](#), 21 April 2022.

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Sex, gender and gender identity data

21 In summary, we believe there are clear reasons for us to collect information about the categories of sex, gender reassignment and gender identity. This approach has the support of the cross-GMC project board and is considered to be sound from an information governance perspective. In collecting the data, we would need to carefully differentiate between the three categories and be clear about their definition. We would also need to be clear about the rationale for collecting this information and about how it is likely to be used.

Recommendation: That, within our consultation, we propose collecting data about the categories of sex, gender reassignment and gender identity.

Questions used to collect SG&GI data

22 The proposal to expand the categories of data we collect raises questions about how we do this and, in particular, the exact questions and terminology we would use.

23 During our pre-consultation engagement activity, we did not identify a single universally accepted approach for the collection of SG&GI data. There is variation in the way that different organisations approach this, with some placing a greater emphasis on sex assigned at birth than lived gender identity, and vice versa. This is reflected in the draft options we have earmarked for consultation, which largely model questions used by other organisations. These can be found at Annex A, noting that their final wording and composition is still to be decided.

24 While there is a degree of divergence in the approach taken across the UK to issues of sex, gender and gender identity (as detailed in Annex A), we do not believe they should preclude us from following any of the options.

Recommendation: Agree that we consult on a range of data collection question options with a preferred option.

How we use SG&GI data (publication on LRMP)

25 The List of Registered Medical Professionals (LRMP) is located on the GMC's website and provides a selection of information from the Medical Register. Users can find a range of information about individual doctors, including details about their registered qualifications, whether or not they hold a licence to practise and whether or not they are on the specialist or GP register. The gender of doctors is also included, unless a registrant has asked us to remove this information.

26 We have heard a range of views about the publication of gender/sex details on LRMP. Whilst we have heard reasons in support of continued publication – with the most notable one being that patients and members of the public may wish to refer to the information as part of making a request to be treated by a doctor of a particular sex – the balance of opinion has leaned more towards not publishing. This is on the basis that there is no clear justification for us to do so and that a more natural place for patients to access this information would be at a

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Sex, gender and gender identity data

- healthcare provider level. Also of note is the point that we do not publish details of other protected characteristics, with this raising a question about the consistency of our approach.
- 27 In light of this, and given we have discretion over what information we publish on LRMP, we propose to indicate in our consultation that we intend to stop publishing sex/gender details on LRMP.
- 28 In reaching this decision we have taken account of search activity on LRMP utilising gender as a filter. Data has shown that over a recent 120-day period, there were 579,366 searches made by individuals/organisations outside of the GMC utilising the category of gender (often in combination with other categories, such as a registrant's name or ID number).*
- 29 Although we cannot say for certain, we believe that users are employing gender to help them search for the information that is of interest to them, rather than looking for doctors of a particular gender. This is on the basis that it's not possible to search for a doctor by specialty or location. We also have reason to believe that LRMP is mainly subject to professional use, as search activity is higher on working days.
- 30 While the figures are noteworthy, senior management in the Registration and Revalidation Directorate remain content with the proposal to remove gender details from LRMP. As with other recommendations, this is subject to the outcomes of the public consultation.

Recommendation: That we signal through the consultation our intention is to stop publishing gender details on LRMP.

Data collection approach

- 31 We have given careful consideration to how we best collect the categories of data that we propose and have weighed up the pros and cons of different options.
- 32 Our working assumption is that we will continue to collect the revised data categories at the point of registration for new registrants. And in order to collect the new categories of data from existing registrants (ie. sex, gender reassignment status, gender identity) and ask them to confirm that the data we already hold about them is correct, we envisage passively prompting them to do so at a point when they would routinely engage with the GMC (for example, at the point at which they next log-in to GMC online), rather than by making a proactive request or any kind of external communication. We will take advice from relevant internal teams on what is likely to be the most effective and streamlined approach, and that imposes the minimum burden on registrants.
- 33 It is also worth noting that the wider ED&I data improvement project (led by the ED&I team) will be looking at options to strengthen the touchpoints at which we collect diversity data to ensure we have the most up to date understanding of the diversity profile of registrants.

Mandating and verifying the data we collect

- 34 We have considered a range of options and are of the view that we should not mandate or verify any of the data we propose collecting.

* These searches, an average of around 4,800 per day, came from 97,520 different IP addresses.

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Sex, gender and gender identity data

- 35** At present, we mandate data about ‘gender’ (commonly understood to represent ‘sex’) by way of the Form and Content of the Register regulations. In the new rules being drafted as part of regulatory reform, we are not proposing to mandate gender/sex as part of what applicants are required to provide.* To mandate such data, we would require a clear justification and the decision would be subject to the consultation that will take place about the rules underpinning regulatory reform. As a principle, we verify data that is mandated to be held on the Register.
- 36** It is clearly desirable for us to have data on the sex/gender of registrants, in order to better understand any disparities or variation in the way registrants are treated. We need robust data to meet the Public Sector Equality Duty requirements and to enable us to understand how our policies and practices impact on groups who share protected characteristics. But this does not normally lead to requiring people to provide us with information on their protected characteristics (we do not, and would not in the future, require registrants to provide us with information on their ethnicity).
- 37** A downside of removing mandation would be that we could lose the current levels of data on this characteristic of our registrants and potentially complicate the analyses we are able to perform and the decisions they then inform. It is notable that sex is among the most important factors related to FtP referrals –being male is strongly and consistently related to being referred more often to the GMC and to cases progressing further.
- 38** However, the risk of losing data on a significant scale is judged to be low. Even if not mandated, we will continue to ask registrants to provide this information, and we do not expect large numbers of applicants to object to providing it – an assumption made on the basis that individuals are accustomed to providing such information on a frequent and routine basis for the purpose of a multitude of social activities and services. In order to encourage registrants to provide us with their diversity information, we may need to strengthen our messaging about how this information will be used to inform and develop our activities and this is another area that will be picked up by the ED&I data improvement project.
- 39** More significantly, we are unable to point to a clear justification for continuing to mandate this information. To this end, we have not identified a dependency within our core functions for data about the sex/gender of registrants. Furthermore, not mandating the collection of sex data, and allowing registrants to indicate ‘prefer not to say’, would be broadly consistent with the approach we take to most other ED&I data categories. We have taken into account that a decision to not mandate the data could increase the length of time it takes to accrue the new categories of information we will collect about gender reassignment and gender identity, meaning that our ability to use this data to inform our regulatory functions could be limited for a significant length of time.
- 40** One potential criticism of a decision not to mandate the data (and data about sex in particular) is that it could result in the lack of information about the birth sex of some doctors that could be used by patients/members of the public to help them make an informed choice

* We believe that the introduction in the late 1960s of a formal requirement to indicate the sex of doctors on the Register (originally by indicating the marital status of female registrants) was intended to help identify numbers of female and male doctors.

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Sex, gender and gender identity data

about who they receive care from. However, a view expressed by a number of stakeholders we have spoken to is that patients and members of the public would be more likely to seek this information at a local/provider level.

- 41** If we do not mandate the provision by registrants of data about their sex/gender, it follows that there would be no need to verify it. Our recommendation therefore is that we do not mandate or verify any of the SG&GI data that we seek to collect – but instead ask for it as part of registration, in the same way as currently applies for other diversity data.

Collecting SG&GI data and allowing registrants to update their own details

- 42** We recommend the collection of data from both new and existing registrants. To achieve this, we are minded to allow registrants to update all of their SG&GI data on GMC Online, including to add data for the new categories of gender reassignment and gender identity.

- 43** This would represent a change from the current position, whereby doctors cannot change the details of their gender without following a process administered by the Registration Services Team. If we do allow registrants to amend their own SG&GI data, the continuing need for this process would be called into question. However, we would need to ensure that we have robust safeguards in place to prevent the inadvertent disclosure (either internally or externally) of data relating to registrants who have changed their gender.*

- 44** Enabling registrants to update their data could potentially open up broader questions about a policy of allowing doctors to freely update and change the details of their sex, often referred to as ‘self-ID’. This is a particularly contentious aspect of broader debates around issues of sex and gender identity (for example, as they pertain to access to single-sex spaces) and so the proposal could be subject to criticism from those who emphasise the importance of biological sex.

- 45** However, again, such criticism could be alleviated somewhat if gender/sex data is removed from LRMP, meaning that patients and the public would be unable to rely on this information to help identify the sex/gender of a particular clinician.

- 46** [REDACTED]

Data retention

- 47** On the basis of the data categories we propose to collect, we intend to retain and transfer existing data we hold about the gender of registrants onto a new field used to capture their sex.

* It is a criminal offence under Section 22 of the Gender Recognition Act to disclose ‘protected information’, which is information in relation to a person who has, or has applied for, a Gender Recognition Certificate (GRC). An offence is committed in circumstances where we know that someone has a GRC (or has applied for one) and we disclose that information, or any information about their previous gender, without their consent.

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Sex, gender and gender identity data

- 48** While gender and sex are distinct categories, they are often used in an interchangeable way. Therefore, although we use the term ‘gender’ when collecting data from registrants at present, we can assume that, in the vast majority of cases, the responses would be the same if the question referred instead to ‘sex’.
- 49** Accordingly, we could transfer existing ‘gender’ data onto the new ‘sex’ field with confidence that it would map with a high degree of accuracy. This would help us avoid data loss and preserve data continuity. We consider that such an approach would be appropriate from an information governance perspective.
- 50** We have existing data on all of our registrants and will retain this by using the ‘sex’ field. We will ask registrants to confirm or update the data we hold for them to ensure this remains accurate, as described earlier (for instance, if a registrant has transitioned and the gender we have recorded for them differs from their sex at birth).

Operational considerations

- 51** We have been working with operational teams to map out the actions that will need to be taken as a result of the proposed changes. We have also asked them to provide an indication of the level of priority attached to each change and the likely scale of work that would be required. The list below is illustrative and non-exhaustive:

- Updates to IS systems, including Siebel and LRMP.
- Updates to a number of internal and external data dashboards, plus reporting tools.
- An agreed approach to the handling of any new sensitive data that is collected as a result of the changes, particularly where it is likely to engage the Gender Recognition Act.
- Updates to how we collect data from medical schools to create GMC records for students commencing foundation year one, and a potential update to our memorandum of understanding with medical schools.
- Guidance and/or training on how to identify and address gender diverse registrants, including for staff in the contact centre and working on investigations.
- The notification of subscribers to LRMP Download about any changes in the data we provide.
- Updates to specialty specific guidance on evidence that needs to be provided for CESR applications. Updates to registration forms and certificates of good standing.

Consultation

- 52** We are planning for a public consultation to begin in September, subject to key milestones being met and any major external developments we may need to consider (noting that

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Sex, gender and gender identity data

gender issues remain prominent in the news). We intend to keep the consultation very focused on a few key questions relating to the collection, use and publication of SG&GI data, and the particular wording we should use when collecting it. Where appropriate, we will ensure that we ask open questions that give those who respond ample opportunity to disagree or express concerns with our proposals. In setting the context for the consultation, we will make clear which issues are in and out of scope and, where possible, to signpost people to other sources of information about related but distinct issues.

- 53** In planning for the consultation, we will take into account the different viewpoints of key stakeholders, and the steps that we will need to take to mitigate risks where they exist. We will also pay attention to the consultation's accessibility, to help ensure that interested stakeholders have the opportunity to provide input.
- 54** Given the potential for the subject matter to be sensitive among certain audiences, we intend to consult for a period of twelve weeks in line with good consultation practice. And, despite the narrow remit of the consultation, we are aware that the sensitive nature of the topic could drive a significant number of responses from those with an interest in the broader issues, and so our reactive communications planning will be comprehensive and wide ranging.
- 55** The objectives of the consultation will be to:
- Share and test details about the available options and our preferred approach to collecting and using SG&GI data. Seek stakeholder views on this.
 - Reach a broad and diverse range of stakeholders, across the UK. Identify any additional views that we have not identified through pre-consultation engagement and a broader range of patient representatives.
 - Better understand how the work we are undertaking could impact on different groups, including LGBTQ+ doctors, women and other stakeholders.
 - Obtain robust feedback that helps provide a mandate for the policy we decide upon.
 - Ensure a transparent approach to the development of the policy.
- 56** Whilst the exact wording of the questions is yet to be decided, it is likely that we will ask respondents for their views and comments on:
- The type of SG&GI data we collect and questions we ask to collect the data.
 - Whether or not we continue to publish gender data on LRMP.
 - Relevant four-country considerations.
 - How changes we make could impact different groups (including LGBTQ+ doctors; patients and the public; other stakeholders; and religious communities).
 - How we handle data that is provided to us.
 - What further uses we could make of the data.

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Sex, gender and gender identity data

57 This project provides us with an opportunity to have a meaningful discussion with stakeholders, current and future registrants, and patients about the information we hold which demonstrates our commitment to being a more inclusive regulator.

Recommendation: That Council support the proposed consultation approach.

Recommendations summary

58 Council members are asked to:

- Note the outcome of scoping work and pre-consultation engagement activity for the sex, gender and gender identity project.
- Agree the proposal to expand the data we collect from registrants to encompass the categories of sex, gender reassignment and gender identity.
- Note our proposed approach to collecting and handling new and existing SG&GI data.
- Agree that we consult on removing gender details from LRMP (whilst continuing data collection for our own regulatory purposes).
- Note the proposed approach to a public consultation.
- Note plans for a further discussion at Council about relevant wider debates concerning issues of sex and gender identity.

| | |
|----------------|--|
| Agenda item: | M6 |
| Report title: | Report of the MPTS Committee to GMC Council |
| Report by: | Dame Caroline Swift, Chair of the MPTS, dame.caroline.swift@mpts-uk.org , 0161 240 7115 |
| Considered by: | MPTS Committee, GMC/MPTS Liaison Group |
| Action: | To note |

Executive summary

This report gives an update on the work of the Medical Practitioners Tribunal Service (MPTS) since the last report to Council in December 2021.

Key points to note:

- ▶ The MPTS is running hearings both virtually and in Manchester, at a higher capacity than before the COVID-19 pandemic to deliver the hearing days that were lost in 2020.
- ▶ The MPTS has the capacity to run up to 17 concurrent hearings a day.
- ▶ Assuming there are no unplanned disruptions to our operations, we are on course to return to pre-pandemic hearing levels by the end of 2022.

Recommendations

- ▶ Council is asked to note the report of the MPTS Committee.
- ▶ Council is asked to note the text of the MPTS Report to Parliament 2021 (Annex B)

Governance

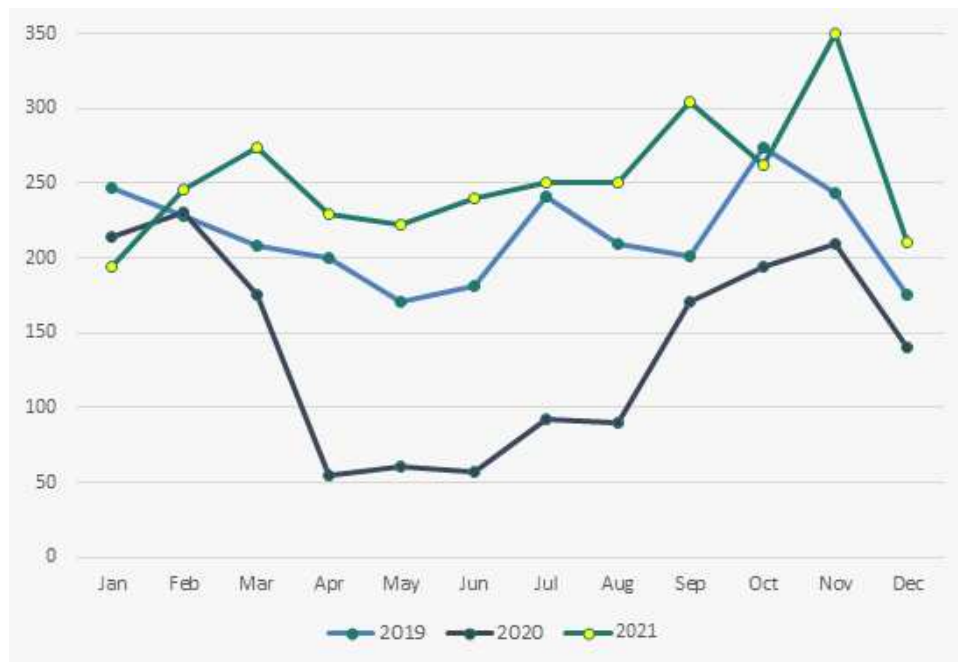
- 1 The Medical Practitioners Tribunal Service (MPTS) reports twice a year to Council on how we are fulfilling the statutory duties for which we are accountable to the UK Parliament.
- 2 This paper is the MPTS Committee's first report of 2022.
- 3 The MPTS Committee met virtually on 2 February 2022 and considered our recovery from the pandemic, learning points from recent appeals and an audit report on how the MPTS issues notices of hearings and handles postponements. The Committee also received a presentation from Lindsey Mallors, the GMC's Freedom to Speak Up Guardian.
- 4 Dr Tushar Vince resigned from the MPTS Committee at the end of April. We are working with the GMC Governance team to appoint a new medical tribunal member of the Committee.
- 5 The Committee met virtually on 10 May 2022 and consider the MPTS risk register, the Committee's reports to the GMC Council and UK Parliament, as well as an update on the work of the MPTS Communications & Corporate Affairs section. The Committee also received a presentation on the GMC's review of *Good Medical Practice*.
- 6 The GMC Remuneration Committee has approved plans for the appointment of a new MPTS Chair, to take office in January 2023. An appointment panel will make a recommendation for appointment to Council.
- 7 The MPTS will lay its annual report for 2021 before Parliament later this year. A copy of the text is attached (annex B) for Council's information.

Operational update

- 8 The MPTS continues to run hearings both at our hearing centre in Manchester and virtually.
- 9 Our priority remains to deliver the hearing days that were lost when we closed our hearing centre in March 2020, at the start of the COVID-19 pandemic.
- 10 The GMC's senior management team has supported us with the resources to recruit additional staff to support hearings in 2020 and 2021. This allowed us to gradually increase the maximum number of hearings we could hold each day, both in Manchester and virtually.
- 11 In 2021 we held 31% of new Medical Practitioners Tribunal (MPT) hearings in our Manchester hearing centre. We are grateful for the high level of co-operation we received from all parties on this. It meant we were able to keep

our hearing centre open and avoided postponing hearings that were ready to proceed.

- 12 Since October 2021, we have been able to hold up to 17 hearings a day. Some of these are virtual, some are held in Manchester and some are hybrid hearings (where parties attend in person or virtually).
- 13 During 2021 the MPTS concluded 1901 hearings (of all types), of which 1027 were virtual, 777 were reviews on the papers by a Legally Qualified Chair (LQC). 97 took place at the hearing centre, including 21 hybrid hearings.
- 14 This was 17.6% more hearing days than in 2019 – our last ‘normal’ calendar year.



- 15 Maintaining this level of capacity, and assuming there are no unplanned disruptions to our operations, we are on course to return to pre-pandemic hearing levels by the end of 2022.

New working arrangements

- 16 While many MPTS colleagues have worked in our hearing centre throughout the pandemic, delivering and supporting hearings, others were asked to work from home during the various periods of national restrictions.

- 17 All colleagues began working some of their time in our Manchester office again in summer 2021, but this was interrupted when the UK Government reintroduced work from home guidance in December 2021
- 18 Colleagues resumed their new working arrangements from March 2022.
- 19 UK Government guidance for workplaces changed on 31 March 2022. As we have continued to run up to 9 hearings a day at the hearing centre, we have not changed the socially distanced arrangements and layout of our hearing rooms.
- 20 All desks in our office accommodation became available for colleagues to book from 1 April. At most of our desks, colleagues are at least 1 metre apart and, even with the introduction of our new working arrangements, there is plenty of space in the office.
- 21 Our enhanced cleaning regime is continuing throughout the working day and our air conditioning system extracts fresh air from outside through condensers on the roof as opposed to recirculating air around the building.
- 22 We continue to ask colleagues and visitors to be respectful of individual decisions on face coverings and give each other the appropriate space.

Publishing decisions

- 23 Copies of public determinations are available on request as soon as they are handed down by a Tribunal. We regularly provide them to journalists and others with an interest in our work, which helps public understanding of our role in protecting patients.
- 24 Following the conclusion of a hearing, we prepare a Record of Determinations, with some information redacted in line with the *GMC Publication & Disclosure policy*. These are normally published on the MPTS website within 28 days of a hearing concluding.
- 25 Operational pressures during 2021 meant we were not always able to meet that timescale.
- 26 It is important that MPTS decision-making is open and transparent, so we addressed these delays by reorganising the work of some colleagues, creating a small team dedicated to ensuring any outstanding decisions were published.
- 27 While there will always be a small number of cases where publication of the tribunal's decision is delayed by legal or policy considerations, we are now publishing most decisions within the expected timeframe.

Doctor Contact Service

- 28 Our Doctor Contact Service (DCS) continues to offer support to doctors, particularly those attending hearings alone or without legal representation. The DCS aims to help lessen the isolation and stress doctors might encounter when attending a hearing. A member of MPTS staff unconnected to the doctor's case can be available to talk by phone or video call. The service is available before and during a hearing, for hearings held virtually and in Manchester.
- 29 In 2021 our DCS staff supported 96 doctors on 340 separate occasions.

Tribunal members

- 30 Earlier this year we appointed 50 new Legally Qualified Chairs (LQC). They have now all attended their induction training.
- 31 As of April 2022, we had 303 tribunal members, of whom 42% are medical members and 58% lay members (including LQCs).
- 32 In total, 48% of our tribunal members are female and 23% identified as coming from black, Asian and minority ethnic (BAME) backgrounds. We now seek details about tribunal members' protected characteristics at the appointment stage and at annual training, to help ensure the accuracy of our reporting on this subject.
- 33 All new LQCs are required to gain experience of hearings by sitting first as a lay member of a tribunal, or as a legal assessor where one is required. They will then sit as an LQC in future hearings.
- 34 As previously reported, this appointment campaign was necessary because of our increased hearing volumes and an increase in the number of LQCs ending their MPTS contracts early to take up judicial appointments.

Hearing outcomes

- 35 Hearing outcomes for 2021 are set out at Annex B.
- 36 Before the COVID-19 pandemic, we regularly reported to Council on the relative consistency of new MPT outcomes from year to year.
- 37 Following the postponements that were necessary in 2020, we listed new MPT hearings on a prioritised basis, applying criteria which included whether a doctor had an interim restriction, whether a hearing was part-heard, the age of the case and how prepared parties were to proceed.
- 38 This means that some types of cases are more likely to have proceeded before others, making it difficult to compare outcomes in 2020 and 2021 with pre-pandemic years.

- 39 One significant variance is a higher proportion of ‘not impaired’ decisions in 2021 than we would expect to see in a ‘normal’ calendar year.
- 40 We will continue to monitor this closely as we return to pre-pandemic hearing levels.

Hearing outcomes 2019 – 2021

Interim orders tribunals

| New IOT hearing outcomes | 2019 | | 2020 | | 2021 | |
|--------------------------|------------|-------------|------------|-------------|------------|-------------|
| | Cases | % | Cases | % | Cases | % |
| Suspension | 52 | 14.5% | 40 | 11.4% | 35 | 11.4% |
| Conditions | 225 | 62.7% | 234 | 66.5% | 217 | 70.5% |
| No order | 82 | 22.8% | 78 | 22.2% | 56 | 18.2% |
| Total | 359 | 100% | 352 | 100% | 308 | 100% |

Medical practitioners tribunals

| New MPT hearing outcomes | 2019 | | 2020 | | 2021 | |
|--------------------------|------------|-------------|------------|-------------|------------|-------------|
| | Cases | % | Cases | % | Cases | % |
| Impaired: Erasure | 55 | 21.4% | 43 | 30.1% | 58 | 21.6% |
| Impaired: Suspension | 120 | 46.7% | 52 | 36.4% | 91 | 33.8% |
| Impaired: Conditions | 14 | 5.4% | 14 | 9.8% | 14 | 5.2% |
| Impaired: No action | 4 | 1.6% | 0 | 0% | 2 | 0.7% |
| Not impaired: Warning | 17 | 6.6% | 17 | 11.9% | 28 | 10.4% |
| Not impaired | 44 | 17.1% | 15 | 10.5% | 71 | 26.4% |
| Voluntary erasure | 3 | 1.1% | 2 | 1.4% | 4 | 1.5% |
| Undertakings | 0 | 0% | 0 | 0% | 1 | 0.4% |
| Total | 257 | 100% | 143 | 100% | 269 | 100% |

| Non-compliance hearing outcomes | 2019 | 2020 | 2021 |
|---------------------------------|----------|----------|----------|
| | Cases | Cases | Cases |
| Suspension | 5 | 4 | 8 |
| Conditions | 0 | 0 | 1 |
| Non-compliance not found | 0 | 2 | 0 |
| Total | 5 | 6 | 9 |

| Outcomes in restoration hearings | 2019 | 2020 | 2021 |
|----------------------------------|-----------|-----------|-----------|
| | Cases | Cases | Cases |
| Application granted | 2 | 8 | 6 |
| Application refused | 11 | 10 | 15 |
| Total | 13 | 18 | 21 |

Number of review hearings

| Review hearing types | 2019 | 2020 | 2021 |
|---|------------|-------------|-------------|
| | Cases | Cases | Cases |
| Medical practitioners tribunal review hearing | 134 | 130 | 96 |
| Medical practitioners tribunal review on the papers | 7 | 26 | 14 |
| Non-compliance review hearings | 13 | 11 | 8 |
| Non-compliance review hearings on the papers | 0 | 0 | 1 |
| Interim orders tribunal review hearing | 466 | 428 | 422 |
| Interim orders tribunal review on the papers | 461 | 626 | 762 |
| Total | 815 | 1054 | 1303 |

Report of the MPTS Committee

**Paper withheld from
publication**

This Annex B - MPTS report to Parliament 2021 is being withheld from publication until it has been laid before Parliament

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

M7 - Freedom to speak up guardian annual report 2021

| | |
|--|--|
| Action | To note |
| Purpose | To update Council on the work of the FTSU champions and Guardian in 2021. |
| Decision Trail | |
| Recommendation | To note the Freedom to speak up guardian annual report 2021. |
| Annexes | Annex A: Freedom to Speak Up Guardian Annual Report 2021 |
| Author contacts | Lindsey Mallors , Assistant Director of Audit and Risk Assurance and Freedom to Speak Up Guardian Any enquiries to: GovernanceTeamMailbox@gmc-uk.org |
| Sponsoring director/ Senior Responsible Owner | Paul Reynolds , Director Strategic Communications and Engagement |

Agenda item M7

Freedom to speak up guardian annual report 2021

Background

- 1 The GMC freedom to speak up (FTSU) initiative has now been in place for three years. It provides a safe place for colleagues to raise any concern they may have about our working environment. This includes the behaviours of colleagues who may fall below our organisational expectations of professional behaviours in the workplace.
- 2 FTSU is not the only route for raising issues. It complements the opportunities to raise matters with line managers (or someone more senior in the management structure) and the People (HR) Team. Our Raising Concerns policy, which explains how to raise a concern and what to expect when you do, also includes details for independent advice from Protect (previously Public Concern at Work) and the Human Rights Commission Advisory and Support Service.
- 3 The work of the Guardian is supported by 18 FTSU champions, a diverse network of colleagues drawn from across functions and grades to reflect our wider employee profile.

The Guardian's Report 2021

- 4 The Guardian's Report 2021 is attached at Annex A. It is the third Annual Report which has provided the opportunity to analyse and publish some early emerging trend data.
- 5 The highlights in the report include:
 - fewer concerns were raised in 2021 – 107 compared to 115 in 2020
 - 19 concerns were raised with champions compared to 14 in 2020
 - 28% of colleagues felt empowered to take action themselves after contacting FTSU compared to 14% in 2020
 - persistent themes continue to be:
 - unprofessional behaviour
 - perceived fairness of recruitment.
- 6 In 2021 we also tracked whether concerns raised were prompted by pandemic circumstances. A fifth of them did contain an element related to COVID, primarily around the different arrangements for ways of working and the impact on working relationships. This year we will be paying attention to concerns which may arise with the further changes in working arrangements and wider return to the offices.
- 7 This year we have been able to share data on final outcomes from disciplinarys and grievances. This is a specific addition based on feedback from our People Survey and previous Guardian reports which suggests some colleagues are not confident action will be taken as a result of them raising a concern.

Agenda item M7

Freedom to speak up guardian annual report 2021

- 8 Given the report is shared five months after the year end, the ‘in 2020 you said....in 2021 we did....’ section has been extended to include ‘in 2022 we are....’. This is also aimed at giving colleagues confidence that things are changing as a result of issues been raised, even if the change is not yet fully implemented or visible at the time the report is published.
- 9 Finally, we have also increased the contribution from colleagues who have raised concerns. These illustrate directly the range of issues FTSU helps to address, and we hope will encourage other colleagues to have the confidence to raise matters of concern whenever they need to.

Next steps

- 10 The report was shared with the Audit and Risk Committee on 31 May. They were pleased to note the work being undertaken to address expectations of professional behaviours and how this is integrating with wider work relating to ED&I and other learning and development activities.
- 11 It has also been issued to all GMC colleagues and will be shared with the National Guardian’s Office. We continue to support other regulators and non-provider bodies when approached and contribute to the National Guardian’s work centrally.
- 12 SMT has recently taken time to strategically consider the wider impact of FTSU and the support the initiative provides to our cultural change journey. They concluded that it remains a valuable part of organisational development work, demonstrated by the number of concerns that are raised and the insight it brings to help shape wider change initiatives.
- 13 We will continue to develop our work on professional behaviours for colleagues and use the information provided through the FTSU initiative to inform mandatory training and the delivery of wider ED&I initiatives.

Freedom to speak up guardian annual report 2021



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Guardian foreword



Welcome to our third Freedom to Speak Up Annual Report. It is hard to believe that another 12 months have passed - at one level in a blink, and yet 2021 was another long year of living with a pandemic. Little did we imagine the twists and turns that COVID would take and the very different workspace we'd be in for two years.

But those twists and turns, hard though they have been, also remind us that we are growing in our ability to adapt and cope, personally and organisationally. We are hugely resourceful and resilient. We have learnt to expect the unexpected. We have learnt not to take for granted the things we did without really thinking about them – meet family and friends, take a holiday. One of the positive outcomes from the pandemic perhaps is that we have learnt to appreciate and value more the good things we have in our lives.

That also applies to working life. We have learnt to adjust, to juggle commitments and priorities, to support each other to ask for help when we've needed a bit more flexibility. The GMC has adapted too. It has listened to the needs of the health service at a time of crisis, amended some of its regulatory approaches, provided further support for doctors,

actively listened to our needs as employees with the emerging scenarios. The Pulse Surveys show the focus on wellbeing has really been welcomed.

All of this has helped us work at our best. We perform better, regulate more effectively, make patients safer, if we are a great place to work. It may not have been perfect, but our individual and organisational ability to change at speed, to adapt with the pandemic's needs for doctors, for patients and for the GMC has shown that we have developed strength and resilience in ourselves. We have also demonstrated the resilience of our organisational systems, processes and values.

And alongside that, what we have all done over the last 12 months, even if subconsciously, is develop a little bit more personal resilience. Yes, it has

Guardian foreword

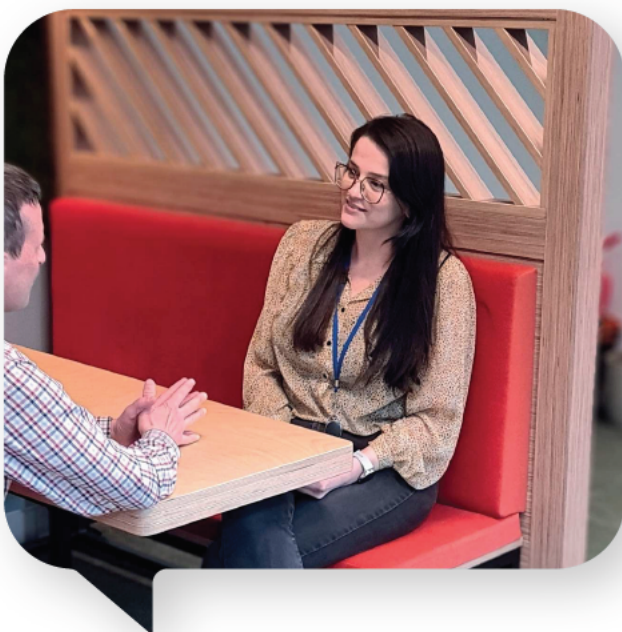
been tough, and not everyone's experience of the pandemic has been the same. But reflecting back, 2021 perhaps hasn't been quite as tough for most colleagues as March 2020 when COVID first became a reality.

We will have had good and bad days, but overall, can we look back and say, 'I feel a little more in control than I did 2 years ago and am able to talk about my challenges more easily'? I suspect most of us can answer 'yes'.

The same is true of the GMC as an organisation. 2020 was an unprecedented year yet we shifted to home working for most colleagues quickly and effectively. We worked flexibly and built policy frameworks to ensure everyone was supported. Most importantly, we created local systems for supporting each other - the quick call at the start of the day to see how a colleague was, the team meetings that

focused less on work tasks and more on how people were feeling and what they were worrying about. In 2021, we carried this through and continued to evolve and develop with the demands and constraints created by the pandemic, as indeed did doctors and their colleagues in the health service.

And it is that developing resilience, that has struck me most about the 107 concerns that have been raised this year – 19 to the champions and 88 to me. Of these, 28% of colleagues felt able to take action themselves after contacting FTSU. That is a huge increase on the 14% from 2020. If this trend continues, it must in part be attributable to bearing fruit from all the initiatives the GMC has committed to – inclusion, developing diverse talent, expectations of professional behaviours as well as the contribution of FTSU.



Guardian foreword

COVID is not over, but we are learning to live with it. Thanks to scientists and doctors we now have vaccines to lessen the impact which allows us more freedoms again. Sadly, it's too late for some, and not everyone is able to have, or feels comfortable with, the vaccines, but there is hope for the future. Some of you have been coming into the office throughout the pandemic but as a remote worker for nearly two years, I'm enjoying returning. We've managed extraordinarily well, but it's hard to beat the power of face-to-face contact and discussion with colleagues.

As we move to a more hybrid way of working there will be new challenges and new opportunities for working together. There will no doubt be teething issues but let's talk about those openly and share thoughts. Let's continue to show compassion and kindness to each other as we adjust to maximise the benefits of different ways of working.

On the subject of the future, I would like to welcome our new FTSU champions and say thank you for taking on this important role. I also want to pay tribute to champions who have stepped down after two years. They have built a great foundation on which we can continue to build. FTSU would not have the resilience and traction it has if it weren't for their commitment and drive. Thank you.

I also want to pay tribute to those colleagues who have raised a concern, particularly those who have had the courage to raise ones involving racial or sexual harassment. We have few such cases reported, but a few is still too many. It is clear that we must continue to focus on ensuring everyone understands our responsibilities as employees in an organisation that has ambitious ED&I targets. We absolutely will not tolerate any form of discrimination or bias.

The training on Professional Behaviours has had exceptional feedback. We are doing much better at articulating our expectation of what good professional behaviour means at the GMC and making clear that it is ok to call out behaviours that don't meet those expectations. Colleagues have reflected that the training is creating a different and more sustained conversation about how we value difference. The tips on how to help be an active bystander are really welcome in giving them confidence to raise issues for themselves.

But it isn't just those raising concerns and champions that make FTSU work. It's also the colleagues who handle the concerns signposted to them, the ongoing commitment from the Senior Management Team and all of us continuing to play our part when we see things that aren't right. In October's FTSU Month, many of you made public commitments to speaking

Guardian foreword

up, listening up and following up. If you didn't make a commitment then, please do make one now, just to yourself – go on, jot it down!

The GMC is what we choose to make it. Let's keep choosing to learn, adapt and build resilience so it's the best organisation it can be to work in and the best regulator it can be for patients and doctors.

I hope that you enjoy reading this year's report. You know that I love to hear from colleagues so please do send me any feedback. And if you want to chat or talk about a concern, my door is always open.

Best wishes

Lindsey Mallors

Freedom to Speak Up Guardian

'Even though FTSU has been widely advertised and promoted, I was still quite anxious about contacting the team. I knew I needed to get my concerns off my chest and having spoken to a few friends first; I was encouraged to make contact.

From the moment Chris and I spoke I was made to feel at ease. I found the conversation flowed naturally and felt Chris not only listened but actively engaged. I appreciated his knowledge, his friendly approach and most of all his candour. Although my initial situation took a while to be resolved, Chris continued to

initiate follow ups and check in chats to ensure I was ok. Which means a great deal to me because until I spoke to FTSU, I didn't feel wholly supported within my team/department.

So, a big thank you to Chris and Lindsey! For offering your time and support throughout, it has really made a difference to how I feel when at work, knowing that additional internal support is just a click away.'

Colleague from Registration and Revalidation

CEO foreword

When we launched Freedom to Speak Up (FTSU) at the GMC, three years ago, I hoped it would help make a difference to our culture and the way we work together. Since then, it is clear that it has become a highly valued route for many of you to share concerns in a safe and trustworthy environment. And that candour is making a real difference in informing some of the changes we have been making to improve our working life. Along with our other initiatives to create a more inclusive organisation, we are creating space for different conversations, which I very much welcome.

2021 was another challenging year for everyone, including for patients and those who cared for them. I am proud of everything the GMC has done to support doctors and other healthcare professionals working on the frontline, and through them to benefit patients. I am hugely grateful to you for your resilience and commitment.

But resilience doesn't just 'appear'. Resilience grows from difficult experiences and facing setbacks. It tests our ability to recover and adapt so that the next setback isn't quite as difficult as the last one. It comes from facing up to challenging situations and conversations, and from speaking up when we see something that isn't right.



The 2021 FTSU data tells us that we are continuing to do that. There were fewer concerns raised than in 2020, 107 compared to 115. And it's heartening to see that the green shoots from 2020 of colleagues taking actions forward themselves are flourishing, with 28% of actions being led by colleagues compared to 14% last year – in my view, this is a success.

But we can't be complacent. There are still too many concerns being raised about the way we sometimes treat each other. The majority of concerns about poor behaviours in 2021 arose between colleagues and team members – double the number of concerns raised between colleagues at different levels. So

CEO foreword

this doesn't seem to be an issue predominantly of hierarchy but instead one of professionalism, behaviours and respect in the way in which we work with each other.

We also have more to do to ensure our recruitment processes are not only fair, but transparently so. For the third year, this remains in the top three themes of concerns raised. The recent Investors in People (IIP) assessment also tells us that there are inconsistent views on why people are selected for roles. It is clear that we must commit to clearer explanation of our approach to recruitment campaigns, processes and rationale for decision-making.

The IIP silver accreditation commends us for moving to an advanced level against many of the indicators. I am delighted with the assessor's report, achieved during a challenging time. It shows that we are fully engaged in our purpose as we continue to make carefully planned changes that demonstrate good understanding of people management and engagement.

But I am also ambitious to continue this journey, and build on what we have achieved. For example, one key recommendation is to encourage consistent management practices. This chimes well with feedback through FTSU that we need to make sure everyone feels they are treated fairly, their ideas listened to, and their feedback acknowledged. So I hope that the way we are setting clear expectations and responsibilities for leaders and managers, our talent and leadership programmes, management training and professional behaviours training will help us achieve that.

No one can be left in any doubt about the kind of organisation we aspire to be, and the importance of our role in society. Our ambition and purpose contribute to making the GMC the place it is to work. Our people survey results tell us that the vast majority of colleagues understand our organisation's purpose and live our values through their behaviours. But it is also incumbent on all of us to share concerns whenever we encounter or observe inappropriate or unprofessional behaviours. We ask this of doctors and of patients – we should also demand it of ourselves.

Best wishes

Charlie Massey
Chief Executive

What is freedom to speak up at the GMC?

Freedom to speak up provides a safe and open environment for colleagues to raise concerns. It originated from the national response to a recommendation from Sir Robert Francis in his inquiry report on Mid Staffordshire Foundation Trust in 2013. This led to the establishment of the National Guardian's Office with a role to provide national leadership for learning lessons when things go wrong, offer opportunities to put them right and drive continuous improvement across health services.

At the GMC we also have a culture of continuous learning and improvement. Here, Speaking up can be about anything that doesn't feel right about our working environment, the way we work or how we treat one another. It can be about a legally defined whistleblowing concern, or it can be about something much less formal.

The important thing is that we want to hear about any concerns that prevent us being the best organisation we can be. We can do this by speaking with our line managers or someone else in senior management, talking to the People Team or raising it through Freedom to Speak Up.

The role of the Guardian

If you raise your concern with the Guardian, they commit to:

- listening carefully to the issue being raised
- when needed and with the colleague's permission, facilitating action via the appropriate channel – for example, through a relevant policy, via the People (HR) Team or by involving senior management
- sharing regular updates on timelines and progress with the individual who raised the concern
- following up with the individual to make sure they are satisfied that appropriate steps/action have been taken.

The role of the Champions

The champions also play a key role in raising the profile of our commitment to 'speaking up'. They too provide a safe space to listen to concerns locally and they work collaboratively across all parts of the GMC and MPTS. Champions:

- understand our policies and the different routes for speaking up to be able to explain choices to colleagues who approach them on potential routes for raising a concern
- take time to find out what is happening around the organisation, including linking in with other cross GMC networks to identify any issues or concerns that affect colleagues so they can be flagged



What is freedom to speak up at the GMC?

- promote the Guardian as a safe place and an alternative route for colleagues to raise concerns
- build confidence in freedom to speak up by sharing communications and messages about the themes arising from concerns raised and how they are being addressed.

During 2021 the role of the champion continued to evolve and more frequently colleagues approached champions directly to raise a concern as well as sign posting to the Guardian. It is a reflection of champions' hard work that FTSU is seen as a safe place to speak up. Outgoing champion Nathan has commented on his time as a champion:

'I have been a Freedom to Speak Up Champion for two years. It was an incredibly fulfilling journey, having seen the initiative as a whole and the role of both the Guardian and champions progress throughout that time.

Freedom to speak up is about creating a culture where everyone feels able to raise issues that impact on their ability to do their job. Being a champion of this initiative certainly puts one at the centre of the action and enables you to make a real difference, both with individuals, and on a wider organisational level. I feel immensely privileged to have been able to contribute to make a contribution.'

Nathan Fountain-Tucker,
FTSU champion 2019-2021

And incoming champion, Adrian has some wider observations about the GMC's cultural change journey:

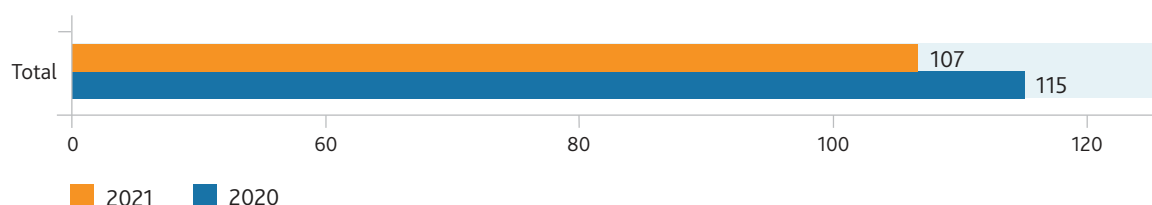
'As a long standing employee of the GMC I have witnessed a significant amount of change in personnel, process and culture. The organisation has an incredible influence and responsibility in the way the medical profession is educated and regulated. Those qualities also impact how the organisation manages and supports its workforce. I have seen an incredible transformation during my 20+ years however it is and continues to be a long journey of progress. As a recent volunteer to the freedom to speak up initiative I am very proud to see the positive impact that the champions and Guardian are having to liberate colleagues to speak up about real or perceived inequality or inclusion within their team, section, directorate or GMC as a whole. Some concerns are serious and complex and I want to provide a safe and confidential environment to support more colleagues to speak up.'

Adrian McAndrew,
FTSU champion 2022

FTSU data 2021

Concerns raised

107 concerns were raised this year, 19 to champions and 88 to the Guardian. This is a small decrease from the 115 raised in 2020. The split by directorate is shown in the table below.



The following table shows the number of concerns by directorate for the three years we have had FTSU available as a route for raising concerns.

In 2021 we also tracked whether concerns raised were prompted by the impact or circumstances due to COVID. A fifth of them did contain a pandemic element, primarily reflecting the different ways of working and the impact on working relationships.

Where concerns were raised from

| Directorate | 2019 | 2020 | 2021 | Total |
|------------------------------|-----------|------------|------------|------------|
| Corporate | 4 | 7 | 2 | 13 |
| Education & Standards | 10 | 10 | 11 | 31 |
| Ftp | 14 | 37 | 27 | 78 |
| MPTS | 2 | 4 | 8 | 14 |
| R&R | 5 | 13 | 23 | 41 |
| Resources | 6 | 12 | 20 | 38 |
| Strategy & Policy | 1 | 11 | 4 | 16 |
| Strategic Comms & Engagement | 15 | 16 | 12 | 43 |
| Staff Networks | 0 | 5 | 0 | 5 |
| Total | 57 | 115 | 107 | 279 |

FTSU data 2021

Themes of concerns raised in 2021

Professional behaviours and the way we treat each other continues to be a top theme from the concerns raised – 31% (33 concerns) of the total in 2021 but a reduction of 10% from 2020 when 41% (47) of concerns raised related to unprofessional behaviour.

Content, fairness and application of GMC policies also continues to be a key theme. Whilst it is not possible to make a direct comparison with 2020 and

2019 in this area because we have continually been refining the data collection and categorisation it still forms a significant proportion of the issues raised – 39% (42) in 2021 and is an increase on the 11% (13) raised in 2020.

A further 22% (24) of concerns related to working arrangements, including pay and end of year discussion. This is a reduction from the 28% (32) received in 2020.

Concerns raised by theme

| Themes | 2019 | 2020 | 2021 | Total |
|--|-----------|------------|------------|------------|
| Content, Fairness, application of GMC policies | 11 | 13 | 42 | 66 |
| Inappropriate/unprofessional behaviour | 29 | 47 | 33 | 109 |
| Miscellaneous | 0 | 12 | 8 | 20 |
| The Black Lives Matter movement | 0 | 11 | 0 | 11 |
| Working arrangements | 0 | 32 | 24 | 56 |
| Total | 40 | 115 | 107 | 262 |

The professional behaviours concerns included:

- One relating to offensive racial remarks directed against an individual
- Three relating to racially motivated unprofessional behaviour directed against individuals
- Three relating to sexual harassment directed against individuals
- One relating to inappropriate sexual remarks being made about a colleague
- Four relating to abusive remarks or behaviour from external parties

With respect to the latter, we have refreshed our Threatening and abusive behaviour at work policy and asked managers to make sure it's discussed with teams.

FTSU data 2021

No concerns were raised specifically in relation to Black Lives Matter in 2021. This was a feature of concerns in 2020, prompted by the tragic death of George Floyd. It prompted many conversations across the GMC about diversity and inclusion and fast tracked a commitment to ambitious internal and external equality, diversity and inclusion publicly voiced targets.

The following table shows where unprofessional or inappropriate behaviour occurred. As last year, the majority of unprofessional behaviour is between colleagues.

Concerns raised about inappropriate/unprofessional behaviour by interaction

| Inappropriate/unprofessional behaviour | 2019 | 2020 | 2021 | Total |
|--|-----------|-----------|-----------|------------|
| Behaviour between colleagues | 4 | 17 | 15 | 36 |
| Behaviour between manager and colleague | 8 | 8 | 4 | 20 |
| Behaviour between senior manager (HoS and above) and colleague | 6 | 7 | 5 | 18 |
| Management behaviours in general (team/section) | 5 | 12 | 0 | 17 |
| Behaviours among team peers | 6 | 3 | 5 | 14 |
| External | 0 | 0 | 4 | 4 |
| Total | 29 | 47 | 33 | 109 |

Concerns raised about working arrangements by sub theme

| Working arrangements | 2019 | 2020 | 2021 | Total |
|-----------------------------------|-----------|-----------|-----------|-----------|
| Unfairness in recruitment process | 11 | 16 | 13 | 40 |
| Pay | 0 | 9 | 9 | 18 |
| EOYR | 0 | 3 | 2 | 5 |
| Flexible working | 0 | 2 | 0 | 2 |
| Miscellaneous | 0 | 2 | 0 | 2 |
| Total | 11 | 32 | 24 | 67 |

FTSU data 2021

Of the 24 complaints raised relating to working arrangements, 13 (54%) of them related to perceived unfairness in recruitment process. As in the last two years, we know that this perception stems primarily from the need for clearer transparency and communication about recruitment campaigns from the outset, particularly from local recruiting

managers, with support from People colleagues. A later section in the report explains some of the work that is ongoing to address concerns which involve recruitment. Nine concerns with working arrangements (38%) related to pay. The remaining two related to the End of Year review. These figures are broadly similar to those from 2021.

'There was a horrible situation on my team which I was indirectly affected by, but I saw my colleagues very unhappy.

I am a very strange creature sometimes, if I have a problem I like to tackle it personally, however, I found myself in a situation where this was not possible. I asked a work friend 'what do you think I should do', they advised 'speak to the FTSU Guardian'. After much soul searching I decided to. It was the best decision and I never regretted it.

What was wonderful about it was it was like talking to one of my closest friends. The Guardian put me at ease immediately by saying what she can and cannot do. She listened to me and guided me by just asking

open questions, asking what I felt about what was going on and what I would like to happen etc. I did what I had to do and although it did sit uncomfortably with me personally I knew it was the right thing to do.

It did not stop there. Lindsey kept in contact and gave updates where possible.

The reason I am writing this, is in the hope that it encourages others to speak up. We all go through difficult times, sadly some of these are work related, and never more so than now. It is just a chat so please chat.'

Colleague from Fitness to Practise

FTSU data 2021

Table 5 is a breakdown of what happened with concerns after they have been raised. In 2021 after speaking with a Guardian or a champion 28% of individuals took action themselves, for instance by speaking with their manager directly. This is a significant increase from 14% in 2020. It's very encouraging as it demonstrates that after a discussion individuals felt empowered to take an issue forward themselves.

In 9% of cases no further action was taken after discussion. This was the choice of individuals, as often they just wanted a safe space to speak about an issue. 11% were passed to a line manager or head of section, and 10% to an assistant director. 30% were passed to the People Team.



Where concerns were signposted to

| Concern signposted to | 2019 | 2020 | 2021 | Total |
|--|-----------|------------|------------|------------|
| NFA | 18 | 20 | 10 | 48 |
| Took action themselves | 1 | 16 | 30 | 47 |
| Line Manager or HoS | 4 | 8 | 12 | 24 |
| AD | 0 | 9 | 11 | 20 |
| Director | 11 | 7 | 0 | 18 |
| CEO | 1 | 3 | 0 | 4 |
| HR | 22 | 34 | 32 | 88 |
| HR ED&I and Comms (re George Floyd 2019) | 0 | 8 | 1 | 9 |
| Guardian | 0 | 0 | 5 | 5 |
| Ongoing | 0 | 10 | 6 | 16 |
| Total | 57 | 115 | 107 | 279 |

FTSU data 2021

'I had a concern about a manager and their approach to how issues within the team were being reported to them. I felt that I wasn't being listened to and appropriate actions were not being taken and conflicts were not being resolved.

I didn't know where to turn next and what I should do about this situation. I just needed someone to discuss the matter with in a trusted, safe environment and so contacted the FTSU Guardian.

In doing so, I was able to rationalise my thoughts and discuss a way forward that wouldn't lead to further conflict but would allow my concerns to be heard and appropriate action taken. Lindsey allowed me the space to discuss openly and offered different approaches that I'd not thought of

previously as well as offering support to me and very importantly, telling me I was right to have concerns.

I took advice and worked on the solution. The team conflicts and situations have now been investigated and resolved and the working environment is more positive.

When a work situation becomes untenable, you often feel very alone in your thoughts and that the situation cannot be resolved as no one will understand. What the FTSU Guardian and champions do is offer that trusted, safe space for you to speak and rationalise without judgement and offer you different points of view that you may never have thought of.'

Colleague from Resources

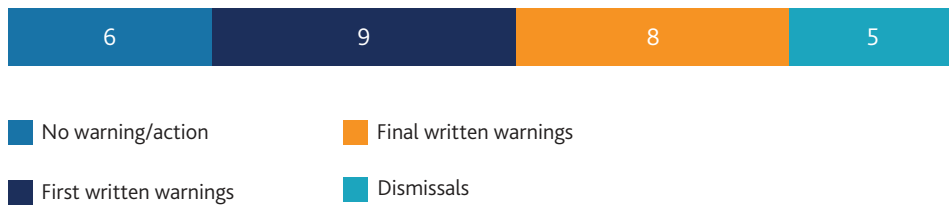
What are the final outcomes from formal processes when concerns are raised?

Every year, we receive a small number of concerns that proceed to a formal disciplinary or a grievance. The majority are concerns that are raised directly with HR or a line manager, but a few have been initiated after a concern was raised with the

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

Disciplinary

There were 28 disciplinarys in total between 1 January 2019 and 31 December 2021 with the following outcomes:



The disciplinarys broadly covered the following themes:



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

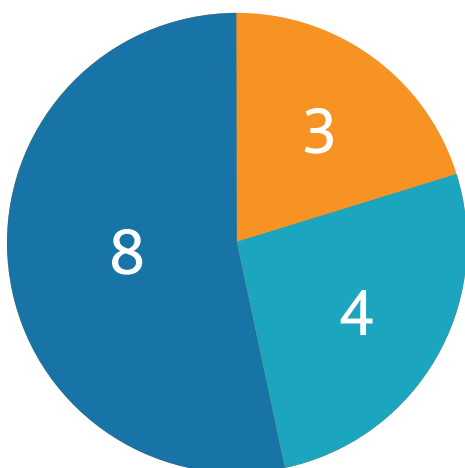
Grievances

Most concerns that are raised are resolved informally, for example, with line manager support, through facilitated discussions, mediation or Freedom to Speak Up. Where we are unable to resolve concerns informally, colleagues can submit a formal grievance so their concern is investigated. Colleagues are interviewed and a report is produced so that the evidence can be considered at a grievance hearing. Colleagues are provided with an outcome, and they have an opportunity to appeal the decision.

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

There were 15 grievance outcomes recorded from 1 January 2019 to 31 December 2021.

The chart below sets out the themes that the grievances covered.



'Recently I needed to use the Freedom to Speak Up service. Although slightly apprehensive at first, I soon felt comfortable and safe in what was a confidential environment. I could be open and honest about my experience and felt supported and listened to by our FTSU Guardian. I'm very grateful and so glad that I used the service available to us.'

Colleague from Strategic Communications and Engagement

Of the 15 grievances, one was withdrawn before the hearing, 2 were partially upheld, 1 was upheld and 11 were not upheld. Where a grievance is not upheld, usually because it does not meet the threshold for a breach of legislation or a GMC policy, we will normally identify learning to use to inform our practice going forward.

- Line manager approach to management of a team member
- Organisational failures
- Failure to meet the expectations set out in the Dignity at Work Policy Breach of the Equality Act 2010

These grievances covered concerns about bullying, victimisation, sexual harassment, sex discrimination, race discrimination, harassment on the grounds of race, harassment on the grounds of disability and disability discrimination.

You said, we did

It is important that we share the action that has been taken as a result of speaking out to give confidence that the GMC is listening and taking

the matters raised seriously. Many of the activities and responses begun in 2021 are continuing to be developed and rolled out this year.

In 2020, you said

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

In 2021, we did

Launched our OneGMC behaviours for everyone, leaders and senior leaders

Continued the roll out of the Leading at the GMC programme for all colleagues with management responsibilities

Developed and launched our New Leadership Everywhere programme – part one. Our intention is that this will be an on-going series of leadership sessions

Developed the professional behaviours training which is currently being rolled out

Began our Fostering inclusion for leaders programme

In 2022, we are

Using the OneGMC behaviours to set out objectives, including one specifically for line managers, and in the roll out of Feedback for Success – which everyone will have completed by the end of 2023

Rolling out a mandatory People Management Essential Toolkit on Professional behaviours: championing respect and inclusion, to all managers

Increasing capacity on our Leadership Everywhere programme and making sessions available to all. In Q4 we will develop part two in our series of on-going leadership sessions. As a follow up to our Leading at the GMC programme we will also look at how we can support leaders in applying their learning to create team based plans and strategies

Updating our disciplinary and grievance policies. This will include more guidance for all colleagues involved in the process and checklists for colleagues hearing a disciplinary/grievance or appeal. We will make all the material as accessible as possible. This will be followed up with specific training/briefing support for managers who support these processes

Reviewing our capability policy

Developing a hybrid working policy

We have also completed the roll out of People Management Essentials of the Effective Management of Absence and Health

You said, we did

'After experiencing racism in the workplace, I was unsure what steps I could take. I didn't feel confident to raise my situation and wanted someone outside of my team that I could speak to. I contacted F2SUP and spoke to Lindsey who was extremely

supportive and helped me work through what I wanted. In just one conversation, I was able to understand what steps I wanted to take in order to gain closure for myself.'

Colleague from Resources

In 2020, you said

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

In 2021, we did

Accelerated our work on culture, capability, values, behaviours and relationships and launched programmes and activities to help us build a more inclusive organisation including Fostering inclusion and Developing diverse talent

Included an ED&I target in SMT and AD personal objectives

Ran ED&I briefing session for recruiting managers and introduced a supporting pack of materials

In 2022, we are

Embedding the OneGMC behaviours launched in our performance management framework for everyone – all colleagues must set one key deliverable around inclusion and include actions on their development plan to help them achieve their objective

Rolling out Feedback based on new OneGMC behaviours which everyone will have completed by end 2023

Completing the organisation wide learning needs analysis to inform ED&I training needs for specific roles and teams

Developing and piloting the People Management Essentials professional behaviours module to be available by end of 2022

Refreshing the Treating People Fairly module to be completed by all colleagues by end of 2022

You said, we did

In 2020, you said

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

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

In 2021, we did

Emphasised the importance of good local communication in the support and advice provided to recruiting managers

Updated our secondment guidance

Introduced a new EAP provider – PAM

Developed additional support for colleagues who deal with challenging case material

In 2022, we are

Planning a mandatory recruitment training refresh roll out for recruiting managers in Q3. This will first target new recruiting managers and all recruiting managers will have completed it by the end of 2023. From 2024 colleagues who haven't done the training, will not be able to participate in recruitment activities.

Planning to refresh our recruitment policy and guidance for managers for roll out in 2023.

This will include further advice on managing recruitment communication.

Developing a redeployment policy

The refreshed guidance introduced with the updated grievance and disciplinary policies will strengthen what we say on support for colleagues. The refreshed guidance will introduce welfare leads to provide personal support for colleagues experiencing a grievance or disciplinary who need someone not involved in the case to listen and sign post if specific information is needed

We have also trained 20 new mental health first aiders and have plans to train more during the year

You said, we did

'Like most of us, I'd seen and heard lots about the Freedom to Speak Up Guardian and as a manager I'd promoted it to my team. I've always found the GMC, and people I work with to be incredibly supportive and so I didn't necessarily expect to need to approach Lindsey and her colleagues. Towards the end of 2021 I'd identified a pattern of behaviour with my line manager that was starting to impact on the people in my team and the work we deliver. I'd observed behaviour that was causing conflict and anxiety, something that had I allowed to go unchallenged would leave me feeling complicit. I needed to maintain a good relationship with my line manager, I'd never been in this situation before and felt like I needed some advice.

I approached Lindsey who was immediately supportive and arranged for us to have a confidential chat. We talked through the issue, I felt confident this was a safe space and I could be honest without fear of my comments being used in a way I wasn't comfortable with. I'd already done some thinking and I talked to Lindsey about

different approaches, I found it incredibly helpful to get some impartial advice. Lindsey encouraged me to raise the issue with my line manager and I'm glad she did. I felt apprehensive going into the conversation, but it pushed me to do something that I expect I'll have to do in my future career. The outcome of the conversation was unexpected, but positive. Through speaking to my line manager about the concerns I had, it opened up a wider conversation about how they were under a lot of professional and personal pressure, which was probably manifesting itself in these detrimental behaviours. By us talking it through, we made a number of changes to ensure everyone, at every level of our team is supported to do their jobs.

I'd encourage anyone who needs it to speak to the Freedom to Speak up Guardian. It's helped me and my team navigate a challenge successfully whilst maintaining good relationships.

Colleague from Education and Standards

Looking ahead

FTSU at the GMC has now been in place for three years. It has continued to develop as a valuable contribution to improving how we behave towards one another and the working environment we want to be in. But we want to do more!

Over the next 12 months, we want to continue the development journey, using our collective resilience as we adapt to any new and emerging external and internal changes.

As well as continuing the champion drops in sessions, and Guardian drop ins with senior management, we want to do more to understand if there are parts of the business or groups of colleagues with particular characteristics who would benefit from additional support. To help this, champions will be aligning with each of our networks, and we will continue to hone the granularity of FTSU data collection.

We will also be refreshing our Raising Concerns policy and providing an opportunity for colleagues to contribute. We want to understand from colleagues

what further things we can do differently with the FTSU approach. We'll use the feedback collected from those who have raised concerns but also add to it by asking colleagues who have had a concern signposted to them if there is learning for how we pass on concerns for action and follow up. As in previous years we will scrutinise carefully the results of the bullying, harassment, discrimination and raising concerns related areas of the 2022 People Survey and be considering if additional routes to raising concerns, such as a fully independent external channel, may be of value.

And finally, in October, the champions are planning an even bigger FTSU month alongside the National Guardian's Office. We'll give plenty of notice of events throughout the month so please do come and join us to hear from inspirational speakers on why speaking up is such an important initiative which helps everyone feel safe, valued and included.



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GMC/FTSU/0522

M8 - Audit and Risk Committee report to Council

| | |
|--|--|
| Action | To note |
| Purpose | To detail the work of the Audit and Risk Committee since January 2022 and the assurance provided to Council with respect to the annual accounts, governance, risk management and systems of internal control. |
| Decision Trail | Reports and papers considered by the Committee at its meetings on 27 January, 31 March and 26 May 2022. |
| Recommendation | To note the Audit and Risk Committee report to Council. |
| Annexes | Annex A: Evaluation of internal audit performance Annex B: Head of Internal Audit Annual Report |
| Author contacts | Lindsey Mallors , Assistant Director of Audit and Risk Assurance and Freedom to Speak Up Guardian Any enquiries to: GovernanceTeamMailbox@gmc-uk.org |
| Sponsoring director/ Senior Responsible Owner | Charlie Massey , Chief Executive |

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Audit and Risk Committee report to Council

Background

- 1 The Audit and Risk Committee provides Council with independent assurance on the effectiveness of arrangements established by the Executive to ensure the:
 - integrity of the financial statements
 - effectiveness of the systems of internal control, governance and risk management
 - adequacy of both the internal and external audit services.
- 2 The Committee has met three times since its last report to Council, including an in-person meeting in Manchester in March. We have held two seminars, one covering how we build confidence and trust as a regulator led by colleagues in Strategic Communications and Engagement, and the other covering financial accounting training tailored specifically for the role of ARC members delivered by independent member Ken Gill.

Current position on audit activity

- 3 Ten audit reviews have been completed since the last report. These are outlined in paragraph 14.
- 4 Areas to bring to Council's attention arising from the Committee's responsibilities and activities are outlined below.

Risk management

- 5 The Committee continues to be able to assure Council that risk management arrangements are in place and operate effectively. We fulfil our risk assurance role by:
 - conducting an unscripted, open risk discussion at the start of every meeting
 - using risk as the basis for our approach to oversight and scrutiny bringing a balanced consideration of forward-looking risks and issues alongside a backward look through audit work to gain assurance on systems of internal control and risk management
 - considering the Corporate Opportunities and Risk Register each meeting
 - overseeing delivery of an internal audit programme of work which is risk driven.
- 6 This gives us confidence that the statement we are making as charity trustees in this year's Annual Report, is an accurate reflection of the risks that the organisation has and continues to manage.
- 7 Of the incidents and lessons learned reported to the Committee through significant event reviews, there are none we considered met the threshold for reporting to the Charity Commission which needed to be brought to Council's attention for a trustee decision.

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Audit and Risk Committee report to Council

Internal audit management arrangements

IA performance 2021

- 8** The annual evaluation of internal audit's performance which takes account of views of Committee members, Executives and auditees, and assesses the key performance indicators for the internal audit service was scrutinised in March. The summary report is attached at Annex A. We are pleased to note that satisfaction with Internal Audit from all key stakeholders remains good. In particular, there is confidence in the Team's work and contribution to GMC business, and audit continues to have visibility across the organisation.

Procurement of internal auditor provider contract for 2023

- 9** The contract with BDO is due for renewal at the end of 2022 and we are part way through a tender exercise. The evaluation panel to make an appointment recommendation is being chaired by Paul Knight. The panel includes two further members of the Committee, the Director Resources, Head of Procurement, Head of Education QA (as an end user representative) and the Assistant Director Audit and Risk Assurance.

Head of Internal Audit annual report

- 10** The annual report and opinion from the Head of Internal Audit is attached at Annex B. The opinion is given in accordance with the Institute of Internal Auditors Practice guidance in the context of a risk-based audit programme which the Committee had agreed and has been delivered with appropriate audit resources and skills. The Committee spent time reflecting on the report, noting its robustness and the value of the qualitative information provided.
- 11** Overall, there is substantial assurance that the systems of governance, risk management and internal control in operation during 2021 were generally well designed and working effectively to ensure the achievement of the GMC's objectives, with the exception of arrangements for handling employment tribunal cases in relation to the GMC being a qualifications body under section 54 of the Equality Act 2010. In this respect, the opinion has given reasonable assurance based on internal audit's confidence that improvement issues will be properly addressed by management. This event has been reported to the Charity Commission in line with their guidance on serious incidents and is discussed further in paragraph 29 of the report. The Chief Executive will provide an update to the Charity Commission once all legal processes are completed.

Delivery of 2022 internal audit programme to date

- 12** To date this year the Committee has received nine audit reports. It has scrutinised the findings and satisfied itself that the management actions proposed are appropriate. The assurance ratings awarded to reports can range from red to green with red/amber, amber and green/amber in between and the ratings for completed audits are given in the following table.

Agenda item M8**Audit and Risk Committee report to Council**

| Audit review | | Assurance rating | | Number of recommendations (high priority) |
|--------------|--|------------------|-------|---|
| 1 | Cross directorate service requests (2021 review) | Green | Amber | 6 |
| 2 | Regulatory reform spot check 3 (2021 review) | Not rated | | 9 (4) |
| 3 | MLA arrangements | Amber | | 7 (3) |
| 4 | ED&I external targets | Not rated | | 0 |
| 5 | Managing stakeholder relationships | Green | Amber | 5 |
| 6 | Corporate social responsibility | Green | Amber | 7 |
| 7 | Legal Team working arrangements | Green | Amber | 9 |
| 8 | Horizon scanning | Green | | 1 |
| 9 | IA recommendations follow up | Green | | 0 |
| 10 | Review of Schedule of Authority and Financial Regulations delegations* | Green | Amber | 10 |
| | Total | | | 54 (7) |

* this was an additional review commissioned by the Chief Executive

- 13** There were four high priority recommendations from the spot check on regulatory reform. Whilst the Committee remains concerned about the scale and complexity of this work, we continue to see progress in the development of the programme. A further spot check is scheduled for June.
- 14** The high priorities relate to ensuring issues relating to the drafting of legislation are proactively managed and communicated across the programme, clarifying roles and responsibilities of key project management office processes and activities, developing an overview that shows how all the workstreams align and further detailing the cross-programme plan.
- 15** With regard to the MLA programme, it is currently transitioning into an implementation and operationalisation phase. To support this, the high priority recommendations relate to refreshing the programme arrangements, including governance, and revisiting the resource and financial estimates for delivery.

Reporting audit progress

- 16** At each meeting, the Committee received an audit progress report, including an update on the status of actions arising from internal audit work. From this report we are confident that

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management take audit recommendations seriously and there is sufficient oversight of progress within directorates.

Significant event reviews

- 17** We have scrutinised two significant event reviews. Both relate to managing operational matters in relation to the GMC's role as a regulator conducting its business. Neither are considered to meet the threshold for reporting as a serious incident to the Charity Commission.
- 18** The first related to a delay in the removal of a doctor from the register. The doctor had made a fraudulent application which did not share FTP history from the medical regulator in Arizona, America. We considered the risks posed by self-declaration of fitness to practise concerns and proportionality of registration checks. Colleagues in Registration are undertaking further work and we will return to the review at a future meeting. The second related to a delay between referral of a case to the Legal Preparation Team and listing it for an MPT Hearing.

Trustees' Annual Report and Accounts 2021

- 19** At its meeting on 26 May, the Committee scrutinised the Annual Report and Accounts 2021 and received the Audit Findings report of the external auditor. The Committee's independent members, both qualified accountants, had undertaken a thorough review of the accounts. Prompted by their feedback, the disclosure around senior management pay has been strengthened.
- 20** The Committee met privately with the external auditor, Naziar Hashemi, before the meeting discussion. Naziar confirmed that the audit had run smoothly. She explained the drivers for her judgement on the associates and pensions provisions, and explained the final checks before the accounts would be presented to Council for approval and the formal audit opinion issued.

Raising concerns

- 21** In May we received the Freedom to Speak Up Guardian's Annual Report 2021. This provides us with assurance on the GMC's continuing work and commitment to developing a safe, inclusive and transparent working environment and providing a confidential route for colleagues who want to raise a concern. The Report will be included on the June Council meeting agenda.

Adding value

- 22** The Committee continually challenges the business on continuous improvement and itself on how it can add value. Over the last 12 months we have increased our knowledge of the organisation's activities, specifically selecting seminar topics to improve understanding of

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operational areas, and visiting the Clinical Assessment Centre, Hearing Centre and Call Centre in Manchester. Our internal and external auditors provide regular insight sessions to share broader external environment issues to challenge our thinking and we circulate periodic publications in relation to European and global risks.

23 We also:

- remain clear on our role and purpose
- continue to hold management to account by calling directors and senior staff to meetings to respond to the findings from audit reviews and following through on the implementation of audit recommendations
- have regular dialogue between the Chair and Assistant Director of Audit and Risk Assurance outside meetings
- update Council on emerging issues and sharing of key issues as they arise
- hold regular meetings between the Chair of Council and the Chair of the Committee.

24 Auditees attending the Committee, unprompted, report that audit work have provided useful findings and learning which enables them to continually improve their activities. Observers at meetings also report that the Committee appears robust in conducting its business.

Annex A

Review of internal audit performance 2021

Background

Approach to review of performance

- 1 The annual review of internal audit performance is drawn from four sources of information:
 - Committee satisfaction survey
 - Executive satisfaction survey
 - auditee satisfaction survey
 - analysis of audit key performance indicators.
- 2 These provide a rounded view from stakeholders and hold internal audit to account against agreed KPIs. Collecting the same data year on year allows us to see trends in performance over time to identify areas for improvement. Our approach is considered robust by the Institute of Internal Auditor's External Quality Assurance Assessor.

Summary of findings

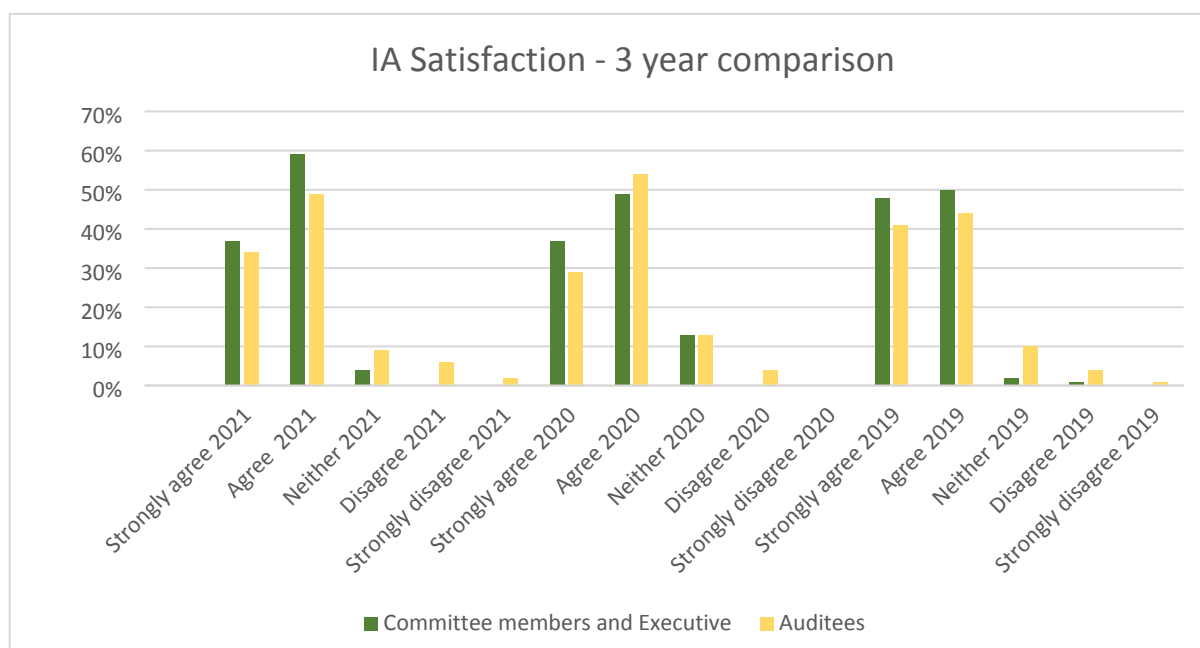
Stakeholder satisfaction

- 3 Detail on the context and backdrop to IA activity in 2021 was provided in the Head of Internal Annual Opinion (see supplementary pack in Board Intelligence). This is the seventh year of working with BDO (previously Moore Stephens) and over this period we have seen a strong and consistent level of satisfaction and performance. For members and Executive the satisfaction survey is in three sections covering internal audit expertise and reporting, independence and relationships, and value added. Respondents are asked to rate a number of statements from strongly disagree to strongly agree.

- 4 The auditee satisfaction survey (which is distributed throughout the year as audits are completed) has sections on internal audit scoping and planning, communication and conduct, and audit reporting. Again, respondents are asked to rate a number of statements from strongly disagree to strongly agree with a not applicable option as not all colleagues are involved in every stage of the audit cycle. There is also the opportunity to comment on service improvement.
- 5 Performance remained good in 2021 in all forms of stakeholder satisfaction measurement which perhaps, in part at least, reflects the values and commitment the GMC demonstrates to audit colleagues and the audit team’s continuous efforts to work in a collaborative way with a focus on adding value.
- 6 The following table summarises the overall stakeholder satisfaction responses for 2021.

| Satisfaction level | ARC and Executive | Auditees |
|--------------------|-------------------|----------|
| Strongly agree | 37% | 34% |
| Agree | 59% | 49% |
| Neither | 4% | 9% |
| Disagree | 0% | 6% |
| Strongly disagree | 0% | 2% |

- 7 The graph below illustrates satisfaction levels with performance over the last three years. This shows a positive consistent trend.



Key performance indicators

8 We have six agreed key performance indicators for audit delivery. Performance for 2021, with comparators for 2020 and 2019, are in the table below.

| Performance indicator | 2021 performance <i>(2020 and 2019 in italics)</i> |
|--|--|
| Scoping meeting held two-four weeks in advance | 100% <i>(100%, 100%)</i> |
| Scope approved by sponsor five days in advance | 100% <i>(93%, 100%)</i> |
| Close meeting held | 100% <i>(100%, 87%)</i> |
| First report draft within ten days | 85% <i>(93%, 80%)</i> |
| Management responses within ten days | 85% <i>(71%, 93%)</i> |
| Final report within five days | 95% <i>(71%, 93%)</i> |

Learning for 2022

- 9** Last year’s report commented on the successfulness of being able to move to remote auditing quickly and we have continued working in this way during 2021. As the GMC transitions into new ways of working the audit team is also transitioning and remains flexible. We had planned a face-to face audit for the clinical assessment centre which had to be postponed at short notice due to omicron and is now scheduled for May 2022.
- 10** For reviews in 2022, we will assess at the scoping stage, whether aspects of the audit will benefit from being conducted in person. Based on the auditee feedback we will also:
- ensure any changes to audit scope and direction whilst work is underway, are properly communicated to the wider team (this happens rarely and not without consulting the Head of Internal Audit, but reviews do need to remain flexible depending on what emerges to ensure they remain relevant and of value)

- continue to ensure a focus on planning, minimising disruption to BAU, and clarity of timeframes (recognising that these can change at the request of the auditee or auditor but should be agreed and clear for both parties)
 - continue supporting auditor preparation and understanding of the area due to be reviewed in advance (noting the comments in relation to the MPTS review in particular).
- 11** We would also want to maintain all the positives noted this year, including:
- the robustness of scoping and planning discussions which continue to include building in for all visits the 'value add' identified by auditees
 - the professionalism and conduct of audit team members
 - the opportunity to provide comments and ensure reporting is factually accurate.
- 12** We will also maintain the practice of scopes including a section on GMC behaviours and values providing more focus for auditors to include exploration with interviewees on the cultural aspects of how teams operate and how the business is responding more generally to new ways of working.
- 13** Both the Assistant Director Audit and Risk Assurance in their capacity as Head of Internal Audit and senior BDO colleagues, remain focused on delivering a service which is robust, independent, customer focused (recognising the various customer stakeholders) and professional. We have had an initial discussion on the results and will explore these in greater depth at the next contract meeting. BDO has also updated our Quality Assurance and Improvement Plan which is elsewhere on the agenda.

Annex B - Head of Internal Audit annual opinion for 2021

Executive summary and opinion

Introduction

The delivery of internal audit services and basis for opinion

- 1 The GMC's internal audit service continues to be delivered through a co-sourcing model. Internal audit work is planned and conducted in accordance with the International Standards for the Professional Practice of Internal Auditing and reflects the ethos of the Public Sector Internal Audit Standards.
- 2 The Standards include a requirement for the Head of Internal Audit to provide a summary of internal audit work undertaken to formulate an annual opinion (Standard 2450) on the overall adequacy and effectiveness of an organisation's framework of governance, risk management and system of internal control based on the work performed. An external quality assessment conducted by the Institute of Internal Auditors in late 2019 evidenced that the GMC internal audit conforms to the Standards.
- 3 This report:
 - provides an element of assurance to the Chief Executive and Registrar, ARC and Council on the areas reviewed and supports their relevant governance statements which will be included in the Annual Report and Accounts 2021
 - briefly summarises internal audit activity for 2021 – all of which has been reported to the ARC in full, and in summary to Council through the Committee's regular reporting
 - highlights assurance ratings from individual pieces of work and any key issues and high priority recommendations arising.

Criteria when expressing an annual opinion

- 4 The Chartered Institute of Internal Auditors is currently developing criteria that would enable calibration of opinions between organisations. Their guidance includes an illustrative framework which the GMC has adopted covering:

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

Head of Internal Audit opinion

Approach

- 5 Subsequent to the COVID-19 pandemic in March 2020, the audit programme was adapted to focus on the emerging threats created by the pandemic. In 2021, audit continued to deliver a flexible programme, including focus on how the GMC was continuing to respond to the pandemic and plan for future recovery and new ways of working. In addition, it has provided advisory assurance support to the development of the GMC’s major regulatory reform programme through three spot checks undertaken in February, June and November.

- 6 The opinion takes together the assurance ratings and recommendations of individual reviews, management’s responsiveness to recommendations and the direction of travel with regard to systems of internal control, governance and risk management. It is given against a continuing backdrop of external turbulence not only from the pandemic but also the UK’s transition to Brexit and the wider government regulatory reform agenda, and in the context of an organisation testing and adapting its resilience in the face of uncertainty.

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

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Annual opinion

8 Having adopted the approach outlined above, and reflecting the maturity of the GMC's risk management, ability to adapt systems of governance and operational processes at speed, overall **substantial assurance** can be given that the systems of governance, risk management and internal control in operation during 2021 were generally well designed and working effectively to ensure the achievement of the GMC's objectives, **with the exception of** arrangements for handling employment tribunal cases in relation to the GMC being a qualifications body under section 54 of the Equality Act 2010 where there is **reasonable assurance** and internal audit has confidence that improvement issues will be properly addressed by management. This event has been reported to the Charity Commission in line with their guidance on serious incidents and is discussed further in paragraph 29.

9 This opinion is based on:

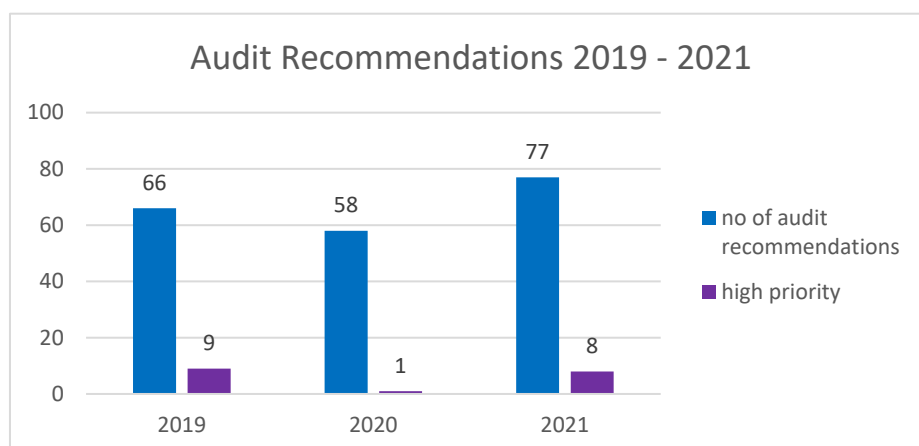
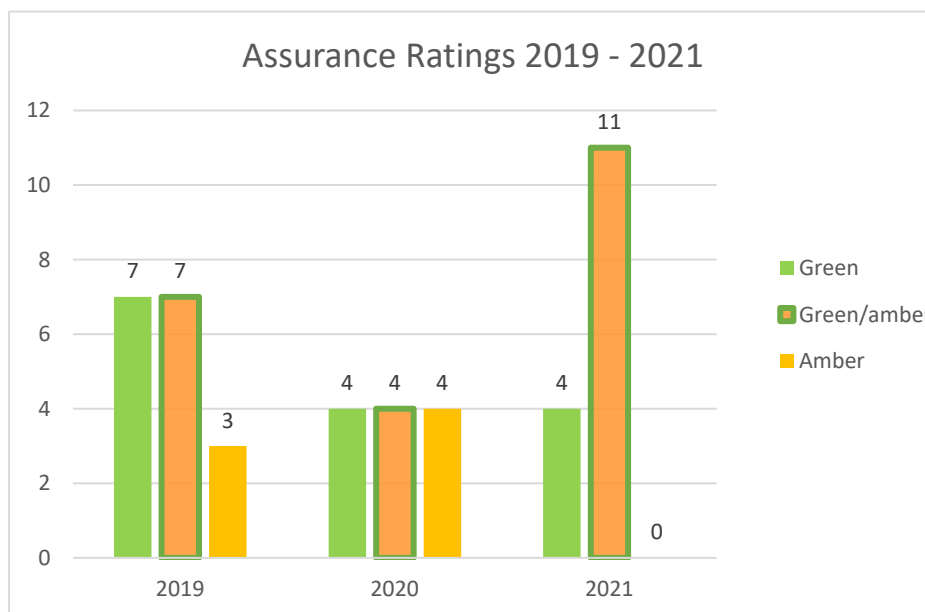
- outcomes of audit work, significant event and learning reviews for 2021
- management's approach to implementation of the recommendations raised in audit reports
- outcome and analysis of significant event reviews undertaken in 2021
- insight into the control environment through:
 - arrangements for setting and monitoring business objectives
 - risk management
 - information for decision-making
 - performance reporting
 - financial management and reporting.

10 There have been no significant changes in organisational objectives or systems during 2021 and no specific matters arising from previous audit activities that impact on this year's opinion. The GMC has a history of management responsiveness to the implementation of audit recommendations which has continued in 2021.

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11 The graphs below summarise rated audit outcomes and recommendations for the last three years. These evidence consistent performance supporting the substantial opinion awarded again for overall systems of control, governance and risk management.



* All 8 high priority recommendations for 2021 have been generated from the advisory spot checks to support regulatory reform.

Delivery costs

12 The full year audit and risk assurance costs were £433k (£384k in 2020) in the draft accounts against a budget of £389k (£391k). This includes audit supplier costs of £205k for the audit plan delivery (budget £205k) and £52k for significant event and learning reviews commissioned by the Executive.

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Audit and Risk Committee report to Council

Basis for the annual opinion

Introduction

- 13** The Council is responsible for the GMC's system of internal control, governance and risk management in delivering the organisation's strategic aims. It has put in place arrangements to provide assurance on the overall effectiveness of delivery of the corporate objectives and the internal audit function supports the assessment and understanding of how well those arrangements are working in practice. Individual audit engagements provide specific targeted assurance, the annual opinion provides macros assurance over a defined period of time, January – December 2021.
- 14** Internal audit also aims to be a stimulant for positive change, supporting continuous improvement across the organisation. This independent opinion contributes to the assurance available to the Chief Executive, Executive, Audit and Risk Committee and Council in making their own assessment of the effectiveness of the arrangements in place and their governance and risk statements made within the Annual Report and Accounts.

Completing the audit plan 2021

- 15** The opinion is primarily based on work completed to the end of December 2021 and is drawn from delivering a risk-based, balanced audit plan, approved by the Committee in November 2020. In total, internal audit has delivered 16 audits, three spot checks, three significant event reviews, and a learning review. Reviews on managing strategic engagement and relationships, and on arrangements to support delivery of the GMC's external facing ED&I targets are currently being undertaken. Both were included in the audit programme for 2021 and are being conducted remotely. An onsite review of Clinical Assessment Centre operations due in January has been postponed as the Centre is closed due to the current COVID situation. Should any significant findings arise from these reviews, the overall opinion will be reassessed.
- 16** The GMC's assurance framework provides a summary representation of the organisation's activities and control framework illustrating the sources from which assurance is documented, including internal audit at the third line of defence. The HoIA opinion also takes account of assurance from other providers, including the work for example, of assessment such as external audit, or accreditation with ISO or BSI which are standards agreed by experts in a particular field internationally.

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Audit activity detail

Analysis of 2021 programmed reviews

17 The individual reviews are noted in the table below. All have been reported and scrutinised by the Audit and Risk Committee. The audit ratings where given, are based on a five-point scale of green through to red.

| Audit review | | Assurance rating | | Number of recommendations (high priority) |
|--------------|--|------------------|-------|---|
| 1 | Curricula approvals | Green | amber | 3 |
| 2 | Anti fraud arrangements | Green | | 3 |
| 3 | Education Quality Assurance | Green | | 3 |
| 4 | Procurement arrangements | Green | amber | 4 |
| 5 | Raising concerns and whistleblowing | Green | | 1 |
| 6 | Governance Team working arrangements | Green | amber | 7 |
| 7 | Payroll | Green | amber | 6 |
| 8 | Corporate Strategy progress reporting | Green | amber | 4 |
| 9 | FTP COVID complaints handling | Green | amber | 7 |
| 10 | Outreach implementation progress | Green | amber | 6 |
| 11 | BS10008 (delivered by a separate external supplier) | 4 minor non- | | |
| 12 | Pandemic recovery and renewal progress | Green | | 4 |
| 13 | Cyber security | Green | amber | 2 |
| 14 | Risk management in projects | Green | amber | 4 |
| 15 | MPTS notification of hearings and postponement arrangements | Green | amber | 3 |
| 16 | ISO27001 | Green | amber | 7 |
| 17 | 3 advisory spot checks re preparations for regulatory reform | Not rated | | 13 (8) |
| - | | | | |
| | Total | | | 77 (8) |

18 The work undertaken in 2021 raised 77 recommendations. The first and second spot checks completed in March and June, raised 4 high priority recommendations related to ensuring robust governance and programme arrangements were established. The third spot check in November, confirmed

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progress in implementing these recommendations and raised a further four high priority recommendations relating to the co-ordination and communication across the programme of any issues relating to the drafting of the legislation, ensuring the roles and responsibilities for key PMO processes and activities are clear, developing an overview illustrating how the 14 individual workstreams align, and developing a more detailed cross-programme plan which fully integrates the different workstream activities.

- 19** Cyber security penetration testing forms an annual part of the assurance programme. This year, two phishing campaigns were exercised, conducted by BDO Cyber Security specialists. The campaigns focused entirely on cyber security awareness amongst GMC employees and did not test any central technical or operational controls which were deliberately not activated. Benchmarking data suggests the organisation is not out of line with other organisations and there was an improvement on results from the previous year. The GMC's Team continue to focus on employee education and have recently released refreshed mandatory phishing training.
- 20** The Assistant Director Audit and Risk Assurance separately commissioned an independent review of the GMC's BS 10008 (the British Standard for best practice in the implementation and operation of electronic information management systems) to which the GMC became fully accredited in 2016. The GMC is one of only a few organisations to hold BS 10008 accreditation. As in previous years, the independent reviewer was complimentary about the work of the Team concluding that the information management system at the GMC is effective in ensuring the trustworthiness of electronic information. In particular, they were impressed with the GMC's ongoing response to the pandemic and the organisation's ability to maintain standards.
- 21** In November 2021 the GMC and MPTS again successfully achieved re-certification to the ISO 27001 standard. ISO 27001 sets out the requirements for a comprehensive set of controls based on best practice in information security management systems. This provides independent assurance of the GMC's ongoing commitment to the protection of the information it holds.
- 22** At the request of the CEO, internal audit also conducted a learning review in to delayed information sharing by a Trust to the GMC regarding a specific concern about a doctor with relevance for the Northern Ireland Independent Neurology Inquiry. The review concluded that there were a number of specific circumstances which converged and contributed to the inadequate information sharing. Whilst there were no material weaknesses in the GMC's process of

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handling the issue there were important learning points in how the matter was handled internally between teams and individuals across different parts of the GMC, how decision-makers are appraised of all relevant information, and implications of the timing of communications with an external body.

- 23** Stepping back and taking an overall view of the results of the audit work completed in 2021 demonstrates that the GMC is a resilient organisation with a core purpose of patient safety which is well understood across the workforce. Evidence shows mature risk management arrangements underpin confidence and ability to adapt to external environment challenges and a positive attitude and culture of continuous learning and improvement.
- 24** The GMC recognises that it has an opportunity to change its ways of working and how it can influence the wider health system to increase efficiency and impact for patients and doctors. The setting of three ambitious new ED&I targets in February 2021 is a prime example of holding itself to account with a recognition and willingness to engage in influencing others in the system who have different powers and abilities to effect change.
- 25** Culturally, the ongoing pandemic has forced the GMC to apply a more pragmatic approach to much of its work. It continues to sharpen its focus on the importance of prioritisation and the process in place for the scrutiny of new initiative bids or requests for other additional funding introduced in 2020 is now well established. This more structured and disciplined approach has been evident in to the 2022 business planning and budget cycle which Council approved in December.

Significant event reviews

- 26** A significant event is where an incident did or could have had the potential for a material adverse effect on the organisation. Carrying out a review allows identification of how the incident occurred and the learning from this to strengthen controls for the future where appropriate. The Audit and Risk Assurance function provides guidance, support, challenge and independent quality assurance over significant event reviews (SERs), their findings and action plans.
- 27** There have been three SERs reported since the last HOIA opinion in March 2021. The first, completed by MPTS and overseen by internal audit, was in relation to email communications being sent to a doctor two days after the GMC had been informed of their death. It is not known whether anyone accessed those communications. However, the incident highlights the potential for

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Audit and Risk Committee report to Council

distress to the public and reputational damage to the GMC if its process for managing communications following a doctor's death does not operate as intended. A number of changes to the notification process have now been implemented to strengthen controls.

- 28** The second SER related to a data breach when sensitive information was inadvertently shared in response to a FOI request. The SER was conducted locally with oversight by internal audit. The Information Commissioner was notified in line with the statutory GDPR notification process but they decided not to investigate or take action and subsequently closed the matter. The review concluded that the event was avoidable and that there is a need to increase measures to prevent data sets containing confidential information and information for external disclosure being sent around the organisation. A number of additional steps are now being taken to mitigate the risk of such a disclosure occurring again.
- 29** The final SER, conducted by BDO, covers the learning from the Employment Tribunal judgment in the case of Mr O M A Karim. In June 2021, Mr Karim, a registered medical practitioner, brought a claim of race and religious discrimination against the GMC, (a Qualifications Body for the purposes of sections 53 and 54 of the Equality Act 2010), in relation to the handling of a complaint regarding his fitness to practise. The judgment found that the complaint of direct race discrimination was well founded and succeeded. The complaint of discrimination on the grounds of religion and belief was not well founded and was dismissed.
- 30** Following an extraordinary Council meeting, the GMC took the decision to appeal the judgment on the basis that the Tribunal wrongly concluded that disproportionate referrals to the GMC by employers constitutes evidence of direct discrimination in Mr Karim's case. A date for the hearing is awaited.
- 31** A significant event review was instigated immediately with the purpose of understanding what had contributed to the judgement finding, and to inform future ways of working and wider organisational learning.
- 32** Separately, the GMC wants to test that existing systems, controls and approaches on mitigating bias, monitoring differentials and promoting fairness across its regulatory functions are as robust as possible, both for now and the longer-term. This work is one of nine core priorities that feature in the 2022 GMC business plan, with a view to ensuring any learnings identified through this

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work become a blueprint for how the GMC embeds stronger fairness controls in its processes as part of the government's regulatory reform agenda.

- 33** The review did not identify weaknesses in controls but did highlight a number of areas for improvement including in relation to witness handling, ED&I role specific training for decision-makers, and greater governance visibility of the thresholds associated with the risk management of legal cases. Management has an action plan and will be reporting progress regularly to the Audit and Risk Committee. Wider strategic work is also gaining momentum and internal audit will be reporting on its review of the arrangements in place to support delivery of the externally facing ED&I targets in the spring.
- 34** The Charity Commission requires the GMC to report serious incidents as defined by their trustee guidance:
- harm to people who come into contact with your charity through its work
 - loss of your charity's money or assets
 - damage to your charity's property
 - harm to your charity's work or reputation.
- 35** The case of Mr Karim and the Employment Tribunal judgment reached the threshold for reporting and the GMC will keep them abreast of the outcome when the appeal is heard.

Risk management

- 36** As evidenced by audit review, risk thinking is inherent in discussions and operations at all levels of the business, including the management of corporate projects. There is a mature set of risk management arrangements embedded in day-to-day activities and risk registers are used as a tool for identifying, articulating, monitoring and managing operational and project risks.
- 37** Risk thinking is also integral to the work of the Audit and Risk Committee. It's open forum risk discussion at the start of every meeting provides the opportunity to consider both current risks the GMC is facing and emerging areas in the wider external environment which may impact on its activities and whether these are appropriately captured in the Corporate Opportunities and Risk Register.

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- 38** During 2021, the wider context has continued to be dominated by the pandemic. The GMC continues to adapt to external circumstances, for example, reflecting COVID contexts in FTP decision-making, continued MPTS hearings remotely, developing interim circuits for PLAB2 clinical assessments. The priority has continued to be protecting patients, supporting the medical workforce, and the health and wellbeing of its own colleagues. At the same time, it has continued to look at opportunities to improve how the business is managed and the working environment.
- 39** Alongside managing the response to the pandemic other risk priorities have continued to progress. As well as considering the requirements and implications of regulatory reform, priorities have included:
- managing preparations for the impact of Brexit
 - preparing for introduction of the Medical Licensing Assessment in 2024
 - responding to a range of important public investigations and inquiries.
- 40** The ability to handle such diversity of risks and continually scan the wider external horizon for emerging threats and opportunities against the pandemic backdrop, illustrates the maturity of the GMC's risk handling and its resilience.

Next step

- 41** The opinion will be shared with Council and published on the intranet for all colleagues, alongside the internal audit programme 2022. If there are any significant findings from the outstanding 2021 internal audit activity, the CEO and ARC Chair will be notified immediately and a further report will be made to the Committee.

M9 - 2021 Annual report and accounts, and 2021 National reports

| | |
|--|--|
| Action | To approve |
| Purpose | As a registered charity, we are required to produce a Trustees' Annual Report and submit it to the Privy Council for laying before the Houses of Parliament, and to other authorities. As part of regulatory reform, we will soon be required to also submit annual reports about our work to the Northern Ireland, Scotland and Wales legislatures. We are submitting final drafts of these four reports for approval by Council. |
| Decision Trail | The versions of the reports we are submitting incorporate feedback from Communications colleagues, the National Offices, the CEO, the Executive Board, selected Council members, the Chair and ARC. |
| Recommendations | <p>Council is asked to:</p> <ul style="list-style-type: none"> a Approve the Trustees' Annual Report and Accounts 2021 (Annex A) b Approve the 2021 Accounts (Annex B) c Approve the Letter of Representation (Annex C) d Approve the National reports for Northern Ireland, Scotland and Wales (Annexes D, E and F) e Authorise the Chair of Council to sign the Annual Report and Accounts 2021 and the Letter of Representation on behalf of the Trustees |
| Annexes | <p>Annex A: Draft Trustees' Annual Report and Accounts 2021</p> <p>Annex B: Draft Accounts 2021</p> <p>Annex C: Draft Letter of Representation</p> <p>Annex D: Draft 2021 Northern Ireland Report</p> <p>Annex E: Draft 2021 Scotland Report</p> <p>Annex F: Draft 2021 Wales Report</p> |
| Author contacts | <p>Siobhán Murphy, Publications Editor</p> <p>David Donnelly, AD for Finance</p> <p>Andrea Bardelli Danieli, Head of Marketing Communications</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p> |
| Sponsoring director/ Senior Responsible Owner | <p>Paul Reynolds, Director of Strategic Communications and Engagement</p> <p>Neil Roberts, Director of Resources</p> |

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2021 Annual report and accounts, and 2021 National reports

Background

- 1 As a registered charity, we are required to produce a Trustees' Annual report, for submission to the Privy Council, the Charity Commission, the Office of the Scottish Charity Regulator and the Northern Ireland Assembly. Our main objectives in producing the report are:
 - to meet regulatory and legal requirements set out in the Charity Commission's Statement of Recommended Practice (SORP), explaining what our charitable purpose is and how we have delivered it, and providing our annual accounts and financial statement, showing how money has been spent.
 - to promote audience understanding of the impact and public benefit of our work.
 - to provide the information in an engaging, accessible and inclusive format.
- 2 As part of regulatory reform, we also expect to be soon formally required to submit reports to the Northern Ireland, Scotland and Wales legislatures, focusing specifically on the work we have done in these countries. To prepare for this requirement, last year we produced a first run of these National reports. As once the formal requirement to submit them applies, these reports will be formally submitted as coming from our Trustees, this year we are also submitting them to Council for approval, as a further step to get us ready for when requirement starts to apply.
- 3 Both the Annual report and the National reports provide a description of our priority activities and examples of the impact of our work - giving a cohesive picture of the positive impact our work has on patients, doctors and the UK's healthcare systems as a whole.
- 4 The reports were discussed and approved by ARC at its May meeting. This followed a review of previous drafts of the Annual report by Council member Suzanne Shale on behalf of ARC, and of the National reports by Council members Deepa Mann-Kler, Paul Knight and Steve Burnett (respectively for the Northern Ireland, Scotland and Wales reports) - as well as a detailed scrutiny of the financial section of the Annual Report by co-opted members of ARC, who were supportive of it.
- 5 As in previous years, the MPTS will produce a separate Annual report to Parliament. We will signpost to it from these reports where relevant.

The 2021 Annual Report

- 6 This year's Annual report includes the following sections:
 - *2021 at a glance* – featuring data about the medical register and about our work to set and maintain standards in medical education and practice, including by addressing fitness to practise concerns.

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2021 Annual report and accounts, and 2021 National reports

- *Delivering our strategy* – a focused narrative on the work we have done in 2021 to pursue the goals of our 2021-2025 corporate strategy.
- *Corporate social responsibility* – an overview of some of our initiatives and work to become a more socially responsible organisation.
- *Our structure, governance and management* – information on our structure, governance and management, in line with reporting requirements.
- *Audit and risk committee report* – a review of the operational and strategic risks we faced in 2021, and the steps we took to mitigate these.
- *Financial review, Accounts and Independent Auditors Report* – providing a summary of the organisation’s financial position and detailed information about our accounts. *Note:* the Accounts are being provided as a separate Annex in this set of papers (Annex B) – they are still in the process of being laid out as part of the Annual report and will eventually be integrated into it from page 81 onwards (left blank in the copy of the report provided at Annex A).

Draft 2021 Accounts

- 7 The accounts for the year ended 31 December 2021 have been prepared in accordance with the Charities Statement of Recommended Practice (FRS 102). They have been prepared on a consolidated basis to include the trading subsidiary GMCSI.
- 8 In 2021, we generated unrestricted income of £119.7 million, which was £11.4 million higher than 2020. This was due to the increase in the size of the register and the impact of running more PLAB tests in 2021 than 2020, plus the subsequent increase in new applications to the register.
- 9 In addition, the Department of Health and Social Care (DHSC) of the UK government provided £2.6 million of funding in 2021 to continue implementation work to bring physician associates and anaesthesia associates into regulation by the General Medical Council.
- 10 We also generated £4.9 million of gains on our investments in 2021. This was higher than 2020 due to the impact of the early stages of the pandemic on financial markets.
- 11 Our unrestricted charitable expenditure in 2021 was £117.9 million, which was an increase of £11.3 million compared with 2020. In 2020 tribunals and PLAB 2 tests were temporarily postponed and restarted in the second half of the year. We increased capacity for both tribunals and PLAB tests in 2021, which allowed us to process some of the work built up during the temporary closures, which increased costs.
- 12 The funding provided by the DHSC is restricted in nature, and so is shown separately in the accounts. It was fully spent in 2021, with £0.9 million used to develop IT systems, which is capital in nature, creating a restricted asset on the balance sheet.

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2021 Annual report and accounts, and 2021 National reports

- 13 We set an efficiency target to generate savings of £1.5 million, which we felt was a realistic target considering the challenges the pandemic has brought to our operating environment. We managed to deliver cost savings of £1.9m million by realising savings through implementing virtual tribunals and deferring recruitment to vacant posts.
- 14 Our 2021 accounts include a provision of £3.7 million to reflect potential additional costs that may arise following the outcome of an employment tribunal which may have implications for a wider group of individuals.
- 15 The accounts also include a dilapidations provision £2.9m in 2021, which is an increase of £1.9m from 2020 and reflects our current obligations from building leases.
- 16 Based on our analysis of cash flows and the risks facing the organisation, our policy is to maintain free reserves in the range of £25 million to £50 million. Our free reserves at the end of 2021 are £45.2 million.
- 17 There are no material uncertainties related to events or conditions that cast significant doubt on our financial stability for the foreseeable future.
- 18 The external auditor, Crowe, requires us to provide a Letter of Representation covering the Trustees' responsibilities in producing the financial statements. The draft letter is at Annex C.

The 2021 National Reports

- 19 Besides eventually enabling us to fulfil a formal reporting duty, producing National reports provides us with an opportunity to describe our work and our priorities in Northern Ireland, Scotland and Wales in more detail, profiling our role and our contributions to patient safety specifically in these contexts.
- 20 To achieve this aim, this year's National reports include the following sections:
 - *Our presence* - describing how we are set up to support country-specific work and priorities in the relevant country context.
 - *2021 at a glance* – providing detailed data about the composition of the medical register in the relevant country, and our work to set and maintain standards, including by fitness to practise addressing concerns, in the specific country context.
 - *Our strategy* - a brief, one-page introduction to our new, 2021-2025 corporate strategy.
 - *Our work* – detailing the work we have done to support patients and doctors in the specific country context in 2021.
 - *Looking to the future* – highlighting some of our key priorities for the next few years, including regulatory reform, the GMP review, and the MLA.
- 21 The National reports don't include financial information, as this is available in full in the Annual Report.

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2021 Annual report and accounts, and 2021 National reports

Next steps

- 22** Following approval by Council, the Annual Report will be submitted to the Privy Council to be laid before the Houses of Parliament (as required by Section 52A of the Medical Act 1983), the Charity Commission, the Office of the Scottish Charity Regulator and the Northern Ireland Assembly. The National reports will be submitted to the Northern Ireland, Scotland and Wales legislatures.
- 23** The reports will then be published on our website in an engaging format. Like in previous years, readers will be able to access specific parts of the report separately, depending on their interests. A PDF version of the entire reports will still be available for submission requirements and for readers who prefer them that way.

Report of the MPTS Committee

Paper withheld from publication

The below Annexes are being withheld from publication until they have been submitted to the relevant legislature:

- Annex A - Draft Trustees' Annual Report and Accounts 2021
- Annex B - Draft Accounts 2021
- Annex C - Draft Letter of Representation
- Annex D - Draft 2021 Northern Ireland Report
- Annex E - Draft 2021 Scotland Report
- Annex F - Draft 2021 Wales Report

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

M10 - Fitness to Practise Annual Statistics 2021

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| Action | To approve |
| Purpose | This paper sets out the key statistics on Fitness to Practise activity in 2021 and approval is sought prior to submission to the Privy Council. |
| Decision Trail | Noted at the Executive Board on 3 May 2022. |
| Recommendation(s) | Council is asked to approve the Fitness to Practise Annual Statistics Report 2021 |
| Annexes | Annex A: Fitness to Practise statistics |
| Author contacts | Joanna Farrell , Assistant Director of Investigations Any enquiries to: GovernanceTeamMailbox@gmc-uk.org |
| Sponsoring director/ Senior Responsible Owner | Anthony Omo , Director of Fitness to Practise and General Counsel |

Agenda item M10

Fitness to Practise Annual Statistics 2021

Background

- 1** The GMC has a statutory obligation to produce annual statistics about fitness to practise activity (under Section 52 of the Medical Act 1983 as amended).
- 2** At [Annex A](#) we present data on the volumes and outcomes at each stage of our fitness to practise process in 2021. This includes an explanation of the terms used in the Report and of the key stages of our process.
- 3** Subject to Council’s approval, the Fitness to Practise Annual Statistics Report 2021 will be submitted to the Privy Council to be laid before the Houses of Parliament alongside the Trustees’ Annual Report and Accounts 2021 (which also includes information about our fitness to practise work).
- 4** The paper provides high level fitness to practise data for submission to Parliament and is not intended to provide detailed analysis. Greater analysis and insights are provided in *The state of medical education and practice* in the UK.
- 5** Fitness to Practise data broken down by protected characteristics will be published alongside *the state of medical education and practice in the UK* as in previous years and we are considering providing a more detailed breakdown of the data by protected characteristics in this paper in future. Further consideration is being given to the routine publication of ED&I data as part of the Regulatory Fairness Review, which will be reported to Council later this year.

Fitness to Practise annual statistics

**Paper withheld from
publication**

This Annex A - Fitness to Practise statistics is part of our annual reporting and therefore is being withheld from publication until it has been laid before Parliament.

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

M12 – Compliments and complaints report

| | |
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| Action | To note |
| Purpose | To provide Council with information on our handling of customer complaints from October 2021 – March 2022, identifying key trends and summarising any business improvements that arise as a result of learning from complaints across the organisation. |
| Decision Trail | As agreed at the meeting in November 2017, Council will receive a biannual report on customer complaints and compliments. This is the first update for this year. This report was considered by the Executive Board on 3 May 2022. |
| Recommendation | Council is asked to note the review of customer complaints and compliments and discuss any issues arising from the trends identified |
| Annexes | Annex A: Complaints Report |
| Author contacts | Jennifer Broadley , Head of Corporate Review Team Any enquiries to: GovernanceTeamMailbox@gmc-uk.org |
| Sponsoring director/ Senior Responsible Owner | Sophie Brookes , Assistant Director – Corporate Directorate |

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Compliments and complaints report

Background

- 1 The GMC has ISO 10002 accreditation for customer complaints handling, which is audited annually. The last audit in November 2021 was successful and no non-compliances were identified.
- 2 We will continue to provide information to the Professional Standards Authority (PSA) at their request, in line with their standard. This formalises actions we have already been taking and provides an additional layer of external oversight of our complaints handling.
- 3 As well as complaints about the service provided, we record compliments from our customers. Further details are set out from paragraph 22.

October 2021 – March 2022 trends

- 4 We received 843 complaints in the period. This was an increase of 3% compared with the preceding six months (April – September 2021), where we received 816 complaints. In the same period of the previous year, we received 26% more complaints (1,149).
- 5 We responded to 819 complaints, which was broadly the same volume as the 820 complaints responded to in April – September 2021. In October 2020 – March 2021, we responded to 28% more complaints (1,131), in line with the larger volume of complaints received in that period, where we continued to receive complaints about our response to the pandemic.
- 6 Since the last paper, we have been able to implement an additional closure stage for reporting where complaints have been issued with a template response as part of a wider campaign. These responses accounted for 12% (100) of the responses provided in the reporting period. We replied to a further 71% (582) of complaints with an explanation, compared with 82% (674) for the period April – September 2021. Campaign responses* also provide a further explanation of our approach, taking the combined total of explanations offered to 83% (682 of the total responses sent). In the same period, we apologised for a service failure in 9% (71) of our responses.
- 7 The remaining 8% were either closed with no response, as a result of us previously terminating correspondence, or were signposted to other areas of our processes such as a review under Rule 12 or information access.
- 8 Our complaints policy allows for three stages of escalation. Previous external audits have confirmed that it is important to manage the expectations of our customers and not to unfairly raise their expectations by engaging in lengthy, repetitive correspondence. Taking this into account, the Corporate Review Team send the intended final response and explain that we have exhausted all of the mechanisms available to us to address their complaints. Our letters also set out that, absent of new information, we will not be responding further on the issues related to that complaint. To contextualise, of the 843 complaints received in this period, only 4% (35) were then considered under stage three of our complaints policy, with 78% (660) of the total complaints received being resolved at the first stage of the process. In

* We will sometime receive large amounts of correspondence relating to the same issue, such as an article on our website, from external parties. When these are received, a standard response is sent and is categorised as a 'campaign response'

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Compliments and complaints report

31 complaints, we received no further correspondence and four reiterated their complaints but were not responded to in line with our policy.

- 9 Of the complaints dealt with under the final stage of our complaints process, 29 of the 35 were from doctors. It is worth noting, though, that 618 of the complaints we responded to at the first stage of our processes were from doctors, with only 67 requiring an additional response at stage two. It is positive to note that the vast majority of our complaints are resolved at the first stage both from doctors and members of the public. Between October 2021 – March 2022, we received 23 complaints from members of the public, with 61% (14) receiving a single response, 26% (6) requiring a stage two response and 13% (3) escalating to the final stage of our complaints process
- 10 We met the 10-day service level agreement (SLA) in 85% of cases, a slight decrease in comparison to the 91% reported in the last paper. The organisation's SLA is for complaints to be responded to within 10 working days in 90% of cases, although R&R work to a directorate target of a 95% SLA. Some teams have been impacted by resource shortages, and annual leave over the Christmas period. In all cases where the SLA was likely to be missed, customers were made aware of the delay and advised that we were looking into their concerns.
- 11 Council asked us to consider whether there were any emerging trends in the complaints we received about our response to the pandemic. Since March 2020, we have received 790 complaints relating specifically to our pandemic responses and there are two notable common complaints. 74% (583) of these related to the cancellation of PLAB 1 or PLAB 2 assessments when exams had been cancelled either because of UK or specific country guidance in place at the time of the exam. A further 15% (116) were in relation to our emergency registration provisions.
- 12 Overall, complaint volumes have continued to decrease. In the same period last year, we received 26% more complaints (1,149).
- 13 We have continued to log complaints which feature an element of equality, diversity and inclusion/Equality Act issues. There were 53 (6%) in this period. This was a decrease on the 64 recorded in the previous six months. In each of the 53 complaints, we were satisfied the complainant had been dealt with as their comparator would have been and there was no evidence of discrimination.
- 14 As with the previous paper, the majority of complaints are recorded by R&R. This is in the context of that directorate having by far the most interactions with doctors and the public, in handling doctors coming on and off the register, revalidation, contact centre enquiries and PLAB appointments.
- 15 For example, although 744 complaints were recorded, over 91,000 calls were received by the Contact Centre. We also provided 6,238 places for PLAB 1 and revalidated 27,331 doctors.

Business improvements

- 17 In the last report, we highlighted several improvements we had carried out. Since updating the tone and content of our standard emails to doctors about their annual return submission, we have not received any further complaints in this area.

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Compliments and complaints report

- 18** Similarly, we reminded colleagues about the importance of the timing of communication, particularly when it related to the disclosure of an investigation to a doctor. Generally, we ask colleagues to avoid sending information which may be difficult for a doctor to receive late on a Friday because there is limited support available over the weekend. As a result of this reminder, we have not received any complaints about our communication in this period.
- 19** As a result of feedback and complaints, we have identified a further seven improvements between October 2021 – March 2022. To date, we have carried out four improvements:
- a** One customer wrote to us to let us know that a publication on our website used out-of-date terminology to refer to Libya (the country's name changed in 2011 following the ousting of the Ghaddafi government). We updated this publication, and reviewed all documentation, publications and webpages to make sure that they were all correct.
 - b** We have updated our GMC Online screenshots to make it clearer that doctors do not need to provide three reasons for leaving the register and to highlight which sections are compulsory.
 - c** We are reviewing our guidance and updating our systems to hide inactive programmes, which will make our website easier to use and improve the process for adding a trainer to the system.
 - d** With colleagues from FTP and the Contact Centre, we have put together a package of training with an external provider around managing calls with challenging or vulnerable customers to better support staff during those interactions.
- 20** Since the last paper, we have continued our business improvement work in the following areas:
- a** The R&R and Corporate directorates are collaborating on a piece of work around escalated complaints, where we are asking customers to clarify if they feel any issues have not been addressed in our previous responses;
 - b** Considering how we prioritise review applications compared to new CESR and CEGPR applications, taking into account that review applications have less evidence to consider and therefore take less time;
 - c** Ensuring doctors undertaking PLAB2 are made aware at the start of their examination that any concerns need to be raised on the day, rather than at the point results are received.

Other improvements in the period

- 21** Members of staff in FTP, Corporate and the Contact Centre have had an opportunity to attend a bespoke training session with an external provider to provide support when

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Compliments and complaints report

handling calls from vulnerable or otherwise challenging customers. The course aims to ensure that there are no barriers to customers accessing our processes whilst keeping in mind our duty to staff and their wellbeing during challenging interactions.

Compliments

- 22 At the time of writing, we had recorded 687 compliments, compared with 2,421 for the period April – September 2021. Because some directorates log compliments retrospectively, this figure will increase. On average, R&R record 350 compliments every month.
- 23 Based on the average number of compliments logged by R&R each monthly, it is likely that we will continue to log more compliments than complaints, but at the time of writing, we had recorded 687 compliments.
- 24 Of the 687 compliments recorded, 70% (481) were in relation to the quality of information provided to customers and a further 23% (158) were in relation to the tone of our correspondence.
- 25 The majority of compliments were received by R&R. As well as general emails expressing thanks, there were positive comments about processes and the manner in which customers were dealt with both on the phone and via email, for example:
 - a 'I've been meaning to contact sooner to say once again thank you very much for all your efforts and support during my CESR application. Due to the sheer amount of work and time that went into it I was almost in a state of disbelief when I heard it was finally done so had to process that and make plans going forward. For a while I wanted to forget about it completely as I'm sure you can imagine!
 - b But now that the dust has settled I wanted to go back and acknowledge how helpful it was to have your support and point of contact. Your initial assessment and guidance points especially were very helpful in giving my confidence with what I had submitted. There is good guidance online but I still felt like I was starting in the dark with regards to what would be acceptable evidence or make a good application so speaking to you about that was invaluable.'
 - c 'Many thanks for your time on the telephone yesterday, and also your kind and compassionate support.'
 - d 'Thank you so much for this. I appreciate all your help in handling my case. You have been superb and if there is a way to give formal feedback then please let me know. Otherwise please take this email as my personal way of saying thank you for all the hard work.'
 - e 'Thank you for all your help during what is obviously a slightly stressful time for witnesses - it has made understanding, and dealing with, the process much easier.'

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Compliments and complaints report

- f 'Thank you for your previous emails, disclosure of documentation and kind assistance, in obtaining information regarding my late mother's care. I appreciate the lengths you have gone to in providing the information to me.'

Council meeting – 22 June 2022

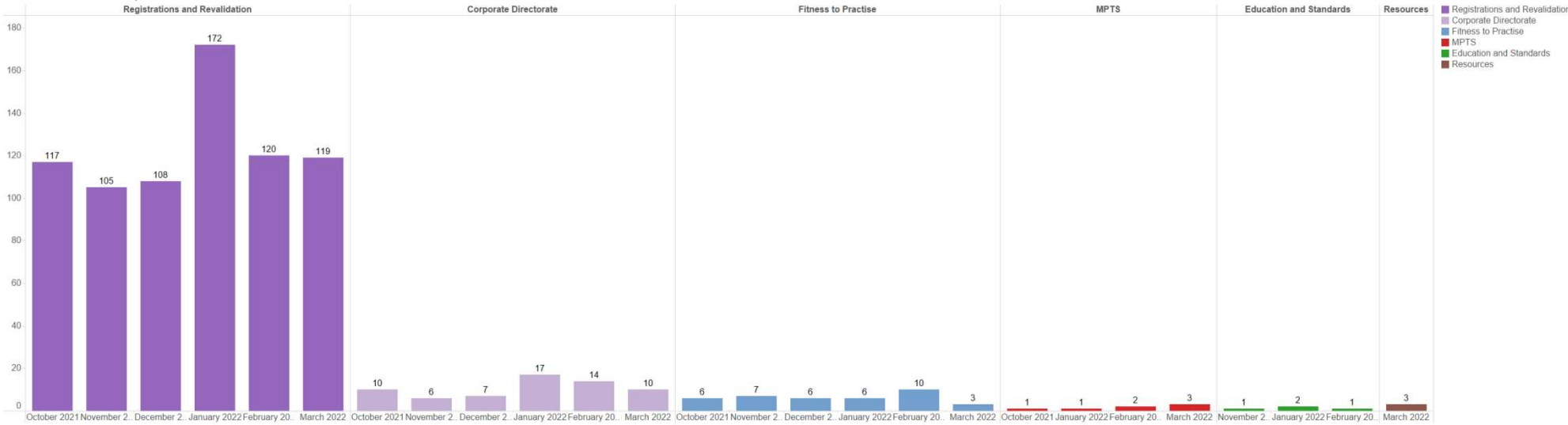
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Compliments and complaints report

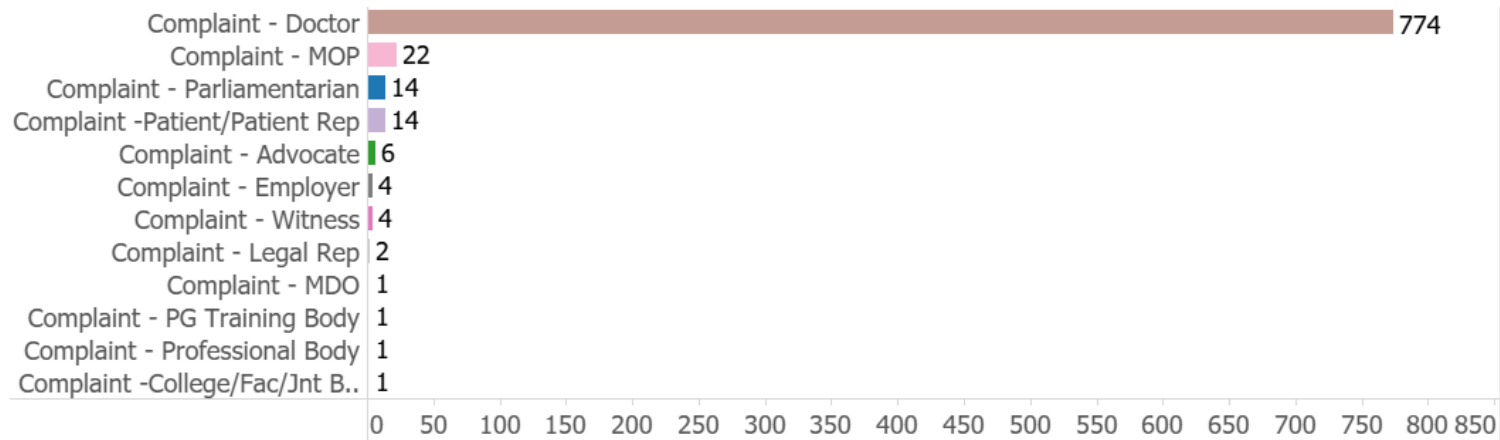
Annex A

Complaints report

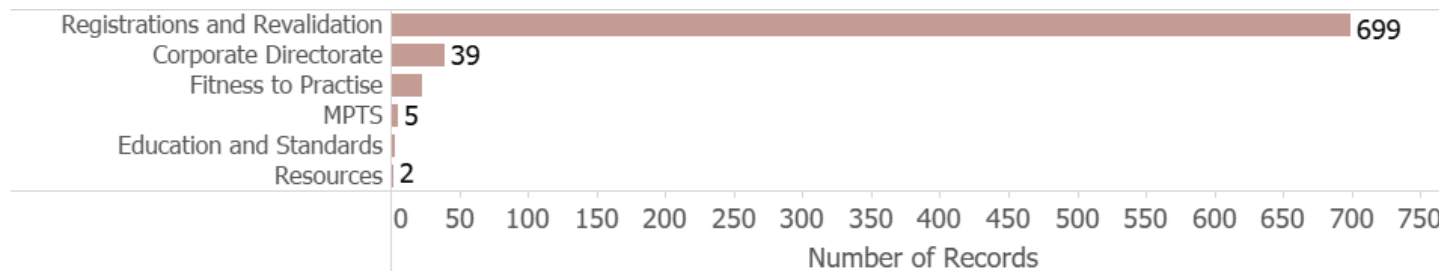
Number of complaints received



Breakdown of complaint sources



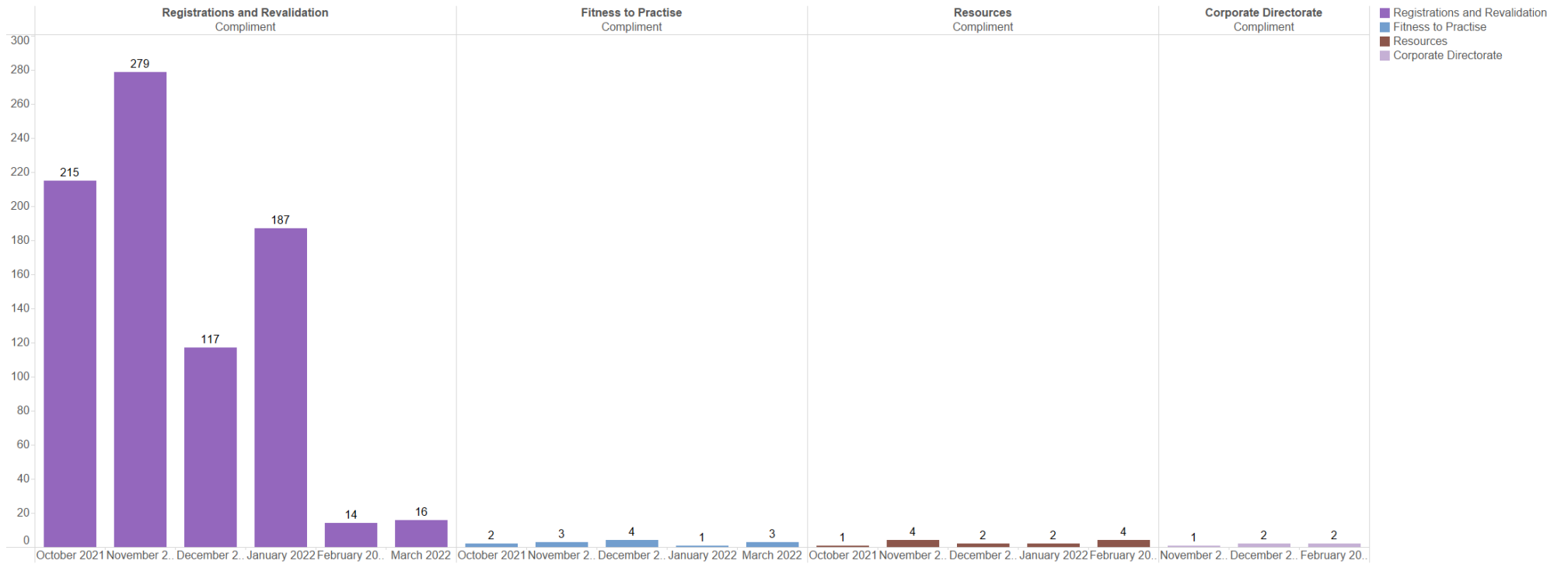
Breakdown of complaints made by doctors by directorate



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

Agenda item M12 – Annex A
Compliments and complaints report

Number of compliments received by directorate



M13 - Council forward work programme 2022

| Date and time: | Meeting: |
|---|----------|
| Tuesday 12/Wednesday 13 July 2022 Council Away Day Fawsley Hall, Northamptonshire | Council |

| Date and time: | Meeting: |
|---|----------|
| Wednesday 28 September (evening seminar) and Thursday 29 September 2022 (meeting) 09:00 – 13:00 virtual | Council |
| Seminar <ul style="list-style-type: none"> ▪ Safeguarding | |
| Confidential items <ul style="list-style-type: none"> ▪ Outline draft Business Plan and Budget 2023 ▪ SoMEP report – early messages | |
| Meeting <ul style="list-style-type: none"> ▪ Chief Executive's report ▪ Equality, diversity and inclusion – fairer training pathways ▪ Biannual s40a Appeals Update ▪ <i>Adapting to the future</i> report ▪ Update on Education reform ▪ Pensions update – re triennial valuation [tbc] | |
| Below the line <ul style="list-style-type: none"> ▪ Council members' register of interest ▪ 2022 Council forward work programme | |

| Date and time: | Meeting: |
|--|----------|
| Wednesday 2 November (evening seminar) and Thursday 03 November 2022 (Meeting) 09.00 – 13.00 Edinburgh | Council |
| Evening seminar <ul style="list-style-type: none"> ▪ Scotland focus plus stakeholder dinner | |
| Confidential items <ul style="list-style-type: none"> ▪ | |
| Meeting <ul style="list-style-type: none"> ▪ Chief Executive's report ▪ Equality, diversity and inclusion – regulatory fairness report ▪ SOMEPE report – final draft ▪ Compliments and Complaints report ▪ Update on regulatory reform ▪ PPI update | |

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Council forward work programme 2022

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| <ul style="list-style-type: none"> ▪ Pensions update – re triennial valuation [tbc] ▪ Update on the staff survey |
| <p>Below the line</p> <ul style="list-style-type: none"> ▪ 2022 Council forward work programme |

| Date and time: | Meeting: |
|---|----------------|
| <p>Wednesday 13 December (evening seminar) and Thursday 14 December 2022 (Meeting) 09.00 – 13.00 - London</p> | <p>Council</p> |
| <p>Evening seminar 17:00 – 19:00 to be followed by dinner</p> <ul style="list-style-type: none"> ▪ GMP review ▪ Perceptions audit [tbc] | |
| <p>Confidential items</p> <ul style="list-style-type: none"> ▪ GMCSI | |
| <p>Meeting</p> <ul style="list-style-type: none"> ▪ Chief Executive’s report ▪ 2023 Business Plan and Budget ▪ Three-year business plan (activities, monitoring/reporting, evaluating) ▪ Report of the Medical Practitioners Tribunal Service Committee 2022 ▪ Report of the Audit and Risk Committee 2022 ▪ Report of the Remuneration Committee 2022 ▪ Update on regulatory reform ▪ MLA – update on MSC pilots (tbc) ▪ Equality, diversity and inclusion: fairer referral | |
| <p>Below the line</p> <ul style="list-style-type: none"> ▪ Council forward work programme 2023 ▪ Committee membership 2023 ▪ Annual report on DC pension scheme | |